

THE MENTAL HEALTH COMMISSION

SUBMITS TO

INQUIRY INTO THE FINANCIAL ADMINISTRATION OF HOMELESSNESS SERVICES IN WESTERN AUSTRALIA

Current Funding and Delivery of Services

The Mental Health Commission's (MHC) role as outlined in the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan) is to provide mental health and alcohol and other drug (AOD) services to Western Australians. Through the MHC, the Western Australian government funds in-patient and specialised community-based services for people who experience severe mental health issues with the Commonwealth responsible for funding primary care services for people with low to moderate mental health issues. The MHC funds services for people with mild, moderate and severe AOD problems.

The Plan recognises the need for a system-wide multi-agency housing strategy to address the housing needs of individuals with mental health and or AOD issues. Accordingly, the MHC released A Safe Place – A Western Australian strategy to provide safe and stable accommodation and support to people experiencing mental health, alcohol and other drug issues 2020-2025 (A Safe Place) in 2020. Extensive feedback from stakeholders during the development of A Safe Place indicated that homelessness and lack of accommodation services are one of the most significant issues impacting the mental health and AOD service system in Western Australia. It is clear that a multidirectional relationship exists between homelessness, mental health and AOD issues and therefore, the funding and development of services that address these factors concurrently is essential. In addition, many social determinants of health impact on people experiencing homelessness, both through driving poor health outcomes and adversely impacting a person's access to services¹.

The MHC currently funds the following mental health, AOD services for people who are homeless:

The Youth Mental Health and AOD Homelessness Service:

- The Youth Mental Health and AOD Homelessness Service will be a 16 bed facility located in the North Metropolitan area providing supported transitional accommodation for up to 12 months. The service will specifically target young people aged 16 to 24 years who have severe mental health issues (with or without alcohol and other drug issue(s)) and who are homeless or at risk of homelessness. While the facility is being built in the North Metropolitan area, an interim service (8 beds) has been established in Queens Park, with East Metropolitan Health Service (EMHS) providing the clinical in-reach service. Total funding provided for this service in 2021/22 will be \$2,308,622.

Ngatti House:

- Ngatti House is a 16-bed medium term supported accommodation service for young people aged 17 – 22 years of age, who show signs and symptoms of mental illness whilst homeless or at risk of homelessness. Life Without Barriers (LWB) are funded to provide the Ngatti House service with clinical support provided through Youth Reach South. Total funding provided for this service in 2021/22 will be \$2,354,248.

Ngulla Mia:

- Ngulla Mia is a 32-bed service located in East Perth provides support for up to 12 months, for adults aged 18 to 65, who are homeless or at risk of homelessness and are diagnosed with a severe and persistent mental health illness. In 2021/22 total funding of \$3,844,424 will be provided to Richmond Wellbeing to deliver the Ngulla Mia service.

¹ Stafford, A., Wood, L. (2017). Tackling Health Disparities for People Who Are Homeless? Start With Social Determinants. *International Journal of Environmental Research and Public Health*. 14; 12. P.1535.

Mobile Clinical Outreach Team (MCOT)

- The Mobile Clinical Outreach Team (MCOT) targets people who are rough sleepers and have signs or symptoms of having a serious mental illness, with or without co-occurring alcohol and other drug (AOD) issues. An individual is case managed by the MCOT until the individual is suitably transitioned to a community mental health team, normally following the stabilisation of the individual's accommodation circumstances. This could range from a couple of months to multiple years. EMHS are funded to provide the MCOT service in the Fremantle and Perth CBD areas. Total funding provided for this service in 2021/22 will be \$909,000.

Metropolitan Youth Accommodation and Support Services (YASS)

- Through the 2021-22 State Budget, \$9.8 million has been provided to expand the AOD Education and Support Program across all 16 YASS in Western Australia. This will see one AOD worker employed at each YASS to support young people aged 15 to 25 years, who are homeless or at risk of becoming homeless, to address their AOD issues in a safe and supported environment. It is anticipated the delivery of workers will commence from mid-2022.

Recover Support Worker Service:

- The Recovery Support Worker service at Zonta House Refuge Association, which helps coordinate appropriate services and support for women with complex needs and comorbidity issues relating to family and domestic violence, homelessness, alcohol and other drug use, mental health issues, and/or trauma. The role supports a client-centred approach to recovery. Total funding provided for this service in 2021/22 will be \$233,567.

