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

prepared by the

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# 1 Introduction

The importance of effective linkages between housing and other forms of assistance and support has been recognised as central for achieving positive outcomes for particular vulnerable groups in the community. This AHURI project was developed to advance understanding of different ways to achieve effective programme linkages. That is, to understand how government programmes and government funded services can successfully provide housing assistance and associated supports to vulnerable individuals. In undertaking this project, people with a mental illness will be used as a case study group.

This Positioning Paper is the first of four reports from this AHURI project on Effective Programme Linkages. The purpose of this Paper is to outline the project and the background to the issues the project will examine. Through examination of the key relevant literature, the Paper identifies the documented body of knowledge that already exists in relation to the topic, highlights knowledge gaps and describes how the project will seek to fill some of these gaps.

There will be three further reports from this project – A Work in Progress Report, a Findings Paper and a Final Report. The completion date for the project is May 2001.

## 1.1 Background and policy context

Social housing providers and support services are 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). There is increasing recognition of the importance of better co-ordinated approaches between housing and other services, particularly for those with needs that are more complex. However, numerous reports and policy documents attest to the fact that progress in successfully implementing improved co-ordination 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).

Homelessness is a key issue of community concern (Commonwealth Department of Family & Community Services 2000; Victorian Department of Human Services 2000b). While considerable attention is focused on how to effectively support people who are homeless, even more pressing is the need to understand how to prevent homelessness. The causes of homelessness are complex and vary between individuals and different groups (Commonwealth Department of Family & Community Services 2000; Victorian Department of Human Services 2000b). In order to work to prevent homelessness, careful assessment is required of the factors that precipitate homelessness and make it difficult for particular groups to sustain long-term housing. While income, social issues and housing supply are all factors that contribute to homelessness at the broad level, for individuals additional factors can have very specific impacts.

People with a serious mental illness are one group recognised as having major difficulties in accessing and maintaining stable housing. If we are to establish effective programme linkages to support long term sustainable housing and prevent homelessness then it is important to understand the factors that contribute to jeopardising housing sustainability for people with a mental illness. It is equally important to understand the various options for linking different programmes and services and consider how different services required by people with a mental illness need to work together to achieve positive housing and quality of life outcomes.

The Commonwealth Government and state governments across Australia are increasingly recognising that a more co-ordinated and often 'whole of government' approach is required to effectively support people needing assistance from multiple government programmes. 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 programme or policy intent and the actual outcomes being attained for individual people with a mental illness.

## 1.2 Project aims

The primary aim of this project is to advance the understanding of different ways in which effective programme linkages with housing can be developed, using people with mental illness as a case study group. We need to more fully understand how to provide a range of services in a co-ordinated manner and in a way that is responsive to individual needs, so that people are supported to live effectively in the community and able to both access and maintain housing.

The choice of one specific group is 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 is likely that a number of approaches to achieving effective programme linkages for people with a mental illness will also be relevant to other housing needs groups. Thus key principles underpinning good practice for people with a mental illness should be able to inform discussion on effective responses required for other groups.

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 in the Supported Accommodation Assistance Programme (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 Programme (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 the project is to report on strategies for improving collaboration between relevant service sectors and for improving outcomes for homeless people with a mental illness. The study has involved a comprehensive review of literature as well as extensive consultation across Australia. Specific project aims are:

- to document and review existing linkages between mental health services, SAAP and other relevant agencies
- to analyse what helps or hinders mental health, SAAP, and other services from working together to better assist homeless people
- to document and discuss examples of good practice
- to identify further collaborative strategies and approaches.

In order to ensure that this AHURI project does not duplicate areas covered by the SAAP project, but rather complements it, the AHURI project will have a greater focus on programme linkages to support longer term housing, rather than crisis and transitional housing.

Key research questions for this AHURI research project are:

- In what ways can housing and other services be linked to achieve positive outcomes for people 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 programme linkages that are potentially relevant to achieving improved outcomes for people with a mental illness requiring housing assistance, particularly social housing?

