Government of **Western Australia**
Mental Health Commission

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

Acknowledgements

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. The Mental Health Commission wishes to pay its respects to Elders past, present and emerging.

The Mental Health Commission would like to acknowledge the valuable participation of all employees, as well all external stakeholders, who have contributed to the development of this document.

Accessibility

This Strategy can also be made available in alternative formats upon request for those with visual or other impairments, including Microsoft Word, audio, large print or Braille.

Disclaimer

The information in this document has been included in good faith and is based on sources believed to be reliable and accurate at the time the document was developed. While every effort has been made to ensure that the information contained within is accurate and up to date, the Mental Health Commission and the State of Western Australia do not accept liability or responsibility for the content of the document or for any consequences arising from its use.

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Forewords

I am pleased to release *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).

This Strategy was developed following extensive feedback from stakeholders indicating that homelessness and lack of accommodation services are one of the most significant issues impacting the mental health and alcohol and other drug (AOD) service system in Western Australia.

This Strategy is the first of its kind and provides an overarching framework to guide stakeholders in the development of appropriate accommodation and support for people with mental health and AOD issues.

I would like to thank the consumers, families, carers, service providers, government agencies and non-government organisations who provided valuable input into its development. I acknowledge the Mental Health Commission for its leadership and guidance throughout this process.

Work has already begun on developing an implementation plan. It is acknowledged that implementation of actions will take time however some actions can be implemented now.

Early priorities include working with the Department of Communities to identify areas where the two organisations can work together and complement one another for the benefit of those most in need.

This work will progress with a joint commitment from both organisations to a "housing first" approach which has been consistently raised in consultations for both A Safe Place, and the Department of Communities 10 Year Strategy on Homelessness 2020-2030.

Hon Roger Cook MLA
Deputy Premier;
Minister for Health; Mental Health

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Deputy Premier;
Minister for Health; Mental Health

Statement of Support

The importance of working across portfolios to address issues relating to safe and stable accommodation is clear. We will not solve these complex community issues through isolated efforts.

This Strategy presents an opportunity to align actions with the Department of Communities Housing Strategy 2020-2030, the 10 Year Strategy on Homelessness Western Australia 2020-2030 and the 10 Year Strategy for Reducing Family and Domestic Violence.

We support the work and intent behind providing safe and stable accommodation, and support to people experiencing mental health, alcohol and other drug issues.

Hon Peter Tinley MLA
Minister for Housing; Veterans Issues; Youth; Asian Engagement

Hon Simone McGurk MLA
Minister for Child Protection; Women's Interests; Prevention of Family and Domestic Violence; Community Services

Jennifer McGrath
A/Commissioner
Mental Health Commission

Michelle Andrews
Director General
Department of Communities

The Mental Health Commission is proud to release *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).

As many people would be aware, it has taken several years to reach this point.

We believe this reflects the significant amount of interest and feedback that the Mental Health Commission has received throughout its development, and the complexities faced by the sector.

Thank you to everyone that has provided input into the development of the Strategy. This has formed the basis of a strong framework that will guide the development and delivery of accommodation and support services for people with mental health, alcohol and other drug issues.

We particularly acknowledge and thank the consumers, families and carers who have tirelessly advocated for the development of this Strategy, and shared their experiences. This has ensured that the Strategy is framed as a whole-of-Government and collaborative approach for future service delivery, which meets the needs of those most vulnerable.

We acknowledge the leadership of the previous Mental Health Commissioner, Mr Timothy Marney in reaching this significant milestone.

The hard work now continues with the focus on implementing the Strategy and work has already begun on the development of an implementation plan.

The Mental Health Commission and Department of Communities are committed to working collaboratively to ensure alignment of key strategies and joint actions, and working with all our key stakeholders to realise the vision of the Strategy.

Jennifer McGrath
A/Commissioner
Mental Health Commission

Michelle Andrews
Director General
Department of Communities

Vision

All Western Australians with mental health and alcohol and other drug issues will have timely access to a range of appropriate accommodation and support options to meet their personal and cultural needs

Aims

Through the collective effort of governments, non-government organisations, communities and individuals, we aim to:

- Ensure people can access the right affordable accommodation and support for their needs, when they need it
- Increase appropriate housing options and stock
- Facilitate easier movement between accommodation and specialist services
- Ensure long-term accommodation provides a safe place with support
- Improve intervention and support services to help people live independently
- Reduce stigma so people can better access accommodation within an inclusive community
- Encourage agencies to work together in a person-centred approach
- Review, plan and design services with input from people with lived experience
- Align services with the six mental health outcome statements

Principles

Individual Rights

Personalised

Inclusive Community

Effective System-wide Partnerships

Continuous Improvement

KEY FOCUS AREAS

Safe, stable, appropriate, affordable, long term accommodation

Strategic, collaborative partnerships

Standardised data and relevant research

a **safe place**

Planning, education and training

Contemporary housing and support models

Introduction

Why was this Strategy developed?

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan) identified the need for a strategy to address the housing and support needs of people with mental health, alcohol and other drug (AOD) issues, including those who are homeless.

In addition to the Plan consultation, other forums focussed specifically on accommodation and support highlighted the following problems in the system:

- homelessness and lack of accommodation services are one of the most significant issues impacting the mental health and AOD service system in Western Australia;

- expenditure on mental health services is heavily reliant on more costly acute services and more community-based services are needed; and

- the lack of appropriate accommodation and support options leads to bed blockages in clinical settings, resulting in individuals remaining in acute settings far longer than needed [1].

Given these issues, the Mental Health Commission (the Commission) has developed this Strategy with input from a range of stakeholders, to outline the strategic direction of improving accommodation and support services for people with mental health and AOD issues.

What are the Key Messages from Stakeholders?

Key issues identified during the 2018 public consultation are summarised below.

- Access to safe and stable accommodation remains a significant issue.

- The Commission and the Department of Communities must work collaboratively to align key strategies.

- Lack of available and suitable housing stock is a key issue.

- There is a need for a greater number and suite of support and accommodation options that are tailored to peoples' needs.

- There is a need to separate the provision of accommodation from support wherever possible so that the support can move with client need.

- Support should be proactive, recovery orientated and incorporate harm minimisation principles, however it should not be a requirement.

- Tenancy should not be jeopardised if people are incarcerated or engaging in mental health and AOD treatment. Appropriate policies should be put into place to maintain their home upon their return.

- Crisis accommodation should be time limited and a step towards longer term or permanent accommodation.

- Ongoing supports are required for those who have experienced homelessness, to overcome "post-homelessness trauma recovery".

- There is a need for an integrated and collaborative system to meet individuals' needs.

- There is a need for seamless pathways to ensure individuals do not "fall between the cracks" while transitioning from one accommodation and support type to another.

- There is a need to develop a framework that outlines entry/exit pathways through supported accommodation services.

- Housing providers play an important role partnering with clinical and non clinical services to develop targeted initiatives and programs to support individuals.

- The voice of people with lived experience in mental health and AOD must be heard, ensuring that their rights and aspirations are acknowledged.

An Advisory Committee considered the key themes from consultation and provided guidance regarding the finalisation of the vision, principles and key focus areas.

The development of this Strategy and consultation process is outlined in **Appendix 3**.

What is the vision of this Strategy?

The vision of this Strategy is that all Western Australians with mental health and AOD issues will have timely access to a range of appropriate accommodation and support options to meet their personal and cultural needs.

It is underpinned by the principles of: individual rights; personalised; inclusive communities; effective system-wide partnerships; and continuous improvement.

Five key focus areas and their associated actions are proposed:

1. Increased access to safe, stable, appropriate, affordable, long term accommodation.

2. Establishment of strategic collaborative partnerships.

3. Provision of contemporary housing and support models.

4. Provision of planning, education and training.

5. Provision of standardised data and relevant research to improve accommodation and support responses.

The key focus areas are designed to assist service providers and government to begin a process of reforming accommodation and support services in Western Australia.

What does this Strategy aim to achieve?

This Strategy aspires to achieve the following aims, through the collective effort of governments, non-government organisations, communities and individuals:

- People with mental health and AOD issues are able to access affordable accommodation in Western Australia;

- People with mental health and AOD issues can more easily move between specialist mental health and AOD accommodation services;

- Accommodation and support services are reviewed, planned and designed with input from people with lived experience of mental health and AOD issues;

- Long-term accommodation options provide a safe place for vulnerable people to live and receive appropriate supports;

- The service response system is integrated; where agencies work together to provide more efficient and effective accommodation and support services;

- Contemporary accommodation and support options meet the varying needs of individuals with mental health and AOD issues (including those who have experienced homelessness);

- Homelessness is avoided through improved intervention and support services, where required, to assist tenants with mental health and AOD issues to live independently;

- Stigma and discrimination towards people with mental health and AOD issues is reduced to facilitate improved access to accommodation options; and

- Mental health sector services meet the needs and aspirations of people with mental illness, their families and carers by aligning with the six mental health outcome statements (**Appendix 11**).

How does the Strategy enable us to meet these aims?

This Strategy is the first of its kind in Western Australia. It provides an overarching framework to guide stakeholders in the development of appropriate accommodation and support for people with mental health and AOD issues.

This Strategy:

• supports a Housing First approach;

• defines housing and support options that are evidence based, contemporary and are known to support an individual's recovery, recognising the needs of specific target groups;

• identifies areas of further exploration to increase access and a greater supply of affordable rental accommodation to meet the needs of those who cannot afford housing through the private market;

• identifies the issues and barriers in providing appropriate housing and support within current models of practice;

• defines priority focus areas and actions to address the accommodation and support needs of people with mental health and AOD issues; and

• identifies common outcomes and principles for the collective efforts of government, non-government organisations and the community, defining a series of actions to achieve its vision.

What is in scope of this Strategy?

This Strategy focuses on two services streams outlined in the Plan: the Community Bed-based Services Stream and the Community Support Services Stream.[i] This includes people in hostels under the Community Support Stream. Further information regarding the mental health and AOD Service Continuum is provided in **Appendix 4 and 5**.

What is out of Scope?

The remainder of the mental health and AOD service streams as outlined in the Plan are out of scope for this Strategy. These include Community Treatment, Hospital Services, Specialised Statewide Services and the related components of Forensic Services.

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i   This includes people subject to the Criminal Law (Mentally Impaired Accused) Act 1996 (CLMIA Act) with a mental illness who are living in the community. However, this does not include people who require specialist forensic services in the community or those subject to the CLMIA Act residing in prison, hospital or a declared place.

How will this Strategy be implemented?

Reforming the system and implementing actions will take time, effort and collaboration. The Commission has commenced development of an implementation plan. Priority actions include:

- Working with the Department of Communities to explore alignment of key strategies under development. This will include potential joint business cases.

- Ensuring comprehensive program evaluations occur to determine effectiveness of current accommodation and support models and to inform future policy and service development.

- Increasing the number of mental health and AOD community bed-based and community support services to better address demand modelled in the Plan.

- Continuing with current reforms for the establishment of contemporary community bed-based services that will support the needs of individuals and assist in transition to and from accommodation and housing options when required.

- Implementing robust collaborative processes and pathways for those exiting mental health and AOD community bed-based services, hospitals or prisons for facilitated access to accommodation/housing.

- Adopting co-design approaches with consumers, families and carers as well as clinicians in the planning, implementation, review and ongoing development of accommodation and support service models, policies, and guidelines.

Other agencies will be responsible for developing their own implementation plans. Where appropriate the Commission will work with other agencies and, through existing and new governance arrangements, develop and implement actions to improve the accommodation and support system for people with mental health and AOD issues.

Who are the lead stakeholders?

The lead State Government stakeholders working in the accommodation and supported accommodation area are the Commission and the Department of Communities.

The Department of Communities is developing a 10 Year Strategy on Homelessness and a Housing Strategy simultaneously to the development of this Strategy. The Commission has commenced discussions with the Department of Communities to ensure alignment of the various strategies, and implementing new and shared initiatives.

More detail around the role of key stakeholders, including Department of Health, the non-government sector and peak bodies is included in **Appendix 2**.

How will this Strategy be monitored?

A number of existing mechanisms focusing on accommodation and support are already in place in Western Australia, which can implement and monitor the effectiveness of the accommodation and support reforms. Examples of existing committees are included in **Appendix 10**.