The State Government also provides funding to Health Service Providers to deliver the following services that include support and treatment for those who are homeless or at risk of homelessness:

YouthReach South and Expansion:

- Youth Reach South and Expansion provides a specialist mental health service providing counselling, therapy and case management to young people aged 13-24 years in the South Metropolitan area with serious mental health problems and barriers to accessing mainstream services. Barriers typically include homelessness and transience, limited support networks, cultural barriers including Aboriginal and Torres Strait Islanders (ATSI) identity and marginalisation due to diverse sexuality and gender. YouthReach South provides a welcoming, trauma-informed, flexible approach with assertive outreach to support engagement. Services are provided by clinical psychologists, social workers, clinical nurses and ATSI mental health practitioners, with limited psychiatry services also available. The 2021/22 funding for the HSP is \$2.685 million.

Youth Link and Expansion

- Youth Link provides specialist mental health service providing counselling, therapy and case management to young people aged 13-24 years in with serious mental health problems and barriers to accessing mainstream services. Barriers typically include homelessness and transience, limited support networks, cultural barriers including Aboriginal and Torres Strait Islander and marginalisation due to diverse sexuality and gender. YouthLink provides a welcoming, trauma-informed, flexible approach with assertive outreach to support engagement. Services are provided by clinical psychologists, social workers, clinical nurses and ATSI mental health practitioners, with limited psychiatry services also available. The 2021-22 funding for the HSP is \$3.847 million.

Mental Health Emergency Response Line

- Mental Health Emergency Response Line (MHERL) and Rurallink provided by East Metropolitan Health Service, is a 24-hour telephone service for people in the Perth metropolitan area experiencing a mental health crisis. It provides contact with a trained mental health clinician who can provide mental health assessment, crisis support, crisis planning and brief intervention, mental health system navigation, mental health information and advice and referral to a mental health or emergency service when more than telephone support is required. The service aims to keep individuals safe during a mental health crisis by connecting them with appropriate support services. The 2021-22 funding level is \$4.236 million.

Safe Haven Café:

- The Safe Haven Café is a peer based service for people with mental health issues requiring assistance and support, but who do not require clinical intervention, as an alternative option to individuals who may otherwise attend emergency departments after hours. This service will provide an opportunity for individuals to learn about their own response to stress and distress, to be supported to de-escalate their distress and to develop self-management skills to maintain their mental health on an ongoing basis. The 2021-22 funding level is \$0.679 million state-wide.

All Paths Lead to a Home' Western Australia's 10-Year Strategy on Homelessness 2020--2030

As with A Safe Place, All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness 2020-2030 (All Paths Lead to a Home), recognises the interrelationship between homelessness, mental health and AOD issues and the need to strengthen the integration of responses across service systems. The need for integrated services that address homelessness, mental health and AOD issues concurrently is also highlighted in a number of key state and national strategic documents and initiatives including, but not limited to:

- [Methamphetamine Action Plan Taskforce Final Report](#);
- [Our Children Can't Wait – Review of the implementation of recommendations of the 2011 report of the inquiry into the mental health and wellbeing of children and young people in Western Australia](#);
- [Productivity Commission Inquiry in Mental Health Final Report](#);
- [Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025](#).

Mental health and homelessness are intertwined, such that experiencing mental health issues can lead to homelessness, and experiences of homelessness can create or compound mental ill health². The mechanisms through which mental health issues increase risk of homelessness are varied. For example, mental health issues can make it difficult to obtain and sustain employment, which can lower one's income and, in turn, their ability to meet housing costs³. Mental health issues can also make it difficult to maintain a home and therefore sustain a tenancy. Homelessness contributes to mental ill health through the stress and trauma associated with not having a safe and stable home⁴.

The consultations for A Safe Place revealed evictions from public housing, private rentals and community housing as a major problem for people with mental health and AOD issues. The termination of a tenancy and eviction can have a serious impact on a tenants' emotional, social and physical wellbeing and can result in major crisis such as: homelessness; mental

² Brackertz N, Wilkinson A & Davison J 2018. Housing, homelessness and mental health: towards systems change. AHURI Research Paper, Australian Housing and Urban Research Institute Limited, Melbourne.

³ Folsom et al. (2005) Prevalence and risk factors for homelessness and utilization of mental health services among 10,340 patients with serious mental illness in a large public mental health system. The American journal of psychiatry.

⁴ Rees, S et al. (2011) 'Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function', *Jama*, vol. 306.

health crisis leading to hospitalisation; and increased involvement in the criminal justice and child protection systems.

There is increasing recognition of the prevalence of co-occurring AOD issues with mental health issues, particularly in those who are experiencing housing stress. The Journeys Home Project (a longitudinal survey of Australians commenced in 2011), found that of those people who had experienced housing instability or homelessness, risky use of substances was also reported for alcohol (57%), illicit drugs (39%) and the injection of drugs (14%) in the previous 6 to 12 months⁵. Across Australia in 2020-2021, 44% of clients of specialised homelessness services who had problematic AOD issues also reported a current mental health issue⁶.

