

Final Report

**Effective programme linkages:
an examination of current knowledge with a particular emphasis on people with mental illness**

authored by

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TABLE OF CONTENTS

- ACKNOWLEDGEMENTS ii**
- Abbreviations iv
- Executive Summary v**
- Introduction v
- Project methodology v
- Summary of key findings v
- Policy development implications ix
- 1 INTRODUCTION: RESEARCH AIMS AND CONTEXT 1**
- 1.1 Introduction 1
- 1.2 Project aims and scope 1
- 1.3 Terminology and some key concepts 2
- 1.4 The earlier Positioning Paper 3
- 1.5 Methodology 7
- 1.6 Structure and contents of report 7
- 2 PEOPLE LIVING WITH A MENTAL ILLNESS 9**
- 2.1 Characteristics of mental illness and psychiatric disabilities 9
- 2.2 Diversity of support needs 11
- 2.3 Accessing and sustaining housing 14
- 2.4 Housing preferences of people with a mental illness 14
- 2.5 Summary and conclusions 14
- 3 LINKING HOUSING AND SUPPORT - EXAMPLES OF DIFFERENT APPROACHES 17**
- 3.1 Housing formally linked to off-site support services 17
- 3.2 Interdepartmental agreements/protocols 18
- 3.3 Support packages or programs targeted to tenants of particular low cost housing 18
- 3.4 Nomination rights to housing in return for support for tenants 19
- 3.5 Coordination through case management and care coordination approaches 19
- 3.6 Provision of on-site support – more intensive linkages 20
- 3.7 Service coordination in local service networks 20
- 3.8 Summary and conclusions 21
- 4 LINKAGES BETWEEN HOUSING AND SUPPORT SERVICES IN VICTORIA – MORE DETAILED EXAMINATION 22**
- 4.1 Diverse forms of connection between public housing and support services 22
- 4.2 The Victorian Housing and Support Program 23
- 4.3 Linkages in other rental housing settings 30
- 4.4 Some broader issues 35
- 4.5 Summary and conclusions 35
- 5 PLANNING CONTINUED ENHANCEMENT OF LINKAGES/COORDINATED APPROACHES 37**
- 5.1 The reasons for difficulties in achieving coordination 37
- 5.2 A framework for moving forward 37
- 5.3 Examples of the approaches possible at different levels of the service system .. 39
- 6 SUMMARY OF KEY FINDINGS AND POLICY DEVELOPMENT IMPLICATIONS 42**
- 6.1 Summary of key findings 42
- 6.2 Policy development implications 46
- Appendix 49
- Reference Group Members 49
- Others with whom discussions were held 49
- References 50

ABBREVIATIONS

AHURI	Australian Housing and Urban Research Institute
DHS	Department of Human Services (Victorian)
HACC	Home and Community Care
HASP	Housing and Support Program (Victorian Program)
PDSS	Psychiatric Disability Support Services
SAAP	Supported Accommodation Assistance Program

EXECUTIVE SUMMARY

Introduction

This paper is the final report of the Australian Housing and Urban Research Institute Research Project – *Effective programme linkages – an examination of current knowledge with a particular emphasis on people with a mental illness*. The key research questions examined by this project are:

- In what ways can housing and other services be linked to achieve positive outcomes for people living with a mental illness?
- What are some of the broad models that exist in Victoria for linking social housing assistance with other needed support and assistance for people with a mental illness and how well are they reported to work?
- What are the possible approaches to program linkages that are potentially relevant to achieving improved outcomes for people with a mental illness requiring housing assistance, particularly social housing?

The project focus has been on examining these issues from the perspective of the program linkages/coordination required to assist people with a mental illness achieve stable housing. There has been a major, although not exclusive, focus on the linkage of housing and support for people living in social housing in Victoria. Due to the scale of the project, the approach has been more a scoping and scanning one rather than a comprehensive detailed investigation.

Project methodology

The study first examined relevant literature, including reports on existing housing and support service for people with a mental illness. Key information for the project has been gathered through interviews and discussion with a cross section of people involved with providing housing and/or support services to people with a mental illness. Discussions with the project's reference group have been central to identifying and clarifying key issues. Unfortunately, the study scope did not allow for discussion with people with a mental illness. Seeking their views and insights remains an important area for future research.

Summary of key findings

Foundations for developing effective approaches to program linkages

The research has identified that there are three essential foundations for developing effective approaches to support people with complex needs, arising from their mental illness, to sustain their housing. Each has implications for the development of approaches for linking housing and support.

The need to understand the impact a mental illness can have on achieving housing stability

Any discussion about how to achieve effective program linkages, or service coordination for people with a mental illness, needs to be based on a sound understanding of the characteristics of people with a mental illness and how the illness can manifest and affect their abilities to live independently. Key features of particular importance are:

- 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.

The importance of addressing housing needs and preferences

Stable and appropriate housing is an important foundation for enhancing the capacity of many people with a mental illness to live independently. Housing stability may well be undermined when housing is not appropriate to a person's needs and preferences. Many people with a mental illness want to live by themselves, with access to off-site support to develop independent living skills. Others who seek greater security may prefer to live with others with support close at hand. Therefore a range of different types of housing and housing and support models is required to meet diversity in needs and preferences.

Key elements of effective service responses

The particular disabilities and resultant support needs associated with living with a mental illness require the development of service responses that incorporate the following:

- the capacity for assertive outreach
- time to nurture and build a working relationship with the person
- the ability to accommodate unpredictable fluctuations in needs and capacities without jeopardising housing and critical support
- consistency in service providers providing support
- undertaking cross service coordination/case management where the person has no one to assist with this
- the development of crisis management plans in collaboration with the person
- effective approaches to address and balance the issues associated with the release of client information to other services and rights to confidentiality.

Different approaches for linking housing and support and associated issues

Diverse models for linking housing and support

This study has identified that there is a diversity of approaches for linking housing and support services. Formal evaluations and judgements of practitioners indicate that these approaches can work to enhance service coordination for individuals. A number of approaches are specifically developed for people with a mental illness, while others are generic approaches where people with a mental illness will be among the people being assisted. The different approaches identified include:

- 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.

It is important to have a diversity of approaches so that people have choices and there is an ability to respond to people's varied needs and circumstances. However, the diversity currently evident is, in many instances, not planned but the result of decisions made in many different program areas or services without necessarily any reference to what is happening in other areas. Thus there is a need to develop more co-ordinated planning across government programs so that an appropriate balance of models is available within local areas.

Issues evident from an examination of approaches in Victoria

The **Victorian Housing and Support Program model** is an example of an effective approach for supporting people with a psychiatric disability to achieve a sustainable tenancy in public housing. Key features of the model that appear to be important to its success include co-operative cross department/division planning, sufficient and reliable support services, protocols outlining working relationships between the housing and support services and effective approaches for obtaining client permission for release of information. Good working relationships between local housing officers and the psychiatric disability support service staff are central for ensuring that the program works effectively for program clients.

In the **general public housing program**, effective linkages and coordination between housing and support is achieved for some individuals but there are many constraints and challenges to supporting tenants to sustain their tenancies. Factors identified as enhancing outcomes for clients include the knowledge and skills of housing officers, having processes to address issues associated with the release of client information, diversity in housing stock and timely availability of housing and support. The achievement of positive client/tenant outcomes is affected by differences in the orientation of the housing and psychiatric disability support sectors and the lack of a framework for how those in these sectors might work together.

The smaller scale, scope and often more specialised knowledge of tenant needs in **community housing**, as well as the capacity to develop locally tailored processes, enhances their ability to achieve effective coordination between housing and support. In contrast, there are considerable difficulties in achieving effective linkages to support housing stability in unaffordable and inappropriate **private rental** housing.

Directions for enhancing linkages/coordination between housing and support

Reducing the complexity of the current array of programs and services is an unlikely possibility in the shorter term as a strategy for addressing the challenges of achieving effective coordination of services for individuals. Thus, directions for enhancing co-ordination will need to work within the complexity of the current service system. However, reduction of this complexity should always remain an important goal.

Working to support more effective linkages between housing and support for individuals is a responsibility across the service system, as people with a mental illness are found amongst the client groups of many services. A diverse range of approaches is required to ensure choice, flexibility and options for people who cannot or choose not to access specialist mental health/psychiatric disability support services. Specialist services and formally integrated housing and support services are important but can usually only ever partially address the level of need in the community.

We need to continue to pursue two broadly complementary approaches in order to strengthen the coordination of housing and support services provided to individuals:

- At the broad system level we need to strengthen the commitment to the development of more coordinated approaches for individuals, continue to reduce the barriers, and enhance the capacity of generic services to assist people with particular needs, such as those with a mental illness, through increased knowledge and competency.

- We also need to continue to evaluate existing models and develop and expand more integrated models for linking housing and support that are known to be effective. For some people, effective coordination can only be achieved through more highly integrated approaches, which often include individual case management/care coordination.

Raising consciousness of the need to continue to work to improve coordination for individual clients is a high priority. Different approaches are possible at each level of the service system and consideration of the options available at each level provides a systematic approach for thinking. The five levels at which different types of approaches are possible are as follows:

- Arrangements between Commonwealth and State Governments. There is considerable potential in the framing and negotiation of Commonwealth/State agreements for different program areas to acknowledge the interconnection for individuals of different programs and to formally set out expectations about how coordination with other program areas should occur. Such agreements include those for Housing, Supported Accommodation Assistance Program (SAAP), Home and Community Care (HACC) and Disability.
- Government handling its own business. Governments have considerable capacity to contribute to better coordination for individuals in the way they undertake their governmental responsibilities. They can, for example, develop broad policies supporting enhanced coordination in government activities, co-locate linked programs or services in particular departments and establish inter-departmental tasks groups.
- Government as a designer of programs and funder of services provided by others. Government departments and program areas have a significant capacity to either enhance coordinated service delivery for individuals or to create barriers when designing programs, developing guidelines for the delivery of programs, establishing performance measures and accountability requirements.
- Local service networks. How services in a local service network work together can have a major impact on the achievement of coordinated support approaches for common clients. Regular service network meetings, co-location of services and the development of formal interagency protocols are just some of the examples of approaches that can influence the degree of coordination of services provided to individuals.
- Individual services. Each individual service provider has the potential to contribute to enhancing the level of coordination for clients. Examples include seeking funding to provide a range of related services, the development of operating policies and practices that require co-operative approaches with other agencies, and a housing provider developing support protocols for tenants with local agencies.

Applicability of findings for other housing needs groups

People living with a mental illness present particular challenges for the service system. The particular difficulties that can result from the way in which a mental illness can affect a person's functioning need to be taken into account in service design and service practice. Any analysis and service development which achieves improvements for people with a mental illness should have positive flow on effects for other vulnerable individuals for whom effective coordination between housing and support is important. The identification of different options for improving linkages between housing and support at each level of the service system will apply equally to other groups.

Policy development implications

Reflections on the insights developed through this project highlight a number of key issues that need to be taken into account in future policy development. As can be seen, not all policy development implications focus directly on program linkages, as a number of more fundamental issues that undermine the capacity to achieve effective linkages have also been identified as part of this study. Whilst initiatives in some of the following areas have already been taken, they have however not been comprehensive and much work remains to be done to achieve improved outcomes for people with a mental illness.

Enhancing coordination between housing and support

A more coordinated government response

Strong leadership and the development of more collaborative and coordinated approaches is required from both Commonwealth and State governments, if we are to tackle the factors that currently inhibit the ability to achieve effective coordination for people living with a mental illness who require linkages between housing and support. There are many different approaches open to government as a whole, and to individual departments, to influence the design of policy and programs and the degree to which they enhance or inhibit coordinated service provision to individuals living with a mental illness.

Everyone has a role to play – strengthening awareness and consciousness

Actions at all levels of the service system can enhance or inhibit coordination between different services and service sectors. While government has a major role to play, people at all levels of the service system that work with people with a mental illness have important contributions to make to ensure that they take whatever opportunities are available to contribute to more coordinated individual responses. To support this, there is a need for the development of greater cross-sectoral understanding about how each sector works to support people living with a mental illness and the strategies possible to enhance current approaches.

Government taking into account the service practices required to provide effective support to people with a mental illness

The particular disabilities and resultant support needs associated with having a mental illness require service responses that incorporate particular features. In designing and funding housing and support services for people with a mental illness, attention needs to be given to the incorporation of the particular features that are outlined earlier in this Executive Summary.

Ensuring generic housing and support services understand the ways that mental illness can affect people's capacities and behaviours

A number of the approaches developed that contribute to supporting people to access stable housing and sustain tenancies are generic models that cater to multiple needs groups. Developing strategies to enhance the ability of these generic services to effectively support people with a mental illness is important. This requires attention to ensuring that service staff have information and training on mental illness and its impacts, that program and service development support exists, as well as opportunities for agencies or individuals with specialist knowledge of mental illness to consult to generic services.

Deciding on the balance needed between different models to meet local area needs

The current range of approaches in local areas for linking housing and support for people with a mental illness, and the balance between the different types of approaches, tends to be the result of ad hoc and uncoordinated decision making by various levels of government and different government programs. There appears to be considerable variation between areas in the range of options available. More coordinated approaches to planning across spheres of government and different program areas is required to ensure each local area has a balanced range of service models/approaches available for linking housing and support.

Addressing broader underpinning issues

Tackling the inadequate levels of housing and support

A key issue raised by many who contributed to this project is that the capacity to achieve effective coordination requires sufficient supply of the services that need to be coordinated. The severe shortage of secure, affordable and appropriate housing in many areas creates major problems in working to support people with a psychiatric disability to better manage their illness and develop and maintain the skills and confidence needed to successfully sustain a tenancy. Equally, if people do manage to obtain secure housing, such as public or community housing, their ability to maintain that housing is often weakened if they do not receive needed support in a timely manner and at a level required to ensure their particular needs and vulnerabilities are addressed. As the inadequate supply of affordable and secure housing has major consequences for people with mental illness, the particular needs of this group warrants priority consideration.

Cost benefit analysis of greater investment in more adequate supply of effectively coordinated housing and support

Those involved in the consultations for this project identified that many people with a mental illness are revolving through the justice, health and/or SAAP system, presumably at a very high cost to government and at a major cost to the person's own wellbeing and future life options. For some individuals, they identify that this is the result of the limited availability of well coordinated and adequately resourced housing and support options. A small number of overseas studies are starting to report on evidence that investment in effectively linked housing and support for people who are homeless is cost effective for government when compared to the health, justice and crisis accommodation expenditure required to support people when they are homeless. Examination of this issue in the Australian context would assist in informing government deliberations on how to most effectively allocate scarce and finite resources.

Strengthening the focus of social housing on achieving sustainable tenancies

The priority social housing managers give to developing policies and practices that support people with complex needs to maintain their tenancy is influenced by the degree to which their social housing program specifically aims to support stable tenancies. Housing managers are likely to give greater priority to both planning how their housing service works with support services, and to ensuring sufficient knowledge and resources are available to support tenants to maintain their tenancies, when achievement of stable tenancies is an explicit aim of the service. The importance attached to this is likely to be further reinforced when there are explicit accountability measures around tenant stability in addition to the more standard and predominant financial and asset management measures. In planning for the future of social housing consideration needs to be given to this issue.

