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Submission: A Housing Strategy for NSW: Discussion Paper

The Mental Health Coordinating Council (MHCC) is the peak body for community based mental health organisations (CMOs) in New South Wales. The purpose of the Council is to support a strong and sustainable community-managed mental health sector that provides effective health, psychosocial and wellbeing programs and services to the people of NSW. MHCC provides policy leadership, promotes legislative reform and systemic change and provides resources and training to assist community organisations to deliver quality and effective services. The MHCC Learning and Development arm is a widely respected registered training organisation delivering nationally accredited mental health training and professional development courses.

MHCC thanks the NSW Government for the opportunity to provide input into the discussions. Whilst the NSW Housing Strategy sets out to present a new 20-year vision for housing in NSW and outlines the “key priorities and actions the NSW Government will take to achieve this vision, alongside its delivery partners,” MHCC observe that the discussion paper does not discuss its recovery response to recent drought and bushfire events or the immediate or long -term impacts of COVID-19. We appreciate that the document is high-level, but It is vital that these factors are considered important aspects of planning for long term housing and associated needs in NSW.

The discussion paper also identifies that the strategy will “consider housing supply, diversity, affordability and resilience needs across NSW communities, from homelessness to social and affordable housing; to housing for seniors or people with disability; and to private market housing, whether rented, mortgaged or owned.” MHCC strongly advocate that housing supports for people living with mental health conditions and homeless people at risk of and experiencing a multitude of psychosocial difficulties be clearly identified in the strategy.

The Government have suggested in its invitation to participate in the consultation that the Strategy will deliver “the coordinated, agile and evidence-based approach to provide certainty to communities, councils and industry and deliver housing that supports the wellbeing of our households and economy,” and that it “will remain responsive to emerging pandemic issues and work to ensure the right supports are available to those who need it, as part of the broader Government response to COVID-19 recovery.” However, we note that only a five-week window of opportunity was made available to consult with interested stakeholders.

Bearing in mind the end of financial year timing and the COVID conditions and limitations; we urge the NSW Government to remain open to substantial review and amendments to the proposed strategy for a more prolonged period.

In the wake of COVID 19 pandemic it is particularly important to understand the implications in relation to the needs of people who live with mental health conditions and experience psychosocial disability. Numerous MHCC's Members are providers of HASI and CLS support services. The Housing and Accommodation Support Initiative (HASI) is a state-wide program which supports people with a severe mental health conditions to live and participate in the community in the way that meets their 'recovery' aspirations. HASI support helps people to achieve their own, unique goals, by offering different supports dependent on their individual needs and what they want to achieve. The types and amount of HASI support is flexible. Some people need only a few hours of support a week while other HASI clients might receive more than 5 hours support a day. This support may change over time as need changes. People in the program often get support with:

- daily living skills like shopping, looking after finances, cooking or catching public transport
- remembering mental and physical health appointments, medications and other treatments
- meeting people in the local community and participating in social, leisure or sporting activities
- learning new skills
- accessing education or help to get a job
- moving from a hospital or a prison back to home
- accessing other supports like drug or alcohol services and the National Disability Insurance Scheme (NDIS)

Community Living Supports (CLS) is also a state-wide program which supports people with complex mental health conditions to live and participate in the community. The program began in 2016 to help more people live in the community with the type of support provided under the Housing and Accommodation Support Initiative (HASI). CLS fundamentally provides the same supports as HASI but is funded through a different funding stream. Like HASI, people accessing the CLS program are supported by a worker from a community managed organisation, a clinician from the local mental health service and where possible their family or other important people in their life to develop their own unique support plan.