The implementation of this Strategy will be monitored by the Community Safety and Family Support Cabinet Sub Committee. The Commission will coordinate reporting.

Accommodation and Support System

A Safe Place Paradigm

The figure below depicts three wheels representing different levels of the accommodation and support system for people with mental health and AOD issues.

a **safe place**

Community Bed-Based

Community Support Accommodation

Community Support Services

Low Medical Withdrawal AOD

Residential Rehabilitation AOD

Community Mental Health step up/step down services

High Dependency Units

Home Ownership

Homelessness

Private Rental

Emergency Housing

Community Organisations

Drug and Alcohol Services

Individual

Family/Carer

Community

Neighbours

Friends

Community Managed Mental Health Services

Community Housing Organisations

Social and Affordable Housing

Transitional Housing

On-site Staffed and In-reach Accommodation

The Paradigm is circular in shape as it recognises people may need different types of services at different times and that they may move between the streams in a way that is not linear:

- At the centre of the wheel is the individual and their personal supports such as friends, family, carers and the community, recognising the importance of informal support mechanisms to individuals.

- The inner wheel (teal) shows the different support mechanisms to assist individuals to live in the community. This includes supports such as Community Housing Organisations; and community managed mental health or AOD services.

- The middle wheel (multi-coloured) depicts the range of community support accommodation options.

- The outer wheel (yellow) demonstrates some of the community bed-based services.

Further information regarding the accommodation and support system, and current services and demand can be found in **Appendix 5 and 6**.

Housing First Approach

Housing First is a contemporary best practice approach and is based on the understanding that people are better able to address their support needs and achieve positive outcomes when they are in a stable home. It is premised on the principle that access to housing is a basic human right.

This approach to housing differs from the traditional housing readiness approach in that there is no requirement for a person to be 'clinically or socially' stable for them to be offered housing. Rather, once appropriate permanent accommodation has been established, supports and services are identified that assist the person in sustaining their accommodation. Supports and services can vary in their level of duration and intensity and are flexible in response to a person's changing support needs.

This Strategy supports the implementation of a Housing First approach in Western Australia, for people with mental health and AOD issues. This is intended to complement existing programs and services, which may use other approaches to provide accommodation and support.

Principles

There are a number of key features of a quality Western Australian accommodation and support system to assist people with mental health and AOD issues to sustain their accommodation in a community of their choice. Governments, non-government organisations, communities and individuals will be guided by the following principles:

1. Individual Rights

Accommodation will be available to all Western Australians with mental health and AOD issues that is consistent with the human rights framework[2]. All individuals have the right to an adequate standard of living, free from discrimination, and access to safe, affordable, appropriate, and stable housing.

2.   Personalised

Accommodation and support will align to an individual's personal, cultural needs and aspirations, and will provide a foundation from which individuals can make choices. Providers will work in partnership with individuals and their families/supporters to co-plan, co-design, and co-review recovery-oriented supports.

3.   Inclusive Communities

Accommodation and support will enhance connection to a supportive network of people and community organisations. The individual will be supported to access communities of choice in an environment that is free of stigma and discrimination.

4.   Effective System-wide Partnerships

Accommodation and support for Western Australians with mental health and AOD issues will be available in an integrated, coordinated, collaborative and seamless system. Government agencies, non-government organisations and the private sector will work together with consumers, families and carers to develop effective partnerships and provide an integrated and collaborative service response system that recognises individual rights and aspirations.

5.   Continuous Improvement

Accommodation and support options will be aligned to best practice standards and initiatives. There will be system-wide, standardised data collection, quality controls, measures and reporting mechanisms in place to monitor, review and improve the system and options available.

Key Focus Areas

Five key focus areas have been identified, and outline priorities for implementation.

Key Focus Area 1:

Increased access to safe, stable, appropriate, affordable, long term accommodation.

Highlighting that innovative approaches and policy reform are necessary to improve access to accommodation and support for individuals when they need it.

Key Focus Area 2:

Establishment of strategic collaborative partnerships.

Emphasising system integration and the need for collaborative, whole of government approaches, including the necessity of consumer, family and carer partnerships at all levels of service development and delivery.

Key Focus Area 3:

Provision of contemporary housing and support models.

Focusing on the development of evidenced based or informed accommodation and support models, including a review of existing models to ensure alignment with the Plan.

Key Focus Area 4:

Provision of planning, education and training.

Highlighting workforce development and training priority areas for those who work in the system and the importance of mechanisms to support individuals to understand processes regarding tenancy management and the mental health and AOD support system.

Key Focus Area 5:

Provision of standardised data and relevant research to improve accommodation and support responses.

Emphasising the importance of data availability, monitoring, reporting and shared outcome measures across agencies to ensure the appropriateness of accommodation and support approaches.

The key focus areas are designed to assist service providers and governments to begin a process of reforming accommodation and support services in Western Australia.

The key focus areas are not mutually exclusive: key focus areas overlap and actions under one key focus area may equally apply in another.

Table 1: Summary of Key Focus Areas and Actions

KEY FOCUS AREA	ACTION
1. **Increased Access to Safe, Stable, Appropriate, Affordable, Long-term Accommodation**	1A. The Commission to work collaboratively to align actions in this Strategy with the Department of Communities 10 Year Strategy on Homelessness and new Housing Strategy. This approach to consider co-designed frameworks, reforms on current eligibility, social housing allocation guidelines, waitlist and tenancy management, and eviction policies and processes, to take into consideration the specific needs of people with mental health and AOD issues. 1B. Increase accommodation options for people with mental health and AOD issues, including housing stock, community support (accommodation) options, and community bed-based services. 1C. Implement innovative approaches to increase access to accommodation options for people with mental health and AOD issues. 1D. Ensure effective transitions, processes and pathways are established between accommodation and support services for people with mental health and AOD issues. 1E. Ensure effective transitions, processes and pathways are established between specialist services and accommodation and support services for people with mental health and AOD issues.
2. **Establishment of Strategic Collaborative Partnerships**	2A. Facilitate effective interagency collaboration for people with mental health and AOD issues, to deliver effective and efficient services and reduce duplication. 2B. Develop an integrated and collaborative service system, with effective pathways and transitions, and to eliminate people with mental health and AOD issues from falling through the gaps. 2C. Create lasting and genuine partnerships with consumers, families and carers, to ensure services are meeting the needs of people who are using them.
3. **Provision of Contemporary Housing and Support Models**	3A. Review existing models of accommodation and support services available for people with mental health and AOD issues, and determine their alignment to the principles of contemporary service models. 3B. Develop contemporary, innovative and new models of accommodation and support services available for people with mental health and AOD issues.
4. **Provision of Planning, Education and Training**	4A. Develop the accommodation and support service system workforce. 4B. Provide contemporary training opportunities to those who work in the accommodation and support service system, and to people with mental health and AOD issues, their families and carers.
5. **Provision of standardised data and relevant research to improve accommodation and support responses**	5A. Interagency collaboration for the sharing of data and research in relation to the accommodation and support service system, particularly related to services for people with mental health and AOD issues.

Key Focus Area 1:
Increased access to safe, stable, appropriate, affordable, long term accommodation

Ensuring people have timely access to safe, stable, appropriate, affordable, long-term accommodation is the foundation of this Strategy.

Finding and sustaining a stable home can be problematic for people with mental illness due to housing unaffordability, insecure tenancy, poor housing conditions, low income, behavioural and social issues, stigma, discrimination and a lack of appropriate support and treatment options [3]. While there are a range of supported housing options currently available, there remains a significant shortfall in meeting the accommodation needs of people with mental health and AOD issues.

It is important to provide streamlined pathways between clinical/specialist mental health and AOD services and community based accommodation and support services, as well as pathways between the different accommodation and support options. Multi-directional facilitated pathways between specialist mental health and AOD services, and community based accommodation and support options are critical to ensuring an appropriate system of services and making sure that people have access to the right services when they need them. It is recognised that people may need different types of services at different times, and may move between services in a way that may not be linear.

As well as long term accommodation, there is also a need to develop recovery [ii] accommodation and support services, whereby individuals have the opportunity for intensive mental health recovery programs, to develop skills to improve the chance of living in their long term accommodation and in their community.

Person-centred tenancy support approaches may be enhanced by review of processes regarding social housing eligibility and waitlist management. This is being considered by the Department of Communities in the development of a new Housing Strategy.

Action 1A:

The Commission to work collaboratively to align actions in this Strategy with the Department of Communities 10 Year Strategy on Homelessness and new Housing Strategy. This approach to consider co-designed frameworks, reforms on current eligibility, social housing allocation guidelines, waitlist and tenancy management, and eviction policies and processes, to take into consideration the specific needs of people with mental health and AOD issues.

This may be achieved through:

- Working with the Department of Communities to incorporate the outcomes of the Social Housing Policy review regarding allocating housing stock to match the individual needs of people with mental health and AOD issues (needs based rather than eligibility based). This may include consideration of choice based letting and other issues such as access to service provision, size, location, proximity to public transport and to family and other supports.

- Developing a responsive mechanism between tenancy managers (Department of Communities and Community Housing Organisations (CHOs)) and mental health and AOD services (clinical and non clinical) to provide a holistic approach to support and sustain tenancies in an individualised, recovery framework. This may include testing the viability of a state wide tenancy support program (case management and support) for tenants in social housing with mental health and AOD issues.

- Developing prevention and early intervention approaches to reduce evictions including the implementation of across sector mechanisms to facilitate early detection of possible threats to tenancy. This may include promoting supportive

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ii   Personal recovery is defined within the National Framework for Recovery-oriented Mental Health Services as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'. It is acknowledged recovery is personal and means different things to different people.[94] In regards to alcohol and other drug use, it may or may not involve goals related to abstinence.

housemate models to provide informal in home support to individuals with mental health and AOD issues, and exploring options for incentivising supportive housemates.

- Ensuring all policies, processes and procedures are culturally appropriate.

Action 1B:

Increase accommodation options for people with mental health and AOD issues, including housing stock, community support (accommodation) options, and community bed-based services.

This may be achieved through:

- Increasing the availability of housing stock such as government housing, rent subsidies, funding models linked to social impact and other contemporary models.

- Fostering partnerships between CHOs and private sector investors to increase housing capacity and availability.

- Increasing the availability of other accommodation options such as emergency housing and transitional housing, for those in crisis situations, where needed.

- Increasing the number of mental health and AOD community bed-based services in line with demand modelling as outlined in the Plan. This includes: community short-stay beds (also known as community mental health step up/step down services), community medium-stay beds, community long-stay beds (including places in nursing homes), AOD low medical withdrawal beds, and AOD residential rehabilitation beds.

- Increasing the number of mental health and AOD community support services in line with demand modelling as outlined in the Plan. This includes both support hours and beds such as: mental health hours, AOD harm reduction and personalised support hours, AOD post residential rehabilitation beds, and AOD safe places for intoxicated people beds.

- Monitoring and meeting the accommodation and support needs of people with severe and persistent mental illness, who are not eligible for the National Disability Insurance Scheme (NDIS).

Action 1C:

Implement innovative approaches to increase access to accommodation options for people with mental health and AOD issues.

This may be achieved through:

- Working with the Department of Communities and the community housing sector to explore further opportunities for shared accommodation arrangements within social housing and mainstream rental markets.

- Investigating innovative housing options such as smaller dwellings to determine their appropriateness to the Western Australian context. This may include incentivising and regulating the use of small dwellings on private property through collaborative partnerships between Government and local councils.

- Working collaboratively with the Department of Communities to determine structural, legislative and policy changes to make private rental more accessible and affordable, for people with mental health and AOD issues. This may include approaches such as the Rental Pathways Scheme and the Assisted Rental Pathways Pilot.

- Working collaboratively with the Department of Communities and relevant administrators to identify streamlining processes regarding non-social housing options (such as first home owners grant, Bond Assistance Loan Scheme, Keystart loans, intergenerational loans, limited resale price restricted financing) to maximise efficiencies.

- Exploring the establishment of contemporary home ownership models, such as housing cooperatives to address complex issues including co occurring mental health, AOD, and physical health issues.

Action 1D:

Ensure effective transitions, processes and pathways are established between accommodation and support services for people with mental health and AOD issues.