Addressing the discrimination that affects the options available to people with a mental illness

Community prejudice and discrimination can have major impacts on the ability of some people with a mental illness to access and sustain stable housing. The location options and development process of social housing can be affected by community prejudice demonstrated through resistance to housing developments that might cater for some people with a mental illness. The consequence is lengthy town planning processes and potentially stigmatisation of tenants when, and if, the housing is finally built. Equally, prejudice can be directed at individuals by their neighbours and this can threaten the continuance of their tenancy. Therefore broad community development and information strategies about mental illness are an important adjunct needed to support initiatives to achieve better integration between housing and support and thus stable tenancies.

1 INTRODUCTION: RESEARCH AIMS AND CONTEXT

1.1 Introduction

The importance of effective linkages/coordination between housing and support services is recognised as central for achieving positive outcomes for particular vulnerable groups in the community. This AHURI project was developed to contribute to enhancing our understanding of the possible approaches to achieve effective coordination for individuals between housing and support services. The approach adopted was to gain insights into this issue through examining the issues for a particular needs group – people with a mental illness. This paper details the purpose of the research, the research methodology, the findings and the implication of the findings for policy.

The key research questions for this AHURI research project were:

- In what ways can housing and other services be linked to achieve positive outcomes for people living with a mental illness?
- What are some of the broad models that exist in Victoria for linking social housing assistance with other needed support and assistance for people with a mental illness and how well are they reported to work?
- What are the possible approaches to program linkages that are potentially relevant to achieving improved outcomes for people with a mental illness requiring housing assistance, particularly social housing?

The first chapter of the report outlines the project aims and scope and summarises key aspects of an earlier project report – the Positioning Paper (available at the following website http://www.ahuri.edu.au/pubs/positioning/pp_effective.pdf). This includes discussion of the background and policy context for this topic and a summary of the literature review findings about housing and support and approaches to program linkages. This chapter concludes with a brief overview of the project methodology and an outline of the structure and content of the report.

1.2 Project aims and scope

The broad objective of this study was to advance understanding of different ways to achieve effective program linkages for people needing housing assistance and other forms of support. It is important that we more fully understand how to provide a range of services in a coordinated manner and in a way that is responsive to individual needs, so that people are able to both access and maintain housing and are supported to live independently in the community. In undertaking this research we recognised that there is potentially a diverse range of ways to achieve effective program linkages and many different approaches are likely to be required.

This is a large and complex topic and there are many gaps in current knowledge and understanding. In order to ensure the project did not duplicate existing research and to ensure the study was focussed, the project scope was limited by a number of parameters, as follows:

- **A focus on one key housing needs group – people with a mental illness**

The choice of one specific group was deliberate. Attempting to understand linkages for the full range of housing needs groups would be too methodologically difficult and could not adequately comprehend the range of linkages and problems that pertain to each specific group. However, it was considered likely that a number of approaches to achieving effective program linkages for people with a mental illness would also be relevant to other housing needs groups. Thus the key principles underpinning good practice for people with a mental illness should be able to inform discussion on effective responses required for other groups.

- **A focus on program linkages/coordination to support a person to maintain stable housing, particularly in social housing**

In Australia, more recent policy and practice oriented research on housing and support for people with complex needs has focused on those who are homeless and on the Supported Accommodation Assistance Program (SAAP). The reports of a major project commissioned by the Commonwealth Departments of Family and Community Services and Health and Aged Care called *Supported Accommodation Assistance Program (SAAP) and Mental Health Linkages Project: Improving Outcomes for Homeless People with a Mental Illness* are due for public release in 2001. The purpose of that project was to report on strategies for improving collaboration between relevant service sectors and for improving outcomes for homeless people with a mental illness. The study involved a comprehensive review of the literature as well as extensive consultation across Australia.

In order to ensure that this AHURI project did not duplicate areas that had already been the subject of the research covered by the SAAP project, but rather complemented it, our project had a greater focus on program linkages to support people to maintain longer term housing, rather than crisis and transitional housing.

- **A predominant focus on one state**

There has been a focus on Victoria when exploring existing approaches and issues about achieving effective linkages between housing and support services. However information about initiatives in others States and overseas has also been included when this was readily available from the literature search or from previous work undertaken by the research team.

Overall, a scoping and scanning approach has been adopted, in line with the scale of the project budget.

1.3 Terminology and some key concepts

Throughout the report, we use a number of terms and concepts with which some readers may not be familiar. These are briefly outlined below.

Mental illness and psychiatric disability

In this report the terms *mental illness* and *psychiatric disability* are both used. In common usage, these two terms are often loosely used. Mental illness is often used to refer to a broad group of conditions that may or may not require support. Where the effect of the illness limits a person from participating and functioning independently the terms *psychiatric disability* or *people with complex care needs arising from their mental illness* may be used. (The characteristics of mental illness and psychiatric disability are more fully discussed in section 2.1 of the report.)

Living independently

Being able to participate and function in the community is termed *living independently*. Some people may require assistance from family and/or services to assist them to live independently. Independent living can be achieved in various forms of accommodation and living arrangements, such as living alone, living with family or living in shared accommodation. Living in a hospital, institutional, or 24-hour supported accommodation setting is not considered living independently.

Program linkages

The term *program linkages* encompasses all of the ways that programs, services, sectors, governments and their departments interact, interrelate, work together, cooperate, network and collaborate to achieve coordinated responses for individuals.

Appropriate housing

Where we use the phrase *appropriate housing* we refer to housing that is affordable and secure and meets the client's needs or aspirations in terms of location, housing type, access to support and other services, and formal and informal networks.

Appropriate support

Appropriate support suggests there has been a comprehensive assessment of a client's needs in terms of living independently, with support provided that is tailored to the individual and is flexible in the way it is delivered over time. For example, intensive skills development may be required initially to make the transition to living independently, with support needs diminishing to more of a monitoring role once a person has stabilised and developed sufficient independent living skills.

1.4 The earlier Positioning Paper

The Positioning Paper for this AHURI project (Reynolds & Inglis 2001) provides the background to the issues the project was to examine. Through examination of the key relevant literature, this paper identifies the existing documented body of knowledge in relation to the topic, highlights knowledge gaps and describes how the project seeks to fill some of these gaps. The literature includes both Australian and international sources, drawing on research articles from refereed journals as well as the evaluations and reviews of services and descriptions of government policies, plans and programs.

The following provides a summary of key issues identified in the Positioning Paper. A number of these are further discussed in later chapters of this report.

Background and Context

Recognition of the need to enhance coordinated and preventative responses

Whilst considerable attention has been focused on how to effectively support people who are homeless, even more pressing is the need to understand how to prevent homelessness by carefully assessing the factors that precipitate homelessness and make it difficult for particular groups to sustain long-term housing. The Victorian Homelessness Strategy recognises that factors such as limited affordable housing supply, social and economic issues and government policies can all contribute to homelessness at the broad level. However, for individuals, additional personal factors can have very specific impacts (Victorian Homelessness Strategy Ministerial Advisory Committee. 2001).

People who experience psychiatric disabilities as a result of a mental illness are one group recognised as having major difficulties in accessing and maintaining stable housing. It is important to understand the factors that contribute to housing sustainability being jeopardized for people with a mental illness if we are to establish effective program linkages to support long-term sustainable housing and prevent homelessness. It is equally important to understand the various options for linking different programs and services required by people with a mental illness together to achieve positive housing and quality of life outcomes.

There is increasing recognition of the importance of better coordinated approaches between housing and other services, with social housing providers and support services struggling to respond to increasing numbers of people with more diverse and complex needs (Hughes & Alexander 1995; Leveratt 1995; Commonwealth Advisory Committee on Homelessness 1998; Bisset et al. 1999). However, numerous reports and policy documents attest to the fact that progress in successfully implementing improved coordination and integration is still limited and difficult, with considerable consequences for vulnerable individuals (Robson 1995; Weir 1997; Commonwealth Advisory Committee on Homelessness 1998; Commonwealth Department of Health & Aged Care 1999a&b; Commonwealth Department of Family & Community Services and the Commonwealth Department of Health & Aged Care 2000; Commonwealth Advisory Committee on Homelessness 2001; Victorian Homelessness Strategy Ministerial Advisory Committee 2001).

More comprehensive approaches, including a 'whole of government' approach, is required to effectively support people needing assistance from multiple government programs. For example, one of the themes of the Commonwealth's Homelessness Strategy (Commonwealth Department of Family & Community Services 2000) is 'working together in social coalition', acknowledging that homelessness needs a multifaceted and integrated response. Current responses however, are diverse, often not conceptually well informed, and assessment and understanding of the effectiveness of different approaches is limited. There is also a major gap between program or policy intent and the actual outcomes being attained for individual people with a mental illness.

Paradigm shifts in housing approaches for people with a mental illness

There has been a progressive movement over the last few decades to better integrate people with a mental illness in the community by providing services which will meet their multiple needs, thus allowing them the choice to live more independently (Penumbra 1997; Bostock et al. 2000). This paradigm shift started with the deinstitutionalisation of psychiatric institutions in the late 1960s, resulting in the development of supported accommodation options in the 1980s that still provided housing and support services as part of the one service and in a group setting.

In the early 1990s new policy directions in Australia were set, beginning with the National Mental Health Policy (Australian Health Ministers 1992), which set important directions for the development of mental health services throughout Australia. It highlighted the need for better linkages between health and community services including housing, employment and income support and proposed a move away from mental health providing 'whole of life' services to services being provided in a 'multifaceted and multidisciplinary manner' (p.11).

In the past, the housing options available to people with a mental illness who required assistance from government were very limited. Even with the move away from large psychiatric institutions, newer options still included congregate living, providing housing together with support and grouping people with a mental illness in the one service.

More recent initiatives have explored providing housing with more individually tailored support on an outreach basis and un-packing the long-standing nexus between housing and support being provided by the one service. This has been important for increasing the range of housing and support options available, but has also increased the complexity of achieving effective coordination between housing and support services for individuals (McNelis & Nicholls 1997).

The central importance of housing

Many reports have reinforced the importance of housing for people with a mental illness. One of the most notable is the 1993 Burdekin report on *Human Rights and Mental Illness* which noted that: 'One of the biggest obstacles in the lives of people with a mental illness is the absence of adequate, affordable and secure accommodation' (Human Rights and Equal Opportunity Commission 1993, p.337).

Whilst limited research has been undertaken on the relationship between housing and health, there is evidence that those who are homeless have a much poorer health status, that living in insecure housing is stressful, that the development of social relationships is connected to having a home which is conducive to social interactions and that feeling safe and secure in one's environment is a base for grasping opportunities to engage in the community (Dunn 2000).

Where people with a mental illness currently live

Given the importance of stable housing for those with a mental illness who have an ongoing need for support, some understanding of the housing type and housing tenure in which people with a mental illness live is important in order to examine the possible approaches to improving program linkages. Knowing the relative proportions living in different housing types and tenures would also be helpful, as it would assist in knowing where to focus effort.

It is difficult to develop an overall picture of how people with a mental illness are distributed across different housing tenures. It is well documented that people with a mental illness are highly represented amongst those who are homeless (Robson 1995; Sydney City Mission et al. 1997; Herrman et al. 1998; Commonwealth Advisory Committee on Homelessness 1998; Robinson 1998; Victorian Department of Human Services 2000a) and there are high concentrations in low cost private and social rental housing (Leveratt 1995; Burke & Dickman-Campbell 1997; Keys Young 1994; McNelis & Nicholls 1997; Herrman et al. 1998; Robinson 1998; David Plant 2000). Little, however, appears known about proportions in other types of housing tenure. The lack of knowledge of how many people living with a mental illness may require access to social housing makes appropriate planning responses difficult.

Unfortunately, one of the most recent comprehensive Australian studies of people with a mental illness, *The Mental Health of Australians* (Andrews et al. 1999), failed to include a breakdown of housing tenure for those studied. Hence although good information exists about the prevalence of mental illness, much less is known about where and how people with mental illness live.

Housing, support and people living with a mental illness

The following summarises briefly the information outlined in the Positioning Paper.

- For people with a mental illness, stable housing is a foundation to successfully living in the community. Studies show that many people with a mental illness, consistent with the greater population, prefer to live independently in the community, either on their own or with a partner. However, a small group prefers the greater security and support provided by living closer to others with similar needs with on-site support.
- Access to adequate and appropriate support to enhance people's capacity to successfully live independently needs to be provided in conjunction with appropriate housing. Effective support is critical to both accessing and maintaining housing for people with a mental illness. The nature and intensity of the support required varies for different individuals according to their needs and psychiatric disability. Providing support options specifically tailored to a person's needs is key to sustaining stable housing and well being.
- Having a psychiatric disability can affect people's abilities to access and maintain stable housing. This may take the form of: an inability to perform daily living tasks, such as dressing, preparing a meal or paying bills; persistent feelings of high anxiety; extreme mood swings; delusions; hallucinations; thought disorders; and for a small number, violent and aggressive behaviours towards others. A complicating factor is that there can be major variations over time in the severity, duration and impact of the psychiatric disability, not only between individuals, but also for individuals.
- In addition to, and sometimes as a consequence of, the behaviours that can be associated with a mental illness, people can be socially isolated, often with less access to support from family and friends, in poor physical health and living in poverty (Center for Mental Health Services 1994; Robinson 1998; Jablensky et al. 1999). Those with long-term psychotic illnesses are likely to suffer persistent and distressing symptoms and the disabling side effects of medication, making it difficult to work, care for themselves and stay socially active (Jablensky et al. 1999). That is, they can often experience multiple disadvantages.

- There is substantial international and Australian research evidence to indicate that many people with a psychiatric disability can maintain stable housing, including people who have a history of homelessness. This is attainable despite having complex needs and a mental illness that is ongoing (McDonald 1993; Center for Mental Health Services 1994; Commonwealth Advisory Committee on Homelessness 1998). However, achieving housing stability requires careful attention to ensure firstly that the housing is appropriate to the needs of each individual and that ongoing support and clinical services are available. However, the nature of the psychiatric disabilities arising from a mental illness can result in particular difficulties in obtaining housing and required support services (Keys Young 1994; Bisset et al.1999).
- There are solutions that can lessen the risk of loss of housing due to factors such as inappropriate behaviours, lack of understanding of other tenants, difficulties paying rent, not maintaining property and contravening tenancy agreements. Difficulties in staying housed may be addressed by providing a range of rent options and mechanisms for reviewing arrears before eviction, improving communication between housing, health and disability authorities, community education programs that enable others to understand manifestations of mental illness and arranging for temporary housing relief and storage of goods during periods of hospitalisation (Keys Young 1994).

Program linkages

- The importance of effective coordination of the range of services provided to individuals with more complex needs is well recognised in the literature. However, frameworks that help to clarify the possible approaches to achieving program linkages, and how to effectively coordinate services for individuals across different programs, are still not well developed.
- The literature highlights examples of particular strategies for improving the linkages between various programs/services required by people with a mental illness. These include:
 - establishment of programs that formally link housing and support – such as the Victorian Housing and Support Program
 - government interdepartmental committees to collaboratively identify how to improve approaches to supporting the particular needs of people with psychiatric disabilities
 - case management approaches that appoint someone with responsibility to negotiate the system on behalf of, or with, the client to achieve more coordinated responses to the needs of a particular individual
 - strategies to enhance how different services with common client groups improve how they work together.
- All these approaches contribute to improving housing outcomes, and enhancing the well being of people living with a mental illness, through better coordination across services. However, the literature provides limited insights about the potential effectiveness of different approaches for achieving real change for those who need assistance from multiple services. We need to know more about whether any individual strategy by itself can make an important difference, or whether a multiplicity of strategies are required if the needs of people with a mental illness are to be successfully addressed. That is, we need to know which strategies and which combinations of strategies are likely to have most impact.
- Adding to the existing barriers preventing service providers from developing a coordinated service response is the complexity inherent in understanding the multiplicity of manifestations of mental illness. Such an understanding enables one to

recognise that a diversity of approaches for linking housing and support services is needed to support people living with a psychiatric disability to achieve stable housing.

