

What is the role of informal community resources in supporting young people recovering from mental illness?

PROVIDING STABLE HOUSING AND SOCIAL INCLUSION FOR YOUTH RECOVERING FROM MENTAL ILLNESS REQUIRES INTENSE INDIVIDUALISED SUPPORT FROM FORMAL AND INFORMAL SOURCES AS WELL AS APPROPRIATE HOUSING. MORE ATTENTION TO THE INFORMAL ASPECTS OF COMMUNITY SUPPORT WILL STRENGTHEN YOUNG PEOPLE'S HOUSING SECURITY.

KEY POINTS

- Housing security was seen by participants to be more than just security of tenure. Social inclusion and community attachments also play a role in 'anchoring' youth recovering from mental illness.
- Informal community resources (local cafes, sports teams, social groups etc.) are particularly important because they provide social relationships, material items and the experiences that give rise to a sense of belonging, community attachment, hope and self-confidence.
- Formal peer-support and mentoring programs, like the Personal Helpers and Mentors (PHaMs) program can make a positive contribution towards recovery from mental illness, and can be instrumental in connecting youth in recovery with informal community resources.
- Individualised funding of case management might promote innovative approaches to accessing informal community resources, as clients can decide how resources are used.

*This bulletin is based on research conducted by **Dr Cameron Duff** and **Professor Shane Murray** at the AHURI Swinburne–Monash Research Centre, and **Professor Stephen Loo** and **Professor Keith Jacobs** from University of Tasmania. The research examined the role of informal community resources in assisting youth recovering from mental illness.*

CONTEXT

The links between mental illness, unstable housing and homelessness are well documented in youth populations in Australia, with recent estimates suggesting that between 50 and 75 per cent of homeless youth have some experience of mental illness (Chamberlain et al. 2007; Pryor 2011).

In response, the 2009 Australian *National Mental Health Plan* endorsed the integration of mental health and housing services to promote recovery and reduce the risk of homelessness for youth experiencing mental illness.

This study documented how youth recovering from mental illness drew on informal community resources to improve their housing security. It identified what sorts of community resources were accessed and how these resources made a difference in their recovery.

RESEARCH METHOD

The study used photographic evidence and interviews with 38 youth aged between 22 and 31 recovering from mental illness in Tasmania and Melbourne. Reported mental health diagnoses included bi-polar disorder, schizophrenia/schizo-affective disorder, depression and Asperger Syndrome. Participants were residing in a mix of tenures and household arrangements—in supported accommodation, living independently or with family.

The study also sought the views of housing and mental health policy-makers, practitioners and service providers through two focus groups.

KEY FINDINGS

Housing security is an ‘anchor’ for recovery

The maintenance of stable housing is critical for youth in recovery. A key aspect of housing security for participants was the confidence that comes with the security of tenure and feelings of safety. As a participant, Tim, noted:

Always moving around, that really is the hardest thing, like you’ll stay somewhere for a few months, just work out where the shops are, if there’s a park nearby or whatever and then you’ll be off again. Like a new supported accommodation slot will open up and there you are again, your case worker’s driving you off to some new place and you’ve got your stuff in bags in the boot and you have to start again.

Participants described living in a host of insecure accommodation in the recent past and almost all indicated that the move to more secure, cleaner and safer premises was critically important to their health and wellbeing, and their recovery more broadly. As one participant put it, secure housing is the ‘anchor’ that supports everything else.

Feelings of housing security grow with community attachment

For youth in recovery, housing security is not simply a product of the tenure and/or amenity of one’s home. Perceptions of housing security grow with enhanced social inclusion. This is linked with one’s community attachments—the sense that one belongs in a community, and has a range of connections to local people and places to sustain this belonging.

Access to informal community resources (e.g. local cafes, social groups, sports teams etc.) is the primary mechanism by which social inclusion bolsters housing security. Housing security also reflects the depth of one’s social, peer and family ties in a community, as well as one’s attachments to home, place and community. Accessible places other than home were identified by participants as being important. For example, Peter spoke about his attachment to the local church and bookstore:

They are both important places for me when I am trying to cope with some of my negative emotions I guess you could call them. So I generally visit (the church or the bookstore) when I am feeling that way because I know they will help me. Just the feeling and the atmosphere of these places, it just helps me to relax, take my mind off things I suppose.