The MHC supports the Housing First approach which seeks to first address the fundamental need for stable accommodation as a foundation for other necessary supports. The provision of safe, stable and suitable accommodation that reduces a person's housing stress can help a vulnerable person to avoid the onset or exacerbation of AOD and/or mental health issues.

For people who have mental health and/or AOD issues, a lack of coordination and integration within the service system creates greater risk of homelessness. It is vital that the often complex needs of an individual are addressed by services working collaboratively in a trauma-informed, holistic, person-centred approach to best support their recovery. The required supports can range from physical and psychosocial, to training, employment and other aspects of daily living, including post incarceration supports. If a person with mental health and/or AOD issues is provided with accommodation but not the necessary mental health, AOD and tenancy supports, their tenure in that accommodation is likely to fail. Equally if a person is provided with mental health and AOD treatment and support but is not in suitable accommodation, their recovery will be impacted. Suitable accommodation means that it is safe, stable and not overcrowded. Overcrowding which makes privacy challenging can impede a person's ability to engage with the virtual supports that are available.

Existing data systems and how data informs service delivery

The MHC supports strategies to enable mental health, AOD and homelessness services to work in an integrated way to improve and sustain positive outcomes for people experiencing homelessness.

Data sharing between the MHC, the Department of Communities and the Department of Health aims to ensure services can work cohesively for Western Australians experiencing homelessness, mental health and AOD issues. In particular, the Mental Health Linked Data Repository is a significant leap forward for data sharing in this area. The Repository encompasses a full data history over a 15-year period for all persons who have engaged with the public mental health system. It is a person-first process that tracks the journey of people through the mental health system. This database is growing and is updated regularly by the Data Linkage Branch at the Department of Health.

Currently, homelessness and lack of accommodation services are one of the most significant issues impacting the mental health and AOD service system in Western Australia. People with mental health and AOD issues (including possible forensic history) are at risk of homelessness due to uncoordinated service systems, poor support networks, social isolation, discrimination and stigma (particularly on the private rental market), and economic disadvantage. A Safe Place recommended the development of contemporary, innovative models of accommodation and support services for people with mental health and AOD issues.

The State Government is working to promote collaboration between service providers and where appropriate, integrate mental health, AOD and homelessness services to achieve positive outcomes for those experiencing homelessness. A recent example of this commitment is the development of the Youth Mental Health and Alcohol and Other Drugs Homelessness Service. This service will provide transitional supported accommodation for up

⁵ Scutella et al. (2014). Journeys Home Research Report No. 4. Retrieved from: https://melbourneinstitute.unimelb.edu.au/data/assets/pdf_file/0008/2202857/Scutella_et_al_Journeys_Home_Research_Report_W4.pdf [Accessed 09/03/22].

⁶ Australian Institute of Health and Welfare. (2021). Specialist homelessness services annual report 2020-21 – Figure SUB.2. Retrieved from: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-with-problematic-drug-and/or-alcohol-use> [Accessed 04/03/22].

to 12 months for young people aged 16-24 years with signs and symptoms of a mental health issue, with or without a co-occurring AOD issue, and who are experiencing or at risk of homelessness. A consortium of non-government agencies, in partnership with a Hospital Service Provider will provide both mental health and AOD supports. This new service is the first time a youth residential mental health service will also formally incorporate AOD support and treatment.

According to the Specialised Homelessness Service (SHS) Collection Annual Report 2020-21⁷ (SHS Annual Report), the rate of clients with mental health issues has steadily increased in Western Australia from 19.5 to 23.1 per 10,000 people between 2015–17 and 2020–21. Likewise, between 2017–18 and 2020–21, the rate of problematic AOD use increased from 10.1 to 11.4 per 10,000 people. It is important to note the rate of Western Australia SHS clients with problematic AOD use is higher than the national rate.

Additionally, the rate of homelessness among Aboriginal people is far higher than for non-Aboriginal people. According to the SHS Annual Report, in Western Australia in 2020-21, 51% of homeless people identified as Aboriginal (despite the Aboriginal population only making up around 3% of Western Australia's population)⁸. Overall, Aboriginal and Torres Strait Islander Australians are disproportionately impacted by higher rates of mental health issues than other Australians. Among Aboriginal and Torres Strait Islander populations, deaths from suicide are twice as high, hospitalisation rates for intentional self-harm are three times as high, and the rates of high/very high psychological distress is over two times as high compared to the overall population⁹.