1.5 Methodology

The study started by drawing on existing literature and reports, but while these provided some useful context and insights, they were limited. It was considered important to inform the project by what was happening 'on the ground' and to ensure a sound understanding of the factors that could either constrain or enhance the effective implementation of different approaches for linking housing and support. To do this the research team drew on the insights of those with a sound knowledge of current models for linking long-term housing with other needed support and the effectiveness of these models. Two different approaches were used to achieve this and they were as follows:

- Discussion, workshops and feedback from an expert reference/resource group. Members of the group were drawn from government, service providers and researchers and the role of the group included:
 - contributing information on relevant initiatives in Victoria that aim to improve the linkages between housing and other support services for people with a mental illness
 - assessing the effectiveness of these approaches and the constraints that limit these approaches
 - identifying additional approaches required and how these might operate.

- Interviews and small group workshops/discussion sessions with:
 - a range of Department of Human Services staff working in the Office of Housing and policy and program management and development staff in the Mental Health Branch
 - service providers who work with people with a mental illness selected from across a number of geographic areas, given the known variation between areas in needs and responses. (The knowledge of reference group members was drawn on to identify specific service providers who could assist to address the key research questions.)

Unfortunately, the scope of the study did not allow for discussion with people with a mental illness about how the system is working for them and what approaches to program linkages/service coordination they see as most effective. In addition, the study did not have the opportunity to seek the views of the family and friends of people with a mental illness who often provide key support. It is important that their insights are sought.

1.6 Structure and contents of report

Chapter 1

The first chapter of the report outlines the project aims and scope and summarises key aspects of an earlier project report – the Positioning Paper. This includes discussion of the background and policy context for the topic being researched and a summary of the findings of the literature review about housing and support and different approaches to program linkages. This chapter concludes with a brief overview of the project methodology and an outline of the structure and content of this report.

Chapter 2

This chapter of the report outlines the characteristics of people with a mental illness, the features that distinguish mental illness from other disabilities, the diversity of types of assistance a person may require and issues associated with accessing and sustaining housing. Two case study examples are included to highlight the key issues.

Chapter 3

There are many different ways in which coordination between housing and support services can occur. These range from very formal structural program approaches to more informal working relationships between staff in these two sectors. This chapter provides a brief overview of a number of different approaches which, although not a comprehensive overview, indicate the wide diversity of approaches found.

Chapter 4

This chapter examines in more detail some key approaches and issues arising for coordination between housing and support specifically for people with a mental illness in three key housing tenures – public housing, community housing and private rental. In particular the chapter examines the Victorian Housing and Support Program, a program that formally links housing and support for people with a mental illness.

Chapter 5

This chapter outlines the reasons for difficulties in achieving coordination and looks at the broad system level changes that are needed to develop a more coordinated approach between housing and support. Five levels of the service system are identified as having a role to play in contributing to more effective coordination between housing and support services.

Chapter 6

This final chapter provides a summary of the key findings of this project and outlines the policy development implications of these findings for ensuring coordination between housing and support. The discussion in this chapter also outlines a number of more fundamental issues that undermine the capacity to achieve effective linkages.

2 PEOPLE LIVING WITH A MENTAL ILLNESS

People living with a mental illness have a number of distinguishing characteristics and can face particular issues which may affect their ability to access and maintain stable housing. An understanding of these issues is essential in order to develop and provide services that result in the effective coordination of housing and support. This chapter of the report provides a brief outline of the areas that are most essential to understand. It outlines the characteristics of people with a mental illness, the features that distinguish mental illness from other disabilities, the diversity of types of assistance a person may require and issues associated with accessing and sustaining housing. Two case study examples are included to highlight the issues being discussed.

2.1 Characteristics of mental illness and psychiatric disabilities

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 et al. 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. 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.

A compounding challenge is the diversity in the types of mental illness and the different consequences of the various disorders. People with a mental illness are certainly not a homogenous group, in that individuals can be affected in different ways by their mental illness, can be positively assisted by appropriate medication and can have different family and personal resources on which to draw.

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.

A distinguishing characteristic of psychiatric disabilities compared to other disabilities is that they fluctuate and are episodic. In addition, the distinctions between the disease process and resultant disabilities are less clear than for other disabilities (VICSERV 1996).

In assessing the service needs of individuals with a mental illness and the issues for effective linkages, the way the psychiatric disability manifests itself is important. For example, there can be marked variations not only between individuals but also for individuals over time in terms of the severity, duration and impact of the illness on a person and on others. For each individual it is important to understand the specific ways in which the illness interferes with their cognitive, emotional or social abilities when identifying how support can be most effectively provided (Commonwealth Department of Health and Aged Care 1999a).

In addition to, and sometimes as a consequence of, the behaviours associated with a mental illness, people can experience a number of other difficulties that can also threaten their ability to maintain stable housing. People with a mental illness can be socially isolated, often having less access to support from family and friends to manage the challenges of daily life, compared to the support networks enjoyed by others (Robinson 1998; Jablensky et al. 1999).

Poor physical health is also often found amongst people with a serious mental illness (Center for Mental Health Services 1994; Jablensky et al. 1999) and this again can affect their ability to undertake the activities needed to comply with responsible tenancy. Co-occurring substance use disorder, often referred to as dual diagnosis, can be another complicating factor. The Jablensky study (1999) revealed that of the 980 Australians aged 18 - 64 living with a psychotic disorder who participated in the study 30% had a lifetime diagnosis of alcohol abuse or dependence. Dual diagnosis can result in a higher incidence of negative outcomes, such as work or family crises, homelessness, trouble with the police, violence and self-injury (McDermott & Pyett 1993; Jablensky et al. 1999).

In order to support people with such a multiplicity of needs and problems to access and then maintain their housing, a range of housing provision approaches that are sensitive to the needs of people with a mental illness are required, as well as highly effective cross program/cross service coordination. Where appropriate, ongoing use of clinical services to ensure effective clinical management of the mental illness is also essential.

Features distinguishing mental illness from other disabilities

People living with a mental illness have a number of distinguishing features compared to others who may have high support requirements, which need to be understood. They can be summarised as follows:

- Unlike the presence of a physical disability, which is often obvious, a mental illness can manifest in many different, but less obvious ways that may not be recognised as the symptoms of an illness. The potential for tenant behaviour to be misconstrued by others, such as neighbours or tenancy managers, can jeopardise housing stability if not understood and well managed.
- Some individuals may choose to disclose their illness to housing and support services, whilst others may not have an awareness of their illness or may not be willing to disclose their illness to others, for fear of repercussions, such as being ostracised. The ability of providers of housing and support services to respond effectively can depend on whether they are aware of a person's illness and whether they understand the nature of the illness.
- Living with a mental illness is not always disabling, but can be very disabling at times, with the manifesting disorder often fluctuating in intensity and duration. This can result in periods of very high need for support and periods where less support may be required. Maintaining housing can be particularly difficult when unexpected periods of hospitalisation may be required and, unlike with a physical illness, the timing and duration of these periods is often not predictable.
- The nature of some mental illnesses can threaten a person's ability to retain their housing. For example, a person may suffer from memory loss, anxiety, phobias or depression that may create difficulties in: managing finances, and therefore paying rent on time; living with neighbours, as neighbours may be regarded suspiciously; maintaining the property; or feeling safe enough to stay, with some delusional behaviours resulting in abandoning a tenancy.
- The stigma associated with having a mental illness can adversely affect a person's ability to live in the community without experiencing discrimination. For example, reports suggest that residents of body corporates can sometimes be intolerant of

having a person with a mental illness living amongst them, even if the person exhibits no apparent disturbing behaviours.

- There is often a strong relationship between problematic drug and alcohol use and the presence of a psychiatric disability, with people living with a mental illness often turning to alcohol and drugs to gain relief from their illness (McDermott & Pyett 1993). However, often this makes the symptoms worse, with this group experiencing even more difficulties in maintaining their health, quality of life and housing. Service providers often find the complexities inherent in dealing with the presence of both conditions difficult.

Whilst the issues of disclosure, variation in manifestations of the illness and discrimination are not unique to mental illness, they can severely limit a person's attempts to both access and then retain appropriate, affordable and secure housing.

2.2 Diversity of support needs

It became evident early on in this project that there was a need to clarify the potential range of support needs of people living with a mental illness. Carling (1993), for example, suggested that for people with severe psychiatric disabilities, several critical skills and supports need to be available to support independent living. These include support seeking appropriate housing and moving; assistance managing money, structuring time and participating in leisure activities; medication management; crisis support and limit setting. A number of studies undertaken in North America suggest that people with a mental illness seeking to live independently need the following: financial resources and financial management skills to both access housing and pay for expenses, given most are poor; twenty-four hour support to deal with crises and transportation to access needed services (Tanzman et al. 1992; Massey & Wu 1993a; Tanzman 1993; Yeich et al. 1994).

Diagram 1 has been developed to summarise and highlight the diverse types of services and supports people living with a mental illness may need to access. Such needs are likely to change over time. In addition, support needs are often reported to reduce when a person attains stability in housing that is appropriate in terms of design, location and affordability.

The diagram shows the diverse range of potential support needs people with a psychiatric disability can have when attempting to access and maintain stable housing. It gives some indication of the diverse government programs that may need to be accessed and the importance of timely and coordinated responses that can be tailored to particular individual needs and circumstances.

People with a mental illness often need assistance to engage in a range of services and activities. In practice this is provided by a diversity of different services. For people engaged with the specialist mental health system, this can be provided in Victoria by services such as Psychiatric Disability Support Services (PDSS) or clinical case managers from Mental Health Services.

PDSSs provide a range of supports to those living with a psychiatric disability who may be in their own home, in marginal housing, in social housing or in residential rehabilitation. Support is provided via a psychosocial model whereby clients are empowered to make their own decisions and develop daily living skills, improve social interaction, participate in community life and build self-esteem. Such support is available in a group setting in drop-in centres, in structured programs and recreational opportunities as well as on a one-on-one basis.

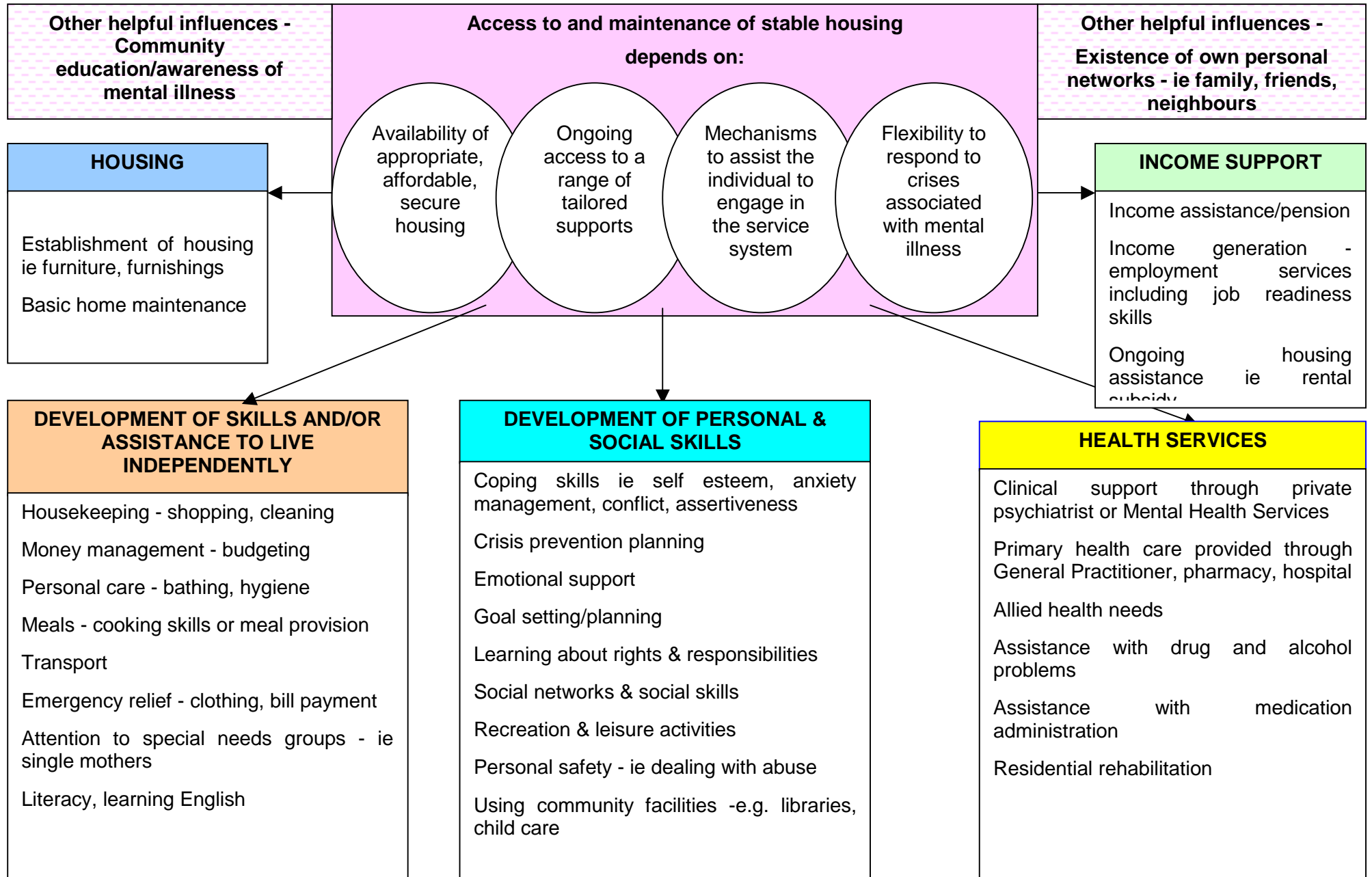
People with psychiatric disabilities may be reluctant to seek assistance and services must seek them out. These services need to have an assertive outreach approach where services physically go out and locate potential people in need of support on their own ground. It may involve regularly visiting places where people live and congregate. Assertive outreach also requires that the worker starts from where the client is at and listens and understands the

client's priorities in a patient and persistent manner, without being aggressive or overly intrusive.

Clinical treatment provided by Mental Health Services in Victoria assists an individual to manage their mental illness. Such services can be accessed through a community mental health centre, as an inpatient in a psychiatric hospital, via a Mobile Support Team who perform an outreach service or a Crisis Assessment and Treatment team, who can intervene at a point of a crisis.

High levels of communication, cooperation and coordination are often required between different types of services, and the degree of success of such linkages can have enormous repercussions for the individual. For example, medication administered by clinical services, consultations with the local General Practitioner and programs offered by drug and alcohol services all need to be coordinated to ensure the recommended treatments work together to contribute to bettering the person's mental and physical health. Similarly, effective communication between local housing managers, PDSS workers and mental health services helps to prevent potential crises or ensures quick responses to crises that could otherwise jeopardise a person's housing stability.

