

MENTAL HEALTH ROUND TABLE

Statement

HON ALISON XAMON (East Metropolitan) [10.09 pm]: I rise tonight because I wish to report back on a round table that my office held on Friday, 18 November. I held my third annual mental health round table, which is an important opportunity for me to be able to consult with key stakeholders within the mental health sector; that is, consumers, carers, advocates, mental health professionals and service providers. This year we discussed a range of issues pertaining to housing and accommodation for people living with mental illness. Housing for people with mental illness has been recognised as an area of particular need for a very long time; however, a number of things have resulted in increased pressure and focus on the issue more recently. These include the growing public housing crisis, the Department of Housing's disruptive behaviour policy, uncertainty about the future of Graylands Hospital, the new direction that the government is pursuing for the increased delivery of services by the not-for-profit community sector, and decreasing funding for private psychiatric hostels.

First, I would like to express my sincere thanks to those people who attended and contributed to the round table. I really value the input I received and the generosity of participants in sharing their time and their passion. I was also very pleased this year to have the Mental Health Commissioner, Mr Eddie Bartnik, provide the opening address at the round table. The commissioner discussed the Mental Health Commission's policies and plans regarding future accommodation and housing options. As I already expressed to him, I believe the information he provided served as a good starting point for what proved to be a very useful discussion across the afternoon. I am not sure the degree to which members are aware of the crisis in accommodation for people suffering from mental illness; the front-line staff in their electorate offices are probably pretty aware. However, I have been contacted personally by a concerning number of people in quite desperate circumstances who are facing eviction from public housing under the disruptive behaviour policy and families that are frantic to find suitable accommodation for their loved ones for whom it has become impossible to continue to live in the family home. Of course, I recognise that I am likely to be receiving a higher proportion of these matters due to my holding the shadow mental health portfolio. In any event, accommodation for people suffering from mental illness is a broad and complex topic. Stable supported accommodation has a particular importance for people living with mental illness, yet this group often faces particular difficulty finding and maintaining a home. We know that people cannot get well without safe, stable accommodation, yet the tragedy is that often the acute stage when people are hospitalised is the time they are finding that they are losing their housing. Furthermore, their discharge from hospital can be hampered if they do not have accommodation to go to upon release. It is therefore turning into a vicious cycle. One of the most significant points highlighted during the round table was that there are gaps in housing options for people across the whole spectrum of need—from people who are capable of staying in the private rental market or perhaps have their own home but are missing out on short-term, flexible financial support to enable them to stay there; to those who have been in the substandard accommodation at Graylands Hospital for years and years; and of course to all levels of need that exist in between. I note that the urgent need for improved services is also not confined to any one geographic area but exists across the state and, of course, includes very particular needs in rural and remote areas.

Tonight I cannot do justice to the breadth of issues canvassed at the round table, but I do want to highlight a few specific concerns. Firstly, dual diagnosis—that is, people who have a mental illness co-occurring, in particular, with a substance abuse problem—was raised, as it is time and time again, as an area of particular need. There continues to be a lack of integrated services for this group, and the complexity of these cases leads to people continuing to be passed between agencies. I understand that the Mental Health Commission is aware of this issue, but it is abundantly clear that more needs to be done.

Other groups identified as being in need of special support or falling through gaping cracks in the system include mothers with mental illness, and particularly those whose children have a disability; ageing parent carers of adult children who have a mental illness; grandparent carers who have care of their grandchildren because their own children are too unwell to care for them; people in need of accommodation but whose mental illness may lead them to engage in behaviours that may be considered antisocial; and people needing appropriate housing who are coming out of the forensic mental health system. The round table attendees articulated that it should not be expected that families will be able to take on a significant caring role for people with serious mental illness. Unfortunately, it is felt that this expectation seems to underpin some of the Mental Health Commission's policies around the provision of support to people. The reality is that, although many families provide significant support, many people with mental illness do not have any family or other social networks on which they can rely. So our system and the provision of accommodation must reflect this reality.

I was also horrified to hear a number of stories from a number of participants about the vulnerability of people in public housing and how exploitation and abuse by unscrupulous individuals are not uncommon. It was made abundantly clear to me yet again that people with mental illness who live in public housing in particular are just

not getting enough support and too many of them are simply not safe. People also have significant concerns about the referral process, which is seen by many stakeholders as inappropriate and inflexible. As a result of the process, people are granted access to accommodation for only defined periods, and many categories of clients are restricted access entirely. I heard stories of people who were being kicked out of supported accommodation because of these time frames just when they managed to start getting well, only to find themselves spiralling down again. It is unrealistic to think that people, and in particular people suffering from mental illness, will fit into some neat, tick-the-box process.

Building design and structure was also raised as having an important bearing on the appropriateness and success of housing provision. Importantly, a lot of people talked about stand-alone units not being appropriate for some people because of the risks of loneliness and social dislocation. Although the Mental Health Commission's initiative to provide accommodation for 100 people was cautiously welcomed by round table participants, many questions and concerns were raised about how these 100 people are being chosen, whether enough support will be provided for the project to be successful, how the transition process will work and whether it is an appropriate model for the intended target group. People also noted that the need is, of course, much greater than 100 people and that many people living in the community would desperately love to get access to such services. Some stakeholders also expressed the opinion that it may not be appropriate for all people to live independently, no matter how strong a desire we might hold for this to be the case, and they certainly wanted to make sure that that was something that I pushed and made very clear.

Finally, the challenges faced by many non-government organisations, including an increasingly competitive environment, overly prescriptive contracts and ongoing workforce constraints due to underfunding, was, unsurprisingly, a subject of substantial discussion during the afternoon. Access to safe and stable housing is a basic human right. Stable housing with appropriate support allows people to get well, seek and hold jobs, establish social networks and make friends, yet this basic human right is too often denied to the most needy and vulnerable in our community. It is a crucial area and one we need to address as an absolute priority.

I could go on in detail about the various issues raised, but no doubt this will be the subject of further debate in the future. I wanted to give members at least a snapshot of the sorts of issues that were raised by people who really are the best placed to inform us about what is happening within the mental health sector.

House adjourned at 10.18 pm
