Positioning Paper

Linkages between housing and support – what is important from the perspective of people living with a mental illness

authored by

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ABBREVIATIONS

AHURI   Australian Housing and Urban Research Institute

CCU   Community Care Unit (Mental Health)

CRU   Community Residential Unit

DHS   Department of Human Services (Victoria)

HASP   Housing and Support Program (Victorian Program)

PDSS   Psychiatric Disability Support Services

RTA   Residential Tenancies Act

SRS   Supported Residential Service

EXECUTIVE SUMMARY

This Positioning Paper is the first of three reports from this AHURI project on *Linkages between housing and support – what is important from the perspective of people with a mental illness*. The overall aim of this project is to understand what people with a mental illness who have experienced psychiatric disability consider are the key factors that support them to maintain stable housing; that is, what is a helpful and effective approach from their perspective. The paper outlines the background to the issues to be examined, reviews relevant literature and outlines the project aims and proposed research approach.

Background and policy context

Government and the community are concerned about the issue of homelessness. We know that within the homeless population, people who experience psychiatric disability are a group with more complex issues and support needs. There is however, evidence to indicate that many people who experience psychiatric disability and have a history of homelessness can achieve stable housing despite their complex needs and the ongoing nature of their illness. Future policy and program design needs to be informed by an understanding of what supports people experiencing psychiatric disabilities who are in stable housing to access and sustain their housing.

It is now recognised that there is usually a need to provide ongoing support to persons with diverse and complex needs, such as the needs arising from experiencing psychiatric disabilities. Support is not only needed in the initial stage of securing affordable and appropriate housing but also to successfully stay housed. Research has shown that the opportunity to access appropriate housing which is tailored to meet individual needs and preferences and *linked with* the presence of ongoing support can result in increased security of tenure, reduction in hospitalisation rates, increased functioning, increased independence and autonomy, reduction in incarceration times, securing employment, improved quality of life and increased satisfaction with living conditions. There is emerging evidence to indicate that investment in effective housing and support approaches for people experiencing psychiatric disabilities can be cost effective for government through achievement of savings in other areas.

Australian studies have shown that the least preferred housing options for most people with a mental illness are living in a group setting or housing lacking privacy, such as boarding/rooming houses. Most have indicated that living in a 'private' house or flat is the preferred option, with the emphasis on living independently, which could be in a range of housing tenures including public housing, private rental or home ownership. In addition, there was a strong preference not to live with others with a mental illness.

While there is diversity in the nature of support people with psychiatric disabilities identify as important to support them, some common themes emerge. The areas of support most commonly identified as important are:

- assistance with practical and financial support to access to housing
- assistance with daily living skills
- support to develop and maintain social networks
- assistance to manage their health and wellbeing
- transportation
- assistance to live independently

A number of studies point out that the difficulties people with a mental illness face in achieving stable housing are largely a result of under supply of appropriate, secure and affordable housing, inadequate housing systems and services and the absence of ongoing and timely support to both treat the illness and assist people to live independently. This raises the difficult question of to what degree improvements can be made if the lack of adequate supply of appropriate housing and support plays such a significant role in creating the problem of homelessness in the first place.

We know that despite inadequacies in the availability of both housing and support there is a group of people who experience psychiatric disability who are living independently in the community, having accessed and maintained suitable housing. We need to understand what is working for them from their perspective. Seeking this understanding is the prime focus of this study.

Project focus and methodology

An earlier AHURI funded study, *Effective Program Linkages – an examination of current knowledge with a particular emphasis on people with a mental illness (*Reynolds, Inglis & O'Brien 2001, www.ahuri.edu.au)*,* examined the issues of how housing and support can be linked effectively for one highly vulnerable group with often complex support needs. This study had a predominant focus on social housing.

The earlier project did not directly seek the views and experience of people living with a mental illness, thus leaving a significant gap in our understanding of the issues of program linkages for this group. This current project addresses this issue by interviewing 50 people with a mental illness who have experienced psychiatric disability, live in public or private rental accommodation, have achieved stability in their housing and are accessing a Psychiatric Disability Support Service which is not formally linked to their housing (i.e. are not part of the Victorian Housing and Support Program). In order to have a context for understanding the issues identified by consumers, the project will also seek the views of a small number of support and housing providers. In addition, we also intend to test the findings from the earlier AHURI project, to see how closely the perspectives of service providers, government officers and previous research align with the views of the individuals interviewed.

The project will explore the following three key areas from the perspective of people living with a mental illness who have experienced psychiatric disabilities:

- aspects of the housing itself and housing management issues
- the nature of the support services they receive and how they help, and
- issues associated with coordination between housing and support services and whether and how such coordination helps people to access housing and stay housed.

The focus of this project on people without support directly linked to their housing deliberately complements earlier (Robson 1995) and current research being undertaken about the Victorian Housing and Support Program (HASP) where provision of public housing and PDSS occur in a formally planned and coordinated way.

1. INTRODUCTION

For vulnerable groups of people and those with complex needs, securing and maintaining stable, affordable and appropriate housing often requires strong links between housing and support services. An earlier AHURI funded study, *Effective Program Linkages – an examination of current knowledge with a particular emphasis on people with a mental illness (*Reynolds, Inglis & O'Brien 2001, www.ahuri.edu.au)*, examined these issues for one highly vulnerable group with often complex support needs. The study had a predominant focus on social housing. (A summary of the key findings of this project is found in section 3.4. The final report from the project can be found at the following AHURI website address: http://www.ahuri.edu.au/pubs/finalreports/final_effectiveproglinks.pdf).

That project reviewed Australian and international literature in housing, support and program linkages, included interviews with Psychiatric Disability Support Services (PDSS) staff, mental health workers and Office of Housing staff and discussed the issues from the viewpoint of Victorian and Commonwealth government program and policy staff in housing and mental health. A framework was developed for viewing the various ways in which program linkages might be achieved and a number of policy issues were identified.

1.1 Project focus and objectives

While the earlier project sought the views of those involved with program development and service delivery, the views and experience of people living with a mental illness were not sought, thus leaving a significant gap in our understanding of the issues of program linkages for these people. The overall aim of this project is to understand what people with a mental illness who have experienced psychiatric disability consider are the key factors that support them to maintain stable housing; that is, what is a helpful and effective approach from their perspective. We intend to test the findings from the earlier AHURI project, to see how closely the perspectives of service providers, government officers and previous research align with the views of the individuals interviewed.

The project will specifically target people who:

- have experienced psychiatric disability
- live in rental accommodation
- have achieved stability in their housing
- are accessing a PDSS service which is not formally linked to their housing (i.e. are not part of the Housing and Support Program).

This focus will complement earlier (Robson 1995) and current research being undertaken about the Victorian Housing and Support Program (HASP) where provision of public housing and PDSS occur in a formally planned and coordinated way. The fieldwork for the current HASP evaluation has been completed however the data is yet to be analysed. The research design for this project will be undertaken collaboratively with the Mental Health Branch, Department of Human Services, so that comparative data can be obtained. There is a strong interest to understand what people who have experienced a psychiatric disability identify as most helpful and important in supporting them to stay housed. The HASP review will uncover the perspectives of people in their program, whilst this project will analyse the perspectives of people with similar characteristics in rental housing.

In order to have a context for understanding the issues identified by consumers, the project will also seek the views of a small number of support and housing providers.

The project will explore the following three key areas from the perspective of people living with a mental illness:

- aspects of the housing itself and housing management issues
- the nature of the support services they receive and how they help, and
- issues associated with coordination between housing and support services and whether and how such coordination helps people to access housing and stay housed.

The more specific project aims are:

- to develop an understanding of the views of people who have experienced psychiatric disability on:
  - ° the relationship between where they live, housing-related services and their success in staying housed
  - ° what they consider are the services and service approaches that assist them to maintain long-term housing
  - ° what they identify as the factors that jeopardise their ability to maintain stable housing
  - ° what is important about how their tenancy arrangements and support services work together to keep them housed and living independently
- to identify the implications of consumer perspectives for the provision of effective and coordinated housing and support which works to sustain tenancies in a way that is useful beyond just the Victorian context.
- to identify any similarities or differences between the HASP clients, based on the research undertaken by DHS, and those living in other forms of private, public or community housing and comment on the significance of these findings.

1.2 The development and presentation of this Positioning Paper

This Positioning Paper is the first of three reports from this AHURI project on *Linkages between Housing and Support*. This paper outlines the project and the background to the issues to be examined, reports on the relevant literature and describes the proposed research approach.

The paper starts with a general introductory chapter that outlines the background to the project and the project objectives. Chapter 2 outlines the policy context relevant to this AHURI project, while Chapter 3 provides an overview of a number of key factors about mental illness, housing and program linkages that provide important background for understanding the issues associated with supporting people to maintain stable housing. Chapter 4 examines what is known about the views of people with a mental illness about their housing and support needs and preferences. Chapter 5 outlines the proposed methodology for the project, while the final chapter (Chapter 6) outlines a number of frameworks that have been developed to clarify elements of the key concepts on which this study will focus.