DIAGRAM 1: POTENTIAL SUPPORT NEEDS FOR PEOPLE WITH A MENTAL ILLNESS TO ACCESS AND SUSTAIN STABLE HOUSING



2.3 Accessing and sustaining housing

In examining the linkages required between housing and other programs/services to ensure good outcomes for people with a mental illness, the housing component is a fundamental aspect of the equation that needs to be examined and understood. If the housing options available to people with a mental illness are unsuitable, then it is likely to impact on the ability to achieve good outcomes.

Difficulties experienced with accessing and maintaining housing

Problems which people with psychiatric disabilities and others with complex needs may experience in obtaining assistance with housing and support include:

- services may not have capacity or willingness to deal with them
- many have been banned from crisis accommodation due to past disruptions
- access to private market and public housing is limited due to past negative behaviour (Bisset et al.1999).

These factors further compound the already limiting social and structural factors present for those who are at risk of homelessness, such as poverty restricting access to home ownership or private rental markets, labour market changes affecting lower skilled workers, limited public housing stock and family breakdown (Victoria 2001).

A report on the challenges facing people with psychiatric disabilities living in public housing in New South Wales highlighted the range of problems at the individual, service delivery and policy levels that can negatively impact on securing and maintaining public housing (Keys Young 1994). For example, applicants can find it difficult to complete application forms as a result of thought disorders or literacy problems; the fear of attending housing offices and dealing with authority figures can result in not keeping appointments; and previous tenancy problems, including rent arrears, can create barriers to re-entering the housing market.

2.4 Housing preferences of people with a mental illness

The lack of congruence between housing provided and the housing type preferred by a person with a mental illness may well undermine housing stability and the achievement of good outcomes. The literature indicates that a range of housing models are required to meet the diversity of needs and circumstances found amongst people with a mental illness, with many indicating a preference to live in their own home (which could be social housing, private rental, owned housing) and alone, with assistance acquiring appropriate housing and living skills (Carling 1993; Tanzman 1993; Owen et al. 1996; Burke & Dickman-Campbell 1997; Clark & Henry 1997; Curtis 1997; Penumbra 1997; Ogilvie 1997).

Of importance to people with a mental illness are factors such as privacy, compatible social environment, physical and social supports, availability of health services, independence and comfort (Massey & Wu 1993a&b; Keys Young 1994; Ogilvie 1997; Weir 1997). However for some the social aspect of learning to live with others, such as co-tenants or neighbours, and potentially manage conflict without the assistance of on-site staff, can present a challenge (Pyke & Lowe 1996).

2.5 Summary and conclusions

There are many different types of mental illnesses and each can affect people differently. Those with psychiatric disabilities arising from their mental illness are the group most commonly seen to experience difficulties with their housing. Compared to other disabilities, psychiatric disabilities are often not as visible. If people choose not to disclose their disability it may be difficult to ensure that they receive appropriate support when problems that affect their housing stability emerge.

For people living with a psychiatric disability, stable housing is a foundation to successfully living in the community. Accompanying appropriate housing is the need to provide access to adequate support to enable individuals to successfully live independently. Different people will need different types and combinations of support as their needs fluctuate or change over time. Assistance may be required with accessing and coordination of support, with often significant negative consequences if services are not well coordinated.

Case Study

Managing client choice

A male in his mid 40s had a 20-year history of living with an organic mental illness, diagnosed as paranoid psychosis. This manifested as aggressive and threatening behaviour to others and an inability to trust or engage with people. He had a criminal record and a drinking problem. He had been living in a locked psychiatric ward of a mental health facility with no independence and high support needs and was released after repeated appeals by him against his detention. He was discharged with little notice given to the Office of Housing and provided with a flat in a block of flats in the suburbs on the condition of support from a community agency.

Within a few weeks he was imprisoned in remand after being arrested for being drunk and disorderly. He had refused all attempts for the community agency to provide support, had been drinking heavily and had threatened his neighbours. He had no insight into his psychiatric disability. Within days of his release from prison he was readmitted to a psychiatric hospital. As a result of earlier problems, he had been 'banned' from the Office of Housing public housing.

He was provided with clinical treatment involuntarily via Mental Health Services who worked with him to stabilise his mental state and was discharged to a boarding house with the provision of a high level of clinical support. After two years of intensive clinical support, with daily visits, he moved to private rental housing.

Difficulties in this case were:

- his lack of acknowledgement that he required assistance.
- the lack of thought given to where to discharge him to
- the lack of support to ease the transition from the institution
- being banned from public housing cut off an avenue of affordable, independent living

What worked:

- the ability to provide involuntary treatment which is encased in the Mental Health Act. This allowed him to stabilise enough to move into the community
- the persistence and intensity of clinical support

Case Study

Housing as a foundation for providing clinical support

A young woman living in a room in a squat without electricity was diagnosed as having a severe mental illness which caused her to be suicidal and engage in self-harm, resulting in three to four hospital admissions per year. She had good independent living skills and was able to manage a household, however the uncertainty and inappropriateness of her environment was a cause of major concern, negatively impacting on her mental state.

She had tried living in rooming houses but felt unsafe and was keen to stay away from people with a substance abuse. She wanted to stay in the city close to clinical treatment however private housing was unaffordable.

Her clinical case manager had a good relationship with a regional Office of Housing staff member and wrote a letter of support indicating her client's needs were urgent as her present accommodation was unsafe. She had been moving in and out of crisis accommodation and there was the ever-present threat of her squat being demolished. Mental Health Services wanted her to start a program of long-term therapy however indicated that this would not be possible without finding her a stable place to live. She was prepared to be flexible in terms of the type of housing allocated.

The Office of Housing responded to the argument that stabilising her social situation would create a sense of safety and security that would allow her to focus on improving her mental health. Through her work with another client the case manager was aware there was a suitable public housing vacancy which she identified for the Office of Housing. This assisted with fast tracking of the application. As a consequence of stable housing her mental state improved and the level of crises reduced.

Difficulties in this case:

- unstable living conditions exacerbated her illness
- concern for her safety if housed in a boarding house/rooming house led to living in a squat
- vulnerability of being a young woman alone
- because she was not in stable housing she couldn't commence a program of long-term therapy

What worked:

- the persistence of a strong advocate who knew the housing system
- the ability of Office of Housing to find appropriate housing quickly
- her flexibility regarding where she lived
- presence of good independent living skills
- presence of clinical support and effective case management

3 LINKING HOUSING AND SUPPORT - EXAMPLES OF DIFFERENT APPROACHES

There are many different ways in which coordination between housing and support services can occur. These range from very formal structural program approaches to more informal working relationships between staff in these two sectors. This chapter provides a brief overview of a number of different approaches. The material draws heavily but not exclusively on examples in Victoria and covers:

- housing formally linked to off-site support services
- interdepartmental agreements/protocols
- support packages or programs specifically targeted to tenants of particular low cost housing
- nomination rights in return for support for tenants
- coordination through case management/care coordination programs
- provision of on-site support
- service coordination in local service networks.

The examples outlined do not necessarily provide a comprehensive overview of the full range of approaches in place at present. The relatively small scale of this study limited the degree of research possible. However, the examples indicate the wide diversity of approaches found.

3.1 Housing formally linked to off-site support services

There are a number of different examples of appropriate, stable and affordable social housing which have been specifically linked to off-site support, enabling people with a mental illness to maintain their housing and enhance their capacity for independent living. The following outlines three such examples:

- The Victorian Housing and Support Program. This program involves formal joint planning between the Office of Housing and the Aged, Community and Mental Health Division to coordinate funding for public housing and support services for people with a mental illness and, to a lesser degree, vulnerable older people. The Office of Housing purchases the properties in consultation with the designated support provider who is usually an agency providing Psychiatric Disability Support Services (PDSS) and in a smaller number of instances case management services. These services nominate people for the properties and then provide the required support to enable them to live independently and sustain their tenancies. Evaluations have shown that this model is highly successful for supporting people with a psychiatric disability (Robson 1995; McQueen 1998).
- United Kingdom Home-Link program. This initiative in Yorkshire is an interagency initiative, not dissimilar to the Victorian Housing and Support Program, set up in 1995 to provide housing for people with enduring mental health problems linked with 24-hour support provided by non-medically trained support workers. Unlike the Housing and Support Program, the houses are located in close proximity to each other to facilitate social interaction, and regular social events are organised to allay social isolation. Workers play a similar role to PDSS staff, assisting tenants with household affairs, working with other agencies, including housing managers, to address tenants needs and anxieties associated with making the shift to independent living (Rowntree 1998).
- Adelaide Supported Housing in the North program. This model, which is being trialled in Adelaide's northern suburbs, links housing with support specifically for people with severe and persistent mental health disabilities. The program aims to assist 10 to 15

people to access and maintain community tenure, with the active collaboration of the North Western Adelaide Mental Health Services, South Australian Housing Trust and the Port Adelaide Central Mission and involvement of the ROOFS Housing Association and the Northern Region Consumer Advisory Group. Specific outcome measures have been established including evidence of reduced hospital stays, reduced crisis calls, enhanced quality of life, improved level of functioning, improved community integration and enhanced housing security (South Australian Housing Trust 2000)

3.2 Interdepartmental agreements/protocols

In New South Wales a Joint Guarantee of Service for People with a Mental Illness (NSW Health Department 1999) was developed in response to the findings of a Inter-Departmental Committee on accommodation and support services for people with psychiatric disabilities established by the Ministries of Housing, Health and Community Services. This:

- clearly defines and outlines the roles and responsibilities of the Departments of Housing and Health
- outlines processes and procedures to work cooperatively, including confidentiality protocols to permit exchange of information
- formally endorses policy development in relation to providing services to this client group
- supports cooperative planning of joint programs.

3.3 Support packages or programs targeted to tenants of particular low cost housing

Low income and multiply disadvantaged groups are known to have support needs which, if not met, can reduce the capacity of the person to remain living in their housing. A number of different types of support programs have been specifically targeted to vulnerable/high needs people living in particular types of low cost social housing or insecure private rental housing. In some of these programs people with a mental illness are amongst the specifically identified target groups.

Case managed support packages have been designated to older people living in low cost or insecure housing. Examples include the following:

- some Commonwealth Community Care Packages funded through the Aged Care Program are specifically allocated to support financially disadvantaged older people living in low cost housing
- in Victoria the State Government Aged Care Accommodation Support Initiative has allocated a small number of support packages to older people with a history of homelessness who live in an inner city social housing project managed by Wintringham, a specialist aged care provider for disadvantaged older people. In addition, similar packages are also available to support a small number of older people moving into public housing through the priority system to ensure they have appropriate support, with a view to assist them to maintain stable housing.

Other examples of support programs targeted at older people in particular housing include:

- Assistance with Care and Housing for the Aged, which is a small Commonwealth Program, provides grants to housing and community service providers for support workers to assist low income frail elderly people to access secure housing. The aim is to achieve a stable housing and support situation for clients.
- Victoria's Older Person's High-Rise Support Program which assigns workers to selected older person's high-rise estates to enhance responses to their needs and address their access to services.

Another example aimed at a broader public housing target group is the South Australia Supported Tenancies Demonstration Project. This is a new initiative of the Department of Human Services developed in response to the fact that 58% of Supported Accommodation Assistance Program (SAAP) clients in South Australia who enter the SAAP system from public housing end up, 12 months later, back in public housing (South Australian Department of Human Services & South Australian Housing Trust 2001). Jointly funded through SAAP and the South Australian Housing Trust, the Project aims to:

- prevent evictions and homelessness by providing a range of support options to Trust tenants (within described target groups), to enable them to maintain their tenancy obligations and responsibilities
- provide referral to appropriate agencies and linkages to support services to enhance life and coping skills
- support targeted tenants to maintain their tenancy obligations and responsibilities, and
- contribute to the sustainability of communities by assisting tenants to strengthen the community network.

Through referrals from the South Australian Housing Trust, the service will offer families and individuals with multiple needs living in public housing, yet at risk of homelessness, case coordination and tenancy support. The focus is on early intervention which is tailored to meet clients' multiple and diverse needs, is flexible, timely, protects clients' rights and dignity, adheres to principles of access and equity, focuses on outputs and outcomes, is collaborative in terms of working with other programs and the community, is culturally appropriate, targets the causes leading to the client's risk of homelessness and maximises the potential for independence for each individual/family.

3.4 Nomination rights to housing in return for support for tenants

There are a small number of examples of community housing providers who give support agencies nomination rights to designated housing in return for the support agency ensuring that the tenant receives the support necessary to sustain their tenancies. These arrangements are often outlined in documented agreements between the parties.

3.5 Coordination through case management and care coordination approaches

Case management programs developed in a number of different human service program areas have the potential to assist people to obtain appropriate housing or to assist them to address problems with their housing when this is required. To do this successfully, the case management service needs to have a broad mandate to identify and address housing needs if required. The strength of this flexible model is that it is focused on individual needs and the linkage with housing services can be made when needed. While being a generic program, people living with a mental illness are found among case management client groups.

Long-term case management approaches are well developed in the aged care and community care fields and in these fields often also have access to brokerage funding with which to purchase needed assistance (Reynolds 1995). There are also many examples of shorter term case management approaches designed to address specific issues, for example those seen across the disability, mental health, aged care and employment fields.

Case management programs do not directly tackle the structural issues that make coordination across programs and services difficult – they fund a case manager/care coordinator to negotiate those difficulties on behalf of the person needing assistance. Also some case management programs may address more systemic issues inhibiting coordination.

The Victorian Community Connection Program is an example of an outreach program established to target people with unmet and often complex or multiple needs that live in low

cost and/or insecure accommodation. The Program offers ongoing case management for clients who require such assistance. People with a mental illness and psychiatric disability are amongst the program's identified target groups. Program workers are engaged to locate, regularly visit and establish an informal, ongoing and unobtrusive relationship with those who have been identified and assessed as having unmet care and support needs that may be threatening their ability to stay housed. The services include providing information, linking individuals with services and, where necessary, purchasing those services and monitoring to ensure needs are being met. For people living with a mental illness, this service appears to fill a gap for those not accessing either psychiatric support services or clinical treatment.

The Victorian Department of Human Services (DHS) Multi Service Case Coordination Project, which is in a pilot phase, provides a case coordinator for younger people who access more than one DHS program. Participating programs include Mental Health, Housing, Disability, Drugs and Health Protection, Juvenile Justice, Protection and Care. The program aims to address the difficulties when DHS programs working with a single client or family have differing protocols, procedures, legislative requirements and systems which can act as barriers to effective (cross program) case management. The program is actively working across program boundaries to meet a client's multiple needs.

3.6 Provision of on-site support – more intensive linkages

Some people with complex needs require some form of on-site support with their housing to ensure their safety and well-being and/or address their high levels of anxiety associated with living away from support. There are a number of models developed that provide long-term housing in combination with support. While these models have not been developed specifically for people with a mental illness, some people with a mental illness will be living in these types of models. Examples of these models include:

- the Abbeyfield model for older people which provides a live-in house keeper, 24 hour on call assistance and provision of main meals
- Shared Supported Housing services for people with disabilities that provide on-site support with daily living and independent living skill development. These are usually funded through the Disability Program
- Victorian "Pension Only" Supported Residential Services which are predominantly provided through the private sector for low income people with more complex needs who have fallen through the gaps of the government subsidised housing and support service system. Many residents are people with a mental illness.

