

## *Stable housing for people living with a mental illness*

*This Bulletin reports on an AHURI study which examined the links between stable housing and support for people living with a mental illness – from the perspective of those living with the illness. This unique perspective complements the work of earlier AHURI studies on housing and support services for this group of people. The project was conducted by Astrid Reynolds, Susan Inglis and Anne O'Brien of Ecumenical Housing Inc. at the AHURI Swinburne/Monash Research Centre. Their study confirms a major finding of earlier AHURI work – the importance of matching the type of housing to the individual and the crucial role played by support workers in maintaining stable housing – in this case workers from Victoria's Psychiatric Disability Support Service (PDSS).*

### **KEY POINTS**

- With appropriate housing and support people with psychiatric disabilities can maintain stable housing, but it requires pro-active risk management by both support services and the individuals themselves.
- The key to successful and stable housing was co-ordinated case management by the PDSS worker. The PDSS worker provided assistance in accessing housing, gave attention to unique needs and practical support in obtaining other services.
- The housing must accommodate the person's disabilities associated with their mental illness. These might include their phobias, behaviours, extreme sensitivity to noise or major difficulties managing interactions with others.
- Participants in this study listed five principal areas that caused them to be happy with their housing. These were being close to things such as public transport, shops and family; having good neighbours; liking the area; enjoying living alone or liking who they were living with.
- Victoria's PDSS service offers a model of successful practice.

# CONTEXT

Mental illness is the presence of disorders such as schizophrenia or anxiety disorders. There are two major types of disorder, psychotic and non-psychotic. Psychiatric disability is the consequence of mental illness, that is, the behavioural changes that can affect daily living such as the ability to live independently, maintain employment or develop relationships. Those with psychiatric disabilities are a significant proportion of the homeless population. There is evidence, however, that this group can be assisted to achieve stable housing. 'Stable housing' refers to a person exercising control over their housing. It does not refer to a particular period of occupation – the person may choose to move but remains in control. They do not experience a housing crisis, such as eviction.

An earlier study on the de-institutionalisation of people with disabilities (Bostock, Gleeson, McPerson and Pang, *Deinstitutionalisation and Housing Futures*, AHURI 2001) noted that reduction of places in institutions did not appear to have been matched by the development of services in the community. This has meant that many people with disabilities have inappropriate living arrangements, or that families and carers lack basic support. There has been a high level of unmet need for accommodation for this group, with a significant proportion in crisis.

This project builds on and extends the work of an earlier AHURI project by the same authors – *Effective Program Linkages – an examination of current knowledge with a particular emphasis on people with a mental illness* (Reynolds, Inglis and O'Brien, AHURI, 2001).

The key task of the current project was to improve understanding of how to help people experiencing psychiatric disabilities to access and achieve stability in their housing and attain an acceptable quality of life. It sought to answer the questions:

- What is important to people to access and maintain their housing?
- What is it that jeopardises their ability to access and maintain housing?

The sample group was selected from varying localities including rural/regional, metropolitan and inner city. Participants had diverse types of rental housing and

levels of support. Researchers worked closely with case managers to ensure the interviews were sensitive to client issues and that clients' confidentiality would be respected.

The research was conducted using face to face interviews with 50 people aged between 25 and 50. These were individuals living with a mental illness who had experienced psychiatric disability, who were in rental accommodation and receiving support from a Psychiatric Disability Support Service (PDSS) worker. They were not in the Victorian Government's Housing and Support Program (HASP) – provides public housing and formal co-ordination with the PDSS. PDSS workers and HASP are services specific to the state of Victoria.

# FINDINGS

Certain characteristics of both participants and services contributed to a successful outcome. Assistance of the PDSS worker was of primary importance and stability in housing was aided by the pro-active identification of risks and the implementation of risk management strategies by the support services and the individuals.

**Consequences of Stable Housing:** Stable housing improved health and well being, increased independence, enhanced social relationships and led to better mental health.

**Characteristics of Individuals:** Those who had successfully achieved stable housing were in receipt of pensions or benefits, thus living on a stable low income. Individually, they had acknowledged their mental illness and had developed insight into managing its effects. They had achieved this with professional support and medication or treatments. They wished to live independently in the community and were prepared to take responsibility for their own well being. They acknowledged the role of both formal and informal support. All were assisted by a PDSS worker or clinical case manager who provided a central point of reference. Many also received complementary assistance from family and friends.