As indicated, this project builds on the work of the earlier AHURI *Effective Program Linkages* project (Reynolds, Inglis & O'Brien 2001), which included an extensive review of both Australian and international literature. That project examined the nature of mental illness, housing preferences of people living with a mental illness, different housing and support models and aspects of how the public housing system and PDSS currently work in Victoria.

The approach in this study has been to revisit and supplement the literature collected, incorporating new material that has been identified that focuses on the housing and support assistance that individuals identify as important for helping them to access and maintain stability in their housing. Some of these are older studies however, as they explore consumer preferences, were considered to be highly relevant. Similar studies described in our earlier report are summarised, rather than described in detail.

In reviewing the literature it is evident that a considerable number of studies focus on the housing and support preferences of those who are homeless. There appeared to be fewer studies that involved talking to those who had been living independently for some time in housing that was meeting their needs. Whilst the preferences of people with a mental illness who are homeless or in transitional housing are of value, we wanted to ground our research in what was actually working, hence focussed on studies where people had a stable housing history; these studies, however, are fairly limited.

We included both Australian studies and overseas research in this review. Whilst the overseas studies have a different context in terms of social structure, health systems and income support, the issues that were raised as important to consumers appear to be equally

relevant to the Australian context. That is, there appear to be similar difficulties in securing and maintaining housing, similar issues regarding housing preferences and a similar range of support needs. In addition, the overseas studies were often much broader in scope, drawing on larger numbers of consumers, whereas the Australian studies often dealt with very small numbers of individuals.

1.3 Terminology

Throughout this paper we use a number of terms that need explanation, as follows:

Mental illness and psychiatric disability

The terms 'mental illness' and 'psychiatric disability' are both used in this paper. In common usage, these two terms are often used interchangeably, however they are different. 'Mental illness' is a general term that refers to a group of disorders. These disorders are often separated into two main categories - psychotic and non-psychotic disorders. Psychotic disorders include schizophrenia and related disorders, bipolar affective disorder, delusional disorders and acute mood disorders. The main symptoms are delusions, hallucinations, disorganised communication, lack of motivation and planning ability and mood swings (Jablensky, McGrath, Herrman, Castle, Gureje, Morgan & Korta 1999). Non-psychotic illnesses include anxiety disorders (such as agoraphobia, panic disorder, social phobia, generalised anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder), alcohol and drug abuse and depression.

Psychiatric disabilities are the consequences of mental illnesses; that is, the behavioural changes that affect daily living, such as the ability to live independently, maintain employment or develop relationships. A distinguishing characteristic of psychiatric disabilities compared to other disabilities is that they fluctuate and are episodic. Not all people living with a mental illness will have a psychiatric disability that results in some level of functional impairment and social handicap.

People who experience psychiatric disabilities as a result of their mental illness are most likely to experience difficulties with accessing and maintaining their housing. For the purpose of this study, we are specifically choosing to interview people who have experienced psychiatric disability and therefore have required support. It is important to note that many people with a mental illness who need intensive support at some stage in their lives will develop the skills to effectively manage their illness and thus function independently with no specific supports. The presence of a mental illness is not the determinant of need for support, rather the presence of a related psychiatric disability influences support needs.

Stable housing

The term 'stable housing' commonly refers to living in the same dwelling for a particular period of time. However, we know that people often relocate for a range of reasons, and this does not mean that their housing is not stable. In this paper a person living in 'stable housing' indicates a situation where the individual is in control over where they live, as opposed to living in a situation where their housing is in jeopardy. People in stable housing may choose to move but still stay in control of their housing situation. For some people the consequences of their mental illness can jeopardise their housing - for example not paying rent, dealing with neighbours, maintaining the property or managing one's physical health. Those who are living in stable housing are managing risks so they can successfully stay housed.

Housing, support and linkages

These terms are more fully explored in Chapter 6. Briefly, the concept of housing is not restricted to the physical place in which one lives, but encompasses a wider range of variables about the context in which one lives, including the area, neighbours and access to facilities. Support includes a range of informal and formal networks and services. Linkages encompasses all the ways that programs, services, sectors, governments and their departments work together to achieve coordinated responses for individuals.

2. POLICY CONTEXT AND POLICY RELEVANCE

There is increasing government and community concern about the issue of homelessness (Victorian Homelessness Strategy Ministerial Advisory Committee 2001, Commonwealth Advisory Committee on Homelessness 2001). Within the homeless population, people living with a mental illness are a group with more complex issues and support needs (Victorian Homelessness Strategy Ministerial Advisory Committee 2001). Overall, the shift from institutional living to community living over the past few decades is seen as appropriate. However, major challenges are still being faced in developing effective community living models for many people who experience psychiatric disability. It is now recognised that there is usually a need to provide ongoing support to persons with diverse and complex needs, such as the needs arising from living with a mental illness. Support is not only needed in the initial stage of securing affordable and appropriate housing but also to successfully stay housed (Commonwealth Advisory Committee on Homelessness 1998, Bisset, Campbell & Goodall 1999).

Evidence suggests that many people with a history of homelessness and who experience psychiatric disability can achieve stable housing despite their complex needs and the ongoing nature of their illness. (see for example Keck 1990, McDonald 1993, Center for Mental Health Services 1994, Commonwealth Advisory Committee on Homelessness 1998, Rosenheck & Morrisey 1998, Culhane et al. 2000). For people living with a mental illness, the ability to choose, access and maintain secure, appropriate and affordable housing is often the cornerstone to stabilising their illness and improving their quality of life (Keck 1990). While these issues are now relatively well understood by those working in the mental health field, many people with a mental illness are still becoming homeless or staying homeless: we need to ask why.

A lack of sufficient diversity and flexibility in housing, support and treatment services and in approaches for effectively linking these is one contributing factor. The other is the issue of inadequate supply of appropriate housing and support services. Both appear to contribute to the high levels of homelessness amongst people with a mental illness.

Establishing coordinated and integrated approaches between housing providers and support services at the individual level is fundamental to achieving positive outcomes, yet can be difficult to achieve, with adverse consequences for those requiring housing and support (Robson 1995, Weir 1997, Commonwealth Advisory Committee on Homelessness 1998, Commonwealth Department of Health and Aged Care 1999a&b, Commonwealth Department of Family and Community Services and Commonwealth Department of Health and Aged Care 2000). Many people with a mental illness encounter particular barriers and difficulties in accessing and sustaining housing, requiring additional, coordinated and often ongoing support (Carling 1993, Keys Young 1994, Bisset et al. 1999, Reynolds, Inglis & O'Brien 2001). Inadequate planning for discharge, limited resources, lack of community-based treatments and effective crisis responses, lack of service integration, lack of affordable housing and lack of attention to consumer preferences are some of the major risk factors for loss of housing (Lezak & Edgar 1996, Slade & Scott 1999).

Research has also shown that the opportunity to access appropriate housing which is tailored to meet individual needs and *linked with* the presence of ongoing support can result in increased security of tenure, reduction in hospitalisation rates, increased functioning, increased independence and autonomy, reduction in incarceration times, securing employment, improved quality of life and increased satisfaction with living conditions (Baker & Douglas 1990, Keck 1990, Carling 1995, Robson 1995, Pyke & Lowe 1996, Ogilvie 1997, Rosenheck & Morrisey 1998, Culhane et al. 2001, Newman 2001).

A number of studies point out that the difficulties people with a mental illness face in achieving stable housing are largely a result of under supply of appropriate, secure and affordable housing, inadequate housing systems and services and the absence of ongoing and timely support to both treat the illness and assist people to live independently (Keys Young 1994, Carling 1995, National Youth Coalition for Housing 1999, Office of the Public Advocate 2001). The Annual Report of Community Visitors appointed under the Mental Health Act (Office of

the Public Advocate 2001), puts lack of accommodation at the top of their list of key issues for 2000/1, noting that it has a major impact on discharge planning, often resulting in retention in acute care units for long periods or homelessness when people are discharged without appropriate accommodation to return to.

This raises the difficult question of to what degree improvements can be made if the lack of adequate supply of appropriate housing and support plays such a significant role in creating the problem of homelessness in the first place. We know that there is insufficient secure, appropriate and affordable housing to accommodate consumer preferences. However, there is a group of people who are living independently in the community, having accessed and maintained suitable housing. What is working for them? It also highlights the need to turn attention to careful scrutiny of potential social and economic benefits if there were greater investment in effective housing and support services.

To date, the short and long term financial costs to the community and individuals of homelessness have not been well quantified. However, there is at last a growing body of research starting to quantify the possible cost benefits of greater investment in appropriate housing linked with appropriate support. The following are two recent studies:

- A New York study of 3,600 community-based permanent housing units for previously homeless people with a severe mental illness, tracked the housing outcomes and level of service use across a range of services (Culhane et al. 2001). The study was able to quantify the use of services in health, corrections and shelters by homeless people prior to housing placement, which cost, on average, US$40,449 per person per annum. There was a marked reduction in use of shelters, hospital stays and correctional facilities once placed in housing, with significant cost savings to the social system of establishing affordable, appropriate and secure housing, to the tune of US$16,282 per housing unit per year. The cost of establishing supportive housing was also determined, with the conclusion that 95 percent of the costs of the supportive housing are compensated for by service reductions attributable to the housing placement (Culhane et al. 2001, p. 28). The potential additional benefits of the housing initiative, although not calculated in this study, appear to be significant, in terms of increased likelihood of securing employment and improved quality of life.