This may be achieved through:

- Standardising referral and intake processes/ paperwork across the accommodation and support service system to reduce duplication, increase efficiency and ensure person-centred practices.

- Establishing a new service with specific responsibility to ensure effective transitions between accommodation and support service options.

- Identifying pathways, processes and policies that facilitate flexible, seamless movement between accommodation options to ensure individuals have access to the most appropriate support to meet their needs and to alleviate system blockages. This may include the implementation of mechanisms for transferring housing stock between program streams to ensure that individuals can remain in the same stable accommodation with access to different levels of support as their needs change, rather than moving house because they no longer meet program eligibility criteria.

- Exploring "safety net" approaches to support an individual to transition between social housing and private rental.

Photo courtesy of WA Health.

Action 1E:

Ensure effective transitions, processes and pathways are established between specialist services and accommodation and support services for people with mental health and AOD issues.

This may be achieved through:

- Continuing with current reforms for the establishment of contemporary community bed-based services that will support the needs of individuals and assist in transition to and from accommodation/housing options when required.

- Implementing robust collaborative processes and pathways for those exiting mental health and AOD community bed-based services, hospitals or prisons for facilitated access to accommodation/ housing, ensuring adequate safeguards for people being released or discharged into homelessness.

- Exploring "safety net" approaches to support an individual to transition between accommodation/ housing and specialist services (community bed-based and hospital).

- Working with the Department of Communities to explore flexibility of social housing tenure policies in consideration of incarceration, long hospital stay or AOD residential rehabilitation to ensure individual tenancy arrangements are safeguarded.

Key Focus Area 2:
Establishment of strategic collaborative partnerships

The effective implementation of accommodation and support options for people with mental health and AOD issues requires collaboration, coordination and partnerships across government departments, non-government organisations and the private sector to provide an integrated and collaborative response to reduce service duplication and prevent vulnerable people falling through the gaps.

It is recognised that without significant systemic changes, many people will continue to be disadvantaged.

Action 2A:

Facilitate effective interagency collaboration for people with mental health and AOD issues, to deliver effective and efficient services and reduce duplication.

This may be achieved through:

- Exploring the co-commissioning or consolidation of commissioning of accommodation and support services by relevant Government agencies to ensure that the State Government's strategic investment has the greatest possible impact.

- Implementing shared strategic directions including across government key performance indicators to increase agency efficiency, enhance commitment to integrated approaches, and to evaluate effectiveness of accommodation and support services.

- Developing across agency approaches to addressing stigma and discrimination experienced by people with mental health and AOD issues. This may include case studies.

- State and Commonwealth government agencies to work closely to ensure the NDIS meets the needs of individuals with severe and persistent mental illness.

Action 2B:

Develop an integrated and collaborative service system, with effective pathways and transitions, and to eliminate people with mental health and AOD issues from falling through the gaps.

This may be achieved through:

- Developing improved communication, information sharing protocols and leadership between agencies involved in the interface between accommodation and support.

- Supporting the implementation of community initiated approaches. This may include partnerships between consumers, families and carers, public mental health services, local Government offices, CHOs, and community mental health and AOD service providers.

Action 2C:

Create lasting and genuine partnerships with consumers, families and carers, to ensure services are meeting the needs of people who are using them.

This may be achieved through:

- Adopting co-design approaches with consumers, families and carers in the planning, development, implementation and review of accommodation and support service models, policies, and guidelines.

Key Focus Area 3:
Provision of contemporary housing and support models

There is a need for the development of innovative, contemporary housing and support models that are person-centred, choice-based and consistent with recovery principles.

Current models will be reviewed over time to ensure: compliance with National Standards for Mental Health Services; awareness of the Western Australian Alcohol and Other Drug Sector Quality Framework; and mental health and AOD service alignment with the Plan.

Action 3A:

Review existing models of accommodation and support services available for people with mental health and AOD issues, and determine their alignment to contemporary service models outlined in Appendix 8.

This may be achieved through:

- Mapping accommodation and support services in Western Australia to determine gaps and prioritise needs.

- Aiming to ensure that all Government funded programs are meeting the National Standards for Mental Health Services, Mental Health Outcome Statements, Western Australian Alcohol and Other Drug Sector Quality Framework and recovery principles.

- Exploring development of the Individualised Community Living Strategy or a similar individualised funding model, including the quantity of lower level support packages (without the housing component) with prevention and recovery support focus, including support for tenancy maintenance such as the Supported Tenancy Program.

- Undertaking a review of Government contractual provisions to strengthen requirements and accountability of all funded services and achieve positive outcomes for all individuals including specific population groups.

Action 3B:

Develop contemporary, innovative, and new models of accommodation and support services available for people with mental health and AOD issues.

This may be achieved through:

- Incorporating the principles of this Strategy into the design of new social housing and supported accommodation programs.

- Reviewing innovative use of technology including apps to enhance provision of recovery-oriented tenancy support.

- Developing new service models for priority groups such as older adults and young people with mental health and AOD issues.

- Developing specialised approaches to accommodation options for people with a forensic history, including emphasis on graduated, transitional support pre and post discharge, and provision of well coordinated community integration support for individuals returning to the community from incarceration.

Key Focus Area 4:
Provision of planning, education and training

Social housing and community support workers need to have the necessary skills and competencies to provide appropriate support to tenants experiencing mental health and AOD issues. Tailored training focusing on trauma informed approaches, cultural competency and mental health first aid are essential.

Individuals and communities also require education and training regarding the mental health and AOD support system and orientation to tenancy management.

Action 4A:

Develop the accommodation and support service system workforce.

This may be achieved through:

- Developing a standardised list of tenancy support worker competencies, inclusive of community linking skills, coaching skills, partnership brokerage skills and ability to apply safeguarding principles.

- Developing best practice guidelines for workers to support all individuals.

- Engaging peer workers across the mental health, and AOD and accommodation service spectrum in a variety of roles including advisors, consultants, trainers, educators, advocates and recovery support workers.

- Locating practitioners with specialist mental health and AOD knowledge within CHOs, to enhance tenancy support and increase organisational awareness and capacity.

- Ensuring that future housing and support workforce needs are incorporated into broader agency workforce planning, to identify gap areas and tailor training accordingly. This will align with the Commission's Western Australian Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025.

Action 4B:

Provide contemporary training opportunities to those who work in the accommodation and support service system, and also people with mental health and AOD issues, their families and carers.

This may be achieved through:

- Embedding trauma informed practice throughout the accommodation and support service system via provision of tailored training to frontline housing support staff, community support workers and policy decision makers.

- Providing optional face to face and/or online tailored training packages, including mental health first aid and culturally appropriate training for frontline housing support workers, community support workers, clinical staff, real estate agents and landlords to facilitate improved understanding of mental health and AOD issues and reduce discrimination.

- Providing access to training for consumers, families and carers regarding individual maintenance of tenancy that includes system navigation, selection of a housemate, living with other people and dispute resolution.

Key Focus Area 5:
Provision of standardised data and relevant research to improve accommodation and support responses

The availability of data, monitoring and reporting is important to ensure the appropriateness of accommodation and support approaches. System-wide quality controls and measures should be in place to monitor, track, review and improve the system and options available.

Action 5A:

Interagency collaboration for the sharing of data and research in relation to the accommodation and support service system, particularly related to services for people with mental health and AOD issues.

This may be achieved through:

- Undertaking an across government mapping of data pertaining to accommodation and support for people with mental health and AOD issues, to facilitate effective cost benefit analysis and decisions.

- Encouraging mapping processes that follow tenants throughout their journey to identify service improvements and enhance consumer outcomes.

- Exploring mechanisms for the sharing of data to facilitate continuous service and system improvements, and to enable cross-agency case management.

- Ensuring comprehensive program evaluations occur to determine effectiveness of current accommodation and support models, and to inform future policy and service development.

- Developing shared outcome measures across government and non government agencies, to ensure all stakeholders are working towards common goals.

- Monitoring the impact of the NDIS on people receiving mental health support in relation to the provision of housing, tenancy support and in home support services.

Significant Issues

Insufficient Access to Accommodation and Support

People with mental health and AOD issues have greater barriers accessing housing due to limited access to information, negative housing history (failed tenancies and evictions), the preference to be situated away from other people with AOD related issues, and a limited supply of appropriate accommodation [4].

Current demand for social housing has resulted in significant waiting times.

At 30 June 2018, there were 13, 912 households on the social housing waitlist in Western Australia, with an average wait time of two years [5]. Factors influencing waiting times include the area in which housing is being sought, the turnover of properties in the region, the type of accommodation required, and the number and priority status of people ahead of the applicant on the waiting list [6].

People exiting mental health and AOD bed-based services often experience difficulties in finding and sustaining suitable accommodation [7]. Furthermore, the cost associated with the private rental market excludes many individuals [8]. The lack of affordable alternative housing for individuals to access (for example, affordable private accommodation), once they no longer require the same level of support [9] has created bottlenecks within current accommodation options.

AT 30 JUNE 2018, THERE WERE 13, 912 HOUSEHOLDS ON THE SOCIAL HOUSING WAITLIST IN WESTERN AUSTRALIA, WITH AN AVERAGE WAIT TIME OF TWO YEARS.

Naydeene's story

"My story has a happy ending because I've gone from homelessness to home ownership. It wasn't easy though. When I was living in the Pilbara, my drug and alcohol intake really impacted my decision making. The reality is the system keeps you in poverty. When you finally get into public housing and begin to set yourself up, the minute you find employment and earn too much you're faced with a choice – either give up your home or quit your job. The private market isn't even an option because it's too expensive." [10]

The Commission, in conjunction with Health Service Providers, undertook the Mental Health Inpatient Snapshot Survey in April 2019. The survey was designed to capture:

- the proportion of mental health inpatients who could be discharged, if suitable community-based accommodation and mental health support services were available; and

- the types of community-based accommodation and mental health support services required to support hospital discharge for mental health inpatients [iii].

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iii   Inpatients in forensic beds, Mental Health Observation Areas, Hospital in the Home beds and beds located in privately-funded mental health inpatient facilities were out of scope. The Ursula Frayne Unit at St John of God Mount Lawley was also excluded from the Mental Health Inpatient Snapshot Survey 2019 as the snapshot focused on activity purchased through the Commission Service Agreements.

Alice's story

"Not knowing where I was going to go next was really difficult. I didn't have time to build friendships because I was under so much pressure to find where my next accommodation would be. I also felt a lot of mental stress. It's really depressing just carrying everything around" [13].

Homelessness

Homelessness is a significant issue in Western Australia. Structural factors include poverty, unemployment and unaffordable or inaccessible housing. Social factors include family relationships, community and social networks. Individual factors can include mental illness and/or problematic AOD use [14].

In 2011, 9,595 people were experiencing homelessness in Western Australia on any given night [15]. The release of the Australian Bureau of Statistics' 2016 Census estimates of homelessness revealed that homelessness in Australia has risen 4.6% compared to the 2011 Census [16].

The Specialist Homelessness Services Collection offers the most recent data (2017-18) that identifies groups with the highest client rates per 10,000 of the population (clients represent people accessing services who are at risk of homelessness, or homeless) [17]. In Western Australia in 2017-18 the cohorts with the highest client rates were:

1. Aboriginal people (913.5 per 10,000)

2. Clients who have experienced domestic and family violence (41.5 per 10,000)

3. Clients with a current mental health issue (21.5 per 10,000) (increasing)

4. Young people presenting alone (15-24) (11.8 per 10,000) (increasing)

5. People with drug and/or alcohol use problems (10.2 per 10,000)

6. Older people (55 and over) (7.9 per 10,000) (increasing)

Kaitlin's story

"My life was going alright until I was about 17 when I started using drugs. My family didn't want me at home when I was using so they sent me to detox centres. I really didn't know where to go. I applied for public housing, but that was such a long wait. There is almost no service that allows you to access it if you are on drugs. But if I just had a roof over my head and didn't have to move around so much, I would have gotten clean." [12]

Of the 656 mental health inpatients occupying a bed at the time of the survey, 178 (27.1%) were deemed unable to be discharged because of a lack of suitable community-based accommodation and/or mental health support services.

This included:

• 147 (22.4%) inpatients reported as requiring community-based accommodation with mental health support services.

• 12 (1.8%) inpatients reported as requiring accommodation only, without mental health support services.