Evidence clearly demonstrates that people accessing CMO rehabilitation and support programs and services, stay well for longer; have more chance of completing their educational goals, gaining and sustaining employment and experiencing social participation and achieving a 'contributing life'. This greatly impacts both on admission and readmission rates to hospital thus reducing the need for more acute services in mental health facilities. The findings from an evaluation of the NSW Housing and Accommodation Support Initiative (HASI) conducted by the University of NSW demonstrated that HASI has provided significant benefits to those who receive support from the program as the broader NSW community.¹

Evaluation of the HASI and CLS programs provide evidence of the effectiveness of these programs in keeping people well in the community and improving quality of life. Findings from an evaluation conducted by the University of New South Wales in 2012 provided evidence that HASI has provided significant benefits for those who have received support from the program as well as the broader NSW community.²

¹ Social Policy Research Centre 2012, *Evaluation of the Housing and Accommodation Support Initiative (HASI): Final Report*, ARTD Consultants, University of New South Wales for NSW Health and Housing NSW. Available at: <https://www.health.nsw.gov.au/mentalhealth/resources/Pages/hasi-final-report.aspx>. Note: an evaluation of HASI services since 2016/2017 will be published by end 2020.

² Ibid.

This evaluation demonstrated a 24% reduction in mental-health related hospital admissions following HASI supports; a 51% reduction in emergency department presentations following two years of participation and an estimated \$30 million in savings each year (in 09-10 dollars) compared to an allocated budget of \$118 million for 4 years from 2006 to 2010. The beauty of these initiatives is that they support people to maintain secure stable housing that people can call home. This level of security really helps people maintain their tenancies and remain well in the community, with levels of support that can be altered according to need that may fluctuate over time. People are not expected to leave their accommodation because they are maintaining good health or have found employment for example.

According to an KPMG analysis undertaken on behalf of MHCC, investment in additional HASI type services will return a \$1.20 per every dollar invested in the short term. MHCC's report, *Mental Health Matters (2019)*³ estimates there are an additional 4,907 people in NSW in need of a HASI/CLS type service, based on the gap between the number of people accessing Specialist Homelessness Support (SHS) services who were identifies as needing mental health services and those who received access to this care. With these outcomes in mind, MHCC's view is that the NSW Housing Strategy needs to consider not just matters of housing in terms of safe and affordable housing stock, but the accommodation support needs of many vulnerable people living in the community especially people living with complex mental health and coexisting psychosocial difficulties.

The issue of homelessness should be understood on a continuum, from youth to old age. It also should be acknowledged in the context of lived and living experience of interpersonal trauma, unexpected disasters and events such as the COVID pandemic, and seen as a human rights issue particularly in the context of discharge of mental health patients from hospital. Bed blockages in public mental health facilities are an issue due to the lack of social housing and the associated supports required. This problem is expected to grow in the wake of increased unemployment, loss of secure housing, exacerbated mental health difficulties and the worsening social and emotional environment that the COVID19 pandemic inevitably gives rise to.

It should not be forgotten that the poor physical health of many people is aggravated by income stress, poor social and emotional wellbeing as well as mental ill health. MHCC propose that the Housing Strategy must provide concrete targets and recommendations; and describe where accountability lies in meeting these targets. This means that budgets for investment in this area of social need for the 20year vision must be laid out for this and future Governments, so that momentum is not lost.

The changing market environment and reduced economic circumstances will drive many people into extreme housing stress leading to poor mental and physical health. To name a few examples, there will clearly be many instances of young people becoming homeless due to poor employment opportunities leading to financial stress and increased domestic violence and family fragmentation. At the other end of the life cycle, older people having lost their jobs and security, may find themselves homeless and unable to afford high rentals where potential jobs and supports may exist. This is particularly evident amongst older women, who have become the largest growth group amongst the homeless. Similarly, the circumstances that many people from vulnerable groups find themselves in have deteriorated with the straightened economic circumstances in which the whole economy finds itself.