# 2 Review of the literature

This review of the literature covers a range of areas and does not focus just on material about programme linkages. This is because in order to understand the issues associated with achieving effective programme linkages from the perspective of people with a mental illness, it is important to understand some key housing related issues. This includes the type of housing that is most suited to individual needs and housing preferences. It is also important to understand the particular ways in which mental illness can manifest itself, as this provides important clues as to why people with a mental illness can experience difficulties with accessing and maintaining housing. Understanding the manifestations of mental illness also provides an essential context for assessing different approaches to programme linkages, for understanding the elements of good service, programme design and practice, and ultimately for ensuring effective, accessible and stable housing and support for people with a mental illness.

The chapter begins with a discussion of some observations on the nature of the literature and its availability. It then examines some particular issues associated with housing and support for people with a mental illness. This is followed by an examination of the reasons why people with a mental illness can have difficulties in maintaining their housing. The final section provides an overview of key strategies identified in the literature for improving linkages between services/programmes.

## 2.1 Overview comments about the literature

The following are a number of observations from reviewing the available literature.

- Only a very limited amount of literature has been found that has a specific focus on the concept of programme linkages or programme integration. This indicates a potential gap in the information for this project (The project team would welcome information about any material that might be useful). The concept of programme linkages/programme integration is potentially a complex and multifaceted concept. Meaningful discussion and debate about the topic requires clarification and definition of key concepts.

- Most literature on services for people with a mental illness examines specific programmes or services and more often has a strong focus on support services rather than housing.

- The literature that most frequently has at least some focus on housing is that which examines models where housing and support are provided as part of a special programme. However, these special programmes can only address the needs of a small number of people - most people with a mental illness will generally need to be supported outside these special programmes.

- A few important reports, which are highly relevant to this study, are not formally available to the project and cannot be cited as they have not been approved for public release by the government departments that commissioned the studies. This limits the ability to ensure that the review of the literature actually reflects the most up to date information available. It also limits the ability of new projects to draw on and extend the knowledge base, rather than duplicate what has already been undertaken.

- A number of the reports and previous studies relevant to this AHURI project have been difficult to identify as they are not listed on more formal academic data bases or high profile web sites. This is a common problem in applied research and means relevant and often important material continues to be found across the course of the project.

## 2.2 Housing and people with a mental illness

In examining the linkages required between housing and other programmes/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 not suitable or have limitations, then it may impact on the ability to achieve good outcomes from improved programme linkages.

This section examines the central importance of appropriate housing for many people with a mental illness and describes what is known about the housing tenures in which people with a mental illness live. It then outlines what has been documented about the characteristics of housing most suited to people with a mental illness and what is known about what people with a mental illness themselves prefer.

### 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 highlighted the importance of housing for people with mental illness and called for government departments to co-ordinate and co-operate:

> One of the biggest obstacles in the lives of people with a mental illness is the absence of adequate, affordable and secure accommodation. Living with a mental illness – or recovering from it – is difficult even in the best circumstances. Without a decent place to live it is virtually impossible… finding suitable accommodation is a frustrating enterprise; keeping it is often even more difficult.(Human Rights and Equal Opportunity Commission, 1993, p.337)

There is substantial international and Australian research evidence to indicate that many people with mental illness can maintain stable housing, including people who have a history of homelessness. This is attainable despite the complex needs of many people with a mental illness and the ongoing nature of their illness (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 to achieve security of tenure.

The transition from homelessness to more stable housing can be a critical time in the lives of people with a mental illness. The importance of providing appropriate support during the critical transition from homelessness to stable housing is strongly emphasised in the United States McKinney Research Demonstration Programme (Center for Mental Health Services 1994). This programme included a number of housing and support programmes for people both with a mental illness and a long-term history of homelessness.

## Where people with a mental illness 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 programme 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.

Unfortunately, overall, it is difficult to develop a 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 2000b) and there are high concentrations in low cost housing (Leveratt 1995; Burke & Dickman-Campbell 1997; Keys Young 1997; McNelis & Nicholls 1997; Herrman et al. 1998; Robinson 1998; David Plant 2000). Little, however, appears known about proportions in other types of housing.

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 people with mental illness live.