• 19 (2.9%) inpatients reported as requiring community-based mental health care, treatment or rehabilitation, but no accommodation [11].

A multidirectional relationship exists between homelessness, mental health and AOD issues - it can be both a cause and a consequence of homelessness. According to the Mental Health Council of Australia, homelessness can cause mental illness, exacerbate existing mental health issues and complicate the effective treatment of physical and mental illnesses[18]. In addition, a lack of housing options for those currently in unsafe situations and experiencing domestic violence can have a negative impact on mental health[19].

People with mental illness are at risk of homelessness due to uncoordinated service systems, poor support networks, social isolation, discrimination and stigma (in particular the private rental market), and economic disadvantage[21]. The order in which these are addressed is less important than ensuring that people are supported with a flexible and comprehensive approach. Developing services that address these factors concurrently (along with mental health and AOD issues) is essential to sustaining long-term outcomes[22].

To improve services for people who are homeless in Western Australia, it is important to improve in-reach into homelessness services and work with housing providers to increase access to available housing[23]. This includes support to those individuals who have experienced homelessness to ensure they have ongoing access to support when they are housed in suitable accommodation.

Lack of Integrated and Collaborative Service Responses

The consultation process has identified a lack of coordination between support services and housing services. It is expected that homelessness, mental health and AOD services in Western Australia communicate and share information, however, there is little to no formal integration of services[24]. This results in consumers' confusion about the service system and the need to retell their stories[25].

Exit from institutions such as hospitals and prisons demonstrate gaps in the service system as a result of uncertainty in responsibilities and accountability[26]. This alongside challenges regarding the capacity for clinical outreach results in barriers to effective service provision.

Recovery requires a psychosocial, person centred approach with all services working collaboratively however the current lack of coordination and integration within the service system creates greater risk of homelessness for people with mental health and AOD issues[27].

Evictions

Throughout the consultation processes, evictions from public housing, private rental and community housing was identified 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 the tenants' emotional, social and physical wellbeing and can result in major crisis such as: homelessness; mental health crisis leading to re hospitalisation; and increased involvement in the criminal justice and child protection systems.

The Department of Communities Disruptive Behaviour Management Policy (DBMP), known as the Three Strikes Policy, aims to address public concerns about disruptive behaviour by tenants in public housing. Under the DBMP, the Department of Communities can take action for repeated instances of disruption or anti-social behaviour, including initiating termination proceedings against tenants who disregard intervention efforts and formal warnings.

The Strategy Advisory Committee identified that existing policies in Western Australia may actually increase the likelihood of eviction for people experiencing episodic mental illness or problematic AOD use. Services are required to work together to take on a dual role in supporting people with a mental illness who are the subject of complaints under the DBMP and protecting surrounding residents from problematic behaviour.

There is a need for appropriate levels of intervention and intensive support services to assist tenants with mental illness and AOD issues to work with landlords and/or resolve issues with neighbours, before issues escalate to eviction. The level of support required to sustain tenancy is likely to vary depending on the person's needs and will increase and decrease over time.

Inappropriate Locations

Consultation has identified the re-traumatising effect of living in housing estates/unit blocks accommodating people with considerable unmet needs including AOD abuse, untreated mental illness and ongoing domestic violence situations.

People recovering from AOD issues or those with mental illness (or both) need special consideration in relation to the environment in which their accommodation is located [28]. However, housing preferences of people with mental health issues are similar to most Australians: home ownership is the preferred, followed by private rental, public housing, and options that allow independent living. The least preferred housing options are those in a group setting or ones which lack privacy [29].

Research has highlighted the importance of providing housing that is dispersed throughout the community so vulnerable people are not placed in close proximity to one another, which can lead to violence, intimidation and concentrations of AOD misuse [30].

To assist with these challenges accommodation and support options are required to be person-centred, flexible and responsive to meet the needs of individuals.

Stigma

The World Health Organization defines stigma as: "A major cause of discrimination and exclusion: it affects people's self-esteem, may disrupt their family relationships and limits their ability to socialise and obtain housing and jobs" [31].

Reducing stigma towards mental health and AOD issues remains essential to increase service access and sustain stable accommodation. Three out of every four people with mental illness report they have experienced stigma [32].

Throughout the consultation process, individuals reported experiencing stigma whilst requesting support from landlords and that this impacts on their capacity to sustain their tenancy. Individuals have noted a perception that such requests for support could be seen by landlords as "trouble making" behaviour.

Workforce

Consultation has identified the need for improved training of non-mental health and AOD frontline staff.

Currently, the mental health and AOD sector does not have the workforce capacity to deliver on all of the services and programs outlined in the Plan. Implementation will involve substantial service development and expansion, and a corresponding need for growth in existing and new or emerging roles in the mental health and AOD workforce.

> **REDUCING STIGMA TOWARDS MENTAL HEALTH AND AOD ISSUES REMAINS ESSENTIAL TO INCREASE SERVICE ACCESS AND SUSTAIN STABLE ACCOMMODATION.**

Social housing and community support workers, as well as the broader workforce are required to have the necessary skills and competencies to provide appropriate support to tenants experiencing mental health and AOD issues.

The Commission's Western Australian Mental Health, Alcohol and Other Drug Workforce Strategic Framework 2020-2025 guides the growth and development of an appropriately qualified and skilled workforce that will provide individualised, high quality mental health and AOD services and programs for the Western Australian community.

Mental Health and the National Disability Insurance Scheme

The Commission is working with relevant agencies including the Department of Communities to support the roll out of the NDIS at a strategic and operational level.

State Government agencies have a whole of government approach to the interface with the NDIS to identify challenges, mitigate risks and support Western Australians to benefit from the NDIS. Apart from lower than expected intake for people with psychosocial disability, delayed transition of people and the need to facilitate collaborative work practice between NDIS and State agencies, other challenges include:

- Access to the NDIS – people with psychosocial disability can be hard to reach and/or engage. There is also the challenge of gathering evidence (for example, ensuring clinician reports focus on functional impacts);

- The planning process has not always included all stakeholders (for example, mental health clinicians, advocates and family). In particular, this impacts complex care planning and case management and the interface between NDIS and other key State Government agencies. Delays to safe discharge from hospital including lack of suitable accommodation options and people with forensic mental health needs also impacts on the planning process;

- Access to providers – there are service provision and workforce gaps in particular regional and remote areas; pricing framework challenges to attract and retain suitably qualified and experienced staff; and there is potential for market failure and impact on the State disability and health systems; and

- Lack of affordable private housing and wait lists to access State and Community Disability Housing Program housing.

Specific Population Groups

There are some groups at greater risk of homelessness and overcrowding, and have greater barriers accessing appropriate accommodation and support. Whole of population strategies can have a positive impact on people at greater risk, however there is also a requirement to implement additional targeted strategies for further support.

While each population group has its own unique barriers to accessing appropriate accommodation and support options, there are a number of overarching key themes as follows:

- it is clear the lack of affordable and appropriate housing and support services is a barrier for all population groups; and

- there is a need for service providers to focus on developing flexible, culturally appropriate and regionally specific responses that integrate individuals into the community.

It is acknowledged that strengths may exist within these population groups, such as social connectedness, community support and flexibility. The community need to work together to enhance the impact of these protective factors.

Aboriginal People and Communities

Aboriginal and Torres Strait Islander people continue to be over-represented in the homeless and overcrowding population and as users of specialist homelessness services. Aboriginal and Torres Strait Islander people make up 3.3% of the Australian population, yet they made up 25% of those accessing specialist homelessness services in 2017–18 [33].

It is forecast that by 2025, Aboriginal people will represent 3.76% of Western Australia's total population [34]. In 2016, the Aboriginal population in Western Australia was approximately 76,000 people, and is forecast to grow to 120,000 by 2025 [35]. Due to the expected growth in population, an increase in services is required as well as the reconfiguration of current services to understand the role of culture, provide non discriminatory support and respond to the cultural requirements of Aboriginal people.

Shelter WA have reported that the state of Aboriginal housing in Western Australia is inadequate, with significant overcrowding and existing housing stock in desperate need of repair and maintenance, especially in remote communities [36]. Overcrowding has been shown to contribute to poor health and mental health outcomes [37]. For some individuals, behaviour of transient family members and their lodging for a period but not officially listed on the lease, may pose risks to the individual's tenancy [38].

> ## THERE IS A NEED FOR SERVICE RESPONSES TO BE FLEXIBLE, CULTURALLY APPROPRIATE AND REGIONALLY SPECIFIC.

The effectiveness of Aboriginal peer workers and other Aboriginal employed support workers in tenancy support contexts to ensure culturally appropriate service delivery was emphasised during the Commission's consultation processes. However, the need for robust support mechanisms to safeguard against burnout of Aboriginal peer and support workers is highlighted [39].

There is a need for service responses to be flexible, culturally appropriate and regionally specific. Approaches need to be inclusive of family and delivered within a trauma informed framework [40].

Research recognises that integrated pathways between a continuum of supported accommodation options are required to ensure effective support for Aboriginal people [41].

A variety of Aboriginal specific accommodation and support models exist in Australia. Further exploration and review is required regarding the effectiveness of models to determine best practice, cognisant of local contexts.

Young People

Over 3,000 children and young people under the age of 25 were counted as homeless on Census night in 2016 in Western Australia. Among those in youth homelessness services, two thirds had been in out of home care.

A significant number of young people are forced to leave home because of family violence. Without early intervention, homelessness results in significant health risks, an increased risk of interacting with the criminal justice system and, for many who are early school leavers, the possibility of life-long disadvantage [42].

MacKenzie's story

"I was living with my mum, but there was domestic violence going on and a lot of other family issues. So when I was 15, I left home and lived with a friend until I turned 16. I quit school because I had to find a job – I wasn't eligible for youth allowance until I was 16. [43]

Stable accommodation is essential for youth in recovery. It provides the feeling of safety that comes with security of housing and tenure [44].

Young people experience several issues in accessing local services, including: transport difficulties; institutional difficulties such as initiating appointments and unfamiliarity with the system; and financial difficulties [45]. Flexible service design was identified as a key component for providing effective support

to young people experiencing mental illness. This includes use of online contact and support, collaboration with and support of parents and flexible appointments (drop-in model) [46].

The Youth Mental Health Sub Network identified that "Transition from Emergency Departments in general hospitals and mental health inpatient units to community services, was considered to be a time where gaps in continuity of care occur due to fragmented pathways" [47]. The Sub Network indicated that developmentally appropriate models are required to assist young people moving from crisis accommodation or homelessness to permanent accommodation [48].

There are limited data collections that relate specifically to Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning (LGBTIQ+) people. This Strategy acknowledges that this cohort is at greater risk of experiencing mental health and AOD issues, particularly in young people.

In 2015 the Youth Affairs Council of Western Australia held a sector summit regarding issues pertaining to young people with complex mental health issues who are homeless [49]. A number of key elements were identified to improve outcomes for young people. These included:

- clear partnership working guidelines between mental health and homelessness services;

- shared responsibility for young people exiting health facilities;

- better communication between hospitals and homelessness services – sharing of information and risk management plans;

- more accommodation/support/services for young people in regional areas;

- flexibility in service delivery; and

- youth focused services (including rehabilitation services) that can respond to more than one presenting condition.

People with Complex Needs

This Strategy recognises that there are individuals with complex and multiple unmet needs, and this cohort will require additional support. Integration and coordination between agencies is essential to meet individual needs. The Plan outlines the need for specialised statewide services that offer an additional level of expertise or service response for people with particular conditions or complex and high-level needs. Services include targeted interventions, shared care,

comprehensive care for extended periods. Complex conditions may include, but are not limited to personality disorder, conduct disorder, mood disorder, emotional dysregulation and those with a history of trauma.

Women with children

Family and domestic violence is the leading cause of homelessness in Western Australia with 8,388 people citing family and domestic violence as the main reason for seeking support in Western Australia in 2015-16. Most of those seeking support are women and children [50]. As many as one in three Australian women have experienced family and domestic violence [51]. For Aboriginal women, as many as one in two experience violence and abuse in an intimate or family relationship [52].

