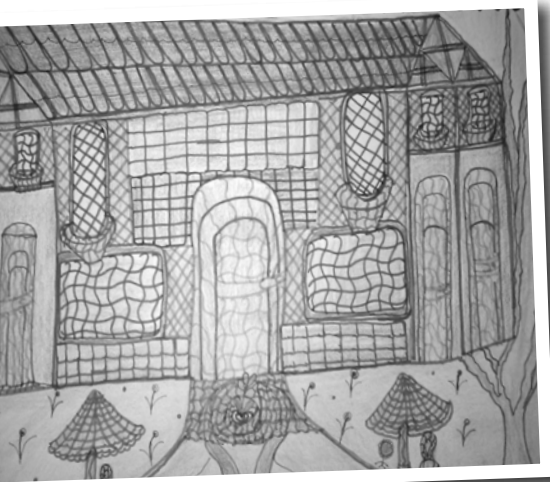


SARC *briefs*



Well and at home, ‘It’s like a big mental sigh’: Pathways out of mental ill health and homelessness

‘My mental health wasn’t too crash hot prior to getting my place, but it’s pretty good these days. It’s incredible how much it helps. It’s like a big mental sigh...’

Background

Little is known about the experiences of people living with both mental ill health and homelessness in Tasmania. This research sought advice from people who have lived through and become experts on these difficulties.

Tasmania has a housing shortage. We also have a housing affordability crisis.

In a given year, around 4800 people received help from specialist homeless services in this state.

“

‘People in crisis aren’t bad people. It’s just that they’ve got no cheap accommodation anymore anywhere’

”

2

“

Even in the mental health profession, some people, because they haven't suffered from mental illness, do not understand someone who has suffered from mental illness. And the anguish and pain and suffering, it's not understood as clearly as it should be understood.

”

Appropriate affordable housing supports mental health. Yet for people who have experienced the 'double whammy' of mental ill health and homelessness, these difficulties are often part of a more complex life. These two difficulties are usually experienced alongside a range of additional experiences, including early life trauma, poverty, social isolation, physical ill health and a range of other difficulties. Mental health and having a home may require more than medical treatment and a house.

People experiencing both mental ill health and homelessness often also lack other essentials, including social connection and opportunity for meaningful activity.

Few people seek support from homelessness services with only homelessness as an issue. Of people who use specialist homelessness services in Tasmania many need help with meals, laundry or transport; financial and employment assistance; personal support in relation to sexual assault, family violence and/or relationship breakdowns or help with health, medical or counseling services.

In Tasmania, homelessness is relatively hidden with people who are 'sleeping rough' less visible than in other states. There are high numbers of young people who are homeless, but who have not yet got in touch with services. These young people tend to be transient, relying on friends or extended family members for support.

One in four Australians will experience mental illness in their lifetime.

Although most common mental disorders respond well to treatment, the majority go undiagnosed and untreated. Many disorders are chronic or recurrent and call for long-term management, not just acute care.

While mental health issues affect people of all ages and socio-economic status, some groups are more vulnerable to experiencing mental health problems (for example children whose parents have mental illness, families living on low incomes, and unemployed people).

There are links between mental health and homelessness. Mental illness is more prevalent among people who are homeless. For some people homelessness can contribute to the development of mental illness, especially depression and anxiety.

However, while a psychotic disorder can lead to homelessness, effective treatment can prevent homelessness. Housing reduces the need for hospitalisation for people living with mental ill health. People who are homeless and living with a mental illness can achieve stability in their housing if they can get appropriate housing, effective treatment and flexible support.

The research

Twenty people from across Tasmania shared their experiences of mental ill health and homelessness, and offered feedback for improving the current service system. Some were homeless at the time they were interviewed; some had recently had that experience. All had self-reported mental ill health of some kind, whether diagnosed or not.

The research participants spanned a range of age, gender, cultures, family groups, and experiences. Their stories were all different. Their reasons for becoming homeless ranged from 'unable to pay rent' to 'language barrier' through to 'being exited from juvenile detention'.

Key findings

However, in spite of the differences some common answers emerged.

Based on the advice of people with 'lived experience', the research findings offer an important first-hand view on how to improve support for people with mental illness who are homeless.

Participants identified early life experiences that had increased their risk of mental ill health and homelessness, including: parental mental ill health, poverty, neglect, a traumatic event/s, physical violence, emotional abuse/sexual abuse, one absent parent, undiagnosed intellectual disability and/or acquired brain injury, lack of family support, involvement with Child Protection services, and parental alcohol or drug misuse.