3.7 Service coordination in local service networks

Another approach for achieving enhanced coordination/integration focuses on activities which build the capacity for services to work together, often within local geographic areas. Local service systems often try to develop local approaches to improving coordination and linkages across programs with varying degrees of success (Reynolds 1997). This approach does not rely on integration of programs, rather on those working with common clients to work in a more collaborative manner, despite the practical barriers that might be created by having to negotiate with services funded through multiple, often uncoordinated government funding programs.

There are a number of Victorian examples of projects that have set out to develop the frameworks and tools for services to work collaboratively to achieve better outcomes for common clients through improved coordination between local services. These have benefits for people living with a mental illness. Examples of these are as follows:

- The Victorian Cornerstone Project (Leigh Naunton & Associates 1997 & 1998) was established with the assistance of State Government funding to develop and test processes and tools for intersectoral collaboration between State Government adult psychiatric services provided by public hospital networks and the Psychiatric Disability

Support Services provided by community-based organisations. Key features of the approach include collaborative development of model agreements/protocols covering areas where coordination is essential in order to effectively respond to client needs.

- The Primary Care Partnerships Program initiated by the Victorian Department of Human Services (Victorian Department of Human Services 2000b) seeks to achieve more coordinated responses to improve access to planning information, development of common assessment processes and implementation of a number of processes for enhanced service coordination.
- The Victorian Department of Human Services has produced a guide to improve partnerships for those working with people accessing crisis accommodation via SAAP. This guide includes steps on how to improve collaboration between service providers in such areas as access criteria, management of waiting lists, information flow, confidentiality and service boundaries (Victorian Department of Human Services 1997)

In addition, in some areas local housing and support services meet regularly. The outcome of this, where it works well, is that both sectors are aware of what the other is able to provide and how they each work. This enhances the ability at a local level to develop more coordinated responses between the two service sectors when both are supporting the same client group or person with complex needs.

3.8 Summary and conclusions

This chapter has outlined a range of examples of different approaches to coordination of housing and support services, some specifically focusing on people living with a mental illness, while others have a more generic focus but include people with a mental illness. The approaches demonstrate some of the practical models that are possible to better link the provision of housing and support for people who need both kinds of assistance. Each approach tackles the issues from a slightly different angle and different approaches are more suited to some need groups and circumstances than others. Many of these approaches are applicable to other groups who need effective linkages between their housing and support in order to sustain tenancies.

A range of approaches is required so that people have choices and there is an ability to respond to the diversity in the needs and circumstances found amongst different people requiring coordination between their housing and support. However what we see is often not the result of planned diversity, but diversity arising from decisions made in many different program areas or services without necessarily any reference to what is happening in other areas, or the specific aspirations of people who require housing and support.

From a strategic service system planning perspective, a question is which models are good investments in achieving longer-term positive outcomes for people with a mental illness and which models are comparatively most cost effective. There have been evaluations of some programs and approaches such as the Victorian HASP (Robson 1995; McQueen 1998), the Commonwealth Department of Health and Family Services Assistance with Care and Housing for the Aged Program (1996), the Abbeyfield model (Abbeyfield Society 1997) and a number of case management programs (Commonwealth Department of Health, Housing and Community Services 1992) which tend to conclude that the models are effective in achieving their objectives. However the effectiveness of such programs compared to alternate approaches is rarely evaluated and unlikely to occur as the approaches outlined are funded from a diversity of Commonwealth and State funding programs that tend to retain a program focus when and if they evaluate their initiatives.

4 LINKAGES BETWEEN HOUSING AND SUPPORT SERVICES IN VICTORIA - MORE DETAILED EXAMINATION

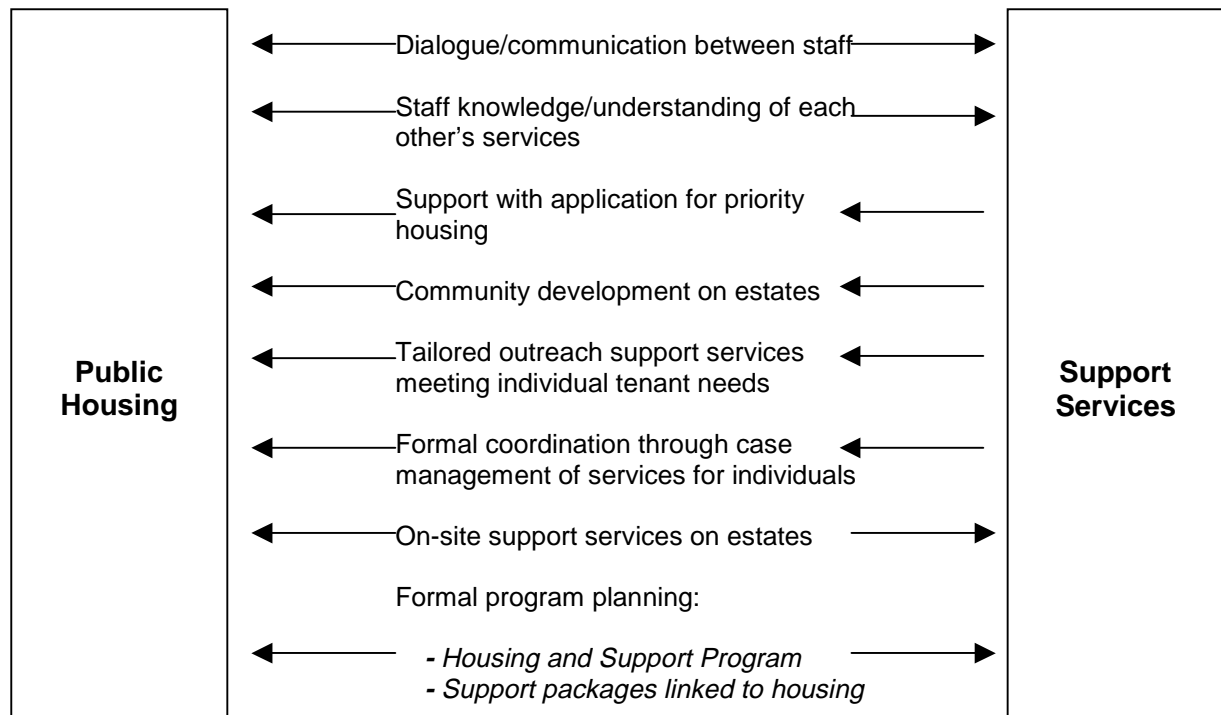
This chapter examines in more detail some key approaches and issues arising for coordination between housing and support specifically for people with a mental illness in three key housing tenures – public housing, community housing and private rental. The material presented draws on information from targeted discussions with Office of Housing staff, Mental Health Branch staff and those involved in providing support to people with a mental illness. It also draws on existing knowledge of the research team members.

The chapter starts with an overview of different connections between public housing and support services to indicate the diversity of levels at which such linkages can occur. It then moves on to outline the Victorian Housing and Support Program (HASP) as it operates for people with a mental illness. Issues that arise when supporting people who live in public housing and are outside this specialised program are then discussed. Opportunities for linkages created by the particular features of community housing are also outlined. Finally, there is a brief discussion about the issues associated with linking housing and support services for people living in the private rental market.

4.1 Diverse forms of connection between public housing and support services

There are multiple ways in which connections exist between housing and support services and a number are illustrated in Diagram 2. How these connections work in practice can affect the degree of coordination between these two types of assistance provided to individuals and their housing outcomes.

Diagram 2: Different forms of connection



4.2 The Victorian Housing and Support Program

Victoria's Housing and Support Program is an example of an effective approach to assisting low income people with a psychiatric disability to live in the community in public housing. The Program arose out of an awareness that people with significant psychiatric disabilities are more likely to be able to live independently if provided with appropriate housing and appropriate support, particularly to make the initial transition to living independently in the community.

Program background

The Program was first established in 1992 between two different Victorian Government Departments. These were the Department of Planning and Development, which was responsible for the acquisition of public housing and tenancy management and the Department of Health and Community Services, which provided recurrent funding to non-government psychiatric disability support services (PDSS). The establishment and early success of the program depended on the effective coordination and development of protocols between these two Departments, one that focused on property management and the other on support services. As a result of departmental restructuring in 1996, the two areas involved with the program are now both located within the one department - the Department of Human Services.

In all, there are some 650 properties across Victoria, housing 700 individuals, usually in single-occupancy housing, supported by 30 different PDSSs. The PDSS is allocated a number of properties and can nominate clients accessing their services to the HASP. The PDSS is usually funded for one full time staff position for every 10 clients. A few services are funded at higher or lower ratios.

To be eligible people must have a psychiatric disability, be eligible for public housing and be unable to live in the community without support. They must be willing and ready to accept support and remain engaged with a specific PDSS.

The Program provides individuals with safe, affordable and secure housing linked to tailored, ongoing psychiatric disability support services to help the person develop the range of skills required to live independently. In addition, clients are usually receiving clinical treatment, either via private psychiatrists or the public mental health system, to effectively manage their illness.

Operational arrangements

Operational protocol: A protocol document between the Office of Housing and the PDSS providers clarifies the roles and responsibilities of each party, with the objective that both services will work together to maintain the individual's housing (Victorian Department of Human Services 2000c). Good working relationships between local housing offices and local PDSS staff are, however, required for protocols to be effective.

Housing stock: The Office of Housing acquires housing stock in consultation with the PDSS support worker who is supporting the client so that it meets the client's particular needs in terms of geographic location close to support services or social networks, positioning (ie ground floor) and amenities. There is a severe shortage of suitable stock for single people in many areas, particularly in the inner city of Melbourne, and the property acquired is often a one-bedroom flat in a Body Corporate.

Tenancy management: The tenancy is usually managed by the Office of Housing, however in some cases a Head Lease is in place with a community agency, who undertakes the property and tenancy management role. HASP properties are flagged on the Regional Office of Housing database as being part of the HASP, and file notes are kept with the contact details of the support worker.

Support: The role of the PDSS is to prepare individuals to live in public housing and anticipate and plan for the potential factors that might jeopardize their housing. The support worker regularly checks on the progress of the client, assisting them where necessary with aspects of daily living, such as shopping, bill paying and accessing services. They also play an important social role, listening, providing advice, advocating for the client and doing whatever is necessary to help them settle into their new environment.

Release of information: At the outset of the tenancy agreement being signed, the client is encouraged to sign a Release of Information form, giving the tenancy manager the permission to liaise with the support worker on behalf of the client to ensure potential problems are addressed and resolved early, such as difficulty paying rent, living with neighbours or maintaining the property in an acceptable condition.

Security of housing: A feature of this program is that a client can stay in their housing, without having to move elsewhere if they achieve the ability to live without regular support services or choose to disengage from accessing support services. This is in recognition of the important role that stable housing plays in assisting a person to manage their illness. In this case, their housing reverts to Rental General Stock and an alternative property is acquired for the Housing and Support Program. Acquisition of alternate properties, however, may not always occur due to high housing costs and limited availability of suitable housing.

Three examples of the needs, circumstances and outcomes achieved for clients of the Housing and Support Program follow.

Case Study

Tailoring services to meet individual needs

A male in his late 20's, diagnosed with schizophrenia and a drug and alcohol dependency was living in a boarding house and attending day programs at a PDSS. Although he believed he didn't need support, he hounded the PDSS to enter the HASP. A very engaging person, he often managed to secure housing but not maintain it. He had a history of not taking his medication when feeling well and then becoming unwell and not paying rent nor maintaining relationships, so that they broke down. Prior to the boarding house he had been transient, moving in and out of shared accommodation when he became unwell, staying for only a few months at a time.

Selective about who he confides in regarding his mental illness, he is very independent. He was referred to a drug and alcohol service and attended for a short period. He has been hospitalised and put in respite a few times by the Crisis Assessment Team. The PDSS sometimes wouldn't know he was in respite and communication with the Crisis Team has been an ongoing problem.

As a result of refusing to take medication he was put under a Community Treatment Order for two years whilst on the HASP. As his pride has prevented him from actively seeking support in the past, the PDSS worker had to recognise when he needed help. Usually he would come to them saying he 'hated' his flat and wanted to bail out which meant he was in a situation he couldn't handle - that is, he had blown all his money, his bills had gotten out of hand and the utilities were about to be cut off. Or someone had moved in with him who he couldn't get rid of.

The PDSS was able to work with him to address these issues and develop life skills and supports to avoid future crises. Mechanisms are now in place for him to better self-manage. His rent is direct debited and he now pays his bills as a priority - for example, he pays his utility bills by installments. Whilst the HASP worker used to contact him weekly, she now keeps in touch with him monthly. As he is a private person, she is careful not to delve, asking only 'how are you?'. The PDSS worker has learned to assist him in a way that helps him maintain his independence, intervening only when the 'going gets tough'.

The PDSS now regard him as 'rehabilitated'. He has a social life, a girlfriend and is compliant with his medication. Whilst he sometimes blows his pension on 'sex, drugs and rock'n'roll' and then lives on a bag of rice for the rest of the fortnight, his way of managing no longer threatens his housing. He has now been living in stable housing as part of HASP for four years.

Difficulties:

- unwillingness to acknowledge mental illness and pride
- inability to manage crises

What worked:

- willingness of PDSS to understand his personality in combination with his disability and provide support accordingly
- ability of PDSS to recognise precipitating signs and provide support to prevent situations from escalating
- life skills development including teaching financial management skills
- PDSS worker's respect for his privacy and dignity
- Community Treatment Order enabled him to stabilise medication

Case Study

Rebuilding a life with secure housing and support

This client, aged in his late 20's, had migrated to Australia and suffered a breakdown, resulting in hospitalisation for several months. He had been on a "high" and had spent all his money. Prior to this he had rented privately, had a job, lived in nice places, bought nice things, reflecting his expensive taste, and had been in a relationship. He lost everything when he became unwell. Once out of hospital he moved to a boarding house and started to attend a PDSS drop-in centre.

Although he presented well, he lacked confidence and self-esteem. Heavily medicated, he felt terrified of living in the community and very fragile. This resulted in an inability to go to the milk bar to buy cigarettes, for example. His English worsened so that he could hardly say hello.

Once linked into the appropriate supports, he started to attend the PDSS day programs - the drop-in centre, outings, the men's group and relaxation classes and slowly built up his confidence. He was linked in to clinical services, had a good case manager and was compliant in taking his medication. After a year in the boarding house he was offered a flat that was not part of the HASP, but had subsidised rental. However he felt unable to look after himself as he couldn't cook or clean - and the staff hadn't realised the extent of his fear of living independently. He then joined the cooking group at the PDSS and the case manager assisted him to interact in the community, slowly venturing further afield. They also helped him to re-develop and build his social skills.

About two years after he had been discharged from hospital, he was offered a two-bedroom apartment as part of the HASP. He accepted, although nervous, and moved in, requiring substantial support initially. He couldn't shop as he was scared of the supermarket so the support worker accompanied him every week. He called the PDSS frequently requiring support with minor problems.

The support he required to assist him to live independently was a very gradual process. Although he managed the flat well he was very lonely. He was referred to a supported employment program that was participant run. He has since moved to another employment program, is earning money, gaining work experience and is socially active. He has been living independently for three years and now says he doesn't need support and is seeing the PDSS worker once a month largely for social reasons.