Rebecca's story

"I've had to overcome a lot in my past, but things started to really spiral for me when I found out my partner was using meth. He became emotionally and psychologically abusive toward me. He completely isolated me, making sure I had no contact with my friends or family. He had complete control over me. I got very depressed. There were days I couldn't get up to take the kids to school. Because of his meth use, we received two move-on notices. I loved my home and I didn't want to leave. But he put me in a position where I had no other choice." [53]

Witnessing family violence is recognised as a form of child abuse and neglect [54]. Specialist and mainstream services are critical to helping women and children rebuild their lives following violence. Services supporting victims of violence must be flexible in meeting the diverse needs of their clients.

The Department of Communities is currently developing a 10 Year Strategy for Reducing Family and Domestic Violence. The consultation paper highlights the consequences of family and domestic violence on women and children, including that it is a leading cause of mental health issues including anxiety and depressive disorders, and substance misuse. The Commission will continue to provide input to ensure individuals with mental health and AOD issues are represented in the Strategy.

Older Adults

Approximately 15% of adults aged 60 years and over suffer from a mental health disorder. Some data suggests that 10-15% of older Australians experience anxiety and depression. Conditions like schizophrenia are more common in older people than in younger adults [55].

As Western Australia's population ages, mental illness and the respective needs of older adults is expected to increase. Further exacerbating these disorders can be precarious, unaffordable and poor quality housing, with the ever present fear of eviction resulting from untreated mental illness [56].

PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS WITH A MENTAL ILLNESS AND WHO ARE HOMELESS ARE PARTICULARLY VULNERABLE.

Approximately 15% of 65-74 year olds are at risk of alcohol-related harm in Western Australia [57]. Older adults have an increased risk of experiencing alcohol related harm due to:

- reduced tolerance;

- they are more likely to be taking a range of medications; and

- conditions such as diabetes, high blood pressure, congestive heart failure and liver problems, as well as memory issues and mood disorders can be exacerbated through drinking alcohol [58].

Homelessness is increasing amongst older adults with mental health issues. Approximately 17% of homeless Australians are aged over 55 years [59]. Older adults are also over represented among those living in temporary and insecure housing and those at risk of homelessness. This is particularly the case for women who have used rental properties whilst raising children and have experienced a separation from their partners later in life leaving them particularly vulnerable in securing accommodation with little to no superannuation, employment opportunities or financial support [60].

The older adult sector is often overlooked in accommodation needs within Western Australia [61]. Secure and affordable housing is often cited as being the most important impact on an older person's wellbeing. Older adults with mental illness and AOD issues often lack the ability to effectively self-advocate [62]. Any mental health and AOD care provision that targets older adults cannot be separated from responding and attending to the housing and accommodation needs of this most vulnerable group [63].

There is growing concern about the number of older home owners who will enter retirement as renters, or with large outstanding mortgages. Further, as the population ages, the number with age related disability will increase [64]. Implications resulting from complex mental health issues and dementia may include an increased risk of harm, lack of dignified treatment and infringement of rights [65].

Divestment and Decommissioning of Graylands Hospital

A key action in the Plan is the divestment of services at Graylands Hospital and Selby Older Adult Unit. The Commission, Department of Health and the North Metropolitan Health Service are working collaboratively to progress options for the decommissioning of the Graylands Hospital and Selby Older Adult Services. A limited number of services may remain on the Graylands and/or Selby sites, however replacement services will be developed in accordance with contemporary models of service and designed to meet the individual needs. Existing residents will be transitioned to new, replacement services before services are closed. Some residents may also be eligible for the support packages provided through NDIS. New services may include a combination of inpatient services, hospital in the home services, community bed-based services, and community support (accommodation options).

Rural, Regional and Remote

The number of services available to people with mental health and AOD issues in rural communities is lower than in urban areas and access to suitable and affordable accommodation options is more limited [66].

As a result, some people may not be able to access the services they need in their own community, or experience longer waitlists. In addition, housing in rural and remote areas is a lower standard than urban rental stock; therefore high proportions of rural renters live in substandard housing [67].

Culturally and Linguistically Diverse People and Communities

People from culturally and linguistically diverse backgrounds with a mental illness and who are homeless are particularly vulnerable. Multicultural Mental Health Australia note the following: "An already difficult situation is accentuated by language difficulties, unfamiliarity with service systems, social dislocation due to immigration, alienation from culture and community, grief related to experiences of torture, trauma and separation, and limited culturally appropriate service options" [68].

Community managed organisations may not have capacity or flexibility to ensure referral processes are non-restrictive and services are culturally appropriate. Within these contexts, people may not be aware of support pathways or have the confidence and skills to self-advocate [69].

Reducing stigma and discrimination towards mental health and AOD issues remains essential. For many ethnic communities, the attitude towards mental health and AOD issues can be punitive towards the individual, their carers and their families.

Strategies for providing accommodation and support for this cohort would have sustainable, longer term positive outcome if a whole-of-community approach was adopted [70].

People Exiting Prisons and Detention

The Plan identifies that approximately 65% of the juvenile and 59% of the adult prison population have mental health issues [71]. In 2015, over half (52.9%) of women and 37.9% of men in the Western Australian adult prison population had a co-occurring mental illness and a substance use disorder [72]. Australian and international academic literature has found that both mental illness and drug use are linked with re-offending [73].

There are disproportionally high numbers of young men; small numbers of women and young people; and a large over-representation of Aboriginal people. People in contact with the criminal justice system should receive mental health and AOD services equivalent to services available to the community [74].

People re-entering the community after involvement with the criminal justice system (including historical incarceration) face a range of challenges including: poverty, unemployment, difficulty accessing appropriate accommodation, discrimination, stigmatisation, poor physical health, intellectual disabilities, AOD misuse, mental health issues, poor social and communication skills, difficulty accessing primary and secondary care, and loss of family and social ties [75]. Re-entering the community can affect the individual's health and have significant impact on children, families and the community [76].

> ### Rueben's Story
>
> *"I was only 13 when I left home with my mum to get away from domestic violence, alcohol and drug abuse. I went from house to house, dropped out of school and things were difficult. I didn't have anywhere stable and no positive role models to look up to. I felt too young to link in with any services. It meant that I had to grow up really fast, and I started getting involved in drugs and crime.*
>
> *And just like that, 10 years passes by, most of it spent in prison. Every time I was released from custody, it was always easier to turn back to crime. It becomes your second home. You have food, shelter and don't have to worry about the rest of the world."* [77]

Stable housing and accommodation supports are crucial to enable re-entry into the community [78]. People with mental health and AOD issues are more likely to be homeless on release from prison, have poorer employment outcomes, higher levels of post-release criminal involvement and lower levels of family support than prisoners without mental health and AOD issues [79]. These factors increase the risk of reoffending and deterioration of mental health.

Support services and stable accommodation options are required to be enhanced to provide individuals with the best opportunity to reintegrate successfully into the community. Ensuring staff have the expertise to support high risk individuals and effective transition services are in place prior to an individual leaving prison is important for future outcomes. The first six months after release from prison is a particularly vulnerable period of transition, as it is known that mortality and morbidity are very high [80].

It is imperative that the management of the transition from prison to the community is undertaken in a flexible way, to ensure cultural security, and to cater for the needs of Aboriginal people as required [81].

Next Steps

Implementation of Actions

The implementation of this Strategy will require strong governance, with active monitoring and decision-making to ensure objectives are met. Many of the principles and actions will assist the accommodation and housing sector more broadly, and not only in relation to people with mental health and AOD issues.

A range of governance arrangements will include:

- Overarching monitoring by the Community Safety and Family Support Cabinet Sub Committee (Cabinet Sub Committee). The Cabinet Sub Committee may be responsible for coordinating a whole of government response; determining the reporting processes and data collection; and developing the cross-government key performance indicators (KPIs).

- The use of existing or new groups between Governments (State and Federal) and the non-government sector, to report on the implementation to the Cabinet Sub Committee.

- Implementation plans aligning to this Strategy's Key Principles and Vision to be developed by each agency and reported as shared outcomes in the agencies' annual reports.

A number of existing mechanisms focusing on accommodation and support are already in place in Western Australia, which can implement and monitor the effectiveness of the accommodation and support reforms. Examples of existing committees are included in **Appendix 10**.

- The Commission will promote and encourage stakeholders to consider this Strategy's Principles, Vision and Key Focus Areas in their own services and evaluate the inputs, outputs and outcomes [82].

Commission's Implementation Plan

The Commission will develop its own implementation plan and will work with service providers, individuals and their families, and other government agencies to support its implementation.

Early priorities include, but are not limited to:

- Working with the Department of Communities to explore alignment of key strategies under development. This is to include potential of joint business cases.

- Ensuring comprehensive program evaluations occur to determine effectiveness of current accommodation and support models and to inform future policy and service development.

- Increasing the number of mental health and AOD community bed-based and community support services to better address demand modelled in the Plan.

- Continuing with current reforms for the establishment of contemporary community bed-based services that will support the needs of individuals and assist in transition to and from accommodation/housing options when required.

- Implementing robust collaborative processes and pathways for those exiting mental health and AOD community bed-based services, hospitals or prisons for facilitated access to accommodation/housing.

- Adopting co-design approaches with consumers, families and carers as well as clinicians in the planning, implementation, review and ongoing development of accommodation and support service models, policies, and guidelines.
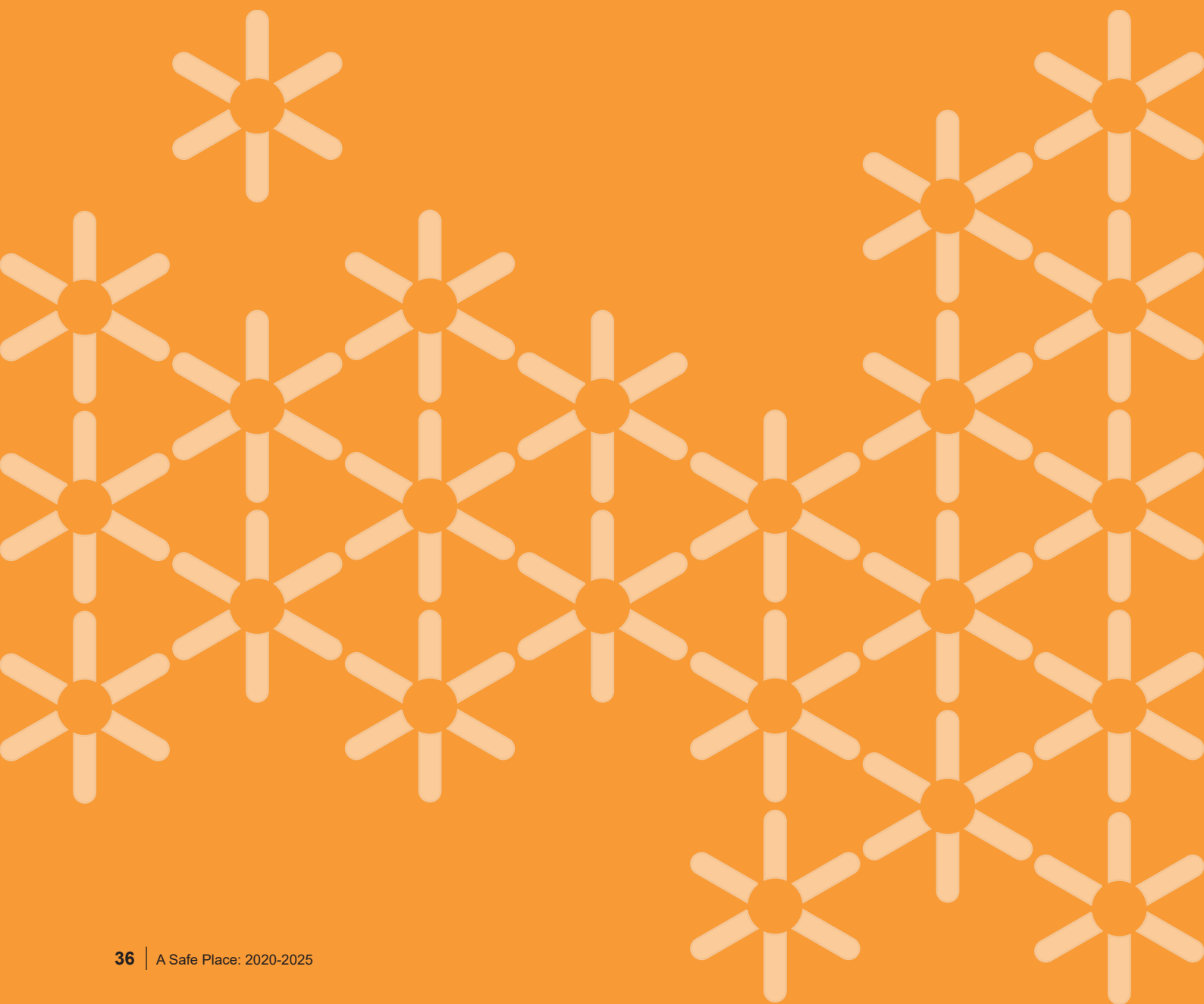
Measuring Success and Quality

An effective, person-centered service system requires a process where the performance of the system and services are assessed and evaluated to ensure that high quality, safe services are offered and delivered that comply with agreed standards, accreditation and any relevant legislation. In the first instance, compliance with the National Standards for Mental Health Services would ensure services are consistent with contemporary recovery principles and practices. Western Australian Network of Alcohol and other Drug Agencies (WANADA) have also developed a Standard on Culturally Secure Practice which may be applicable in this context. The service system also needs to build on existing standards for accreditation, and improve the implementation of both accreditation and licensing processes.