Youth recovering from mental illness often need to slowly re-learn the art of social interaction, as the experience of mental illness is typically highly disruptive to social and peer networks. Places such as cafes and other community settings allow youth to observe social interactions at a safe distance and rebuild their confidence to participate. For example Robert said:

I just like being around people not necessarily having to talk to people, just watching them you know, how they talk to each other, what they do when other people come along, trying to imagine what they're talking about. I spend hours doing this sometimes and it's amazing how no one seems to notice.

Formal supports can help young people access informal resources

Housing and mental health support workers should build upon their clients' efforts to forge positive relationships to people and places in their communities.

An existing program that provides social inclusion support is the federally funded Personal Helpers and Mentors (PHaMs) program which has recently been expanded in Victoria and Tasmania. The PHaMs initiative is explicitly framed as a means of facilitating recovery and social inclusion for individuals living with severe mental illness, by linking individuals with a mentor or 'personal helper'.

Mentors assist with a range of recovery-oriented activities and processes including the development of life skills like financial management and accessing health care, education and transport. Mentors also play an important role in helping people recovering from mental illness to draw on informal resources through fostering closer social and family relationships and accessing community activities in their own neighbourhood.

A number of participants expressed the view that it would be beneficial to allow clients more say over how funding is spent in the service of their recovery. For example, a PHaMs mentor and client could decide that purchasing a gym membership or enrolling in team sport may be the best way to leverage informal resources in the community to support recovery, social inclusion and housing security goals.

However, some focus group members worried that individualised funding may lead to service fragmentation with the consequence that the quality of services offered to support individuals might vary from one community to another.

Coordination of formal and informal resources

Better outcomes can be achieved through greater coordination of formal and informal resources to support housing security for youth in recovery. Participants reported that ideally, formal supports for youth in recovery would only be withdrawn once it had been demonstrated that they had increased access to informal resources.

Mental health and housing service providers need better ways to quickly assess an individual's formal *and* informal supports at different points in recovery. Formal resource support could be scaled up at times of elevated housing or personal stress for individuals—at times when presumably that individual's access to informal resources is compromised—and then later withdrawn as a young person's health improves.

POLICY IMPLICATIONS

Housing policy is focused on access to housing, which is a formal material resource. It is less focused on people's perceptions of housing security. For this reason, there is often less focus on the informal community supports which are important in assisting tenants to maintain their tenure. These informal aspects of community support are critical for young people recovering from mental illness.

This has broader implications for housing policy and practice. For example, when placing youth in recovery in supported accommodation or transitional housing, and/or in supporting access to private rental markets, housing procurement policies need to take greater account of local amenities, access to essential services like transport and the availability of public space which are critical in helping young people feel connected to their community.

Formal supports such as intensive case management can also assist in this process of enhancing housing security and connecting with the wider community. Housing policy-makers should build on existing programs, such as the PHaMs, to support young people's housing security, social inclusion and recovery. There is also scope for program innovation in the community housing and psychiatric disability rehabilitation support sectors to facilitate greater access to informal community resources.

FURTHER INFORMATION

This bulletin is based on AHURI project 50682, *The role of informal community resources in supporting independent housing for young people recovering from mental illness: a guide for housing policy-makers and practitioners*.

Chamberlain, C, Johnson, G & Theobald, J 2007, *Homelessness in Melbourne: Confronting the challenge*. RMIT Publishing, Melbourne.

Pryor, A 2011, *Well and at home, 'It's like a big mental sigh': Pathways out of mental ill health and homelessness*, Anglicare Tasmania, Hobart.

The names used in this bulletin have been changed to protect the privacy of participants.

Reports from this project can be found on the AHURI website: www.ahuri.edu.au or by contacting AHURI Limited on +61 3 9660 2300.

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