- A London-based study investigated the housing costs and housing needs for 238 people with a mental illness randomly selected from a pool of 1600 people who had a history of housing vulnerability and who had been living in some form of supported housing for at least nine months (Jarbrink, Hallam & Knapp, 2001). A comparison was made between those living in residential or group homes, those living in supported housing and those living in housing without support. The total cost of service use was significantly lower in supported housing. It was concluded that linkages between a number of services including health services, social services, informal supports and housing assistance are necessary to ensure that the needs of the tenant are met.

These studies start to provide us with evidence that additional investment in housing and support can be cost effective for government through achievement of savings in other areas. There is clearly a need for further work in Australia to examine and quantify potential costs and benefits of addressing the issues of more adequate supply of affordable and appropriate housing and support.

While the issue of inadequate supply of both housing and support needs to be tackled, so does the issue of developing cost effective ways of linking housing with support. There is a need to further develop our understanding of what is required to support people to achieve stability in their housing, beyond the supply question.

Few studies track individuals over time to determine which variables are important in assisting them to stay housed. One UK study showed some insight into the factors that can jeopardise housing stability. This study investigated the risk factors for tenancy breakdown in individuals with a mental illness over a five-year period who were living in inner London in Council or Housing Association special needs housing (Slade & Scott 1999). Resettlement records for 197 people with a mental illness were reviewed, of which 26 percent were related to tenancies having failed due to legal termination or the place of residence becoming uninhabitable.

This study identified four risk factors for failed tenancies: having a housing crisis, housing benefit lapsing during hospital admission, being in weekly contact with support service (and thus having a greater support need), and having no support once the resettlement team had withdrawn after the first six months. In this case both the presence of *a lot of support* and *the absence of support* for six months were both precipitating risk factors, suggesting that while support is important, for some people who need considerable support the system is unable to sustain them. What we do not know is the type of support these people were receiving, whether it was what they needed, their readiness to live in the community and whether any amount of support would have been adequate for some of these people.

From the earlier AHURI *Effective Program Linkages* study and from the review of additional literature for this study we know that there are a multitude of systems, networks, relationships, services and arrangements in place that have successfully addressed the factors that threaten a person's housing stability. These can include developing crisis management strategies, building up social, independent living and coping skills, providing financial assistance, and linking people to relevant income, health and social services. We also have considerable insight into the housing preferences of people living with a mental illness and their support needs. However, we don't know which of the myriad of elements that make up a successful tenancy are most important for individuals to maintain affordable and appropriate housing, and what elements can jeopardise housing success.

This AHURI project will add to the body of existing knowledge, through examining what people who have experienced psychiatric disability themselves identify as the critical combination of factors important for them to not only access stable, affordable and appropriate housing but successfully stay housed. More specifically, the study will enhance existing understanding of the issues of effective linkage between housing and support for people with complex needs in the following ways:

- This study will focus on what assists people to stay housed and will gather this through talking with people who have been identified as being able to achieve stable housing, despite considerable difficulties arising from their mental illness. Few other studies examine the issue from this perspective.

- The study will specifically focus on people who are not in a formal housing and support program such as HASP, but have similar characteristics to this group. An earlier evaluation of the HASP program was conducted (Robson 1995) and a more recent evaluation is being completed. While needing to address some methodological difficulties associated with comparison, this study will provide some insights that should complement the findings of the latest HASP review. Thus we will have some insights into consumer views on what assists one group to stay housed who have not been allocated housing which is attached to support, with the group who have similar characteristics but are supported through a formally integrated housing and support program.

- There are many muddled concepts around housing choice and preferences and the link between these and positive outcomes for both housing and mental wellbeing. We already know that many of the people we are interviewing will have had limited choice in their housing, due to low income and shortage in supply, yet they will all have achieved some stability in their housing. By understanding what is important to them we are likely to generate some useful insights into how people manage to stabilise their housing, even if their housing may not be ideal. Equally, we will probably gain insights into the consequences of inappropriate housing for achievement of housing stability.

- Directly eliciting the views of people who need assistance about what is important to them is fundamental to service system improvement. This study will seek these views and will thus be able to identify service practice principles that are important to people who need to use such services.

3. MENTAL ILLNESS, HOUSING AND PROGRAM LINKAGES

There are many factors, particular to people who have experienced a psychiatric disability, which can influence achieving successful housing outcomes. Some of these factors relate to the individual person, that is, the characteristics of their illness, their history, their personality, their informal and formal support; some relate to the societal conditions that can influence the capacity of a person with a mental illness to live independently and some relate to the interaction between the individual and societal conditions. These factors provide an important context to understanding why achieving stable housing can be particularly critical and complex for this group of people. In addition, different service delivery and systemic solutions have been proposed to improve current approaches to provision of housing and support.

This chapter provides an overview of the issues and research findings that we considered were important to understand and take into account in designing the specific questions to ask when interviewing people who have experienced psychiatric disability and their support agencies. It begins with a brief discussion of the potential impacts and consequences of having a mental illness and then moves on to outline the difficulties arising from lack of community understanding of mental illness. It then briefly reports on effective housing and support approaches for these people. Finally, it outlines the key findings of the earlier AHURI *Effective Program Linkages* study.

3.1 Potential impacts and consequences of having a mental illness

People living with a mental illness are not a homogenous group. Individuals can be affected in many different ways by their mental illness. Their medication and treatment can have differing impacts. In addition, people have different life experiences, aspirations, social backgrounds, personalities, levels of informal and formal support, income and so on. For some the impact of their mental illness can be minimal, for others the impact can be serious and highly disabling, often with fluctuations between periods of wellness and illness. (Reynolds, Inglis & O'Brien 2001)

However, there can be similarities in the way in which a mental illness can manifest in terms of behaviour and thought patterns that, in turn, can influence the ability to access and maintain housing, such as:

> The mental illness and/or resultant psychiatric disability can affect basic abilities required to access and sustain tenancies, such as completing an application form for housing.
>
> A person's capacities for independent living and needs for support can fluctuate and be unpredictable.
>
> People may need support with diverse areas of their life and assistance with coordination of many services may be required.
>
> When a person is unwell they are usually heavily reliant on others to ensure required support is available and coordinated.
>
> (Reynolds, Inglis & O'Brien 2001, p.5)

The existence of a psychiatric disability can result in a range of consequences which impact on the ability to succeed in living independently, such as:

- social isolation (Robinson 1998, Bisset et al. 1999, Jablensky et al. 1999)
- poor physical health (Center for Mental Health Services 1994, Bisset et al. 1999, Jablensky et al. 1999)
- prior negative housing experiences (Bisset et al. 1999)
- lack of independent living skills (Keys Young 1994)
- poverty (Carling 1993, Ogilvie 1997, Bisset et al. 1999, Lambert, Ricci, Harris & Deane 2000)

These factors can affect an individual's ability to undertake the activities needed to apply for and comply with responsible tenancy. Clearly, to support people with such a multiplicity of needs and problems requires housing provision approaches that are sensitive to the needs of people with a mental illness as well as adequate and coordinated support.

There are a number of people with a mental illness who also have alcohol and drug abuse problems. In a recent Australian study of 1126 people living with psychotic disorders, 50 percent took street drugs and 46 percent of the homeless abused alcohol (Jablensky et al. 1999). This further compounds the complexity of supporting people to access housing and maintain stability in their housing.

3.2 Lack of community understanding of mental illness

Lack of community awareness, education and therefore understanding of mental illness can lead to discrimination, stigma and fear, compounding the difficulty of living in the community with an illness (Boydell et al. 1999, Carling 1995, Reynolds & Inglis 2001). Examples of how others can negatively impact on an individual's capacity to access and maintain housing follow:

- Some individuals may not have an awareness of their illness or be willing to disclose their illness to others for fear of repercussions, however the ability of housing and support providers to respond effectively can depend on having such information (Ainsworth 2000).

- The lack of understanding on the part of housing managers of some mental illnesses can threaten a person's ability to retain their housing, with disabling conditions such as loss of memory, depression, or phobias sometimes making it difficult to undertake everyday activities such as paying rent, living with neighbours or maintaining a property.

- The known presence of a mental illness can prohibit a tenant's access to private rental, although they would otherwise meet the eligibility criteria (Carling 1993).

- Neighbours have been known to undermine people with a mental illness keeping tenure once it is known they have a mental illness, even when the manifestations are not cause for eviction, and may go unnoticed if such information was not known (Carling 1993, Piat 2000).

- Others may misinterpret behaviours which are manifestations of a mental illness.

Whilst the issue of discrimination, stigma and misunderstanding is pervasive, some people living with a mental illness in the community have adopted particular strategies to lessen the impact on their ability to live independently (Boydell et al. 1999). These include tolerating neighbours with unsociable behaviour, blending into the environment and minding one's own business.

Another collection of studies referred to in Newman's review, suggests that neighbourhoods that are diverse and disorganised may be more welcoming and hence have more of a positive effect on mental health for people living with a mental illness (Newman 2001).

