

ISSUES IN SUPPORTED ACCOMMODATION

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AND

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[Editor's Note - This presentation to The Greek Conference was given jointly by Christopher Veal and Marie Isackson. In Part 1 Christopher Veal spoke on the issues and challenges in providing supported accommodation to the mentally ill and was followed in Part 2 by Marie Isackson's presentation on the recent history and development of policies by the Queensland State Government in relation to supported accommodation issues]

Part 1

1. INTRODUCTION

Shelter is a basic human need. For many people, one of the most important aspects of having shelter – a home - is the comfort, freedom and independence it offers.

However, due to illness, disability or other circumstances, many people are unable to live independently and responsibly in their own home without the care and support of others. For some, the need for care and support is high – this means they have to move to some form of supported accommodation or residential care.

The following paper examines the history of housing the mentally ill within Australia and how it has unfolded in recent years. It examines where we are now and what the future holds for supported accommodation of the mentally ill in Queensland, Australia.

2. WHAT IS MENTAL ILLNESS?

There have been many attempts to define mental illness. Queensland's *Mental Health Act*¹ defines a mental illness as:

*“a condition characterised by a clinically significant disturbance of thought, mood, perception or memory”.*²

The definition further states that,

*“a person may have a mental illness caused by taking drugs or alcohol”.*³

The National Action Plan on Mental Health⁴ states that a mental illness is:

“a term used to describe a number of diagnosable disorders that significantly interfere with an individual’s cognitive, emotional or social abilities. These include depression, bipolar disorder and schizophrenia”.

One can surmise from this definitional description that mental illness is extremely broad and complex. Each case is unique and the levels of care and support must be assessed and managed on an individual basis.

One thing is clear, when a mental illness impacts a persons’ life to the degree that an individual can no longer attend to their own needs, then that person is in need of *support*. It is these people who have the need for supported accommodation.

In the absence or inability of family support or structures in place to assist these people, supported accommodation has become a foundation point from which many have been able to effectively manager the illness and function well within the broader community.

These facilities have also become an important referral source for government and not-for-profit organisations involved with housing and liaising with this group.

3. HISTORY

Since the middle of the 19th century, people in Australia with a history of mental illness were housed in large institutions.

Most capital cities, as well as some smaller regional centres, featured at some time, a group of buildings on its outskirts allocated for the purposes of housing and caring for the mentally ill. Significant numbers of people committed to these institutions were cast-offs from cities, ill equipped to address the needs of this population group.

Following World War I, a large number of people flowed into this institutionalised care, many suffering with Battle Fatigue and Shell Shock.

During World War II, Benzedrine became a drug of preference in combat aimed at keeping troops awake to fight for long periods of time. Persistent use of the drug ultimately led to dependence issues and drug-induced psychosis. Thousands of men became addicted with unprecedented numbers entering mental health institutions at the conclusion of that War. Overall, the general approach to mental illness was limiting in terms of the need for social interaction, personal development and improvement in managing individuals’ illnesses.

During the 1960's, advancements in medicine, enabled doctors to treat patients in the community and their illness could be managed effectively in this environment. Concurrent with these medical changes, people were able to receive support; however, the government of the day struggled to meet the needs of the mentally ill across all areas. Homelessness, crime and abuse of this vulnerable group became commonplace. With little or no support within the community, where were these people to go? The inception of supported accommodation addressed some of these issues.

4. EVOLUTION OF SUPPORTED ACCOMMODATION FACILITIES

With the government failing to provide adequate support for the mentally ill transitioning from institutional care to community living, opportunities arose for private enterprise to fill a void in accommodation and services. This became the Support Accommodation Facility ("SAF").

Boarding lodges, grand old homes and large hotels began to offer accommodation to the mentally ill some along with additional services such as the provision of food, assistance with medication, laundering of clothes and the supply of clean bed linen. These services were basic but fundamental in assisting the mentally ill cope with everyday tasks.

Further progress was made with the introduction of Community Mental Health Centres ("CMHC"). The purpose of the CMHCs was to manage and supervise the mentally ill within the community. Both the CMHCs and the SAF accommodation providers worked collaboratively and displayed valuable cohesion in the care and support of the mentally ill.

5. WHAT LEVEL 3 SAFs PROVIDE

The application of the Residential Services (Accommodation) Act⁵ categorised multiple levels of care for the Supported Accommodation industry based on the mix of accommodation, additional services and staffing.

The basic level of care under this Act is Level 1. For the mentally ill, accommodation at a Level 3 SAF is appropriate. The structure of Levels is that:

Level

1. Provides accommodation only.
2. Provides a mix of accommodation and limited services.

3. Providers are assessed and accredited to provide safe and secure housing including the provision of meals, supervision with medication and linking into outside government funded services to ensure the needs of each individual are met.