The need for coordinated and integrated mental health and AOD supports for people experiencing homelessness is reinforced when considering the association between homelessness and family and domestic violence. This was noted by the Hon Simone McGurk MLA, Minister for Child Protection, Women's Interests, Prevention of Family and Domestic Violence and Community Services in a statement of support for A Safe Place. In Western Australia, FDV is the leading cause of homelessness; 8,388 people cited FDV as the primary reason for seeking housing support in 2015-16¹⁰. Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020-2030 (Path to Safety), highlights FDV as a leading cause of substance misuse and mental health issues, including anxiety and depressive disorders. Sustained exposure to FDV is also linked to trauma symptoms in children that can cause long-term impacts on their development and overall wellbeing. These include: substance abuse; low self-esteem; anxiety; poor coping mechanisms; suicidal thoughts; eating disorders; and self-harm¹¹. Research indicates that mental illness and the use of AOD can amplify the consequences, severity and frequency of FDV¹². As such, consideration of mental health and AOD in responses to FDV and homelessness is crucial.

The prevalence of trauma among general society and intergenerational trauma for Aboriginal people in particular is a driver of mental health issues, which if left untreated can cause people to use AOD in an attempt to cope and manage symptoms. Past trauma experiences affect a person's present perspectives and responses and can make keeping a job and maintaining a tenancy or mortgage more challenging. Trauma experienced in childhood and adolescence increase the risk of offending behaviour. The links between youth

⁷ Australian Institute of Health and Welfare. (2021). Specialist homelessness services annual report 2020-21 – Figure SUB.2. Retrieved from: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-with-problematic-drug-and/or-alcohol-use> [Accessed 04/03/22].

⁸ Australian Institute of Health and Welfare. (2021). Specialist homelessness services annual report 2020-21. Retrieved from: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-with-problematic-drug-and/or-alcohol-use> [Accessed 04/03/22].

⁹ AIHW. (2020). Suicide and intentional self-harm. Retrieved from: <https://www.aihw.gov.au/reports/australias-health/suicide-and-intentional-self-harm> [Accessed 09/03/22].

¹⁰ Western Australian Alliance to End Homelessness. (2018). The Western Australian Strategy to End Homelessness. Retrieved from https://a0734f38-fa24-4c21-9cf8-b41b2e037149.filesusr.com/ugd/43bc33_bf1021fe69b24b909118a62af0295d8e.pdf

¹¹ Campo, M. (2015). Children's exposure to domestic and family violence: Key issues and responses. Retrieved from <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-36-children-exposure-fdv.pdf>

¹² Miller, P. et al. (2016). Alcohol/Drug-Involved Family Violence in Australia (ADIVA) – Key Findings. National Drug Law Enforcement Research Fund. Retrieved from: <https://www.aic.gov.au/sites/default/files/2020-09/monograph68-key-findings.pdf> [Accessed 09/03/22].

homelessness and a higher risk of involvement in the criminal justice system are recognised. Young people who leave home to escape traumatic situations (domestic violence and multiple victimisation) are likely to suffer from trauma-related mental health issues¹³. Furthermore, homeless children are at greater risk of victimisation with an estimated 83% of homeless youth experiencing physical and/or sexual assault after leaving home, increasing their risk of further mental health issues¹⁴. The MHC supports an increased focus on trauma-informed care and practice across health and human service systems including staff who engage with homeless people.

The necessity for integrated services to respond to the needs of people who are homeless has increased since the advent of the COVID-19 pandemic. While the long-term impacts of the COVID-19 pandemic are not yet realised, it is clear the pandemic has created social, health, safety and economic challenges for Western Australians. As reflected in the National Mental Health and Wellbeing Pandemic Response Plan¹⁵, it is essential to have a system that maximises protective factors for the community. This includes ensuring that those who are most vulnerable, including those who may experience, or are experiencing homelessness, mental health and AOD issues, are able to access the services they need, when they need them.

The MHC is grateful for the opportunity to provide a submission to the Inquiry and looks forward to viewing the Inquiry findings and recommendations to inform the planning of future integrated services.

¹³ Australian Institute of Family Studies. (2017). Child maltreatment, homelessness and youth offending. Retrieved from: <https://aifs.gov.au/cfca/2017/10/04/child-maltreatment-homelessness-and-youth-offending> [Accessed 04/03/22].

¹⁴ Australian Institute of Family Studies. (2017). Child maltreatment, homelessness and youth offending. Retrieved from: <https://aifs.gov.au/cfca/2017/10/04/child-maltreatment-homelessness-and-youth-offending> [Accessed 04/03/22].

¹⁵ Australian Government. (2020). National Mental Health and Wellbeing Pandemic Response Plan. Retrieved from: <https://www.mentalhealthcommission.gov.au/getmedia/1b7405ce-5d1a-44fc-b1e9-c00204614cb5/National-Mental-Health-and-Wellbeing-Pandemic-Response-Plan> [Accessed 09/03/22]. P.12.