The Commission will evaluate its own actions to determine the effectiveness of the initiatives and aid in informing future program development to achieve longer term goals. Government agencies, non-government organisations and the private sector will be encouraged to work together with consumers, families and carers to develop effective partnerships and provide an integrated and collaborative accommodation and support system through the implementation of this Strategy.

Appendices

Appendix 1 - Definitions

For the purposes of this Strategy, the following definitions apply.

Advocate:

A person who supports a particular person and/or their position. This may be through either an informal or formal process. Many carers are advocates for family, friends experiencing mental health and AOD issues.

Carer:

A person who has a caring role for a person with a mental health and AOD issue or illness. They could be family, friends or staff and be paid or unpaid. The role of the carer is not necessarily static or permanent, and may vary over time according to the needs of the consumer and carer.

Co-design:

Co-design is identifying and creating an entirely new plan, initiative or service, that is successful, sustainable and cost effective, and reflects the needs, expectations and requirements of all those who participated in, and will be affected by the plan.

Collective impact:

A framework for bringing cross-sector organisations together to focus on a common agenda that results in long-lasting change.

Commissioning in the context of the Mental Health Commission:

The Commission does not provide direct mental health services, but purchases services for the State from a range of providers including public Health Service Providers, a wide range of non-government organisations and private service providers.

Community Housing Organisation (CHO):

Entities that provide safe, secure and affordable community housing for people on low to moderate incomes. CHOs are "skilled in matching people to properties by assigning housing according to individual requirements and paying attention to location, design and support needs" [83]. There are more than 200 CHOs in Western Australia, including Local Government Authorities and State Government Agencies, as well as 'traditional' not-for-profit entities, which comprise most of the sector. CHOs provide social housing to people who may or may not have needs extending beyond the financial need for subsidised rent. Types of accommodation provided by these organisations include crisis, transitional and long term housing.

Community Support Services:

Provide individuals with mental health and AOD issues access to the help and support they need to participate in their community. Community support include programs that help people identify and achieve their personal goals, and can include: personalised support programs (for example to assist in accessing and sustaining employment/education); peer support; initiatives to promote good health and wellbeing; home in-reach support to attain and sustain housing; family and carer support; flexible respite; individual advocacy services; and harm-reduction programs.

Complex needs:

Depend upon the individual and their situation and may often be referred to as "multiple unmet needs" Complex needs can be viewed as a framework for understanding multiple, interlocking needs that span health and social issues.

Consumer:

Any person who identifies as having a current or past lived experience of psychological or emotional issues, distress, mental health and AOD issues, irrespective of whether they have a diagnosed mental illness and AOD issue and/or have received treatment.

Co-occurring, comorbidity or dual diagnosis:

Refers to a person who has a substance use problem(s) and mental health problem(s) (such as depression or anxiety) at the same time. Interaction between the two can have serious consequences for a person's health and wellbeing; therefore appropriate diagnosis is essential in the management of comorbidity. Comorbid issues generally require long-term management approaches and an integrated approach with other services. This also refers to those who have a mental illness and AOD issue, with one or more medical problems at the same time.

Co-production:

Co-production as implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship, with shared power and responsibilities, to achieve positive change and improved outcomes.

Detox/detoxification:

Is synonymous with and more commonly termed withdrawal from AOD. Usually it refers to supervised withdrawal for a person who is dependent on AOD. It may or may not involve medication.

Emergency housing:

An entry point into critical services and an alternative to the streets. Provides complex care support and short term accommodation, including shelters and safe houses.

Evidence-based practice:

Developing responses based on identified client needs and the best available evidence on effectiveness through research and evaluation.

Forensic mental health services:

Refers to mental health services that principally provide assessment, treatment and care of people with a mental health issue and/or mental illness who are in the criminal justice system, or who have been found not guilty of an offence because of mental impairment. Forensic mental health services are provided in a range of settings, including prisons, hospitals and the community.

Homelessness:

Based on the Australian Bureau of Statistics definition: the state of a person who does not have suitable accommodation alternatives and whose current living arrangement:

*   is in a dwelling that is inadequate; or
*   has no tenure, or if their initial tenure is short and not extendable; or
*   does not allow them to have control, and access to space for social relations.

Housing cooperative:

A distinctive type of home ownership that is membership based. An apartment building or a group of dwellings owned by a corporation, the members of which are the residents of the dwellings. In a cooperative, the corporation or association owns title to the real estate. A resident purchases stock in the corporation which entitles him to occupy a unit in the building or property owned by the cooperative. While the resident does not own his unit, he has an absolute right to occupy his unit for as long as he owns the stock.

Housing first:

A homeless assistance approach that prioritises providing people experiencing homelessness with permanent housing as quickly as possible, and then providing support services as needed.

Home ownership:

Where a person owns or has a mortgage on the home in which they live.

Housing ready:

Housing Readiness focuses on treatment need: it is an exercise in prognosis and changes in behaviour whereby individuals are given placement contingent on first accepting treatment for those conditions that minimise Housing Readiness.

Housing stock:

The total number of houses available for occupancy in an area.

Inclusive community:

Is one that does everything it can to respect its citizens, gives them full access to resources, and promotes equal treatment and opportunity; works to eliminate all forms of discrimination; values diversity; and responds quickly to discriminating incidents.

Independent Living Program (ILP):

Is a supported housing program to assist people with severe mental illness to gain appropriate accommodation and live with support in the community. The ILP is a joint initiative between Communities, the Department of Health and the Commission. The ILP comprises of 760 houses throughout Western Australia. The ILP enables people with a psychiatric disability to rent properties, via a lease with a non-government organisation supportive landlord agency. The supportive landlord role provides services that assist in establishing and sustaining people in stable housing.

Individualised:

Services made for or adjusted to a particular individual. Assists the person to identify services and supports required to meet their needs and goals.

Individual coordination:

Provides a locally based approach to supporting people with mental health and AOD issues and their families to navigate, plan and coordinate access to the services and supports needed to live a good life.

Inpatient unit:

A hospital ward or similar that provides 24-hour nursing care. It is able to care for individuals detained under the *Mental Health Act 2014*, with a consultant psychiatrist or other professional acting as responsible clinician.

Integrated and collaborative service system:

Refers to service agencies working together to collaborate and coordinate their support, services and interventions for consumers. This requires a person centred approach and attention to people who have complex and multiple unmet needs that require services from a number of agencies. Some efforts may be one-off, but more typically, there is a system developed that enables agencies to meet or communicate and possibly streamline processes, to provide ongoing coordination. Furthermore, an integrated and collaborative service system provides greater flexibility for individuals and service providers to match individual needs with the support provided, in order to develop solutions that will support outcomes.

Mental health:

A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

Mental illness:

A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

On-site staffed accommodation:

On-site staffed accommodation is accommodation for individuals that have no other housing options. It is a combination of accommodation and support that is longer term (more than 12 months). Contemporary models include a focus on individual development to assist people to live independently.

Outreach services:

An outreach service refers to a program or initiative that provides mental health and AOD services in a location removed from a central management site.

Overcrowding:

Refers to the condition where more people are located within a given space than is considered tolerable from a safety and health perspective. Overcrowding may arise temporarily and/or regularly. Effects on quality of life due to crowding may be due to increased physical contact, lack of sleep, lack of privacy and poor hygiene practices.

Peer support and peer support workers:

Social and emotional support, frequently coupled with practical support. Provided by people who have experienced mental health and AOD issues or illness to others sharing a similar mental health and AOD condition. Peer support aims to bring about a desired social or personal change.

Person-centred approach:

Instead of the individual having to fit into existing programs and services, planning and support will begin with the person and their life goals and ambitions. In a person centred approach:

*   the person is at the centre;
*   the principles of self-determination, choice and control are crucial;
*   carers, family, friends and others invited by the person are partners in the process;
*   what is important to the person, their capacities, and the support they require is key; and
*   the focus is on what is possible for the person.

Private rental:

Private rental accommodation is traditional rental housing run by private landlords rather than a housing program. It is generally long-term housing.

Psychiatric hostel:

Private premises in which three or more persons who are socially dependent because of mental illness, and are not members of the family of the proprietor of the premises, reside and are treated or cared for.

Psychosocial:

The term psychosocial underscores the close connection between the psychological aspects of a person's experience (such as their thoughts, emotions, and behaviour) and their wider social experience (including their relationships, traditions and culture).

Psychosocial disability:

Psychosocial disability is a term used to describe a disability that may arise from a mental health issue. Not everyone who has a mental health condition will have a psychosocial disability, but for people who do, it can be severe, longstanding and impact on their recovery. People with a disability as a result of their mental health condition may qualify for the NDIS.

Recovery:

Personal recovery is defined within the National Framework for Recovery oriented Mental Health Services as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'. It is acknowledged recovery is personal and means different things to different people. In regards to AOD use, it may or may not involve goals related to abstinence.

Recovery plan:

A plan designed to help you recover by working out what sort of life you want to lead, what you can do to get there, keeping track of changes and identifying and managing things that might make you worse.

Residential rehabilitation:

Safe and supported programs offered in a community-based setting to people who have not successfully reduced or overcome their substance use issues through other treatment programs and who are not suited to attend an outpatient program.

Safe guarding:

A term used to denote measures to protect and prevent people from being harmed or badly treated. Safeguards are precautions and measures that are put in place to ensure an individual has the best possible chance of succeeding in their recovery. Safeguards may protect a person from exploitation and harm, and foreseeable unintended events. Importantly, safeguards should enhance and protect a person's human rights, and enable a person to make choices and decisions, take considered risks, and live a life as an active and equal citizen in the community.

Social housing:

The term social housing is used as an umbrella term for both public and community housing as one sector. Individuals in social housing can receive funding from the government or community organisations that can, where appropriate, enable tenants to live independently; and pay rent that is affordable, relative to their income and can be less than market value.

This type of housing is long-term and allocated through the Department of Communities or an alternate scheme such as the National Rental Affordifying Scheme. Individuals access the majority of this accommodation via a waitlist. Accommodation options include units and standalone houses across Western Australia.

Social inclusion:

Social inclusion refers to policies which result in the reversal of circumstances or habits which lead to social exclusion. Indicators of social inclusion are that individuals are able to secure a job; access services; connect with family, friends, work, personal interests and local community; deal with personal crisis; and have their voices heard.

Stable accommodation:

A building in which someone may live that is steady, not likely to change and long-term. Stable accommodation provides a foundation for individuals with mental health and AOD issues to improve their health outcomes.

Stigma:

Stigma is a mark or label that sets a person apart. Stigma occurs whenever there are negative opinions, judgments or stereotypes about anyone with any form of mental health and AOD issue. People with mental health and AOD illness feel diminished, devalued and fearful because of the negative attitude society holds toward them. As a result, people struggling with mental health challenges may not get the help they need for fear they'll be discriminated against.