It is also clear that a common set of events and circumstances had increased their risk of mental ill health and homelessness, including: the high cost of private rental housing and a lack of housing options, lack of parental support, personal alcohol or drug misuse, personal mental illness, the presence of intellectual disability or acquired brain injury, and breakdowns in their relationships with families or partners.

A number of the participants had survived with limited social supports – some stated that they had no friends; some had no family support. There were clear gaps in formal supports: some urgently needed specialist support, some had no housing at all, and some were not even receiving Centrelink payments at the time of the interview. However, some people were engaged in education, and one person was employed at the time they were interviewed.

3

“

*Because of the abuse
I received throughout
my childhood, I found
my adulthood difficult.*

”



4

“

Well I got my housing unit so could finally leave the violence, after 4 years waiting.

”

Participants had clear goals and strategies to stay well. For the majority, being socially connected was most important. Research participants wanted to have someone they could trust. Some highlighted that personal goals kept them motivated and moving towards greater recovery. Several had 'achieving public housing' as their first priority. Many research participants said they needed to maintain their mental health pharmacotherapy treatment (medication) to stay well, but that they regretted the health effects and stigma of having to be on medication.

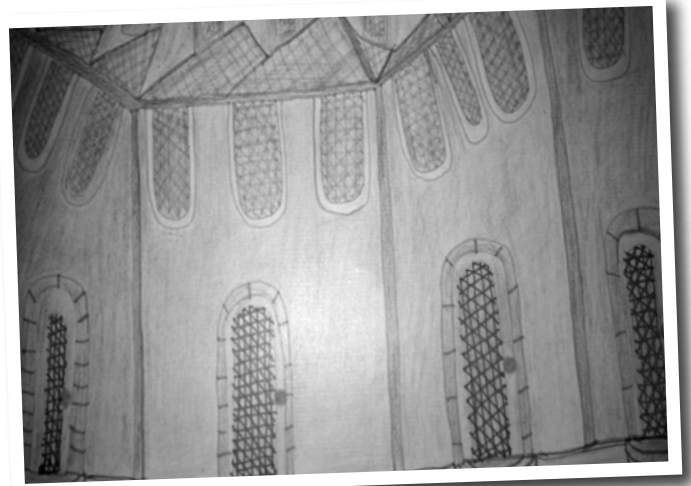
Participants were clear about what they hoped for and needed. Some people without accommodation stated they were currently 'at their lowest' – their clearly identified first need was housing. Participants also said they needed housing in which they felt safe. Staying away from alcohol and drugs was important for the majority. Many wanted to get a job, to have recreational experiences, and to participate in meaningful activity. Some wished to undertake counselling to address a traumatic specific event or series of events in their life.

Almost without exception, people wanted to be actively involved – with others, in the community, and in meaningful activity.

Participants said they needed services working in the area of mental health and housing/homelessness to work in a way which gave them the best chance of recovering from experiences of mental illness. This included workers working together and workers 'holding hope' for service users.

They reported that mental health and homelessness service sectors largely operate separately from each other and that they needed to work together.

They reported that social connection and participation in the community (including economic participation) protected their mental health and their ability to stay in their homes.



What should we do?

The establishment of 'upstream' services and programs that actively encourage social connection and meaningful activity will offer a cost-effective preventative strategy to reduce the need for 'downstream' services (including treatment and transitional housing facilities). Flexible employment, and opportunities to 'work when well' will assist people with mental health difficulties to feel well and stay housed.

Housing and support services have a key role to play in preventing and reducing the effects of mental ill health in the Tasmanian community. There is a clear need for increased housing supply across the housing system. Public housing is an effective and economically efficient way of providing affordable, appropriate and secure housing for low income and disadvantaged tenants.

Recommendation

We need more public housing, with affordable rents, security of tenure, more houses that are safe and appropriate and improved support services for tenants.

Greater investment must be made in family support services and in keeping children safe, in order to prevent traumatic experiences in early childhood. This requires providing support for families from pre-pregnancy onwards, and for families with an incarcerated parent. Investing in schools as health-promoting settings, and as settings for early intervention may offer a cost-effective approach to take pressure off downstream services later in life.

Recommendation

We need schools to respond effectively to the needs of students who are at risk of developing mental illness and/or experiencing homelessness.

Findings arising from this project raised serious concerns about the lack of discharge planning for people exiting from adult and youth detention services, and from psychiatric inpatient services. People are still being exited from these services into homelessness.