## 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 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.

It was in the early 1990s that important new policy directions in Australia were set, beginning with the National Mental Health Policy (Australian Health Ministers 1992). The 1992 National Mental Health Policy adopted by Australian Health Ministers 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. It proposed a move away from mental health providing 'whole of life' services to services being provided in a 'multifaceted and multidisciplinary manner' (p.11).

> Specialised mental health services can meet only some of the varied needs of people with severe mental health problems and mental disorders. Access to housing, accommodation support, social support, community and domiciliary care, income security and employment and training opportunities may have a significant impact on the capacity of a person with a severe mental health problem or mental disorder to manage in the community. (Australian Health Ministers 1992, p.19)

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-packaging 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 co-ordination between housing and support services (McNelis & Nicholls 1997).

## Characteristics of suitable independent housing

A foundation for achieving good outcomes from effective co-ordination of services/programmes is that each programme in itself is appropriate for the person being assisted. Thus a central starting point is to understand the characteristics of appropriate housing provision for people with a mental illness.

A number of researchers have examined the characteristics of housing most suited to people with a mental illness (Keys Young 1997; Ogilvie 1997; Weir 1997). Weir (1997) examines suitable housing in a review of housing needs for people with serious mental illness for the NSW Health Department. In this review she draws on a range of previous research findings to conclude that housing for people with a serious mental illness should:

- be in appropriate location and close to community services, transport, vocational and rehabilitation services
- provide security of tenure leading to a sense of permanency
- be affordable in relation to income
- be of an appropriate structure and physical outlay and maintained to a reasonable standard
- provide for community links and integration
- provide safe environment
- be respectful of residents rights to quiet environment
- be located in a residential area as close as possible to the persons preferred location
- where possible not located in high density housing estates which may already have high numbers of people with mental illness (Weir 1997, pp.20-21)

The development of housing options that are consistent with the above characteristics will present a number of challenges for providing social housing to people with a mental illness. Such criteria will specifically require public housing authorities to carefully consider their allocation policies for people with a mental illness.

**Consumer housing preferences**

Professionals and the community can have ideas about what type of housing is most suitable for people with a mental illness. However, the views of people with a mental illness themselves are most critical. Lack of congruence between what is provided and what a person with a mental illness prefers may well undermine housing stability and the achievement of good outcomes. The literature indicates that a range of housing models is required to meet the diversity of needs and circumstances found amongst people with a mental illness (Carling 1993; Clark & Henry 1997; Curtis 1997; Penumbra 1997). Not surprisingly, there is also diversity in what people with a mental health illness themselves consider to be appropriate housing.

A number of literature reviews indicate a consumer 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, Penumbra 1997; Ogilvie 1997; Burke & Dickman-Campbell 1997). Studies of consumer preference rate highly the importance of:

- privacy (Ogilvie 1997; Keys Young 1997)
- compatible social milieu (Keys Young 1997)
- physical and social supports which reduce stress (Keys Young 1997)
- enhanced opportunity for consumer control (Keys Young 1997)
- availability of health services (Ogilvie 1997)

- autonomy (Ogilvie 1997)
- independence (Ogilvie 1997)
- comfort (Massey & Wu 1993)

In terms of housing tenure, Australian studies have shown that the preferred option for people with a mental illness is to live in one's own home, followed by public housing, private rental alone and then family home (Owen et al. 1996; Burke & Dickman-Campbell 1997). There was a strong preference not to live with other mental health consumers both in this study and in several of the North American studies reviewed by Ogilvie (1997).

It must however, also be recognised that not all people with a mental illness needing housing assistance want independent living, or to live alone. Some prefer group living or living close to others with a mental illness for support and to reduce isolation (Center for Mental Health Services 1994; Robson 1995).

Massey and Wu (1993a & b) studied the housing preferences of consumers, their families and case managers. Of importance to consumers and case managers were safety, comfort and privacy, with consumers also rating independence, personal choice, convenient location and proximity to mental health services more highly than case managers (1993a). In another study of 150 consumers in Florida receiving case management, interviews and surveys were held with the consumer, one member of their family and their case manager (1993b). Sixty-six percent lived in an apartment or private home, either alone or with family. The views of family members differed slightly from those of the consumers in terms of important housing characteristics and support needs, in that family members, who were often primary caregivers, considered financial assistance, lower housing costs and easy access to transportation as important, whereas consumers value privacy, and personal choice of housing type and location.

