



MHACA

Submission to Inquiry into homelessness in Australia

The Mental Health Association of Central Australia welcomes this opportunity to provide information to assist the Inquiry into Homelessness in Australia.

About MHACA

MHACA is a community managed organisation that provides individual and group based psychosocial support services, NDIS support coordination, tenancy support and homelessness assistance, education and training, suicide prevention and mental health promotion programs in Central Australia. We are the only specialist mental health NGO in the Northern Territory (NT) outside of Darwin. From July 2020 MHACA will be the only community mental health psychosocial support provider in Alice Springs and the surrounding area.

MHACA is a member of the NT Mental Health Coalition and supports their submission.

This submission specifically addresses the key issues our clients experience in relation to homelessness and their risk of homelessness in central Australia. We believe there are two key actions for addressing homelessness in central Australia:

- 1: Targeted investment in social housing infrastructure in central Australia**
- 2. Investment in longterm supported housing programs such as the 'Housing First' model**

To back up these two actions, this submission responds to the following Terms of Reference areas (2,9 and 10):

2. Factors affecting the incidence of homelessness, including house-market factors:

There is a strong association between mental health and homelessness. Few people with mental health difficulties have access to specialist housing services in the NT outside of Darwin. Addressing appropriate housing and homelessness is critical to the recovery of people with mental health difficulties. The Housing First model, which is well recognised as a successful approach to enabling recovery, rests on abolishing the multiple steps to secure housing. The evidence shows that once a secure tenancy has been established the client can steer their recovery pathway. *There are no Housing First programs in the NT.*

Homelessness in central Australia disproportionately affects Indigenous people. Indigenous people make up 17.6 % of the population in Alice Springs¹. In MHACA's experience, nearly seventy percent of people with a diagnosed mental illness who are homeless or at risk of being homeless in Alice Springs are Indigenous. Indigenous people are

¹ ABS. 2016 2016 Census Quickstats Alice Springs (T) LGA, Canberra.
https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA70200.

highly mobile due to a range of social, cultural, economic and seasonal factors which drive their mobility. They often attribute residency to a region rather than a specific place or structure. The notion that a successful tenancy is one that is permanent is not necessarily relevant to many of our clients in central Australia.

The explanation that 'housing is not culturally appropriate' is frequently coined as a cause of Indigenous peoples' homelessness. In MHACA's experience the whole housing system needs to be understood in the context of how the services and opportunities that a house can afford are realised and managed. For example, in central Australia we expect transience and movement of tenancies within the housing system. A successful tenancy is one that supports recovery and stability and is not measured by the length of stay in a building.

The housing market factors affecting homelessness include:

- The high cost of housing with high rental cost compared to other parts of the NT and Australia, contributing to poverty and housing affordability stress. There is a lack of affordable housing to rent – particularly for households on low incomes – as rental prices are comparatively high in the NT to other regions²,
- High occupancy rates in the private rental market which cause low rates of housing availability,
- Insufficient housing stock in central Australia.

There are systemic issues which cause and affect homelessness in central Australia which include:

- A lack of residential rehabilitation and supported housing options in Alice Springs for people with mental illness and their carers. This contributes to higher levels and longer stays in in-patient settings, higher levels of incarceration and significant distress (see case study),
- An increasing demand on transitional housing caused by clients in transitional housing unable to access a secure tenancy compounded by the migration of people from remote areas who use transitional housing while in town to access services, such as renal dialysis³,
- Many households, particularly Indigenous households, with overcrowded conditions,
- Inadequate support (duration, type and level of support) to obtain housing and to maintain tenancies,
- A waiting time on the priority list for public housing in central Australia of seven years.

9. The adequacy of the collection and publication of housing, homelessness and housing affordability related data:

Currently, data are not collected for Alice Springs that indicates the level of need for housing or a measure of people with mental illness experiencing homelessness or at risk of homelessness. *It is important to note that data that indicates the quantity of clients in the public housing system or those on the priority wait list reflects what the system can (or cannot) accommodate - not the need.* The data gathered about people who are engaging in the public housing system does not identify people with mental health difficulties. The impact of this paucity of data is the oversight about our clients' ability to recover or regain health, independent living skills or participate in the workforce.

10. Governance and funding arrangements in relation to housing, and homelessness, particularly as they relate to the responsibility of the Local, State, Territory and Federal Governments:

Improvements to homelessness must be established through client-focused support programs that bridge the government departments and leverage for institutional change. The NT Homelessness Strategy is part of the Department of Local Government, Housing and Community Development agenda. However, people with mental

² NTCOSS 2018, *Cost of Living Report - Issue No. 20 (Part 2) Northern Territory Council of Social Service Inc, July 2018, Darwin.*
https://mk0ntcoss2rx2i6x3dbk.kinstacdn.com/wp-content/uploads/2018/07/FINAL_Cost-of-Living-Report-No.-20_Part-2-HOUSING.pdf

³ GIGH, 2011, Central Australian Renal Study Final Report, George Institute for Global Health
[https://www1.health.gov.au/internet/main/publishing.nsf/Content/B442C16562A8AC37CA257BF0001C9649/\\$File/Final%20Report%20Central%20Australia%20Renal%20Study.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/B442C16562A8AC37CA257BF0001C9649/$File/Final%20Report%20Central%20Australia%20Renal%20Study.pdf)

health difficulties make up a significant proportion of the homeless, and services for people with mental health difficulties are provided through the NT Department of Health. Homelessness is complex and the disjunct between the bureaucracies restricts preventive approaches, the provision of adequate housing stock and appropriate services to address homelessness for people with mental health difficulties.

MHACA would welcome the opportunity to engage in discussions with the Inquiry and elaborate on any of the issues or actions outlined in our submission.

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Case Study – The ripple effect of homelessness

Nick is a 28 year old Aboriginal man who is now in prison because he was homeless.

Nick has a diagnosis of chronic schizophrenia. Nick becomes overwhelmed when he is around a lot of people. He becomes paranoid and the voices in his head become louder. His behaviour can escalate and he can become aggressive.

Prior to going to jail, Nick was on the public housing wait list and was a client in MHACA's tenancy program. MHACA placed him in emergency accommodation a number of times over two years. While waiting for a public housing tenancy he was stuck in a cycle of gaining emergency accommodation, then leaving it. Nick would leave because the cost of staying at the accommodation always became prohibitive. So, he would leave to stay with family until he had overstayed his welcome, then return to the emergency accommodation again.

Nick had left the emergency accommodation and was living in his mother's shed. His mother received a carer's allowance to care for Nick. Centrelink then changed their payment procedure and Nick received his pension directly. Once Nick had access to his allowance, his drug use spiraled. His behaviour became unsafe. His mother tried to get services to assist her to look after him but was unsuccessful. Her mental health suffered and she could not work. She lost her job. She fell behind in her rent and had to leave her tenancy. Both Nick and his mother became homeless.

Nick shuffled around from family to family – from one overcrowded location to another. It was stressful for Nick and he had difficulty coping. One day, his drug use, combined with the overcrowded and uncertain environment were so stressful that Nick became overwhelmed and aggressive. He assaulted his grandfather. Nick was convicted and is now serving a jail sentence. What Nick needed was a safe and secure home.

MHACA is embarking on a small supported housing pilot program. The pilot program will cater for three people and provide coordinated clinical, psychosocial and tenancy supports for high needs clients. Nick would be a suitable candidate for the program.