3.3 Effective housing and support approaches

There are a number of ways in which housing and support services can work together to assist people living with a mental illness. The earlier AHURI project on program linkages and people with a mental illness (Reynolds, Inglis & O'Brien 2001) identified the following approaches:

> housing formally linked to off-site support services
>
> interdepartmental agreements/protocols
>
> support packages or programs specifically targeted to tenants of particular low cost housing
>
> rights to nominate tenants to particular housing in return for guaranteed support for tenants
>
> coordination through general case management/care coordination programs
>
> provision of on-site support
>
> service coordination in local service networks, where services work together to develop approaches that increase the level of coordination of different services provided to individual clients.
>
> (Reynolds, Inglis & O'Brien 2001, p.vi).

Two evaluations of the Housing and Support Program have been conducted - the first published in 1995 and the second conducted in 2001. In this study our focus is on individuals for whom housing and support is provided separately, rather than planned and funded together, as in the Housing and Support Program. The way that housing and support services work together is often critical to achieving a stable outcome for individuals.

In the 1995 evaluation of the Housing and Support Program (Robson 1995) there were five significant areas that changed in the three-month time frame between interviews. These were:

- improved stability of housing
- increased satisfaction with housing and support
- increased community connections and integration
- reduction in hospitalisation rates
- improved social networks for those in clustered accommodation (p.67)

Another finding was that through the involvement of support workers, tenants were 'increasingly able to understand their illness and respond quickly to the return of symptoms', decreasing their reliance on clinical support (p. 70). The findings of the 2001 HASP review are not yet available, however as indicated earlier, once known we hope to compare findings.

Findings from a number of studies highlight the range of ways of linking housing and support that are known to be effective. For example, the US Toledo study (Keck 1990) showed that as well as meeting housing preference, the existence of intensive case management was critical to housing stability. Slade and Scott (1999), a UK study, suggest that a number of relatively minor changes to practice are required to sustain tenancies for those with a mental illness. These include closer inter-agency cooperation, allowing housing officers to alert support services early to prevent tenancy breakdown and ensuring housing benefit and rent payments are maintained prior to discharge from periods of hospitalisation.

In a US study Rosenheck and Morrisey (1998) attempted to test the 'services integration hypothesis', which consists of the following propositions: integrated systems provide better access to a range of services, clients treated in such services have better outcomes, and the 'resulting improvement in outcomes is mediated through increased accessibility and continuity of service delivery'. In this study, data was obtained for 1832 clients with psychiatric symptoms three months after entering the Access to Community Care and Effective Services and Supports (ACCESS) program, and then for 1535 participants 12 months later. ACCESS aims to increase service integration through site-specific development strategies.

This large-scale study, conducted across nine US states, demonstrated that service system integration was significantly related to an improvement in accessing housing services at the three month time period. Integration of services was also significantly related to achieving independent housing through these services at the 12-month follow up period. This study suggests that the housing outcomes and well-being for clients with a mental illness are improved if services work together.

3.4 Findings from the earlier AHURI study on Effective Program Linkages

The findings from the earlier study (Reynolds, Inglis & O'Brien 2001) concluded that there are three foundations for developing effective approaches to program linkages to support people with complex needs, arising out of their mental illness, to sustain their housing. These are:

- understanding the impact a mental illness can have on achieving housing stability
- recognition of the importance of addressing housing needs and preferences
- developing service responses that allow for assertive outreach, time to build relationships, responses to unpredictable fluctuations in needs and capacities, consistent support, cross service coordination, planning for crises and addressing interagency confidentiality issues.

A range of different approaches for linking housing and support were identified in this study and are listed in the table on the previous page. We know that in Victoria the HASP, which was established to help people who had experienced psychiatric disability to obtain and maintain stable housing, has been particularly successful because of the availability of ongoing, tailored support and the effort to secure housing that is aligned to the client's needs (Robson 1995).

In this earlier AHURI study, discussions were held with PDSS and housing workers about the effectiveness of the general public housing program in housing people living with a mental illness. The knowledge and skills of housing officers, processes to address client confidentiality issues, appropriate housing stock and timely availability of housing and support were all considered important. In community housing, the smaller scale, scope and specialised knowledge of tenant needs, as well as the capacity to develop locally tailored processes, appeared to enhance ability to sustain housing.

Improved coordination between services at all levels of the service system, from the various levels of government to local service networks and individual service providers, were recommended to foster more integrated approaches. The underpinning issues of the inadequate levels of housing and support and need to strengthen the focus of social housing on achieving sustainable tenancies, as an explicit service objective, influence the ability of individuals to access and sustain appropriate, affordable and stable housing.

The concluding policy implications from the previous project were that:

- strong leadership and the development of a more collaborative and coordinated Commonwealth and State Government response is needed to improve coordination between housing and support, with a starting point the creation of performance measures that hold government and service agencies accountable for enhancing coordination of services
- individuals at all levels of the service system working with people with a mental illness need to strengthen their awareness of how other services work to enhance current approaches
- services need to be designed in a way that recognises the particular needs of people with a mental illness, such as capacity for assertive outreach, cross service coordination, time to build relationships and so on
- generic housing and support services need to understand the ways that mental illness can affect people's capacities and behaviours
- each local area needs to have a balanced range of service models/approaches available for linking housing and support
- government needs to recognise the cost versus benefits of investment in a greater supply of secure, affordable and appropriate housing and accompanying services to assist individuals with complex needs to access and sustain their housing
- an explicit and measurable goal of social housing should be to develop policies and practices to support those with complex needs to maintain their tenancies
- broad community development and information strategies about mental illness are required to address discrimination that can hamper both access to and sustainability of housing for this group.

3.5 Summary

As demonstrated in this chapter, existing research provides us with a number of insights into the factors that enhance our ability to effectively assist people with psychiatric disabilities to access and sustain stable housing. Important factors include:

- The need to understand and take account of the diversity of ways in which people can be affected by their mental illness.

- The need to address the current lack of community awareness, education and therefore understanding of mental illness. At present inadequate attention to this results in discrimination, stigma and fear, and a resultant increase in the difficulties experienced in achieving good housing outcomes.

- The need to develop a diverse range of approaches to achieving effective linkages between housing and support in order to respond to the diversity found in people's needs and circumstances.

- Recognition that people at all levels of the service system have a role in and responsibility for improving co-ordination between housing and support services.

While there is considerable understanding of what is important and what is possible, we know that some people with psychiatric disabilities continue to experience difficulties with accessing and sustaining their housing. One important aspect of unravelling why some people have difficulties while others are successful in accessing and staying housed is to understand what people with psychiatric disabilities themselves identify as important. The following chapter explores the literature in this area.

Owen

4. CONSUMERS HOUSING AND SUPPORT PREFERENCES AND NEEDS

There are a number of studies that have sought to understand consumer preferences and views on their housing and support needs (see for example Keck 1990, Horn 1991, Juriansz 1994, Goldfinger & Schutt 1996, Owen, Rutherford, Jones, Wright, Tennant & Smallman, 1996, Burke & Dickman-Campbell 1997, Ogilvie 1997). The following summarises what is known from the literature.

4.1 Preferred housing characteristics and living arrangements

While the previous AHURI study reviewed housing needs and preferences of people with a mental illness, little longitudinal research was found to show how these factors have influenced housing stability. In this current project we have explored the literature further to see whether evidence exists to show that availability and choice of housing type and location does make a difference. The following provides a brief overview of what is known about the housing needs and preferences of people with a mental illness and the likely consequences if housing is not matched to these needs and preferences.

In terms of housing tenure, in the studies we reviewed, there was often a lack of distinction between housing tenure, design and living arrangements. For example, reported preferences to live in a private house or flat did not clarify whether this reflected a desire for home ownership. The term 'private' was used in a loosely defined way, making conclusions about housing preferences difficult. Australian studies have shown that the least preferred options for most people with a mental illness are living in a group setting or housing lacking privacy, such as boarding/rooming houses (Horn 1991, Juriansz 1994, Mulvaney 1995, Owen et al. 1996, Lambert et al. 2000). Most have indicated that living in a 'private' house or flat is the preferred option, with the emphasis on living independently which could be in a range of housing tenures including public housing, private rental or home ownership.

In addition, there was a strong preference not to live with others with a mental illness, both in these Australian studies and in several North American studies (Keck 1990, Goldfinger & Schutt 1996, Ogilvie 1997). The research suggested that people living in accommodation with others with a mental illness can be stigmatised, plus there is often a lack of choice of one's co-residents. Where people with a mental illness are living in settings with fewer residents there is evidence of increased functioning (Newman 2001). Other studies note that co-residents can be a major source of dissatisfaction (Juriansz 1994, Yeich, Mowbray, Bybee & Cohen 1994, Mulvaney 1995, Robson 1995).