Difficulties in this case:

- loss of English as a result of breakdown complicates living in the community
- lack of confidence due to hospitalisation
- loss of independent living skills

What worked:

- the ongoing presence of skilled support workers, a social network and day programs to build self-esteem and life skills
- willingness of PDSS workers to work at his pace and understand his disabilities
- finding housing aligned with his personal needs and aspirations
- the transition to the community through structured programs as he has become more well

Case Study

Multiple needs requiring support and stable housing

A single woman in her late 30's, diagnosed as having bi-polar affective disorder, was referred to a PDSS following discharge from a psychiatric hospital to a rooming house in the local area. She had no linkages or support networks within the local area, few friends, and only tenuous contact with her family. She has a child in government care. She was discharged from hospital on a Community Treatment Order to a community rehabilitation program.

Following assessment by the Mental Health Program, she was accepted for case management. Her major problems at the time included alcohol abuse, financial, legal and accommodation issues, custody issues and ongoing problems related to past abusive relationships, traumatic early family life and poor compliance with psychiatric treatment.

She was prepared to be supported and was accepted into the HASP which has greatly improved her quality of life and has enabled her to more effectively cope with her illness, resulting disabilities and many life stressors that had previously caused a great deal of disorganisation, social dislocation and instability. Living in rooming houses and other short-term accommodation was stressful and often unsafe (as a woman) and the cost of private rental was prohibitive. With appropriate, secure and affordable housing, she is in a much better position to gain access to her child.

Difficulties:

- lack of a support network
- complications of alcohol abuse
- distress created by custody issues
- emotional distress exacerbating hopelessness

What worked:

- access to appropriate, secure and affordable housing
- Community Treatment Order enabling her to stabilise medication
- assistance from PDSS in managing her many problems and providing access to stable housing
- assistance from PDSS in building life skills

The decrease in these immediate stressors has enabled her to focus on and deal with other issues, such as her physical health, legal and financial issues, in an ordered, goal-oriented manner. This has greatly improved her confidence and feelings of self-worth. In addition, she is now participating in social activities and is able to begin to address issues of grief and past abuse. She also feels that she has regained some of her independence.

The successes and challenges for the program

Indications are that turnover in the HASP is very low and that participants enjoy increased wellness, characterised by such measures as reduced hospital stays, and better linkages into the community (Robson 1995; McQueen 1998). An evaluation of various aspects of the operation of the HASP is currently underway and this will identify in more detail the program's effectiveness in meeting client needs.

Success factors

From the perspective of the housing managers consulted, the factors that appear to contribute to the success of the program are:

- the presence of intensive support
- the capacity for early intervention if things go wrong
- the clear process by which tenants are assisted
- clear protocols between the PDSS provider and the tenancy manager which are followed
- the significant experience the PDSS staff usually have in dealing with people living with a mental illness.

The particular approaches of the PDSS seen by those involved with the HASP to contribute to successful outcomes are identified as:

- appropriately assessing when a person is ready to live independently
- responding to the client's individual needs rather than imposing a program on the client
- building rapport so that the client will want to stay in contact and will seek help when needed
- recognizing the behavioural signs that indicate that a client may need help but not have specifically asked for it
- having developed a crisis prevention plan with the client whilst the client is well to manage their affairs in the event they have an episode and are unable to manage themselves
- developing an effective relationship with the Office of Housing tenancy manager to quickly identify and address any tenancy issues, by encouraging the client to complete a Release of Information form allowing the tenancy manager to contact support services
- liaising with clinical support services, especially after periods of hospitalisation, to ensure the illness is being managed
- networking with other agencies so that in times of crisis help in the form of financial aid or material needs can be obtained.

While the program is highly successful for many clients, there are still a number of challenges, with the key challenges identified by those who were interviewed as follows:

Housing stock issues

- Very little new stock has been added to the program, with no capital budget allocated for new stock since 1997 and original targets almost met. Hence the program is almost static, with turnover very low.
- It is difficult to find appropriate housing stock to meet client needs, because of the dearth of one-bedroom, affordable properties in locations where support services are available which may cater for an individual's complex needs. As a result, new stock is often purchased in body corporates that are not ideal, as neighbours often object to having a person living with a mental illness housed in their block.

- Whilst some HASP stock is co-located together, other houses/units are located quite separately. It has been reported that for some tenants this can be socially isolating. Providing support to connect individual tenants with others in the community is particularly important for this target group, who may be at risk of severe isolation and depression. Day programs and drop in centres provided by PDSS serve an important function in this regard.
- The waiting list in some areas to access HASP is up to two years, with the client often living in inappropriate, marginal housing during this period, which can have a destabilising effect.

Support levels

- The usual staff to client ratio of 1 to 10 means that it is, at times, beyond the capacity of the program to provide the level of support required to sustain some tenancies for clients with intensive support needs.

Lack of establishment funds

- In addition to providing housing, in the past the HASP provided limited funding for furnishing a home, however there are no longer dedicated funds for this purpose. Given there is often a connection between mental illness and poverty, providing a house by itself without basic furniture and whitegoods can create difficulties in establishing a person in their new home.

Differences in the orientation of housing services and support services

A number of issues that reflect differences in the orientation of housing and psychiatric disability support services that can affect the commitment to and effectiveness of the program were identified and these included:

- There can be differences in ideologies between the PDSS staff and tenancy manager about whether the client/tenant needs support. This may represent a conflict between the desire on the part of the PDSS to not prematurely intervene, thus undermining the independence of the client, versus the desire of the tenancy manager to quickly resolve a potential tenancy issue.
- There are sometimes delays in the support agency communicating to the Office of Housing when a client has disengaged from the HASP, which delays the process of finding a replacement property for the HASP.
- At times there can be some tension arising from differing priorities and accountabilities. Current performance measurements for the Office of Housing staff include containing the level of rental arrears and minimising vacancy rates which result in a pressure to quickly respond to rental arrears and to quickly fill vacancies. On the other hand, the PDSS staff involved with the HASP view their success in terms of the sustainability of individual tenancies, which means they put a higher priority on achieving an appropriate match between a tenant and a property which may increase vacancy rates. They may also seek greater leniency with rent arrears.
- Although regional housing staff try to provide the support agency with ample notice to find a suitable tenant for a property, there are often delays in support agencies finding a suitable tenant to fill a vacancy.
- Some housing staff feel that the PDSS staff should have more control over their clients, which can be in conflict with the independence enhancing approach of the PDSS and the intent of mental health legislation.
- Some PDSS providers are perceived to have become over-reliant on the HASP, which now has very limited stock and do not commit the required time and effort to helping clients apply for other forms of housing.
- Housing officers' knowledge of the HASP varies, with high turnover of staff exacerbating communication problems with PDSSs.

4.3 Linkages in other rental housing settings

The HASP only supports some 700 people with a mental illness who live in rental housing. In other rental housing settings the linkages between housing and support services are less formal. Practice examples indicate that good outcomes for people with a mental illness are more likely to be achieved where a long-term housing tenancy manager has:

- a strong commitment to supporting people to maintain their tenancies
- an understanding of the disabilities that can be associated with having a mental illness and how these can threaten a person's housing
- good working relationships with local psychiatric disability support services and other local services who they can call if there are concerns that a tenant's housing may be at risk due to issues arising from their mental illness
- sensible and positive approaches to dealing with issues of client confidentiality and duty of care which focus on achieving the best possible long-term outcome for clients as well as recognising responsibilities to other community members.

The following examine some issues associated with linkage of housing and support services in three different rental housing circumstances – public housing, community housing and private rental.

Living in public housing

In addition to those living in public housing associated with the HASP, there are a number of people with a mental illness living in general public housing stock. From a housing perspective access to this secure and affordable public rental housing is essential as at present there are few other affordable housing options, particularly in the inner city. There are, however, a number of challenges in achieving good housing outcomes for those people who have significant disabilities arising from their mental illness.

The public housing system is a large system which, outside small special programs such as the HASP, often lacks capacity to respond to the more complex needs of people, such as those with a mental illness, an issue which is well recognised by all involved. Over the past years public housing management has had a strong focus on tight targeting and efficient financial management, rather than on supporting successful and sustainable tenancies. This has reduced its ability to focus effort and resources on the achievement of effective coordination with support services, where this is necessary for clients to be able to sustain their tenancies. In Victoria considerable rethinking is occurring at present to reshape the focus of public housing.

Overall there are many challenges in achieving good outcomes for people with a psychiatric disability, which are often exacerbated by living in areas of highly concentrated public housing. Nevertheless, there are individual examples of positive, flexible and effective coordination and achievement of good outcomes for individuals with a mental illness as illustrated in the case study example in this section. Often these are driven by a support service playing a key advocacy and coordination role across a number of services, however to be successful they require a positive and co-operative approach from the housing office.

In the foreseeable future general public housing will remain an important housing option for low income people with a mental illness and efforts to enhance coordination between housing and support will need to continue. However, there will clearly be people whose needs are beyond the capacity even of a system that has good coordination between general public housing and support services. More suitable housing and support models still need to be developed for this group.

Where a tenant is showing signs of potentially jeopardizing their housing, such as rental arrears, is in conflict with neighbours or not maintaining their own health or the cleanliness of the flat, the general action by the housing officer appears to be to review the file and, where permission has been granted by the tenant, contact a service provider who the person may have had previous contact with. However, in order to be effective, the support worker, or an alternative person, needs to be available, be able to respond immediately in the case of a

crisis and understand the seriousness of the tenant's predicament vis-à-vis their housing status. Where the person is likely to be endangering themselves or others, the police or the crisis support team will often be called.

Issues that affect the ability of public housing staff and support providers to effectively coordinate their efforts to achieve good outcomes for clients include the following.

Some key factors seen to enhance outcomes for clients

Discussions in the course of this research project have highlighted the following as key factors that enhance outcomes for people in public housing who are living with a mental illness:

- Broad understanding by housing officers of mental illness, how it can affect people's behaviours and how to work with such clients.
- Housing officers having a general knowledge of the support services available in the local area.
- Establishment of good working relationships between housing and support providers.
- Having the client's permission for release of information that enables the housing officer and support providers, including clinical services, to work in an informed and coordinated manner to support the client's tenancy.
- Housing officers knowing who to contact if a tenant has an "episode" or there are signs that difficulties with maintaining their tenancy are emerging.
- Diversity in housing stock.
- Greater flexibility in the ability of local housing offices to respond to the needs of tenants, including the ability to match stock to the client's needs.
- Involvement of housing officer at the front end of the initial planning for new tenants with complex needs.
- When tenants are accepted through the priority housing categories and need ongoing support to achieve a successful tenancy, their existing support provider maintains a commitment to remain involved to ensure the client has the supports to achieve a sustainable tenancy.
- Appropriate support services being able to respond in a timely manner.
- When necessary, the involvement of clinical support services who can apply for a Community Treatment Order to ensure the client takes their medication to manage their illness and therefore increase their chances of sustaining a tenancy which may have been jeopardised.
- Clarity in understanding the respective roles, responsibilities, capacities and limitations of housing office staff and support service providers.

Clients' right to privacy

People have a right not to disclose that they have a mental illness or psychiatric disability when they apply for public housing. While this right is important, it means that from a tenancy management perspective no information may be available to indicate how to respond appropriately if tenancy management issues, such as rent arrears or inappropriate or dangerous behaviours affecting other tenants occur.

In addition, privacy legislation dictates that information on a client's health status cannot be shared between service providers without the consent of the individual (Victorian Department of Human Services 2001). This means that, in the case of tenants who choose not to sign a Release of Information Form, mental health workers are not able to inform the tenancy manager of who is receiving services in order that they might understand their tenant's needs better, and therefore assist them, where possible, to sustain their tenancy by referring them to those supports.

Protection of individual rights to privacy is critical. However, a person with a psychiatric disability who exercises those rights can unwittingly jeopardise the stability of their housing by limiting the coordination between housing and support services, which might otherwise allay a housing crisis.

Other factors constraining effective coordination between housing and support

Discussions have indicated that there are many current constraints that limit the ability to achieve good outcomes for clients living with a mental illness. They include:

- Limited supply of appropriate housing stock.
- The lack of training of housing office staff resulting in limited or no knowledge of issues for housing people with a mental illness.
- Resource constraints in both sectors which limit the time and resources available to address issues of coordination for individual clients and the need for more general networking and relationship building across the sectors.
- High staff turnover, particularly among housing officers, which means that any relationships or knowledge built up is not sustained.
- Inability of support services to respond in a timely manner to prevent a major crisis for the client in relation to their housing.
- The lack of a framework that provides an overview of how housing officers and support services could work to ensure coordinated approaches to supporting clients.
- Differences in the attitudes, priorities and service practice frameworks between workers in the housing and support sectors.

This indicates that some of the issues that influence outcomes for clients are not simply around coordination and linkage between housing and support, but also are issues fundamental to each of the two sectors themselves, in terms of their structure, values, approach, policies, framework, management and resources.

Case study

Public housing and support services working well together

A middle-aged man with a 20-year disability history was diagnosed as having schizophrenia. He suffered from paranoia, was chronically psychotic and avoided others, thus had developed no relationships. He had very few independent living skills, just managed his own personal care and his finances were managed for him. He was in an Office of Housing flat with intensive support two to three times a week, including clinical services, disability support services and occasionally SAAP.

Because of his paranoia he would occasionally leave his flat to escape perceived threats and go to live in crisis accommodation. The crisis service allowed him to do so, even though he had his own accommodation. They were very flexible, understanding that he needed this backstop as a coping mechanism.

In addition, he was a hoarder, collecting things such that his flat became a fire hazard. The Office of Housing tolerated the complete disorder up to a point, however cooperated with mental health services so that routinely an Order would be placed on the flat by the Office of Housing to clean it up. The mental health services would then clean the property, making it safe. Another mechanism in place was that the Tenancy Manager regularly checked on him.

This triangle of support between the Office of Housing, Crisis Accommodation and mental health services enabled him to sustain his housing over the long-term. The flexibility shown by the crisis accommodation service in giving him a place to stay during periods of unwellness, the interest of the Tenancy Manager in retaining him in the flat and the ability of mental health to intervene to provide intensive support and regular house clean ups all contributed to sustaining his tenancy.

This case shows the importance of tailoring solutions around individual needs, being flexible in service delivery and taking into consideration the client's quality of life. His independence was critical to him, despite the fact that on the surface his coping was borderline.

Difficulties:

- behaviours related to mental illness led him to periodically abandon his home
- hoarding created a fire hazard
- inability to recognise the problem with his flat, therefore the need for intervention.

What worked:

- flexibility of Office of Housing in letting his flat be absent for periods
- flexibility of SAAP in providing accommodation, although he had a permanent residence
- interest of Tenancy Manager in keeping him housed
- provision of intensive support by the mental health worker
- mechanism of placing an Order on the flat so it could be cleaned up so he could maintain his housing

Community housing

A number of people living with a mental illness reside in community housing. The smaller management scale of this housing (compared to public housing), the frequent focus on working to support individuals to sustain their tenancies and the local geographic focus of many services provides the potential for local housing and support providers to facilitate good linkages for tenants with a mental illness.