**Characteristics of Services:** Over two thirds of participants were satisfied with their housing. The factors that they saw as being key to maintaining housing stability included:

- Support of the case manager. The PDSS worker was cited in the majority of cases, followed by clinical support. The PDSS worker also provided a co-ordinating role in assisting clients to access services. These included Centrelink, State Trustees, Legal Aid, Meals on Wheels, drug and alcohol counselling, educational institutions, emergency relief agencies and many more.
- The PDSS workers reported that they provided multiple forms of assistance to clients. This ranged from encouragement and moral support in giving clients confidence to access housing, to linking clients into housing wait lists and clinical mental health services. PDSS offers social outlets and skill building programs which were also rated by clients as important forms of support.
- Obtaining assistance in accessing their current housing, such as finding an appropriate place, getting household goods and assistance with moving in.
- Practical ongoing support, in particular, cleaning, money management, someone to talk to, appropriate treatment for their mental illness, social opportunities and skill building.
- Acknowledgement of unique needs, which might refer to being able to own a pet or a service being culturally appropriate.

**Risk Identification:** Factors both within and outside the person's control were identified as risks to housing stability. Support services could assist with some difficulties – such as financial management – that were within a person's control. Factors outside of their control, such as the high cost of rent, problems with neighbours, the experience of discrimination, or living in an area with a high crime rate, were harder to manage and could require changing location. Risks to housing stability included managing medical crises associated with their illness.

**Clients' Risk Management Strategies:**

- Active engagement, such as sticking to a budget, self monitoring of medication, pursuit of good health through good diet, exercise and positive thinking;
- Seeking support, such as regular visits from their case manager, undertaking counselling for substance abuse or other issues, assistance with shopping, cleaning, etc.

- Passive or avoidance behaviours. These include minimising contact with neighbours, avoiding making friends or inviting people to the house, tolerating loud music and not complaining to the landlord about poor maintenance.

Clients were able to live independently provided they developed sufficient practical skills such as managing finances, learnt social skills (for example, dealing with conflicts with difficult neighbours) and received emotional support. A combination of elements, including the PDSS worker and the case manager, the type of housing, formal and informal support, were important in being able to stay housed.

## ***POLICY IMPLICATIONS***

### **SUPPORT**

Formal and informal support is critical for individuals to find appropriate housing and stay housed.

- In particular, the model provided by Victoria's PDSS is one which other jurisdictions could usefully emulate.
- Clinical case managers or other support service workers ideally should have a sound understanding of mental illness; a personal knowledge of the individual, their needs and values; a strong therapeutic relationship with the client; an awareness of the client's housing risks combined with a strategy for managing those risks.
- Support workers must be sensitive to the client's right to make decisions – even when these involve risk – and be accessible when support is required.
- Informal support should be recognised and rewarded. Families who may be struggling as carers would benefit from better education and training in managing mental illness.
- The transfer of information between services – such as housing services and psychiatric services, each of whom have special areas of expertise – would appear to be critical to achieving good service responses.
- Clients frequently suffered from discrimination. Community understanding of mental illness and efforts to eliminate discrimination are very important.

## SUPPLY

Inadequate supply of appropriate housing for this group of people could be addressed.

- Because it is essential that public housing is acceptable to the individual and will allow them to effectively manage their mental illness, 'normal' wait list procedures are not appropriate for this client group.
- Diversification of housing stock, with an awareness of the risks and special needs of this group, is recommended. Living in close proximity to others may create particular stresses and therefore be inappropriate for some individuals.
- Alternative forms of management of public housing, or the creation of a private rental brokerage service, the addition of specialised housing case workers with an understanding of risk management for this client group, are all potential ways of improving access to housing. Case work is a specialised form of housing work that requires a high level of expertise from staff.
- It was noted that high rents in the private sector resulted in the need for additional rental assistance, that there should be the opportunity for direct debit for those in private rental, and that families providing housing support could be rewarded through financial subsidies or incentives.

## RISK MANAGEMENT MODEL

Risk management ensures stability and continuity of housing. A model for integrating risk management into the service system is proposed in the final report of

this study. The model includes government articulating the management of housing risk for this client group as a key objective, the development of a policy and procedure which includes a framework of housing risk, and the funding of organisations to take responsibility for housing risk management. A formal risk management tool has been developed to overcome factors that may jeopardise maintaining housing. It is proactive, low cost, covers fundamental housing information and is simple to administer.

## FURTHER INFORMATION

For more information about this research project, the following papers are available:

- Positioning Paper  
[www.ahuri.edu.au](http://www.ahuri.edu.au)
- Final Report  
[www.ahuri.edu.au](http://www.ahuri.edu.au)
- For the companion project, *Effective Program Linkages – an examination of current knowledge with a particular emphasis on people with a mental illness*, see [www.ahuri.edu.au](http://www.ahuri.edu.au)
- For a discussion of deinstitutionalisation see: *Deinstitutionalisation and Housing Futures*  
[www.ahuri.edu.au](http://www.ahuri.edu.au)

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