Transitional housing:

A non-emergency, supportive, yet temporary type of accommodation. It is an intermediate step between emergency crisis shelter and more permanent accommodation. This is short to medium term accommodation (up to 12 months). Accommodation and support is provided to assist people to transition from other services (for example AOD residential rehabilitation, prison or hospital admission) to independent accommodation.

Trauma:

A deeply distressing or disturbing experience that causes someone to have psychological or emotional problems for an extended period of time.

Treatment first:

Individuals are required to accept treatment and be evaluated by case managers to illustrate that they are mentally stable, not using illicit substances, have sufficient skills to live without supervision and/or demonstrate other required behavioural changes; only then does the individual become housing 'ready'.

Young People:

This Strategy aligns with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 and defines youth as ages 16 to 24 years (Mental health) and ages 12 to 17 years (Alcohol and Other Drug).

Whole of government services:

Whole of government denotes public agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal and informal. They can focus on policy development, program management and service delivery.

Appendix 2 - Key Stakeholders and their Role in Implementation

Department of Communities

The Department of Communities (the Department) has a key role in the accommodation and support system. The Department provides affordable housing opportunities for people who would otherwise be unable to access housing by working in partnership with the private, government and not for-profit sectors in Perth, and in regional and remote locations. In addition to providing houses, the Department assists with housing finance, and provides rental assistance options for people in need. The Housing portfolio includes: Housing Authority; Country Housing Authority; and Keystart Housing Scheme Trust. The Housing Authority is Western Australia's biggest provider of social housing.

The Department of Communities is the lead agency in the area of crisis accommodation and works with government agencies and community service providers to plan and deliver homelessness services to respond to the needs of vulnerable Western Australians. These services include crisis and transitional accommodation, rough sleeper programs, day centres, soup kitchens, tenancy support services, and family and domestic violence services [84].

Examples of the areas of this Strategy which the Department of Communities has responsibilities include: increasing housing stock and access to housing; influencing the diversity of housing on offer, eligibility and waitlist management/reform; improving transitions and processes between accommodation and support service options; increasing interagency collaboration; and reviewing existing housing and support models.

The Commission is committed to working collaboratively with the Department of Communities to identify actions for alignment with their 10 Year Homelessness Strategy, new Housing Strategy 2020-2030 and Affordable Housing Action Plan 2017-18 to 2019-20.

Department of Health

The Department of Health (DoH), through Health Service Providers, provides a wide range of health services in Western Australia including: child health; school health; hospital care; and mental health and AOD services. The DoH plays a role in the accommodation and support system because people with mental health and AOD issues exiting hospital often experience difficulties in finding and sustaining suitable accommodation. This results in people staying in hospitals and acute mental health settings far longer than needed.

Areas of this Strategy which the DoH and Health Service Providers have a critical role in relation to the development of an integrated and collaborative services system.

This includes: providing community treatment services, identifying and referring people to appropriate psychosocial support providers; ensuring adequate safeguards for people being discharged from care; implementing policies to ensure people are not being discharged into homelessness; and clinician input into accommodation and support models, policies, and guidelines.

Department of Justice

The Department of Justice (Justice) is a "corrective services organisation which provides support to the justice system and the community of Western Australia by ensuring the security and safety of the community, staff and those in the Department's care" [85]. Justice provides staff to coordinate services that will help people re-enter the community following contact with the criminal justice system, including supported accommodation services such as short-term, emergency accommodation, and transitional accommodation and support. Successful transition from prison to the community is an integral part of the accommodation and support system.

Non-Government Organisations

Non-government organisations (NGOs) play an important role in the accommodation and support system, and include Community Housing Organisations (CHOs) whose role is to manage housing properties across Western Australia. NGOs also provide support for people, including those who are transitioning from one accommodation and support type to another.

Many areas in this Strategy relate to NGOs and CHOs. These include actions such as: fostering partnerships with private sector investors to increase housing capacity and availability; developing an integrated and collaborative service system with improved communication and information sharing protocols; establishing local partnerships to develop localised strategies to address the impact of trauma on tenants in local communities; mapping and reviewing existing accommodation and support services; and developing new contemporary models.

CHOs are entities that provide safe, secure and affordable community housing. There are more than 200 CHOs in Western Australia, including Local Government Authorities and State Government Agencies, as well as 'traditional' not-for-profit entities, which comprise most of the sector. CHO's operate at many points across the housing continuum, from homelessness and crisis accommodation services, through long term social and affordable rental housing, to pathways to home ownership through transitional and shared equity home ownership programs. CHOs provide social housing to people who may or may not have needs extending beyond the financial need for subsidised rent.

Peak bodies

Peak bodies including Western Australian Association for Mental Health (WAAMH), Western Australian Network of Alcohol and other Drug Agencies (WANADA), Consumers of Mental Health WA (CoMHWA) and the Alcohol and Other Drug Consumer and Community Coalition (AODCCC) will play a valuable part in the implementation of this Strategy.

CoMHWA, as a consumer led organisation, will be vital in establishing mechanisms for co-design with clients, families and carers in the planning, implementation, review and ongoing development of services, and exploring options to ensure clients have a greater voice in choosing the type of accommodation and support that they need. They may also support the establishment of local partnerships between consumers, families and carers, and public mental health services, local Government offices, CHOs, and community mental health and AOD service providers.

Appendix 3 - Development of this Strategy

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025

This Strategy utilised feedback from the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (The Plan) consultation and other forums focused on accommodation and support issues. Throughout these consultations, homelessness and lack of accommodation services were consistently identified by stakeholders as one of the most significant issues impacting the mental health and AOD service system in Western Australia.

The Plan consultations stated that in Western Australia there is a need for improved access to housing and accommodation, including contemporary best practices and improved safety and quality of housing now and in the future. The comments focused on the need for community support services, in particular: inclusivity and access to support services; accommodation/housing support; support for specific groups such as children and young people; and the use of peer support.

In relation to community beds, the consultations highlighted a need to ensure access to these services in regional areas and a clearer understanding of the support and care that will be provided in these settings. There is also a requirement for community bed-based services for specific groups such as youth, and older adults.

Consultation Process

The Commission consulted with a range of key stakeholders, including government departments, and Commission funded services to identify key issues and early priorities relating to housing and support for individuals with mental health and AOD issues. The purpose of these consultations was to build upon the knowledge sourced through the Plan consultations, and previous forums focused on accommodation and support issues.

Consultation commenced in March 2016 and concluded in October 2018. The consultation processes included:

- individual meetings with targeted stakeholders;
- a group meeting with stakeholders involved in the delivery of the Independent Living Program;
- a consumer, family and carer workshop;
- establishment of a Strategy Advisory Committee; and
- a statewide public consultation process consisting of information sessions, on-line survey, and written submissions to the Commission.

Stakeholders that Provided Input into the Strategy

Individual contributions

Over 30 consumer consultants, carers and family members have contributed to the consultation process.

Organisational contributions

- Aboriginal Health Council of Western Australia
- Access Housing
- Alcohol and Other Drug Advisory Board
- Alma Street Care
- Amana Living Inc.
- Association of Community Care Facilities
- Australian Housing and Urban Research Institute
- Australian Medical Association
- Bloodwood Tree Association
- Cancer Council
- Carers Association of WA Inc
- Chief Executive (SMHS)
- Chief Psychiatrist of Western Australia
- Child and Adolescent Health Service
- Child and Adolescent Mental Health Service
- Child and Adolescent Community Health
- Commissioner for Children and Young People
- Community Mental Health
- Consultant Psychiatrist (NMHS)

- Community Housing Industry Association
- Consumers of Mental Health WA
- Cyrenian House
- Department of Aboriginal Affairs
- Department of Communities
- Department of Justice
- Department of Health (Mental Health Unit)
- Department of Local Government, Sport and Cultural Industries
- Disability Services Commission
- East Metropolitan Health Service - Mental Health
- Foundation Housing
- Fusion Australia
- Great Southern Community Housing Association
- Helping Minds
- Hope Community Services
- Housing Advisory Round Table
- Housing Authority
- Lamp Inc.
- Life Without Barriers
- Mental Health Advisory Council
- Mental Health Commission Aboriginal Advisory Group
- Mental Health Advocacy Service
- Mental Health Matters 2
- Mental Health Network
- Mental Health Network – Multicultural Sub Network
- Mental Health Network – Youth Sub Network
- Mission Australia
- Nannup Uniting Church
- National Disability Insurance Agency
- National Affordable Housing Agreement Transitional and Young Parents Accommodation Program
- Ngnowar Aerwah Aboriginal Corporation
- Noongar Mia Mia
- North Metropolitan Health Service – Mental Health
- Pathways SouthWest
- Psychoanalytic/Dynamic Practitioners of Perth
- Richmond Wellbeing
- Rise Network

- Romily House
- Ruah Community Services
- Salisbury Home
- Shelter WA
- St Judes Hostel
- St Bartholomew's House Inc.
- St Vincent De Paul
- Southern Cross Care (WA) Inc.
- South Metropolitan Health Service – Mental Health
- Teen Challenge
- The Royal Australian and New Zealand College of Psychiatrists
- The Salvation Army
- Uniting Care West
- WA Primary Health Alliance
- Western Australian Association for Mental Health
- Western Australian Network of Alcohol and other Drug Agencies
- WA Country Health Service (Great Southern Mental Health Service)
- Women and Newborn's Health Service (NMHS)
- Youth Futures
- Youth Mental Health (NMHS)
- Youth Mental Health Sub Network

Independent Living Program Practitioners Forum

On 2 August 2016, the Commission convened a workshop for Independent Living Program (ILP) practitioners with the purpose of identifying the key issues, challenges and opportunities related to the delivery of the ILP. A total of 20 individuals attended the workshop, including representatives from health service providers, community managed organisations and CHOs.

Key themes for action identified in the forum included:

- implementation of transparent, standardised referral processes and approaches to waitlist management;

- need for more housing stock, with emphasis on quality, suitability and sustainability;

- investigation of exit strategies including processes for transfer of tenure if individuals no longer meet the ILP's requirements;

- housing allocation (location and configuration) should be mapped/matched to need and demographic, and be regularly reviewed; and

- ongoing continuous improvement processes within a partnership framework to ensure the ILP is responsive, contemporary and meets current needs.

Consumer, Family and Carer Workshop

On 16 September 2016, 25 people attended a workshop, convened by the Commission. The workshop focused on identifying the key issues for consumers, families and carers to inform the development of the Strategy. The facilitators of the workshop included Commission staff and an external consultant with lived experience supporting a family member experiencing mental health distress.

Key themes identified included:

- working with agencies to develop a trauma informed approach to service delivery;

- pathways to develop collaborative practices across the sector;

- reflecting on the learnings from collective impact approaches; and

- the development of a strategic partnership between the Commission and the Department of Communities.

National Mental Health Commission, Housing, Homelessness and Mental Health Jurisdictional Workshops

From March 2017 to May 2017, the National Mental Health Commission conducted nine consultation workshops across Australia. The aim of the workshops was to develop an improved understanding of the national issues relating to housing, homelessness and mental health to inform policy and research directions.

Workshop attendees shared their viewpoints on the following issues [86]:

- the success factors of programs already in place which are effective;

- how to increase housing supply for those with a mental illness;

- how to provide more housing choice; and

- what data should be collected to monitor the effectiveness of systems which help people with a mental illness find a home.

Advisory Committee

In March 2017, the Commission established an Advisory Committee to provide guidance regarding the finalisation of the vision, principles, key focus areas and helped shape the priority actions for public consultation. The Advisory Committee considered the key themes from the consultation processes and other preparatory work in making their recommendations.

The Advisory Committee included consumers and carer/family members, representatives from State Government departments, community housing providers and as well as peak community mental health and AOD agencies. The Advisory Committee held its final meeting in June 2017.

Public Consultation

An eight week public consultation on the draft Strategy closed on 26 October 2018. During this period, members of the public were given an opportunity to provide feedback through SurveyMonkey, email, telephone, in writing and face to face. A public advertisement inviting feedback was also placed in the West Australian newspaper. Two public information sessions were held on 5 September 2018 as part of this process. Feedback from the public consultation has been collated, grouped into common themes and new themes have been incorporated, where possible.