From interviews with people either living independently or aspiring to live independently who have a mental illness, several housing characteristics emerge as being most important. The findings of these studies demonstrate that people with a psychiatric disability have similar housing needs to others in the community. These characteristics are grouped loosely based on Massey & Wu's (1993a) categories:

Independence and choice	• in own home and alone • autonomous • sense of freedom • independent
Convenient location	• located close to community services, transport, vocational and rehabilitation services • located close to social networks • located close to the person's preferred location
Safety and comfort	• safe • secure tenure • comfortable
Affordable	• leaves enough money for other things
Privacy	• private - have own space
Social opportunity	• compatible social milieu – i.e. like neighbours • physical and social supports available which reduce stress • place to entertain visitors • recreational facilities nearby

(Keck 1990, Horn 1991, Tanzman, Besio & Yoe 1992, Carling 1993, Tanzman 1993, Juriansz 1994, Catholic Social Services 1995, Robson 1995, Burke & Dickman-Campbell 1997, Keys Young 1994, Massey & Wu 1993a&b, Yeich et al. 1994, Mulvaney 1995, Ogilvie 1997, Penumbra 1997, Weir 1997, National Youth Coalition for Housing 1999, Thomas & McCormack 1999, Lambert et al. 2000)

While there are a number of studies that provide some insights into housing stability and housing type, location and preference, usually this information is interwoven amongst a wider range of issues; this reduces the ability to clearly understand findings about causal relationships. Additionally, people in these studies lived in varying housing circumstances which probably influenced their views. The following are some of the key studies and their findings.

- One study (Horn 1991) interviewed 278 people with a mental illness in the north-eastern suburbs of Melbourne to determine their current accommodation status and satisfaction with their accommodation. Note that in this study, some accommodation types were referred to as 'private' houses or flats. We have not assumed that this means privately owned, as it could also refer to private rental. Sixty-five percent of respondents had been living at their current address for over two years, suggesting relative housing stability. Seventy four percent were either in private rental, public housing or owned or were buying their own home (or their parents were buying it for them), with the other 26 percent in a range of accommodation types, including hospital, group homes, bedsits and transitional accommodation. In terms of who they were living with, 87 percent were living with others, ranging from family members to friends to co-tenants and others with a psychiatric disability, and 13 per cent were living alone. Regarding housing preferences, 67 percent would prefer to live in a private house or flat, followed by 22 percent in public housing and the remaining 11 percent in the range of housing types mentioned above. Those who were living in 'private' housing appeared to be most satisfied. The housing characteristics that were most important to them were cost, condition of the building and privacy. Over half of the total sample expressed a preference to live in a different type of housing, with only 47 percent living in their preferred choice of housing.

- Another Melbourne study of 80 people with a mental illness (Mulvaney 1995) reviewed their housing and support circumstances, preferences and constraints. Again, the term 'private' housing was used, not distinguishing between ownership or rental. The largest group, 27 percent, lived in a boarding or rooming house, with 25 percent in transitional housing, 21 percent in a private flat or house, and the remaining 27 percent in a range of

housing types including public housing, group homes, hostels and Special Accommodation Houses. Sixty percent had been in their housing for less than 12 months. Most saw housing as having a major affect on their mental health. Factors impacting on their current level of satisfaction with housing included physical condition of the accommodation, location, availability of facilities, support and privacy. Over three quarters wished to move, with a preference to live in a private or public house or flat, live alone or with friends or family members, with 15 per cent preferring to live in a group situation. There was a desire for greater autonomy, privacy and independence, associated with the ability to choose who to live with or whether to live alone. A theme in the responses was that achievement of preferred housing would facilitate involvement in a range of activities and enable them to develop relationships with others.

In this study, the perceived barriers to achieving the housing of their choice were lack of finances, lack of availability of desired accommodation, discrimination and the constraints associated with living with a mental illness, such as lack of motivation and instability. There was a strong interest in obtaining more information about available housing options and how to secure housing. A significant number believed that advocacy and/or ongoing support would help. Respondents were most likely to have left their accommodation during the previous two years because of problems with co-residents, eviction or hospital admission. Financial, health problems and the influence of co-residents often led to breakdown.

- In a recent survey of 101 adults with a mental illness in rural New South Wales (Lambert et al. 2000), indications were that this group prefer to live in the community, and like the rest of the Australian population, would ideally like to own their own home. However, findings show that whereas in the overall Australian population it is estimated that 72 percent of individuals own or are buying their own home, only 29 percent of the sample studied did so.

The study measured respondents' satisfaction with housing, access to services and income. In terms of housing stability, two thirds of this group had been living in their place of residence for over one year, and over half wanted to remain where they were living. One-third of participants said they had no choice in selecting their home. For those respondents who wanted to move, constraints were financial - that is, the cost of moving, inability to meet rental payments, unemployment and lack of alternative housing. Cost and proximity to family and friends were the main reasons for present location, as well as familiarity and access to facilities such as shops and health care, privacy and housing quality condition. Three-quarters of this group were satisfied with their housing. The study reinforced other studies that suggest that housing type alone is not the determinant of satisfaction, with access to services, people and facilities also important.

- In a North American study in Toledo, Ohio, mental health services conducted a consumer preference survey to establish what the housing preferences were for a group of 49 people with a mental illness (Keck, 1990). Unfortunately we do not have information on where these individuals were living to understand how that may have influenced their preferences. Although 59 percent said they were somewhat or very satisfied with their current living arrangements, 90 percent indicated that they would like to move rather than stay living where they were. Of those who wished to move, 90 percent wanted to live in their own home or apartment, and 50 percent said they would prefer to live alone. When asked what assistance would be needed, over three quarters indicated they would need assistance with locating an apartment, paying rent and getting utilities connected, and also continuing support from a mental health agency and community support. Assistance to avoid emotional upsets or crises was also indicated by 68 percent.

Individualised service plans were then constructed for 20 individuals with a serious mental illness, based on their preferences. Participants were given assistance in finding their own apartments, and were able to choose the building and neighbourhood. Each person was assigned a case manager. Of the 20 people, 16 lived in the same residence after a period of 21 months. During that time period, the average hospitalisation was 21 days, compared to an average of 245 days in the two years prior. Case managers indicated that for 10 of the 16, quality of life was good or excellent. Only one indicated that it was poor. These

results suggest that meeting the housing preference of individuals with a serious mental illness, assisting them to settle and providing ongoing case management increases tenancy success.

These studies suggest that people will want to move if there is lack of congruence between what they have and their housing preference. This is also the conclusion reached by Ogilvie (1997) in his review of studies on supported housing for mental health consumers. However, less is reported on potential consequences of not being able to move to housing with preferred characteristics. This is an issue that is important to understand as we know that there is limited capacity to meet consumer preferences because of the lack of availability of suitable housing. The concept of consumer choice can only be put into practice if there is a range of housing options available to cater for varying individual needs (Carling 1993, Hatfield 1993, Carling 1995, Clark & Henry 1997; Curtis 1997, Penumbra 1997). Research suggests that many people with a psychiatric disability are on low incomes (Bisset et al. 1999) and that there are severe shortages in low cost housing, which limits individual choice of housing type and location (Horn 1991, Deany 1993, Juriansz 1994, Mulvaney 1995) and this may undermine the achievement of stable housing.

It is also important to note that a number of studies have shown that what people themselves want and what others think they need – i.e. family, professionals - can differ (Carling 1993, Massey & Wu 1993a&b, Goldfinger & Schutt 1996). For example, in one North American study (Goldfinger & Schutt 1996), when clinicians were asked about the type of housing they felt was appropriate for 87 people living with a mental illness in a shelter, few felt they should be housed independently. This was in contrast to the responses from individuals themselves who had a strong preference to live alone, but with outreach support.

Many of these studies appear not to have been written from a housing perspective, and therefore have not distinguished between different housing tenures when discussing either where a person currently lives or where they would like to live. The findings become particularly unclear when the term 'private' housing is used, which we understand could mean living independently (that is, not in a group situation) or owning one's own house or flat. These differences are quite critical if one is to understand the implications of consumer preference for housing policy. In the methodology for this project, we have chosen to focus on those in rental housing, to ensure the group is comparable, distinguishing between those in the private rental, public rental and community housing.

In addition, when considering living arrangements, some studies have used unclear categories when asking consumers about who they might choose to live with. In one the category 'living with others' was used, but not as a 'catch all' (we presume it meant living with those who are not friends or family). In the current project we will attempt to clearly distinguish between the various types of people with whom one can live.

4.2 Appropriate service responses

'The key to the success of any kind of housing for persons with psychiatric disabilities is, of course, the nature and adequacy of the support services provided' (Hatfield 1993 p.497). The literature on what people living with a mental illness consider is important in terms of housing and support highlights the importance many consumers place not just on their housing but also on good access to a range of health and support services, such as the following:

Area of assistance	Type of assistance
Access to housing	- support seeking appropriate housing, moving and getting utilities connected - financial support to access housing and pay for living expenses - managing money - obtaining house furnishings and supplies
Daily living skills	- shopping, housekeeping, meals preparation - managing finances - finding and using local community services and resources
Social networks	- assistance to participate in leisure activities - assistance making friends
Managing their health and wellbeing	- medication management - access to 24-hour crisis support - limit setting - mental health or drug treatment services - physical health needs - moral and emotional support – needing help with emotional upsets - building self-confidence
Transportation	access to transport
Living independently	- help with house maintenance - help from family and friends - assistance structuring time

(Keck 1990, Horn 1991, Tanzman et al.1992, Deany 1993, Tanzman 1993, Carling 1993, Juriansz 1994, Yeich et al.1994, Thomas & McCormack 1999, Ainsworth 2000, Lambert et al. 2000, Jarbrink et al. 2001).