This study revealed the need to educate all three groups to better understand the range of factors important to successful living in the community. For consumers, medication compliance was underrepresented, whereas for case managers privacy and personal choice were not rated as highly.

Nelson et al (1999) conducted studies of various types of housing tenure and support systems in North America for those with a mental illness, revealing that the type of living space, resident control and a democratic management style are important predictors of empowerment, whereas social support is an important predictor of emotional well-being.

Pyke and Lowe (1996) reviewed tenants' experience of moving from accommodation with in-house support, to a supported housing model. Supported housing allows the tenant to live more independently in the community and in a more "normal" living arrangement rather than in a quasi-institutional setting. Tenants experienced, among other positive attributes, increased privacy, greater autonomy and an increased capacity to handle independent living. However the downside of independent living was the social aspects of learning to manage conflict and deal with co-tenants without the on-site assistance of staff.

Not surprisingly, like any other group in the community, people with a mental illness requiring support to access and maintain housing have a range of different housing and support preferences and priorities. The design of programme/services must take into account consumer preferences in order to maximise successful outcomes and the service system must be flexible enough to offer choices in providing and linking housing with support.

### Consumer preferences for linking housing to support

The literature on consumer preferences in Australia is limited, but North American studies highlight the importance many consumers place not just on their housing but also on good access to a range of health and support services. As described above, some actually define good housing in terms of housing that facilitates access to supports. This may be either integrally linked with the provision of housing or as a result of the housing being located close to required support, health and treatment services.

Carling's paper 'Housing and Support for Persons with a Mental Illness' (1993) suggests that for people with severe psychiatric disabilities, several critical skills and supports need to be incorporated into supported housing programmes, such as support seeking appropriate housing and moving; assistance managing money, structuring time and participating in leisure activities; medication management; crisis support and limit setting.

From the consumer point of view, a North American study tracked the level of satisfaction of a group of over 100 previously homeless people with a mental illness who had moved into supported housing (Yeich et al.1994). In terms of support and services, the most common kinds of support needed to live in the housing of their choice were: financial resources (33%) and house furnishings and supplies (25%). This makes sense given the low income of most of the residents. On the service side, mental health or drug treatment services (12%), transportation (8%), money management (8%) and help keeping up the house (7%) were required. Financial support was therefore much more pressing than services for this group.

In addition, participants were asked about what assistance might be required in a time of crisis. The majority said they would seek help from family and friends (74%), 45% from mental health professionals and 22% from other service professionals. Such help would usually take the form of obtaining food and shelter (52%) and moral and emotional support (51%). Those residents who were rated by caseworkers as having lower levels of interpersonal skills reported accessing fewer resources in times of crisis, perhaps suggesting that they may be less comfortable asking for help.

The Massey and Wu study (1993a) showed that for consumers, the location of housing close to mental health services was important. They saw transportation as a barrier to successfully living in the community. The availability of transportation or proximity to such services is imperative.

A North American study by Tanzman, Besio and Yoe (1992) involving 119 people in Vermont with a mental illness, revealed that their most basic need was financial support to access housing and pay for living expenses. In terms of services, the findings showed that individuals with a psychiatric disability on the whole did not need live-in staff, however needed access to staff on a 24-hour basis. Tanzman (1993) also reviewed 43 studies of mental health consumers' preferences in relation to housing and support between 1986 and 1992 in North America. Respondents were asked what kind of support they would need to succeed in their preferred housing arrangement. In 22 studies, the most frequently cited need for staff support was the ability to reach staff on call, and assistance in dealing with emotional upsets and crises. Help in budgeting was also sought. In every study, the most frequently mentioned material support was for financial resources. Transportation and telephones were cited next. Help with finding a place to live was also critical.

All of the above North American studies show a similar pattern. People with a mental illness seeking to live independently need 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 needed services are also important elements that sustain stable housing.

**Conclusions**

In summary, 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 prefer to live independently in the community, either on their own or with a partner. However, a small group prefers alternate options, with some preferring the greater security and support of living closer to others.

