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Via email: tasmanianhousingstrategy@communities.tas.gov.au

Mental Health Council of Tasmania (MHCT) Response to the discussion paper on the *Tasmanian Housing Strategy*

MHCT welcomes the opportunity to provide a response to the discussion paper on the *Tasmanian Housing Strategy* ('the Strategy'). MHCT is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our members and work closely with government and agencies to ensure sectoral input into public policies and programs. MHCT would also like to note our support for the submissions of Shelter Tasmania and our member organisation Colony47.

MHCT supports the development of a new twenty year Housing Strategy for Tasmania and supports the overall vision of the Strategy: "*Every Tasmanian has access to safe, secure and affordable housing*". In ensuring equitable access to housing, however it will be important to identify vulnerable Tasmanians with specific needs and ensure appropriate supports are in place that target these cohorts. There is no 'one-size-fits-all' solution to housing, instead there are diverse needs across the Tasmanian community. MHCT is concerned that the housing support needs of people experiencing mental ill health are currently not adequately and overtly reflected in the Tasmanian Housing Strategy Discussion Paper.

The specific housing needs of people with mental ill-health

There is a complex bi-directional relationship between housing, homelessness and mental health.¹ Access to appropriate housing is a critical protective factor in supporting people to maintain their mental health and avoid distress.² Greater choice and control over housing and support, as well as housing quality and neighborhood amenity all contribute to mental health and wellbeing and are associated with a reduced need for mental health care.³ Housing insecurity and homelessness can both trigger and exacerbate mental health issues.^{4,5} Meanwhile, people with mental illness are particularly vulnerable to risk factors for housing instability and homelessness, including domestic and family violence, substance misuse, financial difficulties and unemployment.⁶ People with mental illness can also be isolated, have disrupted social networks and often suffer poor physical health, all of which can impact on their capacity to find and maintain adequate housing.⁷ Currently, Tasmania has a much higher proportion of people experiencing mental ill health who are accessing homelessness services than the national average (clients per 10,000 population: Tasmania - 62.3 clients, National - 34.3 clients).⁸ With over 46 people per day turned away from specialist homelessness shelters in Tasmania, people with mental health conditions are particularly vulnerable.⁹

- ▶ **MHCT recommends that the Strategy includes a Focus Area on the specific housing needs of people with mental ill health.**

Social and transitional housing supply

With respect to the focus area of 'Housing Supply' and associated objectives, it is critical to ensure adequate social and transitional housing is available to meet increasing need. As of August 2022, there were 4,367 applications for social housing on the Housing Register in Tasmania.¹⁰ In some cases, lack of suitable housing results in people with mental illness being placed for extended periods in hospital or residential care. The *Productivity Commission's Inquiry into Mental Health* identified that approximately 30% of mental health hospital inpatients could potentially be discharged if appropriate clinical and accommodation services were available in the community.¹¹

MHCT recommends that the Strategy incorporates the Productivity Commission recommendation of a commitment to *"a nationally consistent policy of no exits into homelessness for people with mental illness who are discharged from institutional care, including hospitals and correctional facilities. People with mental illness who exit hospitals, correctional facilities or institutional care should receive a comprehensive mental health discharge plan and have ready access to transitional housing."*¹²

Specifically, MHCT recognises the important role of the Rapid Rehousing (mental health) program¹³ in delivering secure homes to people exiting mental health inpatient care. We recommend that this program is supported to extend to additional locations across Tasmania. Further, patients are currently limited to a 12 month stay under this program, which for many people is not an adequate timeframe in which to secure an alternative sustainable housing option.