Community housing tenancy managers, particularly in housing projects focused on special housing needs groups, often have a detailed understanding of the issues associated with the particular needs groups they house. Active links are often developed with support agencies in acknowledgement that these links are critical if tenants who are vulnerable are to be supported to stay housed. In some instances, local support agencies are involved in the nomination of tenants for vacancies, with the expectation that these support agencies in return will provide the support required by the tenant to sustain their tenancy.

The Supported Housing Development Foundation, a Victorian community housing agency specialising in housing for people with disabilities, has well developed approaches for working with support agencies (McInerney 1999). Much of the agency's stock is provided through government programs. A three-way partnership is developed between the housing manager, the tenant and the support provider, with the success of the initiative dependent on clear roles and responsibilities outlined in such documents as the tenancy agreement and protocol document between the housing manager and support providers.

In the development of the management and support model for one new community housing project for single people who have been homeless, there is an explicit expectation that the tenancy manager will develop protocols with support agencies where appropriate support is considered essential for assisting a client to sustain their tenancy. It is anticipated that this will be required for some tenants living with a mental illness (Ecumenical Community Housing 2000).

Private rental

Private rental is a housing option used by many low income people, and low cost private rental such as private hotels and boarding houses in particular are used by people living with a mental illness.

Entry to much private rental is often competitive, with a good track record of managing previous accommodation and sustainable income important prerequisites to access. People living with a psychiatric disability may be discriminated against in several ways even if they present well and have the bond required. They may not have rented previously, or may not have a positive track record due to their illness. They are unlikely to disclose their mental illness, for fear of being discriminated against. In addition, undergoing periods of hospitalisation during which time it may be difficult to pay rent can place a person's private rental at risk.

While a number of people with a psychiatric disability living in private rental may receive assistance from support services, there is likely to be little collaboration possible between housing and support in most private rental situations. This is due, in part, to the vulnerability associated with disclosure of having a mental illness to a private landlord or estate agent. However, where there are concentrations of people with support needs in low cost private rental, some linkages do exist. For example, in one inner metropolitan local government area that was rapidly losing low cost private rental options, council staff were working with the owners/managers of the low cost housing to assist them understand the support services available to their tenants and who to contact about tenant's support requirements.

There are also a number of smaller programs/services (funded through programs such as Home and Community Care (HACC), Mental Health and the Commonwealth Aged Care Program) that target vulnerable people living in low cost accommodation. The purpose is to assist them to access appropriate support services, and in some instances these workers will work collaboratively with more benevolent landlords/proprietors to ensure people can

sustain their tenancy. Existing direct support workers, such as district nurses and PDSS workers, will also sometimes play a strong advocacy role on behalf of their clients.

4.4 Some broader issues

Those contributing to this project have raised a number of broader issues that affect the achievement of effective coordination between housing and support, and good housing outcomes for people living with a mental illness. Key issues raised are as follows.

Implementation of effective models

It was highlighted that there is a need to be very conscious of the fact that good models for linkages/coordination by themselves do not necessarily result in good outcomes for clients. The level of resources provided to implement programs, the commitment of those involved to achieve the program objectives and the skills of those implementing the program all influence whether or not good client outcomes are achieved. It is necessary to be very clear about whether successes or problems identified for particular initiatives are due to the model design itself, or the way in which the model is resourced or implemented.

Inadequate levels of housing and support services

The picture to emerge from the consultations for this project was that there are a number of good programs and policies in place that facilitate effective coordination between housing and other supports for people with a mental illness. However, the resources necessary for them to work effectively are often lacking.

A key issue raised by many people contributing to this project is that the capacity to achieve effective coordination requires sufficient supply of the services that need to be coordinated. They commented that the lack of appropriate, affordable and secure housing undermines efforts by support and clinical services to effectively support people to manage their illness. Only through increased supply of this housing will it be possible to achieve improved long-term outcomes. Equally, the achievement of good outcomes is thwarted when the caseloads and responsibilities of those who provide clinical or psychiatric disability support are too high. A key to effective maintenance of stable housing is the ability to provide the level of support required on a reliable and predictable basis and to respond quickly if a person's wellbeing deteriorates or they experience a crisis that threatens their housing. Services struggling to meet high demand often have difficulty providing timely responses.

Addressing ignorance, prejudice and discrimination

People with a mental illness can require support from a diversity of different services and need to be able to link with a range of generic community activities and resources if they are to live independently. Community understanding about the problems associated with living with a mental illness are important for supporting people to maintain their housing. The prejudice and discrimination of local neighbours or local community services can also threaten people's ability to stay living in their housing, even when they are responsible tenants, cause no harm nor present any danger to others, although their behaviour or appearance may seem 'strange'. Broad community development and information strategies are therefore an important adjunct to support initiatives that achieve better integration between housing and support.

4.5 Summary and conclusions

The HASP model is an example of an effective approach for supporting people with complex support needs arising from their mental illness to sustain their tenancy in public housing. The features of the model that appear to be particularly important are:

- the high degree of cooperation in the initial stages of planning and implementation of the program between different parts of government responsible for public housing and specialist mental health support services

- the timely availability of intensive support to assist people to develop the skills to live independently and reliability of that support across time
- the existence of protocols for how housing staff and PDSS work together
- a means of addressing the issues associated with obtaining client's permission for the release of information to allow good communication, particularly in times of crisis
- the fact that when people leave the support component of the program, they don't have to give up their housing. They can remain living in the house and local community to which they have become accustomed and where they have developed their support networks.

While there are examples of highly effective linkages and coordination between housing and support for some people with psychiatric disabilities who are living in public housing, there are currently many constraints and challenges to supporting these tenants sustain their tenancies. These relate to issues internal to both the housing and support sectors as well as to issues about the ways in which these two sectors link. The lack of a framework for how the two sectors might work together leads to ad hoc approaches that are often based on the interest, skills and knowledge of individual workers within particular situations. That is, there is not necessarily the support, expertise and outcome measures around housing sustainability that is often present in community housing and programs such as HASP.

Community housing, because of its smaller scale, scope and understanding of the needs of particular groups, such as those with a mental illness, has the potential to achieve effective links between housing and support. Local nomination and networking arrangements can strengthen the way in which community housing managers and support providers coordinate their efforts to maximise outcomes for clients.

Achievement of effective linkages between housing and support that assist people to sustain their tenancies is difficult in private rental, particularly when people live in unaffordable and inappropriate housing.

Overall, there is a lack of supply of appropriate, secure and affordable housing for people with a mental illness, just as there are limitations in the level of support services available to support such clients to develop their skills and capacities to live independently in the community. In addition, community ignorance, prejudice and discrimination can have significant impacts on the ability of people to stay living in their housing, even when highly effective coordination between housing and support services has been achieved.

5 PLANNING CONTINUED ENHANCEMENT OF LINKAGES/COORDINATED APPROACHES

5.1 The reasons for difficulties in achieving coordination

Difficulties with ensuring coordinated service responses for individuals are a long-standing and enduring problem resulting, to a large degree, from the way in which the broad service system is structured. Many problems arise from the fragmented nature of the service system and the multiplicity of different programs established by Commonwealth and State governments to meet specific needs. Different programs tend to have their own eligibility requirements, different priority systems and waiting times for access. Some programs are more heavily targeted and rationed than others. We live and work with a history of fragmented programs and services that cannot be easily streamlined. Strategies for improving coordination between programs and the actual services provided to individuals need to be developed and implemented with full recognition of this context.

At present housing assistance and human services are each uncoordinated and lack internal integration. This problem, in itself, contributes to the lack of coordination experienced by individuals needing assistance from the service system. (For example, in the human service area, there is a major problem with integration of policy and services across programs and spheres of government for people with long-term disabilities who are ageing). Better integration of housing and human services will be hampered by this lack of coordination. Far more work is required, particularly within human services itself, to tackle the endemic problems of lack of coordination and the lack of political and bureaucratic will to find solutions to reduce program silos.

Another factor that compounds the difficulties with achieving coordination for individuals is the diversity of organisations involved in the provision of services. Whilst government delivers some programs directly, many are provided by a wide array of other organisations. In addition, many different organisations can be involved in providing the services a person with a psychiatric disability may require to support them. How well different organisations work together in a local area also has a major impact on the ability to provide services in a coordinated way to an individual person needing assistance.

5.2 A framework for moving forward

There are many challenges in identifying and implementing effective and sustainable ways to enhance the capacity of the service system to deliver more coordinated responses for people requiring housing and support services. As seen in the preceding chapters, many approaches to coordination and linkage exist and many factors support or constrain the ability to achieve coordination between the services provided to an individual. It is also evident that multiple levels of the service system are involved in different ways in the varied approaches to linking housing and support.

The range of options for enhancing coordination is influenced by a number of factors. One key factor is that it is difficult to change the current broader service system within which coordination for individuals must be achieved and possibly foolish to assume major improvement could be achieved in a short timeframe. In addition, many of the specialist services (i.e. services with a focus on supporting people with a mental illness/psychiatric disability) and generic services (i.e. services with a wide target group) that currently assist integration between housing and support are considered to be effective. However, access to more intensive and more formally integrated models, such as the Victorian Housing and Support Program, which are often needed by people with complex support needs is reported to be limited, due to resource constraints and/or inequitable distribution between different geographic areas. Working out the required balance in availability between the various specialist and generic approaches, and between approaches with various degrees of formality in the linkage between housing and support services, is still required. So too is systematic identification of the additional models still required to address the specific needs of different groups.

People experiencing significant psychiatric disabilities as a result of their mental illness, particularly if combined with drug and alcohol addictions, are amongst the more challenging groups for the service system to support. Increased capacity will need to exist across the service system to effectively link housing and support services for people with a mental illness as this group will be amongst the client group of many generic services. Improved coordination in the services provided to individuals will not by itself, however, be sufficient to ensure good outcomes. The complexity and multiplicity of support needs of some individuals will present challenges for coordination, even if the service system becomes far less fragmented than at present. Thus, in examining approaches for strengthening the coordination of housing and support to individuals, we need to consider two broadly complementary approaches.

- At the broad system level we need to continue to:
 - strengthen the commitment to the development of more coordinated approaches for individuals between housing and support services
 - reduce the barriers to coordination between housing and support
 - enhance the capacity of generic services to assist people with particular needs, such as those with a mental illness, through increased knowledge and competency.
- We also need to continue to develop, evaluate and expand more specialist models for linking housing and support that are shown to be effective. This is in recognition that for some people effective coordination can only be achieved through more highly integrated approaches and often approaches that include individual case management/care coordination. We already have many examples of the types of more specialist services that appear to be effective.

Thus addressing the needs for enhanced coordination cannot just be left to specialist services – this limits options and choices and ignores the reality that it is rarely possible or possibly even desirable to develop sufficient specialist services to address the needs of all people living with a mental illness. The capacity for generic services to work with people with a mental illness and contribute to more effective linkages between housing and support also needs to be enhanced.

The analysis of current approaches indicates that all levels of the service system have a role to play in contributing to more effective coordination for clients. Raising the consciousness across the service system of the need to continue to work to improve coordination for individual clients is a high priority. For each level of the service system there are different ways to contribute to improvements in coordination. The following outlines a way of more systematically thinking about the approaches possible and identifies five levels at which different types of approaches are possible:

- arrangements between Commonwealth and State Governments
- government handling its own business
- government departments as designers of programs and funders of services provided by others
- local service networks
- individual services

5.3 Examples of the approaches possible at different levels of the service system

<p>Agreements between Commonwealth and State governments</p>	<p>There is considerable potential in the framing and negotiation of Commonwealth/State agreements for different program areas to acknowledge the interconnection of different programs for individuals and to formally set out expectations about how coordination with other program areas should occur to facilitate better outcomes. Such agreements include those for Housing, Supported Accommodation Assistance Program (SAAP), Home and Community Care (HACC) and Disability.</p>
<p>Government handling its own business</p>	<p>Governments have considerable capacity to contribute to better coordination for individuals in the way they undertake their governmental responsibilities. They can for example:</p> <ul style="list-style-type: none"> • Develop an overarching policy framework that recognises the need for cross program coordination for individuals and the need for all programs to develop approaches that facilitate rather than hinder this. They can set in place performance indicators to measure progress in core program coordination. • Locate responsibility for key housing and support programs in one government department if this was considered an appropriate and effective approach. • Establish formal links between programs which could be by: <ul style="list-style-type: none"> - joint planning and funding – such as the Victorian Housing and Support Program - formal memoranda of understanding which outline the responsibilities of different departments or divisions with regard to achieving coordination of services to people. Both New South Wales and the Australian Capital Territory have these between housing and mental health. - establishment of inter-departmental task groups to address issues such as more coordinated policy or program development.

<p>Government departments as designers of programs and funders of services provided by others</p>	<p>Government departments and program areas when designing programs, developing guidelines for the delivery of programs and establishing performance measures and accountability requirements, have a significant capacity to either enhance coordinated service delivery for individuals or create barriers. For example:</p> <ul style="list-style-type: none"> • The guidelines developed for programs can include specific requirements for effective coordination with other programs/services required by clients. • Development of programs or service models that focus on achieving coordination across services and sectors for individuals. Some case management models are an example of this. The Victorian Housing and Support Program is also an example of this. • Funding support services or packages that target vulnerable groups living in designated housing that have a service coordination function. Current examples of this include the Commonwealth Housing Linked Community Aged Care packages and the Victorian Community Connections Program. These approaches ensure access to support that might otherwise not be available to these vulnerable groups. • Funding programs that support enhanced coordination between different local service providers. In Victoria the Primary Care Partnerships Program is an example of this.
<p>Local service networks</p>	<p>How services in a local service network work together can have a major impact on the achievement of coordinated support approaches for common clients. Examples of different approaches which can influence the degree of coordination of service provided to individuals include:</p> <ul style="list-style-type: none"> • Development of good will and trust between local services • Regular service network meetings • Development of informal interagency protocols to which agencies verbally agree to abide by • Formal interagency protocols where agencies formally sign an agreement to work in accordance with the protocols • Co-location of local services • Local cross sector training initiatives (e.g specialists in working with people with mental illness providing training sessions for local housing workers about mental illness).

Individual services

Each individual service provider has the potential to make a contribution to enhancing the level of coordination in response to addressing the needs of individual clients. For example individual service providers can:

- Develop service operating policies which reinforce the importance of co-operative approaches with other services, if this is required, to achieve good client outcomes.
- Initiate or participate in achieving co-location of services with common client groups.
- A housing agency can develop a protocol with support providers to ensure tenants with a mental illness receive the support required to maintain their tenancy.
- When working with a client a service can take on an informal service coordination function if this is not occurring elsewhere and is considered important for achieving good outcomes for a particular client.
- An agency can seek funding to provide a range of services required by particular needs groups and deliver these services in a way that ensures coordination of services for individuals.

6 SUMMARY OF KEY FINDINGS AND POLICY DEVELOPMENT IMPLICATIONS

This project set out to address three research questions:

- *In what ways can housing and other services be linked to achieve positive outcomes for people living with a mental illness?*
- *What are some of the broad models that exist in Victoria for linking social housing assistance with other needed support and assistance for people with a mental illness and how well are they reported to work?*
- *What are the possible approaches to program linkages that are potentially relevant to achieving improved outcomes for people with a mental illness requiring housing assistance, particularly social housing?*

The project focus has been on examining these issues from the perspective of program linkages/coordination to assist people with a mental illness achieve stable housing through sustaining their tenancies. The project has had a major, although not exclusive focus, on how linkages can occur for those in social housing in Victoria. The scale of the project has meant that it has been more a scoping and scanning approach rather than a comprehensive detailed investigation. This final chapter provides a summary of the key findings of this project and outlines the policy development implications of the findings.