Along with appropriate housing is the need to provide access to adequate and appropriate support to enhance people's capacity to live successfully and independently. The literature supports the contention that support is critical to both accessing and maintaining housing for people with a mental illness. The nature of the support arrangements required varies for different individuals according to their differing needs and the nature of their mental illness. Providing support options that best respond to the individual's needs is key to sustaining a long-term solution.

By examining some of the difficulties people with a mental illness can experience in maintaining stable housing, a better appreciation of the need for adequate support systems will be apparent.

## 2.3 The reasons for difficulties in maintaining stable housing

One of the key reasons that people with a mental illness can experience difficulties with accessing and maintaining stable housing and why attention to improved programme linkages is important relates to the way in which a mental illness can manifest in terms of behaviour and thought patterns. A compounding challenge is that there are a diversity of types of mental illness which each has different consequences. People with a mental illness are certainly not a homogenous group, in that individuals can be affected in different ways by their mental illness and have different family and personal resources on which to draw.

However, there are specific characteristics often associated with a mental illness that have significant impacts on the ability to live independently unless effective supports and adequate clinical treatment is available. An understanding of such disabilities assists to highlight why it is so important to ensure services and programmes are effectively co-ordinated if a person is to achieve housing stability and live successfully in the community.

### The 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. In addition dementia, an organic disorder most often associated with older people, is sometimes included in discussions of mental illness, and sometimes treated quite separately.

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 illness; that is the behavioural changes that affect daily living such as the ability to live independently, maintain employment or maintain relationships. Most people with a psychiatric disability are likely to have some level of functional impairment and social handicap. 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 1996a).

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).

People with a mental illness can manifest a range of behaviours that may make it more difficult to access and maintain stable housing. For example, functional disabilities as a result of a psychiatric disability can range across the following:

- inability to perform routine tasks, such as dressing, preparing a meal or paying bills;

- persistent feelings of high anxiety, without a discernible cause. Such feelings may make it difficult to leave the house without assistance, with fear of panic attacks making it difficult to use public transport or to shop;
- extreme mood swings, from depression and sadness to elation and excitement, with symptoms including feeling invincible, over-activity, reduced need for sleep, irritability, rapid thinking and speech, lack of inhibitions, grandiose plans and beliefs and lack of insight;
- delusions, such as feeling others are plotting against one or feeling of persecution, may create difficulties in living with neighbours and dealing with service providers;
- hallucinations which can distort one's senses, so that a person may see or hear things that do not exist, creating fear and confusion;
- thought disorders which mean that speech may be jumbled and difficult to follow, and a person may think someone is interfering with their mind;
- and for some - violent and aggressive behaviours towards others, such as neighbours, authority figures, community workers; (Sach & Associates 1991; Weir 1997; Commonwealth Department of Health and Aged Care 2000a, b, c & d).

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 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 the ability to undertake the activities needed to comply with responsible tenancy.

In an Australian survey of adults living with a psychotic disorder (Jablensky et al. 1999), it was noted that 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. Of the 1126 interviewed in this study, these figures give a picture of the level of disability they experience:

- 30% showed obvious or severe dysfunction in their ability to care for themselves
- 59% experienced problems socially
- 39% were dysfunctional in intimate relationships
- 50% took street drugs and 46% of the homeless abused alcohol
- 70% attempted or contemplated suicide and 10% succeeded
- 91% were on prescribed medication and 63% were impaired by the side effects of medication
- 10% were homeless or in marginal accommodation
- only 19% attended rehabilitation programmes

Clearly, to support people with such a multiplicity of needs and problems to access and then maintain their housing requires housing provision approaches that are sensitive to the needs of people with a mental illness as well as highly effective cross programme/cross service co-ordination.

**Difficulties experienced with maintaining housing**

Problems which may be experienced by people with significant psychiatric disabilities, as well as others with complex needs, 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).

A report on the challenges facing people with psychiatric disabilities living in public housing in NSW 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 1997). Lack of knowledge by the housing authority of the number of people with a psychiatric disability makes planning effective responses difficult. 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.

There are solutions to the more common problems experienced in supporting people with a mental illness that can assist in lessening the risk of loss of tenure 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 programmes 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 1997).