³ Mental Health Coordinating Council 2019, *Mental Health Matters, Future Investment Priorities for NSW*, MHCC, Sydney, Australia. Available at: <http://www.mhcc.org.au/publication/mental-health-matters-future-investment-priorities-for-nsw/>

As the Special Commission of Inquiry into 'Ice' Report recently identified: 'stable housing is a critical foundation for effectively addressing harmful drug use' (Executive Summary, 132, p. xliv).⁴ Research indicates that people without accommodation or with marginal or inadequate housing face a greater risk of developing problematic patterns of drug use. In addition, the Inquiry went on to say that: 'people using drugs in harmful ways often have complex, interrelated needs that cannot be properly addressed while housing is unstable. Without stable housing, people who use drugs are at an increased risk of experiencing social and family isolation, financial debt and poor mental and physical health, and are less likely to engage in treatment. An important component of any mental health and AOD strategy is to prevent homelessness and provide supportive housing to people who are already homeless.'

MHCC were pleased to see the Housing Strategy refer to an important best practice response to homelessness. As mentioned, the 'Housing First' model which originated in the USA has been extremely successful across multiple jurisdictions. It is a model which exemplifies a strategic response to homelessness that prioritises permanent and stable housing for people experiencing homelessness. Beginning in the USA in the 1990s, the model has been taken up by several European countries, Canada, and in 2018 the New Zealand Government announced a homelessness package which included NZ\$63.4 million (AUS\$58.6 million) towards initially establishing Housing First programs. It is underpinned by the guiding principle 'that safe and secure housing should be quickly provided prior to, and not conditional upon, addressing other health and wellbeing issues.' Many in the mental health and AOD sectors advocate that a Housing First approach which prioritises safe housing and supports people to maintain their tenancies, enables them to establish a secure base from which they can then address their coexisting mental and physical health difficulties, as well as their drug use and other extenuating social problems. It is vital that any plan quantify the investment in this and other evidence-based models to meet the needs of vulnerable people of all ages over the next twenty years.

However, accommodation support must be underpinned by housing stock. According to Australian Housing and Urban Research Institute (AHURI, 2018) Australia needs to: 'triple its small stock of social housing over the next 20 years to cover both the existing backlog and newly emerging need'. That is the central finding to AHURI's research report on the housing infrastructure needs. They state their view that 25 years of inadequate investment has left Australia facing a shortfall of 433,000 social housing dwellings. The current construction rate – little more than 3,000 dwellings a year – does not even keep pace with rising need, let alone make inroads into today's backlog. The report also shows that Australia needs to avoid overly complex private financing "innovations". These have proven ineffective elsewhere and were abolished by the UK Treasury. Their modelling of household need, and procurement costs, shows that direct public investment, coupled with more efficient financing through the National Housing Finance Investment Corporation, is the best way to tackle this policy challenge. Compared with subsidising the operating income of a commercially financed program, the lifetime cost of the first year of house building is A\$1.6 billion less. That's a 24% saving to the public purse.

⁴ NSW Government, 2020, *Special Commission Inquiry into Ice*, Available at: <https://www.penington.org.au/wp-content/uploads/2020/01/Penington-Institute-Submission%E2%80%93NSW-Special-Commission-of-Inquiry-into-the-Drug-Ice%E2%80%930519.pdf>

In May 2020 AHURI announced eight COVID-19 research projects to inform housing policy response to the pandemic. This research agenda will be useful to help inform housing policy decisions during and following the pandemic. The eight rapid-response projects will be published by AHURI in the second half of 2020.⁵

MHCC strongly advocate that attached to the Housing Strategy must be an Action Plan with targets and accountability in order to ensure the strategy delivers real change.

MHCC expresses its willingness to be consulted further on this Inquiry; and acknowledges the contributions of those who assisted by providing feedback. For any further information about this submission, please contact Corinne Henderson, Principal Advisor, Policy & Legislative Reform at E: corinne@mhcc.org.au



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⁵ AHURI News , May 2020, Available at: https://www.ahuri.edu.au/news-and-media/news/ahuri-announces-eight-covid-19-research-projects-to-inform-housing-policy-response-to-pandemic?utm_source=website&utm_medium=homepage&utm_campaign=slider