Some Level 3 providers choose to also offer activities including cooking lessons, art therapy, organised camps and other developmental experiences.

The benefits to the mentally ill in a Level 3s environment are;

- appropriate supported accommodation facilities meet the standards and obligations laid down in the legislation;
- a safe and stable community environment is provided; personal security is attained in knowing there is stability and support;
- where needed, the individuals' changing needs will be comprehensively managed.

These facilities ensure residents receive the desired degree of privacy, independence, support, social contact and accessibility to treatment services.

6. THE CHALLENGES

There are significant issues facing an SAF provider.

Current government spending on services for the mentally ill leaves the Supported Accommodation industry with multiple challenges in terms of continuance of service delivery.

SAF providers have effectively filled the void left by mismanagement of the deinstitutionalised process and a fully fledged and now accredited industry has evolved. Throughout this evolution, there has been no direct government funding allocated specifically for the private sector. As it stands at September 2009, not one SAF receives any direct funding from government.

It is evident that with rising costs and current economic conditions that providing accommodation to mentally ill individuals is becoming more costly and less attractive to operators. The combination of these points and the complex nature of residents' needs are seeing a stabilisation of growth in the sector in terms of new operators. Meanwhile, demand for services continues to grow.

Not providing some form of financial assistance for continued supported accommodation operations in the private sector would result in enormous pressure on government. With growing demand, government would need to more actively

intervene in managing the accommodation needs of this group by directly operating the accommodation facilities within a government portfolio. Government could work better with private enterprise to achieve a mutually acceptable outcome.

7. CONCLUSION

In conclusion, after enterprising beginnings, the supported accommodation industry again faces difficult challenges ahead. While there is room and demand for growth and sound management within the private sector, the complexities and costs of services delivery is forcing operators to review their business strategies and look to simpler operating options. A combination of this scenario and increased accreditation requirements has seen many facilities close their doors following failed calls for government assistance.

At the moment, there are accommodation options within the community for those with mental illness, however, the future of the supported accommodation industry is being hampered without better collaboration with government.

....it is Spiller Gibbins Swan (SGS)'s judgement that the size of the sector will continue to diminish, leaving higher numbers of people in need either requiring government housing and services and/or falling into homelessness⁶

Part 2

A chronology of events leading to accreditation of the supported accommodation industry in Queensland

- *In 1993 - "The Report of the National Enquiry into the Human Rights of People with Mental Illness" was published by the Human Rights and Equal Opportunity Commissioner, at the time. Brian Burdekin.*

The Report is widely known as the Burdekin Report⁷. This Report brought much attention. The needs and recognition of people with mental illness were addressed. The following points were of the most important:

1. Raised the profile of people with mental / intellectual disabilities
2. Focused on Human Rights
3. Exposed the Mental Health Sector

4. Found that the absence of suitable supported accommodation is the single biggest obstacle to patient recovery.

- *In 1994 the “Supported Accommodation Providers’ Association” (SAPA) was incorporated.*

Industry leaders recognised the need to establish minimum standards. Meetings had been taking place between owners and managers for some years, in an attempt to improve and establish Policies and Procedures.

- *1995 saw an Interdepartmental Government Working Party set up by Public Trust.*

This working party was to look for ways to improve standards. SAPA was asked to participate in the working party, and one of its members was duly appointed.

- *1996 - Wright Consultancy was engaged by the working party and reported its findings in 1996.*

These findings were of a similar kind and the recommendation was to establish a separate Government Agency.

- *1996 - The Hostel Industry Development Unit (HIDU) was established, under the umbrella of The Department of Justice.*

Extensive data collection about the industry was carried out by HIDU during the following two years.

One of the findings was that the cost to Government for Not for Profit Supported Accommodation per person per year, at that time, was A\$88,379.00 Private sector equivalent attracts NO funding at all.

- *In 1998 the Queensland Government commissioned through HIDU – two (2) Reports.*

Details of these two reports were as follows:

1. The first Report⁸ was by David Renfrey & Associates, entitled “Cost of Accommodation and Care Alternatives for People with Intellectual or Psychiatric Disabilities” – completed in 1998.

This Report compared the costs of all providers in this sector and came to the conclusion that *“the supported accommodation alternative within the private sector results in*

the lowest cost overall of the alternatives". They reported that the 'Private Sector Supported Accommodation' costs the Government A\$728.00 per resident per year, whereas 'Public Sector Institutions' cost A\$264,101.00 per resident per year.