## 2.4 Different strategies for achieving effective linkages

The importance of effective co-ordination of the range of services provided to individuals with more complex needs is now well recognised (Lawson & Perese 1996; Bisset et al 1999; Commonwealth Department of Health & Aged Care 1999a; Eldridge 1999; Commonwealth Department of Family & Community Services 2000; Victorian Department of Human Services 2000b). However, frameworks for developing a coherent and comprehensive response are still not well developed, particularly when it involves co-ordination across different programmes or government jurisdictions for the management and funding of joint programmes.

In addition, the way in which governments, service organisations and individual service providers collaborate is critical to achieving effective programme linkages. However, collaboration is often hard to achieve and needs to be supported by specific skills, structures and processes (Commonwealth Department of Family & Community Services and Commonwealth Department of Health & Aged Care 2000). In his paper to the 2nd National Conference on Homelessness, David Eldridge (1999, p. 295) of the Salvation Army noted that "Linkage is not necessarily just about

developing protocols or connections to other local services. It’s about developing concrete options.” He goes on to talk about the need for greater interaction and seriousness in working with homeless people with a mental illness, noting that SAAP should not be regarded as the primary housing option for such people.

It is important to know what complementary strategies at different levels of the service system are required to achieve good outcomes. What we know is that creating and maintaining links between different parts of any service system is difficult and relies on a combination of factors such as:

- personal relationships
- a willingness of management to engage in collaborative ventures
- resources to support collaboration
- time to understand each others services
- a shared vision
- mutually agreed priorities
- policies which support rather than work against cooperation and collaboration. (Walker 2000; Kreisel 1998; Leigh Naunton & Associates 1997 & 1998; Randolph et al. 1997)

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 and therefore the diversity of approaches needed to support a person with a mental illness in stable housing. The following outlines examples of different approaches reported in the literature examined to date. A key focus of the AHURI project will be to continue to identify options for programme linkage methods, including some of their strengths and weaknesses.

**Responses to the need for increased linkages between programmes**

Programmes can be designed to deliberately facilitate improved linkages between the different elements of support a person with a mental illness requires. In Victoria, the Housing and Support Programme provides an important example of formal linkages across programmes. This Programme was established in 1992/93 between two different sections of the Victorian Department of Human Services - Mental Health Services and the Office of Housing. The Programme has provided permanent housing and needed support, but with these two elements provided by separate organisations. The evaluation of the Programme found it had improved housing stability, assisted community integration for tenants and assisted tenants develop their social networks (Robson 1995).

In New South Wales, an Inter-Departmental Committee on accommodation and support services for people with psychiatric disabilities established by the Ministries of Housing, Health and Community Services reviewed ways to support tenants to live independently (Chesterman 1993). The series of recommendations included:

- joint training for community workers in psychiatric disabilities
- the development of mechanisms, policies and plans that improve inter-departmental coordination of services to the client group
- developing operational links, including protocols to deal with difficult tenants

- providing a wider range of housing options, with an associated map of available support services
- anticipating potential problems for this client group in maintaining housing and providing solutions in the form of dispute resolution, alternative rent payment schemes, housekeeping support
- case management for clients with complex problems.

One of the subsequent outcomes from this process of reviewing housing needs for people with a mental illness is the Joint Guarantee of Service for People with a Mental Illness, drafted in 1997. This document addresses many of the perceived gaps in providing a coordinated housing and support response to this consumer group, including:
- memorandum of understanding
- sample consent forms for release of information
- tenancy agreements
- appeals and complaints mechanisms
- an education and training strategy
- terms of reference for local health/housing liaison meetings.

Another suggestion to improve the provision of affordable housing and link housing with appropriate community supports for people with a mental illness is the establishment of a body to coordinate the supply of housing with support services (Thomas & McCormack 1999). Such an organisation, it is argued, is needed to counter the fact that the mental health agenda is set by the National Mental Health Policy, whilst responsibility for housing lies with the Commonwealth-State Housing Agreements.