The following provides examples of some of the more specific findings on the supports people with a mental illness identify as important to them:

- In a Melbourne study where 278 people with a mental illness were interviewed (Horn 1991), almost half stated they would need help in securing alternative housing, with help needed in finding a place, friendly people to share with, help paying the rent, help with living skills and support from the mental health service. In terms of perceived support needs, 49 percent said they needed help with emotional upsets, 47 percent with self-confidence, 38 percent making friends, 36 percent making friends with the opposite sex and 36 percent finding employment.

- In another Melbourne study in which people were asked about the support services they considered needed to be developed or improved (Deany 1993), 86 percent of responses listed non-clinical, disability support type services, with the main request for housing and housing support services (24 percent), followed by drop in centre and recreational opportunities.

- A third Melbourne study (Juriansz 1994) identified that 47 percent of the sample of 68 people interviewed who were mostly living in communal housing said they would like some kind of living skills support to help them to live where they wanted to, with the two most frequently identified supports being help with managing money and shopping. The type of support most desired was emotional support, and support which is flexible and responsive to their needs.

- In a recent study of 101 adults with a mental illness in rural New South Wales (Lambert et al. 2000), the main support needs people identified were access to health facilities, such as doctors, dentists and hospitals, and access to shops, family and friends and public transport.
- In a US study of people with a mental illness, Keck (1990) identified that one of the most critical needs was emotional support and support during times of crisis. Another US study had a similar finding (Lezak & Edgar 1996); that is, that the two aspects of staff support that were considered most important for housing stability were assistance with crises and ability to reach staff at any time.

The differences in these studies is likely to be attributed to a combination of factors, including the orientation, purpose of the study and questions asked, and the current housing and support arrangements for those interviewed. One might expect that those who are living in group housing and have never lived independently would need ongoing support and living skills as a priority, whereas those already living independently might identify support at particular times to deal with crises as important.

While provision of appropriate support and assistance is important, the importance of effective coordination of the range of services provided to individuals with more complex needs is also recognised as important, although is not always effectively addressed (Lawson & Perese 1996, Bisset et al 1999, Commonwealth Department of Health and Aged Care 1999a, Eldridge 1999; Commonwealth Department of Family and Community Services 2000, Victorian Department of Human Services 2000). A number of studies reporting the views of service providers highlight the importance of coordination and collaboration between services (see for example National Youth Coalition for Housing 1999, Thomas & McCormack 1999, Queensland Department of Housing 2001, Victorian Homelessness Strategy Ministerial Advisory Committee 2001).

The literature suggests that a diverse range of forms of support are important, from help to find housing, live independently, socialise, manage emotional, mental and physical health and get to places. However, these studies do not always specify the current living and support arrangements so that one can clearly understand whether the support preferences are influenced by their experience. In designing our study, we will ensure that there is clear descriptive information about current living arrangements and supports, so that comments on what is important to individuals can be analysed in context.

An intention of our interviews will be to check the existence and importance of a range of supports to the people we interview, ascertain how such services are coordinated and delivered and, where possible, obtain participants' views on effectiveness of coordination between supports and what is most helpful to them.

5. STUDY METHODOLOGY

The research questions this project seeks to address about housing and support from the perspective of people who have a psychiatric disability include:

- What is important to people to maintain their tenancies?
- What is it that jeopardises their ability to:
    - ° access housing?
    - ° maintain housing?
- When housing and support works well, why does it work?
- What do mental health consumers need to know and have in place to make it work for them?
- When doesn't it work? Why doesn't it work? What is needed to make it work?

In order to address the key research questions the project team plans to:

- conduct a literature review, expanding on the previous literature review conducted for the AHURI *Effective Program Linkages* project (Reynolds and Inglis 2001)
- interview 50 people who experience psychiatric disability who have not obtained housing linked to support services as in the HASP but are still successfully sustaining rental tenancies
- interview 12 service providers - six housing managers and six who provide support services
- compare our findings with those of the recent HASP review in which individuals in the program were canvassed about their satisfaction with the housing and support they receive
- discuss the project with a reference group consisting of individuals from government (Commonwealth and State), service providers, mental health consumer representatives and researchers (see Appendix A)
- analyse the data to address the research questions

5.1 Process of selection and engagement of clients for interview

The core of the project will be interviewing fifty people in public, community and private rental housing who experience psychiatric disability and receive support from a PDSS, but not through a program that formally links housing and support, such as the Victorian HASP. One of our interests is to compare the experiences of these individuals with people who have a psychiatric disability and are in the HASP. We want to understand what contributes to successful housing outcomes outside a highly effective program such as HASP. Thus, a key requirement is to find people with similar backgrounds and characteristics to those in the HASP. In terms of the size of this group, in 1999 in Victoria there were some 1388 people aged 16-64 accessing home-based outreach support through a PDSS living in private or public housing, without access to formally linked housing and support programs (Victorian Department of Human Services 1999).

The approach involves working closely with PDSS committed to the project aims, to establish 'key contacts' from the staff who have developed rapport and trusting relationships with this client group. The participants will be deemed by these 'key contacts' to be living in stable housing. The definition of stable housing is not restricted to living in the same dwelling for a particular period of time, as people often relocate for a range of reasons. Rather, being in stable housing is where individuals have control over where they live, as opposed to living in a situation where their housing is in jeopardy. Participants will be engaged by the 'key contacts' who will provide information about the project and the benefits of participating. The 'key contacts' will be responsible for ensuring the participants informed consent to participate.

In consultation with the Mental Health Branch, Department of Human Services and the Reference Group, it was decided that access to clients for interview would need to be through PDSS. We chose to take this approach to ensure that the group interviewed are judged by those working closely with them to have significant psychiatric disabilities equivalent to people on the HASP.

In consultation with the Mental Health Branch, Department of Human Services and the Reference Group, a number of PDSS have been identified to be involved with the study. All who were approached have agreed to participate and all also have HASP properties so are very familiar with the clients who are in these properties. The support workers informed us that they could readily identify other clients not on HASP who were similar, commenting that often the level of support provided is indistinguishable.

The close engagement of service providers in accessing their clients for interview will be critical as we know that interviewing people with a mental illness about their housing can be sensitive. Zetter and De Souza (2000) refer to the use of 'gatekeepers' as a tool for minimising the potential problems of developing rapport and the confidence of participants. In each case we will ensure that the support workers are well briefed on the project and can then ascertain their clients' willingness to be interviewed and, where necessary, negotiate the arrangements for interview. A discussion will be held with each of the support workers about the clients who consent to participant *before* we conduct the interview so we can be sensitive to any other issues that we need to take into account in approaching the interview.

Participants will be drawn from a number of different geographic areas in Victoria, both to ensure there is a sufficient sample size and to reflect the diversity in types of rental housing, access to and approaches of different support services, and level of collaboration and cooperation in different areas. The services assisting with identification of clients for interview cover the following geographic areas:

- one service covers a large middle and outer area of a metropolitan region
- three services are closer to the centre of Melbourne, with the area covered by two of these services having high concentrations of public housing
- one service operates in a regional centre.

Participants in the age range of 25 to 50 will be sought, with some flexibility to interview people just either side of this who have the appropriate characteristics. The rationale for selection of this age group is that the group older than this can have a range of different characteristics that may complicate the findings, particularly physical illnesses. On the other hand, most episodes of mental disorder first occur in early adulthood (Commonwealth Department of Health and Aged Care 2000). The younger group can be less familiar with and able to manage their disabilities, are often less settled and may be less likely to seek professional help (National Youth Coalition for Housing 1999, Thomas & McCormack 1999, Commonwealth Department of Health And Aged Care 2000). People who are in the specified age range are predicted to have the greatest capacity, preparedness and likelihood to access and maintain stable, mainstream housing and separately funded support services.

5.2 Approach to interviewing and questionnaire design

Interviews will be face-to-face unless the participant chooses otherwise and undertaken in a location selected by the participant in consultation with the 'key contact'. The interviews are expected to take an average of one hour.

In designing the questions to ask participants during the interviews, critiques of similar studies of housing and support for those with a mental illness will be drawn on to increase reliability and validity of the information gathered (Goldman, Rachuba & Van Tosh 1995, Newman 2001). One study, which was highly critical of methodologies used in studies of housing for people with a mental illness requires particular note (Newman 2001). While some may want to dispute the findings of the Newman review, the issue she raises about methodology are important and have been taken into account in development of this project's approach.

Newman (2001) reviewed the literature on housing outcomes for people living with a mental illness, selecting 32 analysable studies out of 280 studies published from the period 1975 to 2000. Her review analysed studies on characteristics of housing for people with a mental illness, how housing attributes affect other non-housing factors (such as length of hospital stay) and housing attributes as both an input and outcome, for example, the effects of the physical condition of housing on its affordability. She was critical of the way most of the

studies had been designed and the design flaws, coupled with the complexity involved in this type of research, led her to conclude that the body of research examined has *not* convincingly demonstrated:

- clear housing attributes or factors that appeared to be critical to a person's capacity to live independently
- clear types of residential alternatives that are most effective
- specific housing attributes that can be associated with the best type of residential settings
- agreement on the most appropriate way to conceptualise and measure the effectiveness of housing setting.