2. The second Report⁹ by Price Waterhouse Coopers was also completed, named *"Supported Accommodation and Boarding House Industry Economic Viability Study"*. One summary was that *"there is a need for government intervention to counter market failure and prevent the detrimental Impacts being felt by disadvantaged persons within the community"*. They suggested providing Incentives to private operators as one way of trying to increase the overall accommodation supply.

- 1998 - HIDU transferred to Department of Justice
- In April 1999¹⁰ a *"Five Year Plan for the Supported Accommodation and Boarding House Industry"* was submitted to Government.
- 2000 the *"Five Year Plan"* was endorsed by Cabinet.

The Plan had a three pronged approach - The Accreditation Model, which comprised

1. Regulatory framework
2. Increased support services for residents
3. Industry assistance

Under this plan there were five objectives – making a total of 15 objectives to improve all aspects of the Industry. Of those that were implemented the most important were:-

1. Improved support to residents
2. More co-ordination across government
3. Residential Services Stakeholders Advisory Committee (RSSAC)
4. Community visitor programme
5. Fair Trading Residential Services Branch
6. Industry Incentives
7. Residential Tenancies Authority (RTA)

8. Proposed Queensland Fire and Rescue minimum standards

During this time SAPA members opened their doors to Government and authorities at all levels, assisted with the preparation of accreditation guidelines and members participated in all surveys, including financial viability studies.

- *The Residential Services Stakeholders Advisory Committee (RSSAC) consisted of the following organisations:-*

- Department of Communities
- Office of Fair Trading
- Disability Services Queensland
- Department of Local Government
- Public Advocate Planning, Sport & Recreation
- Residential Tenancies Authority
- Department of Emergency Services
- Department of Premier and Cabinet
- Queensland Police
- Community Visitor Program
- QDHC (Queensland Disability Housing Coalition)
- Tenants Union Queensland
- ACROD (National Industry Association for disability services)
- Department of Housing
- Supported Accommodation Providers Ass
- Office of the Adult Guardian
- SAPA
- Queensland Health

- *In February 2001 SAPA presented a Report to Government¹¹ entitled "Proposed Model for Government Support for Private Sector Supported Accommodation Facilities"*

SAPA was consistently assured of the three pronged approach at all levels of Government. The Bill went before Parliament in 2002. No Industry assistance was given.

- *All Supported Accommodation Services Registered with the Department of Fair Trading in 2003*
- *Pilot program for Accreditation took place in all facilities in 2004*
- *Accreditation took place in 2005*

This is a process involving one or two days in the facility with two people from the Queensland Office of Fair Trading going through all records and procedures and includes observing kitchen staff and supervisors, mixing with residents, eating with the staff and generally being part of the facility.

- *Accreditation is for a Three year period*
- Private residential services are currently funded by State Governments in Western Australia, South Australia and Victoria. The Queensland Government has put together various grants over the last few years.

These include a percentage rebate on Rates. Government approved community organisations visit residents in the facility to attend to their needs, plan outings, possible return to work programs etc.

With the Fire Regulation upgrades the Government offered incentives of up to A\$70,000. Most proprietors agreed to conditions, but some operators considered them too extreme. Some took up the offer but others did not.

- *SAPA members, through membership fees, now have on going access for staff training in First Aid Classes, Medication supervision Classes, Certificate IV in Supported Accommodation, and we have a new one now called Mental Health First Aid, all available to our staff, at no cost.*
- *Where to from here?*

The Queensland Government has been vocal in trying to combat the rise of homelessness. A recent Report stated that there were over 8000 homeless people in the Brisbane Central Business District.

It is time to reconsider the issue of industry incentives to ensure the survival of the last 54 privately run premises in Queensland.

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¹ *Mental Health Act*, 2000 (Qld)

² Section 12(1)

³ Section 12(3)

⁴ National Action Plan on Mental Health 2006 – 2011, Council of Australian Governments (COAG), Canberra, 2006

⁵ *Residential Services (Accommodation) Act* (2002) Qld

⁶ Queensland Department of Communities, SGS, Report in Supported Accommodation, Brisbane, 2007

⁷ “The Report of the National Enquiry into the Human Rights of People with Mental Illness”, (The Burdekin Report).HEROC, 1993

⁸ David Renfrey & Associates, “*Cost of Accommodation and Care Alternatives for People with Intellectual or Psychiatric Disabilities*”, 1998

⁹ ““Supported Accommodation and Boarding House Industry Economic Viability Study”, Price Waterhouse Coopers, 1998.

¹⁰ “*Five Year Plan for the Supported Accommodation and Boarding House Industry*”, 1998.

¹¹ “*A Proposed Model for Government Support for Private Sector Supported Accommodation Facilities*”, *Supported Accommodation Providers’ Association*, 2001