**Improving co-ordination through case management**

Case management approaches that work with people on a long term basis, with a mandate to advocate for the varied needs of clients across a number of service sectors, have been developed in a number of human service areas. They 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 or services (Reynolds 1995). Similar types of responses have been identified as appropriate for people with a mental illness (Commonwealth Department of Family & Community Services and the Commonwealth Department of Health & Aged Care 2000). This approach does not directly tackle the structural or practice issues that make co-ordination across programmes and services difficult – it funds someone to negotiate those difficulties on behalf of the person needing assistance.

In the United States, a number of demonstration projects were developed to test the effectiveness of a variety of approaches to providing mental health treatment, housing and related services for homeless adults. A variety of different ways of linking and accessing the needed services were funded, with case management providing a link across the various services and ensuring the needs of individual clients were addressed (Center for Mental Health Services 1994). These approaches were shown to be effective in supporting people who had been homeless to achieve stable housing.

**Collaboration across services and sectors**

Another approach for achieving enhanced co-ordination/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 co-ordination and linkages across programmes with varying degrees of success (Reynolds 1997). This approach does not rely on integration of programmes, 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 services funded through multiple, often uncoordinated government funding programmes.

The World Health Organisation *Intersectoral Action for Health* report (Kreisel 1998) identified the following as important for enhancing success in intersectoral action:

- the health sector must be willing to work with other sectors and organisations
- intersectoral action is supported by the wider community and/or builds on existing policy initiatives
- sectors/agencies involved have the capacity to undertake the proposed action
- relationships between those involved are already established and strong enough to enable participants to undertake and sustain action
- planned action is well conceived and can be implemented and evaluated
- provision has been made to sustain outcomes.

The American Access to Community Care and Effective Service Development (ACCESS) demonstration projects developed in the late 1980's set out to implement a variety of approaches to service integration for people with a mental illness and to evaluate them. Strategies for improving integration through agencies working more collaboratively included:

- interagency coalitions to share information, identify barriers and service duplication between participants
- interdisciplinary teams – involving members from different organisation to work with clients with many complex problems
- interagency management information systems and client tracking
- cross training for staff from different organisations
- interagency agreements/protocols/memorandums of understanding
- pooled or joint funding to create new funding packages
- flexible funding
- uniform applications and eligibility criteria and intake assessment
- co-location of services (Randolph et al. 1997).

Not all strategies developed in the ACCESS project were successfully implemented and the conclusion was reached that funding alone is not sufficient for promoting system integration. Other aspects, such as planning and consensus building, and sufficient time, are also critical issues (Randolph et al. 1997). The strategies proposed for the ACCESS projects are similar to many of the strategies being proposed and implemented in Australia for improved integration and co-ordination across many areas of human service delivery.

In the UK, the programme ‘Crossing the housing and care divide’ (Rowntree 2001), launched in 1995, aimed to better link housing with community care. Nine projects were funded to develop services at the interface between housing and personal care, particularly for older people, in the areas of: information and advocacy; new technology; and management and support services. Problems faced included:

- the difficulty of different agencies working together to integrate housing with community care services, particularly if there was no prior relationship, differing organisational goals and lack of commitment of stakeholders
- tensions between user interests and involvement of users, with organisations with a culture of user involvement better able to sustain user confidence
- the lack of definition of what a quality service is, and how such services should be monitored.

There are a number of Victorian examples of projects in areas complementary to long term housing that have set out to develop the frameworks and tools for services to work collaboratively to achieve better outcomes for common clients through improved co-ordination between local services. 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 co-ordination is essential in order to effectively respond to client needs.
- The Primary Care Partnerships programme initiated by the Victorian Department of Human Services (Victorian Department of Human Services 2000c) seeks to achieve more co-ordinated responses to improve access to planning information, development of common assessment processes and implementation of a number of processes for enhanced service co-ordination.
- 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 (Department of Human Services 1997).

A number of these approaches provide important insights into possible strategies for improving an integrated response to people with a mental illness requiring support to sustain long term housing.

## Conclusions

The literature highlights a range of strategies that are possible for improving the linkage between various programmes/services required by people with a mental illness. These include:

- establishment of programmes that formally link housing and support – such as the Victorian Housing and Support programme;
- 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 co-ordinated 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 have a contribution to make to improve housing outcomes and enhance a person's wellbeing through better co-ordination across the services required by people with a mental illness. However, the literature provides limited insights about the potential effectiveness of different approaches for achieving real change for individuals with a mental illness needing 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. We need to know which strategies and which combinations of strategies are likely to have most impact.