There are several methodological problems in designing the interview questions for this study. Firstly, we need to ensure the interviewee understands the breadth of what we mean by the terms 'housing', 'support' and 'linkages'. We recognise that these are terms that need to be explained and presented in simple language. We will be wording the questions in plain language as follows: housing is 'the place where you live', support is 'help or assistance' and linkages are 'the ways that people work together to support you'.

In addition, we want to ensure that when asking interviewees about how they have accessed housing and stayed housed and what is important to them that they take into account all the potential factors we know encompass housing, support and linkages. We therefore want to give them our frameworks for these complex concepts. To this end we have developed prompt sheets to help interviewees explore all of the known elements of housing, support and linkages. The frameworks presented in the next chapter of this report were extensively drawn on to develop these prompts.

However, we want to also hear what is important to them first without imposing a framework, as we recognise that there may be some factors which help a person stay housed which we haven't included. By giving our frameworks first, we may preclude responses that we have not anticipated. To cover both approaches, our initial questions will be open, such as 'What is important to you about the place where you live?', with the subsequent questions canvassing their views on the individual housing elements we know can work. We will then check back to see if the initial response given is still what is most important to them, given we have provided the interviewee with a broader framework in which to view what 'the place where you live' means. The interview schedule and planned process for engagement of clients will be piloted with three clients with different characteristics to ensure that desired information and interview process outcomes are achieved.

From consultation with the Reference Group and service providers we are aware that we need to avoid questions that might unnecessarily cause discomfort or distress, such as dwelling on previous housing crises. We agreed that our focus is not on past failures, rather on what individuals are doing which is working well for them. Hence, as much as possible, we will be framing our questions in terms of what currently works well and what is in place to make things work.

In wording the questions, we will be careful to use common language that is easily understood by the interviewees, and that will accurately convey our meaning in a clear and precise way. Although we are aware that the level of formal education of our client group will be broad, our decision is to simplify questions to the level of the least sophisticated of all potential respondents (Berg 1995).

The interview questions will be a mixture of open ended and semi-structured questions, which is an appropriate approach for dealing with feelings and attitudes and where there is a wide range of responses that cannot be anticipated (Jankowicz 1999). Our intention is to encourage conversational flow, and not contain interviewees into an artificially constructed set of narrow responses.

Our primary purpose is to elicit the views of this group of individuals who have managed to maintain stable housing and hear their stories to understand what has assisted them stay housed and what they perceive might jeopardise their housing. To that end, we are not expecting there will be one objective reality, rather this is a qualitative study, intended to capture the multiple and subjective perspectives on what has worked and is working for each

individual (Denzin & Lincoln 1994). This approach is particularly important for these individuals who cannot be characterised as a homogenous group, having diverse backgrounds, behaviours, kinds of support and needs. The benefits are being able to explore in-depth their experiences, whilst also comparing their stories to the themes that have emerged from previous studies and from our own research to date.

This is, by virtue of the size of the grant and the decision to take a qualitative approach, a scoping study, intended to elicit insights and themes that will inform policy and which can also be explored in more depth in a larger quantitative study. It will be possible to abstract from such findings generalisable relationships at a conceptual level, which can then form the basis of statements required for policy development.

We know that people with a mental illness often don't have a forum to say what is important to them. An underpinning belief of this study is that it is important to give a voice to those who might otherwise not have the opportunity to talk about their own needs and what works for them, as opposed to taking a paternalistic view of what we think should happen for them. This study has a phenomenological approach; that is, it is committed to understanding the social phenomena of what it is like, from the perspective of the person with the mental illness, to live independently. This will yield descriptive data that can then be interpreted in the light of other information we will have gathered (Taylor & Bogdan 1997).

5.3 Incorporating the view of service providers and "experts"

The insights and experience of those working in the area of housing and support for people with a mental illness will be drawn on in two ways; via an expert reference group, and through interviews with a select number of housing and support workers. The reference group will assist the project team to identify key contacts, ensure a successful sampling approach, provide feedback on the survey content, project plans, progress and outcome of our analysis, and assist with the dissemination of findings.

The project has been developed in consultation with the Victorian Department of Human Services and the project team will liaise closely with the Mental Health Branch and the Office of Housing to ensure the research complements their review of the HASP and informs initiatives to better support people living with a mental illness to access and maintain their housing.

Following analysis of the consumer interviews, we will interview workers in key agencies who provide housing or support services in the areas in which their clients live to further understand the implications for practice, from the consumer feedback, on how to sustain tenancies. This will consist of six housing managers and six who provide support services.

While maintaining individual confidentiality, we will seek to discuss with the various service providers the insights emerging from the analysis of the consumer interviews. They will be asked for their comments on what they consider to be the policy, program and service directions and approach required to address the issues identified by those interviewed and what they see as the constraints to effectively meeting their clients' needs.

6. CLARIFYING KEY CONCEPTS: HOUSING, SUPPORT, LINKAGES, RISKS TO HOUSING STABILITY

In embarking on this study of better understanding consumer views on what assists them to access and stay housed, it became evident that it would be essential to clarify the concepts of housing, support and program linkages. As indicated in the previous chapter, this is required both to ensure that our study articulates the assumptions on which it was based, but also enables us to explain the concepts of housing, support and linkages to those being interviewed, who are unlikely to be familiar with the way we use this terminology. In addition, we need to articulate the factors that appear to threaten housing stability, drawing both on the literature and the research team's developing understanding. We concluded that as part of the consumer interviews we will need to directly check how the factors that can threaten a person's housing stability are being addressed for them and how effective they considered these approaches to be.

We have therefore spent considerable time in the early stages of this project working on documenting key frameworks that will underpin the way in which we approach exploring housing and support issues with people with a mental illness. These are presented here in their early form, as they are part of what is shaping this project's approach. In summary, the broad elements of each are as follows.

Housing

The elements of housing to take into consideration include:

- Housing supply – the availability of housing
- Housing choice – the degree to which a person has choice over their housing
- Attributes of a person's housing manager - purpose of the housing, tenancy agreement, housing manager's approach, resources/knowledge to support people with a mental illness
- Housing attributes – tenure, nature of rental agreement, dwelling type, size, degree of shared space, furnishings, quality, relationship to other housing, accessibility of support, services arranged by housing provider and social opportunity
- Living arrangements - own or with others and choice in this
- Community context - tolerance of the neighborhood, facilities, public transport, proximity to social networks and preferred location.

Support

The elements of support to take into consideration include:

- Range of types of support available
- Characteristics of formal support services
- Characteristics of formal support workers
- Various sources of support.

Linkages between housing and support

The elements of linkages between housing and support to take into consideration include:

- Types of linkages
- Nature of relationships
- Client confidentiality
- Nature of local service networks.

Risks to losing housing

Risks to housing can arise from two key directions:

- Risks related to the person's own attributes, psychiatric disabilities and behaviours when unwell
- Risks arising from what others might do or not do.

6.1 Housing attributes

The following outlines key housing attributes that have been identified as having a possible influence on the ability of a person with a mental illness to stay housed.

Housing supply	**The availability of housing:** i.e whether there is: • a diverse range of affordable housing of different types and in different locations available • lack of affordable housing that offers diversity in type and location
Housing choice	**The degree to which the person has a choice about which housing they live in:** • can choose housing to meet their preferences and needs from a range of options • limited choice • no choice
The attributes of a person's housing manager	**Purpose of the housing** ie whether it is to: • explicitly assist those who might otherwise find it difficult to access and sustain housing - ie specialist social housing or specialist program linking housing and support • provide affordable housing - ie social housing • generate an income - therefore the emphasis is on attracting tenants who are financially viable, have a good track record, have minimal requirement for interaction - ie private rental **Tenancy agreement/policies** i.e. whether they: • specifically include processes for working with the tenant and support workers to ensure housing is sustained during periods of crisis and to maximise success - ie direct rental debit, client information release form to contact support worker in times of need, use of dispute resolution processes • are neutral - some allowances made for tenants' difficulties • are inflexible - any transgression against the tenancy agreement results in immediate eviction (within Residential Tenancy Act), or the tenancy agreement or policies discourage any intervention **Housing manager's level of understanding of mental illness** and their practical sensitivity to the potential impact of living with a mental illness on housing stability: ie how they choose to deal with rent arrears, potential problems with neighbours, periods of illness and hospitalisation • positive - housing manager involved in initial case planning for new tenants, takes active steps to ensure illness does not undermine housing - ie if rent not paid on time, attempts made to find out why; fosters relationship with support workers to assist tenant • neutral - ie not known or known but no special attention given • negative - prejudice shown to the person who has a mental illness - ie person meets eligibility criteria but are rejected as a tenant.