- ▶ **MHCT recommends that the Rapid Rehousing program is supported to be delivered in additional locations across the state and that the duration of stay for tenants under this program is lengthened to at least two years, or preferably for as long as needed.**

Support for people to achieve and maintain successful housing outcomes

Many people who seek assistance with their housing only need access to an affordable home. Others need additional support and specialised assistance to live well in their home and maintain their tenancy. People with chronic mental illness who experience housing instability may experience wide-ranging and compounded disadvantage and social exclusion. Not only do they often experience unstable and unsafe accommodation, but they are also likely to have poor physical health and low income.¹⁴ This is compounded by fluctuating mental health which contributes to difficulties maintaining study, employment, housing and relationships. It follows that while housing supply is critical, providing support for people with mental illness to maintain housing is also vital. Secure tenure allows people with mental illness to focus on treatment and recovery.¹⁵

The Housing and Accommodation Support Initiative (HASI) program in southern Tasmania supports people experiencing mental ill health to secure housing and sustain their tenancies. Funded by state government and implemented by Colony47, HASI provides integrated clinical, tenancy and psychosocial support, linked in with stable housing and supported accommodation.¹⁶ HASI seeks to address gaps in services for people with low to moderate support needs to access integrated clinical and non-clinical support in order to reach a level of self-reliance and transitions from an at-risk tenancy into successful independent living.

The HASI model has proven effective in Southern Tasmania. An evaluation report in 2021 demonstrated that no HASI clients had lost their tenancies while participating in the Initiative in 2020.¹⁷ Furthermore, an investigation into the social return on investment found that the likely value created in 2020-2021 across six

outcomes was: 7% increase in participant independence, 7% improvement in connections, 6% reduced risk of homelessness, 7% improvement in tenancies maintained, 34% improvement in wellbeing and 39% increased capacity to independently manage a mental health diagnosis.¹⁸ By combining hospital bed days avoided and homelessness costs avoided, it is estimated that the social impact of HASI was almost \$1.4m in 2020.¹⁹

HASI also plays an important role in supporting people with ongoing mental illness who are not on the NDIS. While some Tasmanians with chronic mental ill health may be able to access Specialist Disability Accommodation (SDA) via NDIS funding, this requires them to have a permanent psychosocial disability with significant ongoing functional impairment. Subsequently, it is often only people with chronic mental illness with severe and complex needs that are able to access specialist disability accommodation in Tasmania. Ensuring supports, including housing, for people with ongoing mental illness who are not on the NDIS is critical and the HASI program is an integral component of this.

Despite its demonstrated success and impact, HASI has not yet been expanded outside of Southern Tasmania and remains reliant on short-term government funding contracts. Ensuring adequate and sustainable funding is in place for services such as HASI is critical to ensuring safety and positive client outcomes.

- ▶ **MHCT recommends that the Strategy includes a focus on the need for integrated housing support for people with mental illness and supports the roll-out of a permanent HASI program across the state.**

Additional important issues and focus areas

MHCT supports Shelter Tasmania's call for A' Housing in All Policies' requirement to ensure the Strategy is aligned with the State Government's current and future strategies and policies and to support an integrated and regional response to housing impacts and housing need from various areas, including mental health. MHCT also supports a 'Housing First' approach and focus on prevention and early intervention; building the capacity of the housing and homelessness workforce to match the increasing size of the sector and client demand; applying a gendered-lens to properly reflect the needs of women and children; ensuring regular data collection and evaluation; adequate and sustainable funding for services to ensure safety and good outcomes for clients and communities; and supporting effective advocacy across the full scope of housing and homelessness policy areas. MHCT also recommends that the Strategy incorporates a specific 'trauma-informed' approach to housing and homelessness services. This is vital and should incorporate trauma informed design principles for constructing homes and emergency accommodation.

Additionally, mental health and wellbeing should be considered in the design, development and provision of housing. The quality and safety of housing is an important element of this, as poor housing quality can be detrimental to both mental and physical health. Tenants with lived experience of mental illness have been shown to benefit from quality housing through reduced mental health care costs, and greater wellbeing.²⁰ Further, neighborhood amenity, incorporating access to adequate transport, community services, parks and outdoor amenities, positively influences mental health and wellbeing, residential stability and ultimately, quality of life.²¹

Finally, MHCT would like to emphasise the importance of engaging directly with people experiencing challenges securing and maintaining housing, including homeless people and people with mental ill health, to inform the Strategy development. Producing services with people that have experience of the problem or service means the final solution is more likely to meet their needs.²² This will be critical to ensure that the Strategy responds to the expressed needs of Tasmanians, including those with mental ill health.

For further discussion on any aspects of this response, please contact MHCT.

Yours sincerely,



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References

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