“

There's a lot more young people looking for private rental than you think.

”

6



Well, obviously I tried to commit suicide while I was on the streets and all that sort of stuff. You had days where you're totally full on and well, and within the week you've got no money again, so you're back down there again.



Recommendation

We need coordinated and effective discharge planning for people leaving juvenile detention, adult prisons and/or forensic settings so they don't leave these facilities and become homeless. The Tasmanian Government should facilitate the different Government departments to make sure this happens.

Recommendation

We need Mental Health Services to work with housing service providers to make sure that no-one is discharged from in-patient treatment facilities into homelessness.

A common underlying difficulty for people facing mental health and housing difficulties is the need to address previous, and sometimes ongoing, trauma. Research participants stated that the establishment of caring relationships, combined with a hopeful 'recovery' approach to service development and delivery assists personal healing. Workers supporting service users in mental health and homelessness services need to embed a recovery approach within treatment and transitional housing.

Recommendation

We need services working in the mental health and homelessness sectors to train their workers so they are skilled in trauma work, mental health promotion, cultural competency in working with Aboriginal and CALD clients, and encouraging consumer participation and engagement.

Opportunities for service user involvement in the mental health and homelessness sectors will assist workforce development. Engagement and employment of service users are seen as relatively cost-effective ways of skilling existing staff.

Recommendation

Community service organisations need to be funded adequately so they can embed service user engagement within strategic planning, service development, service delivery and staff training.

To protect the wellbeing of all individuals and families, we need a range of strategies. To keep people feeling well and housed, we need to allocate resources across the full spectrum of need. This includes:

- preventing homelessness and mental ill health (prevention strategies);
- intervening early if problems develop (early intervention strategies);
- providing intensive support services if someone becomes ill or homeless (treatment and transitional housing strategies); and
- supporting people to stay well, and housed (continuing care strategies).

The research participants had clear priorities for what they thought needed to be done. In terms of changes that need additional fiscal investment, **houses come first**. Of changes that cost nothing, **increased respect for all service users comes first**. Of changes that require some investment, but build on existing strengths, **strategic workforce development** was seen as a cost-effective solution for a range of existing service-related difficulties.

Mental health recovery aims to maximise holistic wellbeing within the constraints of mental illness.

Homelessness means you lack a roof, but real social inclusion requires more than just a roof.

The ultimate aim in a '**recovery**' approach to both mental health and homelessness is to maximise wellbeing.



Social Action and Research Centre (SARC)

Anglicare's SARC team works with low income Tasmanians to identify the structural barriers that impact most severely on their lives. The Centre pursues policy change on these issues at a State and Federal level.

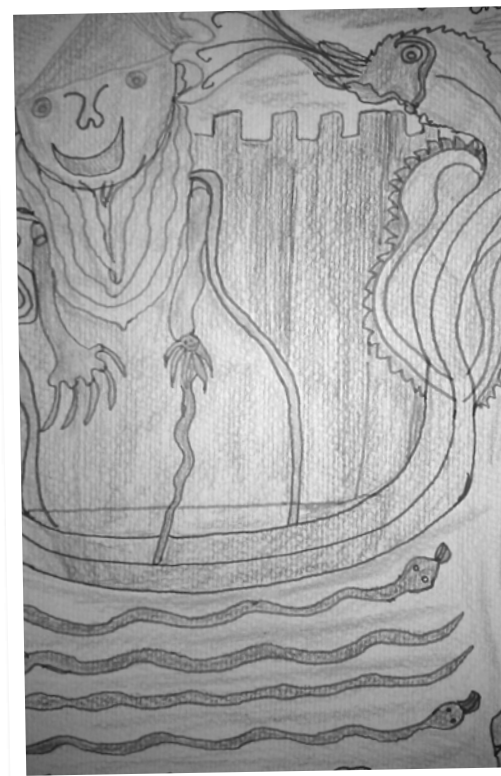
www.anglicare-tas.org.au

The full report, *Well and at home, "It's like a big mental sigh": Pathways out of mental health and homelessness* by Anita Pryor, is published by the Social Action and Research Centre at Anglicare Tasmania.

It is available by calling 6213 3555.

It can be downloaded at www.anglicare-tas.org

Artwork by Theresa Martin.



The Social Action and Research Centre

Anglicare Tasmania

GPO Box 1620 Hobart 7001

Tel: 6213 3555

ANGLICARE
TASMANIA