The attributes of a person's housing manager (cont.)	**Resources/knowledge available to support people with a mental illness:** • trained housing/support workers available either onsite or contactable on a 24 hour basis to assist people with complex needs, make referrals etc • no additional resources provided, although housing manager is available and/or written resources/information about services is provided • lack of resources /knowledge - communicate with housing manager by letter, telephone
The attributes of a person's housing	**Tenure** • private rental • public housing rental • community housing rental • other – living in housing not covered by the Residential Tenancies Act (RTA) – e.g SRS, mental health group living, housing **Legal nature/contents of rental agreement** • length of tenure • right to exclusive occupation of a self-contained dwelling under the RTA • right to exclusive occupation of a room under the RTA • licensed to occupy a keyed room • licensed to occupy a room (not keyed) • license to share a room (not keyed) **Dwelling type** • single dwelling (no shared entrance or shared external space) • multi-unit dwelling (own entrance but shared external space, e.g. driveway) • self-contained apartment in multi-storey building (shared entrance, e.g. high-rise, block of flats) • room (e.g in private hotel, rooming house) • bungalow • caravan **Size** • house • two or more bedroom flat • one-bedroom flat • bedsit • room **Facilities/areas that need to be shared** • own facilities - no need for sharing • bedroom • laundry • kitchen • toilet • bathroom • lounge • garden/outdoor area

| The attributes of a person's housing (cont.) | **Furnishings provide with housing**

• provided
• some provided - ie whitegoods
• not provided

Quality of housing - physical condition, amenities provided, safety

• safe and secure
• well-maintained
• comfortable
• good amenities
• high risk of theft of property
• poor physical condition
• lacks basic amenities

Accessibility of support

• housing comes with onsite support 24 hours eg caretaker, lead tenant
• housing comes with onsite support during business hours
• housing specifically linked to off-site support
• no specific link with support

Services arranged by housing provider

• meals
• room serviced
• personal care (SRS)
• laundry
• monitoring
• medication supervision (SRS, CRU, CCU)

Social opportunity provided by housing

• compatible social milieu - ie like neighbours
• place to entertain visitors
• recreational facilities nearby
• supports to reduce stress, depression |
| **A person's living arrangements** | **Lives alone**

• by choice
• not by choice

Lives with others

• by choice - ie family, friends, co-residents, others with similar needs
• not by choice - ie family, friends, co-residents, others with similar needs |

The community context in which a person lives	**Tolerance of neighbourhood** • accepting - assume that this might be a diverse population, diverse socio-economic groups, history of accommodating people with complex needs, unusual behaviours, social disadvantage; high council interest/resources in providing appropriate housing or programs to support people with complex needs • unaccepting - focus on property values, fear of difference and unusual behaviours or appearance, no exposure/experience with people with complex needs • blatantly discriminatory **Facilities** • existence of support services aimed at assisting disadvantaged people in the neighborhood - ie alcohol and drug centres, community legal centres, employment programs, housing services, day programs, community health services etc • general facilities - shops, medical services, recreational facilities - ie parks, libraries **Public transport** • available, safe, readily accessible • easy to get around without a car **Promixity to** • social networks - family, friends • preferred location - ie could be historical connection, desire to live by the beach, in the city etc.

6.2 Support attributes

The following outlines key attributes of support services that have been identified as having a possible influence on the ability of person with a mental illness to stay housed.

The different types of support available	• skill development • assistance with instrumental activities of daily living • support in accessing with services • support getting to services • services addressing practical and basic needs - ie health, income, housing, employment • social/emotional/moral support • financial support • support for interaction with neighbourhood • advocacy • case management

Characteristics of formal support services	- how available they are - how accessible they are - capacity to provide intensive support when required - timeliness of assistance - solutions focused - work to get good outcomes for clients - tailored to individual needs - respond to fluctuations in need - ie doesn't have to go to the end of a waiting list when next episode occurs because of time delay between receiving services - flexible delivery in terms of when, where, how - holistic - provide assistance taking into account the needs of the whole person - not narrowly focussed
Skills, knowledge and attributes of formal support workers	- their skill in working with people with a mental illness - the degree of consistency in staffing - ie low turnover - the quality of their networks/links/relationships with other relevant services - respect for client's wishes - degree of positiveness in attitude to clients - degree of commitment to allocating time to building relationships with clients
Sources of support	- the family - friends - co-residents/neighbours - mental health system - generic community resources and services

6.3 The elements of linkages between housing and support

There are a number of complexities in developing a framework for the elements of housing and support linkages. This is partly because they vary depending on the nature of the housing management approach and the housing provided by a housing manager and how well this is tailored to meeting the needs of people with a mental illness. In addition, they depend on the orientation of the support services. The role of support services may be different when a housing manager is more understanding of the needs and issues for people with a mental illness. Figure 1 (later) has been developed to start to clarify the possible expectations of general public housing and support services and key elements in their linkage.

The following outlines the different elements and possible attributes of the linkage between housing and support:

Types of linkages	- housing formally linked to off-site support services - interdepartmental agreements/protocols - support packages targeted to particular tenants - rights to nominate housing in return for guaranteed support - coordination through general case management programs - provision of on-site support - service coordination in local networks

Nature of relationships between housing and support providers	• informal relationships between individual workers or services - nothing written about the way work together • formal partnerships between services - agreement, MOU, protocols for how services work together • clear information about each others' services, how they operate and how to initiate contact • central co-ordinating agency, common interface ie single point for referrals
Issues of client confidentiality	• joint strategies for addressing client confidentiality requirements and issues, with the focus on achievement of good client outcomes • information about client's illness and support services they access available, yet policies preclude sharing information, even at times of crisis (both ways - from support services sharing with housing workers and vice-versa) • no information about client's illness or the support services they access available to housing provider
Nature of local service network	• regular meetings to share ideas • belongs to Primary Care Partnerships (PCP) • strong spirit of cooperation • integrated client information and management systems - ie common referral system

Figure 1: Requirements for effective provision of housing and support to people with a mental illness in general public housing and community housing

Housing *Assumed that housing manager will formally know some tenants who have a mental illness as well as having some tenants with a mental illness of which they are unaware.*	Requirements for effective coordination/linkage	Local support services
• Diversity of housing stock and supply, providing ability to offer choice • Allocations policy which supports matching of housing offered with client's needs in terms of type and location of housing • Staff training about mental illness and its implications for tenancy management approaches • Operating policies and practices which are sensitive to the manifestations of mental illness and psychiatric disabilities e.g : 　◦ rent arrears policies 　◦ responses to absence due to hospitalisation 　◦ problematic behaviour when temporarily unwell 　◦ special communication needs • Understanding of support services available for people with a mental illness and how they operate and can be contacted	• Joint strategies for addressing client confidentiality requirements and issues that focus on achievement of good client outcomes • Good knowledge of each other's services and how to initiate contact • Effective working relationships built on: 　◦ an attitude that is co-operative and seeks coordination and focused on achievement of good outcomes for people with a mental illness 　◦ agreed protocols/ collaborative work agreements	• Anticipates potential housing related issues for clients and with client agrees on strategies to address these, particularly when the client is unwell and temporarily unable to make decisions • Capacity to provide required skill development support to individual clients • Provides assistance to clients in a timely way so that major crises are avoided • Have good outreach capacity and strategies particularly for those with a mental illness who are not in the formal support system, but in the social housing system • Well developed relationship with clinical services

6.4 Risks to losing housing

From an examination of the literature and discussions with people working with people with a mental illness the following appear to be the factors that can jeopardise a person's housing stability. It is evident that strategies are available to mitigate each of these risk factors. This study should provide useful information to better understand what consumers see as being most helpful to them in addressing these risk factors, when they exist.

Risks related to the person's own attributes, psychiatric disabilities and behaviours when unwell:

- exhibiting behaviour which is problematic to others
- non-payment of rent
- periods of hospitalisation resulting in absence and possible non payment of rent
- not maintaining internal or external areas of property to an acceptable standard
- behaviour which is self-harming
- fear, lack of confidence, self-esteem and thus reduced skills to live in the community
- lack of practical independent living skills – shopping, cleaning, cooking
- loneliness/isolation
- poor management of medication taking
- difficulties with managing finances and payment of bills

Risks arising from what others might do or not do:

- negative neighbour response to the individual because they have a mental illness, not because of their behaviour - ie the neighbours response is outside the person's control
- negative housing or service management response to the individual
- misinterpretations of behaviour by others - ie behaviour such as not answering the door to the landlord or not confronting difficulties may be because of paranoia (illness) whereas it is interpreted as hiding/avoidance or not taking responsibility
- friends that can get one into trouble
- lack of appropriate, timely and skilled support

6.5 Concluding comments

Clarifying key concepts and refining the material presented in this chapter will remain an ongoing priority during the course of this project, as these concepts and frameworks are key to understanding the kinds of issues which are likely to emerge from the data gathering processes. It is anticipated that the refinement of frameworks which help to better understand the range and importance attributed by individuals with a mental illness to factors which constitute housing and support will be of practical value to government and service providers. A goal of this project is to influence not only policy directions in housing for people with complex needs, but also to influence practitioners in how services are provided to such individuals. The Final Report will present the findings which emerge from our analysis of the interviews with people with a mental illness, discussions with service providers who support them together with further reflections on the literature.

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