6.1 Summary of key findings

The need to understand the impact a mental illness can have on achieving housing stability

It is evident that any discussion about how to achieve effective program linkages or service coordination for people with a mental illness needs to be based on a strong foundation of understanding of the characteristics of people with a mental illness and how the illness can manifest and affect their abilities to live independently. Key features of particular importance are:

- the mental illness and/or resultant psychiatric disability can affect basic abilities required to access and sustain tenancies, including abilities to complete applications forms, maintain regular rent payments, live compatibility with neighbours and initiate seeking of assistance when required
- 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. There can be complex issues associated with the person's rights to confidentiality about their illness that, if not well managed, can hinder access to needed assistance.

Housing needs and preferences

Stable and appropriate housing is an important foundation for enhancing the capacity of many people with a mental illness to live independently. A range of different types of housing and housing and support models is required to meet diversity in needs and preferences. Housing stability may well be undermined when housing is not appropriate to a person's needs and preferences. Many people with a mental illness want to live by themselves, with access to off-site support to develop independent living skills. Others who seek greater security may prefer to live with others with support close at hand.

Key elements of approaches required

The particular disabilities and resultant support needs associated with living with a mental illness require the development of service responses that incorporate the following:

- the capacity for assertive outreach due to the reluctance of many people to seek support and engage with services
- time to nurture and build a working relationship with the person
- the ability to accommodate unpredictable fluctuations in needs and capacities without jeopardising housing and critical support
- consistency in service providers providing support
- undertaking cross service coordination/ case management where the person has no one to assist with this
- the development of crisis management plans in collaboration with the person which include clear and agreed ways that services will support the person when they are unwell and not able to make informed judgements
- effective approaches to address and balance the issues associated with the release of client information to other services and rights to confidentiality.

Efforts to achieve effective coordination between housing and support and positive outcomes for clients will be hampered unless such approaches are built into some part of the service response.

Diverse approaches evident for linking housing and support

This study has identified that there are a diversity of approaches for linking housing and support services. A number of approaches are specifically developed for people with a mental illness, while others are generic approaches where people with a mental illness will be among the people being assisted. The different approaches identified include:

- housing formally linked to off-site support services, such as seen in the Victorian Housing and Support Program for people with a mental illness. The Office of Housing specifically purchases housing for the program in consultation with the designated support providers, who nominate clients for the program and are funded to support the clients
- interdepartmental agreements/protocols which outline arrangements for a Housing Authority and Mental Health division to work together to assist clients
- support packages or programs specifically targeted to tenants of particular low cost housing
- support providers having the right to nominate their clients as tenants for specified housing in return for giving guaranteed support to help sustain their tenancy
- coordination through general case management/care coordination programs
- provision of on-site support – this can be at various levels of intensity

- 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
- less formal approaches where a tenancy manager and individual support provider have developed an approach to working together to support a particular tenant, but no formal framework for this exists.

Formal evaluations and judgements of practitioners indicate that these approaches can work to enhance service coordination for individuals. The effectiveness of particular approaches depends in part on how they are implemented, the level of commitment by the parties involved to achieving good outcomes for clients, the capacities of the staff involved and the level of resources available.

Having a diversity of approaches is considered important so that people have choices and there is an ability to respond to people's varied needs and circumstances. However, the diversity evident in many instances is not planned but the result of decisions made in many different program areas or services without necessarily any reference to what is happening in other areas. Answers to the strategic question of which models are comparatively a more cost effective investment for achieving longer-term positive outcomes for people with a mental illness are likely to remain elusive.

Issues evident from Victorian approaches

The Victorian Housing and Support Program provides an example of an effective approach for supporting people with a psychiatric disability to achieve a sustainable tenancy in public housing. Key features of the model that appear to be important to its success include co-operative cross department/division planning, sufficient and reliable support, protocols outlining working relationships between the housing and support services and effective approaches for obtaining client permission for release of information. Good working relationships between psychiatric disability support services staff and local housing officers are central for ensuring that the model works effectively for program clients.

In the general public housing program, effective linkages and coordination between housing and support is achieved for some individuals but there are many constraints and challenges to supporting many tenants to sustain their tenancies. Factors identified as enhancing outcomes for clients include the knowledge and skills of housing officers, having processes to address issues associated with the release of client information, diversity in housing stock and timely availability of housing and support. Differences in the orientation of the two sectors, and the lack of a framework for how those in the sectors might work together, affects the achievement of positive client/tenant outcomes.

The smaller scale, scope and often more specialised knowledge of tenant needs in community housing, as well as the capacity to develop locally tailored processes, enhances their ability to achieve effective coordination between housing and support. In contrast, there are considerable difficulties in achieving effective linkages to support housing stability in unaffordable and inappropriate private rental housing.

Broader issues also affect the ability to achieve effective co-ordination between housing and support. In particular the lack of supply of appropriate, secure and affordable housing and limitations in the level of services available to support people with psychiatric disabilities develop their capacities to live independently influence the ability to achieve effective co-ordination between housing and support for individuals. In some locations community prejudice and discrimination against people with a mental illness increases the difficulties experienced by individuals in sustaining their housing.

Planning continued enhancement of linkages/coordinated approaches

As people with a mental illness are found amongst the client groups of many services, working to support more effective linkages between housing and support for individuals is a responsibility across the service system. A diverse range of approaches is required to ensure choice and flexibility and options for people who cannot or choose not to access

specialist mental health/psychiatric disability support services. Specialist services and formally integrated housing and support services are important but can usually only ever partially address the level of need in the community.

Reducing the complexity of the current array of programs and services is an unlikely possibility in the shorter term as a strategy for addressing the challenges of achieving effective coordination of services for individuals. (However, reduction of this complexity should always remain an important goal to work towards). Many of the approaches that currently assist integration between housing and support are considered to work but access is often limited. The complexity and multiplicity of the support needs of some individuals will present challenges for coordination, even if the service system becomes far less fragmented than at present. Thus, in examining approaches for strengthening the coordination of housing and support to individuals, we need to continue to pursue two broadly complementary approaches:

- At the broad system level we need to strengthen the commitment to the development of more coordinated approaches for individuals, continue to reduce the barriers, and enhance the capacity of generic services to assist people with particular needs, such as those with a mental illness, through increased knowledge and competency.
- We also need to continue to evaluate existing models and develop and expand more integrated models for linking housing and support that are known to be effective. For some people, effective coordination can only be achieved through more highly integrated approaches, which often include individual case management/care coordination.

All levels of the service system have a role to play in contributing to more effective coordination for clients. While in some areas work to improve co-ordination has been occurring, efforts are still fragmented and implementation of initiatives for improved co-ordination often confront practical difficulties. Raising consciousness of the need to continue to work to improve coordination for individual clients is a high priority. Different approaches are possible at each level of the service system and consideration of the options available at each level provides a systematic approach for thinking. The five levels at which different types of approaches are possible are as follows:

- **Arrangements between Commonwealth and State Governments.** There is considerable potential in the framing and negotiation of Commonwealth/State agreements for different program areas to acknowledge the interconnection for individuals of different programs and to formally set out expectations about how coordination with other program areas should occur. Such agreements include those for Housing, Supported Accommodation Assistance Program (SAAP), Home and Community Care (HACC) and Disability.
- **Government handling its own business.** Governments have considerable capacity to contribute to better coordination for individuals in the way they undertake their governmental responsibilities. They can, for example, develop broad policies supporting enhanced coordination in government activities, co-locate linked programs or services in particular departments and establish inter-departmental tasks groups.
- **Government as a designer of programs and funder of services provided by others.** Government departments and program areas have a significant capacity to either enhance coordinated service delivery for individuals or to create barriers when designing programs, developing guidelines for the delivery of programs, establishing performance measures and accountability requirements.
- **Local service networks.** How services in a local service network work together can have a major impact on achievement of coordinated support approaches for common clients. Regular service network meetings, co-location of services and the development of formal interagency protocols are just some of the examples of approaches that can influence the degree of coordination of services provided to individuals.

- **Individual services.** Each individual service provider has the potential to contribute to enhancing the level of coordination for clients. Examples include seeking funding to provide a range of related services, the development of operating policies and practices that require co-operative approaches with other agencies, and a housing provider developing support protocols for tenants with local agencies.

Applicability of findings for other housing needs groups

People living with a mental illness present particular challenges for the service system. The particular difficulties resulting from the way in which a mental illness can affect a person's functioning need to be taken into account in service design and service practice. Any analysis and service development work required to achieve improvements for people with a mental illness should have positive flow on effects for other vulnerable individuals for whom effective coordination between housing and support is important. The identification of different options for improving linkages between housing and support at each level of the service system will apply equally to other groups.

6.2 Policy development implications

Reflection on the insights developed through this project highlight a number of key issues that need to be taken into account in future policy development. The following outlines and discusses each of these issues. Not all policy development implications focus directly on program linkages, as a number of more fundamental issues that undermine the capacity to achieve effective linkages have also been identified as part of this study.

Enhancing coordination between housing and support

A more coordinated government response

Strong leadership and the development of more collaborative and coordinated approaches is required from both Commonwealth and State governments, if we are to tackle the factors that currently inhibit the ability to achieve effective coordination between housing and support for people living with a mental illness. As seen in Chapter 5, there are many different approaches open to government as a whole, and to individual departments, to influence the design of policy and programs and the degree to which they enhance or inhibit coordinated service provision to individuals living with a mental illness. The development of performance measures that hold both government and agencies that deliver services on behalf of government accountable for enhancing the coordination of services for vulnerable individuals would be a practical and useful starting point.

Everyone has a role to play – strengthening awareness and consciousness

As seen in Chapter 5, actions at all levels of the service system can enhance or inhibit coordination between different services and service sectors. While government has a major role to play, people at all levels of the service system working with people with a mental illness have important contributions to make to ensure that they take whatever opportunities are available to contribute to more coordinated responses to individual needs. To support this, there is a need for the development of greater cross-sectoral understanding about how each sector works to support people living with a mental illness and the strategies possible to enhance current approaches.

Government taking into account the service practices required to provide effective support to people with a mental illness

As outlined earlier in this chapter, the particular disabilities and resultant support needs associated with having a mental illness require the development of service responses that incorporate particular features. In designing and funding housing and support services that will support people with a mental illness, attention needs to be given to the incorporation of these particular features, which are as follows:

- the capacity for assertive outreach
- time to nurture and build a working relationship with the person

- the ability to accommodate fluctuations and unpredictability in needs and capacities without jeopardising housing and consistency in support providers
- cross service coordination/ case management
- the development of crisis management plans in collaboration with the person when they are well and have insights into their illness
- approaches to address issues associated with the release of client information to other services.

Ensuring generic housing and support services understand the ways that mental illness can affect people's capacities and behaviours

A number of the approaches developed that contribute to supporting people to access stable housing and sustain tenancies are generic models catering to multiple needs groups. Developing strategies to enhance the ability of these generic services to effectively support people with a mental illness is important. This requires attention to ensuring such services:

- have information about mental illness and how it affects people's capacities and support needs
- access to staff training and program and service development support to strengthen the service's ability to effectively respond to the particular needs of people with a mental illness
- have opportunities for secondary consultation support from agencies or individuals with more specialist knowledge of mental illness.

Deciding on the balance needed between different models to meet local area needs

The current range of approaches in local areas for linking housing and support for people with a mental illness and the balance between the different types of approaches outlined in Chapter 3 tends to be the result of ad hoc and uncoordinated decision making by various levels of government and different government programs. There appears to be considerable variation between areas in the range of options available. More coordinated approaches to planning across spheres of government and different program areas is required to ensure each local area has a balanced range of service models/approaches available for linking housing and support.

Addressing broader underpinning issues

Tackling the inadequate levels of housing and support

As outlined in Chapter 4, a key issue raised by many contributing to this project is that the capacity to achieve effective coordination requires sufficient supply of the services that need to be coordinated. The severe shortage of secure, affordable and appropriate housing in many areas creates major problems in working to support people with a psychiatric disability to better manage their illness and develop and maintain the skills and confidence needed to successfully sustain a tenancy. Equally, if people do manage to obtain secure housing, such as public or community housing, their ability to maintain that housing is often weakened if they do not receive needed support in a timely manner and at a level required to ensure their particular needs and vulnerabilities are addressed.

While an inadequate supply of affordable and secure housing affects many groups, it can have major consequences for people with mental illness. Insecure housing and frequent moving or a track record that makes housing inaccessible (e.g. past rent arrears or property damage) can exclude people from both housing and support options, with major negative life time consequences for many individuals. Thus addressing the issue of adequate availability of secure and affordable housing for this particular needs group warrants priority consideration.

Cost benefit analysis of greater investment in more adequate supply of effectively coordinated housing and support

Those involved in the consultations for this project identified that many people with a mental illness are revolving through the justice, health and/or SAAP system, presumably at a very high cost to government and at a major cost to the person's own wellbeing and future life

options. For some individuals, they identify that this is the result of the limited availability of well coordinated and adequately resourced housing and support options. A small number of overseas studies are starting to report on evidence that investment in effectively linked housing and support for people who are homeless is cost effective for government when compared to the health, justice and crisis accommodation expenditure required to support people when they are homeless (Culhane et al. 2001, Eberle et al. 2001). Examination of this issue in the Australian context would assist in informing government deliberations on how to most effectively allocate scarce and finite resources.

Strengthening the focus of social housing on achieving sustainable tenancies

The priority social housing managers give to developing policies and practices that support people with complex needs to maintain their tenancy is influenced by the degree to which their social housing program specifically aims to support sustainable tenancies. Housing managers are likely to give greater priority to both planning how their housing service works with support services and to ensuring sufficient knowledge and resources are available to support tenants to maintain their tenancies when this is an explicit aim of the service. The importance attached to this is likely to be further reinforced when there are explicit accountability measures around tenant stability in addition to the more standard and predominant financial and asset management measures. In planning for the future of social housing consideration needs to be given to this issue.

Addressing the discrimination that affects the options available to people with a mental illness

As outlined in Chapter 4, community prejudice and discrimination can have major impacts on the ability of some people with a mental illness to access and sustain stable housing. The location options and development process of social housing can be affected by community prejudice demonstrated through resistance to housing developments that might cater for some people with a mental illness. The consequence is lengthy town planning processes and potentially stigmatisation of tenants when and if the housing is finally built. Equally, prejudice can be directed at individuals by their neighbours and this can threaten the continuance of their tenancy. Thus broad community development and information strategies about mental illness are an important adjunct needed to support initiatives that work to achieve better integration between housing and support and stable tenancies.

APPENDIX

The following lists the individuals who generously gave of their time to assist our thinking in developing this research project.

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Inner East Mental Health Association	Workshop involving MOSAIC, Salvation Army Hawthorn Project, Hawthorn Community Health Centre at St Vincent's
Grampians PDSS Network	Workshop involving PDSS Centacare Ballarat; Carer's Choice, Ballarat Health Services; Centacare Grampians; Intensive Outreach Program for Complex Needs, Balgarnie Centre, Grampians Community Health Centre; Adult Psychiatric Rehabilitation Program of the Central Highlands (APROTCH), Ballarat Community Health Centre
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