## 2.5 Broad conclusions from the review of the literature

The review of relevant literature undertaken to date highlights the following:

- People with a mental illness are likely to require access to a diverse range of housing options to meet their needs. The current focus on approaches that support more independent community living have added to the complexity of addressing the multiplicity of needs of individuals.

- People with serious psychiatric disabilities can experience very specific difficulties with maintaining stable housing that need to be recognised. The nature of these difficulties (which can include need for support with practical tasks of daily living and sensitive support and responses to difficulties with public and private relationships) reinforces the importance of effective linkages between housing, support and clinical treatment services.

- The literature on intersectional collaboration highlights the need to consider the way in which organisations work together to achieve co-ordinated responses to addressing the needs of individuals. It also highlights that factors such as the design of programmes, the nature of funding agreements and accountability requirements can all make important contributions to facilitate more integrated responses to individual needs.

- A number of approaches for improving co-ordinated responses for people with a mental illness who require assistance to maintain stable housing are identified throughout the literature. However, there is no clear framework for identifying the possible range of approaches and for analysing how effective different approaches might be in achieving real change for individuals with a mental illness needing assistance from multiple services.

When this AHURI project examines current programmes for linking housing and support for people with a mental illness, attention will be paid to the processes, incentives and disincentives for collaboration and co-ordination and how well they actually work. It will also examine some of the strategies that could support improvement.

# 3 Study methodology

The broad objective of this study is to advance understanding of different ways to achieve effective programme linkages for people needing housing assistance and other forms of support. This is a large and complex topic and there are many gaps in current knowledge and understanding. There is potentially a diverse range of ways to achieve effective programme linkages and many different approaches are likely to be required to effectively support people with a mental illness.

The project will focus on three key research questions:

- In what ways can housing and other services be linked to achieve positive outcomes for people with a mental illness?
- What are some of the broad models that exist 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 programme linkages that are potentially relevant to achieving improved outcomes for people with a mental illness requiring housing assistance, particularly social housing?

In addressing these questions, the study will draw on existing literature and reports, but while these provide some useful context and insights, they are limited, as shown in the earlier review of the literature. Developing a framework that outlines possible approaches for achieving effective programme linkages/co-ordination is seen to require some conceptual thinking that is informed by what is happening and assessed against some of the real practice issues that can either constrain or enhance implementation of good ideas. Therefore, the methodology developed for progressing understanding of approaches for effective programme linkage is based on the assumption that it is those people who are developing and providing services for people with a mental illness who have important insights into the strategies required to achieve effective linkages and good outcomes.

The research team will work to draw on the insights of those with a sound knowledge of housing and support issues for people with a mental illness in two ways:

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

- Interviews and small group workshops/discussion sessions will be used to gain an understanding of current initiatives for linking long term housing with other needed support and how effectively they work. This will include discussions with :

- Department of Human Services staff responsible for programmes to meet the needs of people with a mental illness
- A small number of service providers who work with people with a mental illness. They will be selected from across a number of geographic areas as there is known variation between areas in needs and responses. (The knowledge of Reference Group members is being drawn on to identify geographic areas and specific service providers seen to have important insights to assist addressing the key research questions.)

The approach to this project has been designed to ensure it examines a manageable area of a large and complex topic and the project methodology has sought to achieve this by:

- a focus on one housing needs group – people with a mental illness;
- a focus on models/approaches supporting long term housing, particularly social housing, rather than crisis or transitional housing;
- examination of a number of approaches that work to achieve effective linkages between housing and support services for people with a mental illness, focusing on one state - Victoria.
- discussion with a small number of service providers who work with people with a mental illness and are aware of the programmes and practices that support achievement of good outcomes for people with a mental illness, as well as those that constrain such outcomes.

Unfortunately, the scope of the study does not allow for discussion with people with a mental illness about how the system is working for them and what approaches to programme linkages they would see as offering the greatest improvements. Their insights will need to be gathered at future stages of developing our understanding of how to achieve effective linkages between the various programmes/services that address housing needs and support needs.

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