New themes identified through the public consultation included:

- streamline the document so key information is up front and supporting documentation sits behind;

- ensure the word "safe" is upfront when referring to accommodation;

- include consumers with complex care needs in the 'specific needs of population' section;

- include women and children who have been made homeless by domestic/family violence in the 'specific needs of population' section;

- include reference to individuals who have previously been incarcerated (not just the ones exiting prisons); and

- include reference to those who were previously homeless and need ongoing support.

Appendix 4 - The Role of this Strategy in the Current Mental Health and AOD Service System

There are seven service streams within the mental health and AOD system outlined in the Plan as follows:
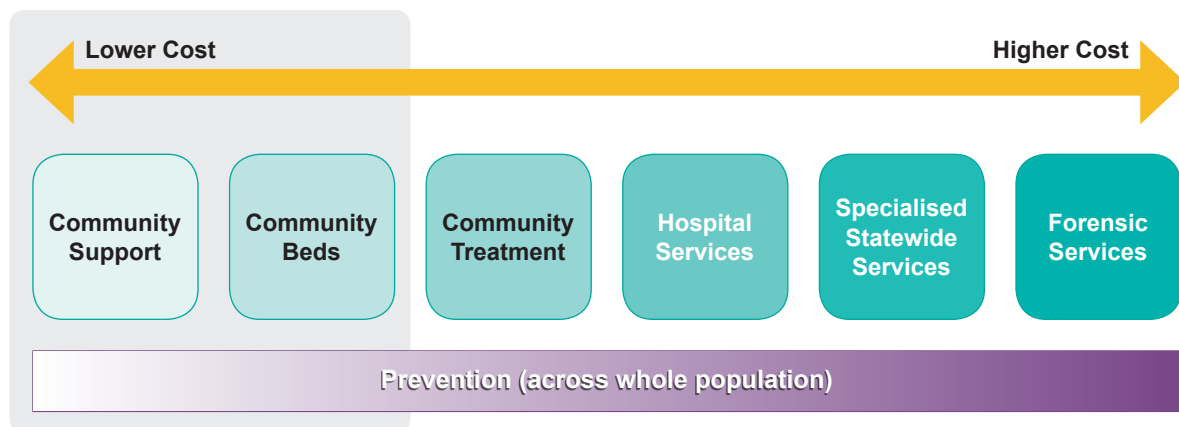
- Prevention;

- Community Support Services;

- Community Treatment Services;

- Community Bed-based Services;

- Hospital-based Services;

- Specialised Statewide Services; and

- Forensic Services.

All of the streams across the continuum need to be engaged to ensure smooth transfers to and between services so that people do not fall through the gaps. Facilitation of access to the right services, and the ability to move between services when required is essential. Improving access to safe accommodation and associated community support will help prevent system blockages and provide more appropriate options for people who want to, and are able to, live independently in the community.

This Strategy focuses on two services streams outlined in the Plan: the Community Bed-based Services Stream and the Community Support Services Stream; however strengthening personalised community support services alongside community treatment, and improving system navigation is critically important. As such, the need for pathways and contemporary services across the streams is recognised as being integral to successful implementation of accommodation and support strategies more broadly.

Through building the capacity of all aspects of the system, individuals will be better supported to stay well within the community.

Mental Health and AOD Service Stream Continuum

Lower Cost ← → Higher Cost

| Community Support | Community Beds | Community Treatment | Hospital Services | Specialised Statewide Services | Forensic Services |

Prevention (across whole population)

Prevention

Mental health and AOD prevention refers to the initiatives and strategies implemented at national, statewide and local levels to reduce the incidence and prevalence of mental health issues, and delay the uptake and reduce the use of AOD and associated harms. Mental health promotion strategies aim to boost positive mental health and resilience. Effective strategies include raising community awareness, the creation of supportive environments and communities, enhancing healthy community attitudes/skills, and building community capacity to address mental health and AOD issues.

Community Support Services

Community support services provide individuals with help and support to participate in their community. Community support services help people identify and achieve their goals, and can include: personalised support programs (for example to assist in accessing and sustaining employment/education); peer support; initiatives to promote good health and wellbeing; home in-reach support to attain and sustain housing; family and carer support; flexible respite; individual advocacy services; and harm reduction programs. Community support services may be hosted in a number of environments such as school, community centre and may also include the provision of accommodation and other support services. Accommodation under community support services are accessed by individuals who may not have an alternative place to live such as crisis and respite, and psychiatric hostels.

Community Bed-based Services

Community bed-based services provide 24 hours per day, seven days per week recovery-oriented services in a residential style setting. Community bed-based services aim to support individuals to enable them to move to more independent living. They assist people with mental health and AOD issues who may need additional support, but where admission to hospital is not required. They can also provide additional supports to assist people to successfully transition home from hospital, as well as work with an individual to prevent relapse and promote good general health and wellbeing. Some of these services require varying levels of clinical support often from community treatment services to address high support needs associated with more complex issues.

Community Treatment Services

Community treatment services provide clinical care in the community for individuals with mental health and AOD issues. Community treatment services generally operate with multidisciplinary teams who provide outreach, transition support, relapse prevention planning, physical health assessment and support for good general health and wellbeing. Services provided to individuals are non-residential, and can be intensive, acute or ongoing. AOD community treatment services include pharmacotherapy programs, screening and assessment programs, and specialist counselling.

Hospital-based Services

Hospital-based services include acute, subacute and non-acute inpatient units, emergency departments, consultation and liaison services, mental health observation areas, and AOD high/complex medical withdrawal services. Hospital-based services provide treatment and support in line with mental health recovery-oriented service provision, including promoting good general health and wellbeing [87].

Specialist Statewide Services

Specialised statewide services offer an additional level of expertise or service response for people with particular clinical conditions or complex and high-level needs. Services can include targeted interventions, shared care, comprehensive care for extended periods, and support to general services. Some services can be developed as centres of excellence that are located in the metropolitan area and provide expert advice and assistance across the State. Examples may include eating disorders, perinatal, and neurosciences and neuropsychiatry. Other services, where possible, can be delivered through a hub and spoke model.

Forensic Services

Forensic services provide treatment and support for people at all stages through the criminal justice system, and aim at preventing people from re entering the criminal justice system.

Appendix 5 - The Current Accommodation and Support System

This Strategy focuses on two services streams outlined in the Plan: the Community Bed-based Services Stream and the Community Support Services Stream. Services which are delivered through beds in the community are highlighted below:

1. Community bed-based services

2. Community support services
   a) Support services only
   b) Support services linked with residential/accommodation

The figure below depicts three wheels representing different levels of the accommodation and support system. A Safe Place Paradigm sits within the broader system of mental health and AOD services including community treatment and hospital bed-based services.

A Safe Place Paradigm

The Paradigm is circular in shape as it recognises people may need different types of services at different times and that they may move between the streams in a way that is not linear:

- At the centre of the wheel is the individual and their personal supports such as friends, family, carers and the community, recognising the importance of informal support mechanisms to individuals.

- The inner wheel (teal) shows the different support mechanisms to assist individuals to live in the community. This includes supports such as CHOs; and community managed mental health or AOD services.

- The middle wheel (multi-coloured) depicts the range of community support accommodation options.

- The outer wheel (yellow) demonstrates some of the community bed-based services.

The sections below go into more detail regarding the service and accommodation options available as part of the two service streams outlined in the Paradigm. These are based on the National Mental Health Services Planning Framework and the Drug and Alcohol Services Planning Model, used in developing the Plan.

Community Bed-Based Services (outer wheel)

There are four key types of mental health community bed-based services, and a variable length of stay is offered depending on the person's needs and the type of service. Services are recovery-focused, family inclusive, are often delivered in home like cluster-style facilities and are staffed 24 hours per day, seven days per week.

There are two types of AOD community bed-based services, being low medical withdrawal and residential rehabilitation. Community bed-based services are expected (where appropriate), to have the capability of meeting the needs of people with co-occurring mental health and AOD issues. The community mental health and AOD bed-based service types are further described below.

Community mental health subacute services - short-stay

The average length of stay is 14 days with an expected maximum of 30 days. This service provides short term residential care, including intensive clinical treatment and support. Services are aimed at two groups of consumers: firstly, consumers who are living in the community and require short-term residential support, intensive clinical treatment and intervention to prevent risk of further deterioration or relapse which may lead to a hospital admission; and secondly, consumers who are in hospital, but are not ready to return home. For this group, community mental health services offer a safe and supportive short-term residential option before they transition home. Some examples of current services include the community mental health step up/step down services.

Community mental health subacute services - medium-stay

The average length of stay is 120 days (four months), with an expected maximum of 180 days (six months). These services are residential in nature and are delivered in a partnership between clinical and community support services. They provide accommodation, and staffing is available on-site 24 hours per day, seven days per week to deliver recovery-oriented psychosocial rehabilitation programs. An example of a current service is the Recovery House program.

Community mental health non-acute services - long-stay

There are no parameters around length of stay however the average timeframe is around one year. The functions of these services mirror that of the community mental health medium stay services (above), however they differ in their length of stay. An example of a current long-stay service includes the Community Supported Residential Units.

Community mental health non-acute services - long-stay (Nursing Home – Older Adult)

Services are specifically designed for older adults who have severe and persistent symptoms of mental illness, and who have risk profiles that preclude them from living in mainstream aged care settings. The service provides assessment, ongoing treatment, rehabilitation and residential support for consumers. An example of a current service is the High Dependency Units.

AOD low medical withdrawal

The average length of stay is five to seven days and is most appropriate when symptoms are likely to be low to moderate. This type of service provides 24 hour supervised AOD detoxification or withdrawal programs from a psychoactive drug of dependence. Where appropriate, low medical withdrawal services can also be provided in the home by registered nurses and General Practitioners. Examples of current services include the Drug and Alcohol Withdrawal Network, and withdrawal programs co-located with AOD residential rehabilitation services.

AOD residential rehabilitation

The average length of stay is 13 weeks, but can range between five and 26 weeks. These services offer 24-hour community based residential treatment programs, and intensive and structured interventions following withdrawal. Programs usually include psychological therapy, education, development of skills and peer support. Therapeutic communities are considered a type of residential rehabilitation service. There are also dedicated services for specific groups such as women and young people.

Community Support Services Only (inner wheel)

Support services offer a range of group and one to one activities, on-site and externally, to cater for peoples' individual capacities, age range and interests. Support services are available in both in-reach and outreach formats. In reach support consists of staff in a service site, such as a shelter or community resource centre, and direct, face-to-face interactions occur at that site. Outreach support services involve mobile staff who visit the accommodation site including the individual's home. An example is the homelessness outreach support services.

These support services play an important role by offering outreach and engagement for individuals, including those who are homeless and in crisis with immediate care needs. Outreach services are defined as face to face interaction with homeless people in streets, shelters, and in other non traditional settings. In active outreach, workers seek out homeless individuals. This work aims to establish supportive relationships, provide advice and support to enable individuals to access necessary services and supports to assist them in moving beyond homelessness. These services are often funded by

not-for-profit organisations such as the Salvation Army. Effective outreach utilises strategies aimed at engaging persons into the needed array of services.

Community Support Services linked with Accommodation – Accommodation Options (multi coloured wheel)

Mental health and AOD support services offer variable levels of support dependent on individual needs. As a result the level of support differs within the different accommodation types, and includes services for people living independently in the community. Because support is tailored to the individual, people within the same accommodation option may experience different levels of support. For example an individual living in a private rental may be well into their recovery journey, and therefore may reduce the level of support to only requiring occasional in-reach support services. Alternatively an individual may also live in private rental accommodation but require high support and attend full day programs.

Homelessness

According to the Australian Bureau of Statistics , the definition of homelessness is: the state of a person who does not have suitable accommodation alternatives and whose current living arrangement:

• is in a dwelling that is inadequate; or

• has no tenure, or if their initial tenure is short and not extendable; or

• does not allow them to have control, and access to space for social relations.

Emergency Accommodation

An emergency housing facility is an entry point into critical services and provides a short term, temporary alternative place to reside. Agencies provide complex care support and short term accommodation. This may include shelters and safe houses for homeless individuals and families. Here, people access basic necessities such as a place to shower, do laundry and have meals. These accommodation services are often funded by government agencies such as the Department of Communities, for example crisis and respite services.

Transitional Accommodation

Transitional accommodation refers to a non-emergency, supportive, yet temporary type of accommodation. It is an intermediate step between emergency crisis shelter and more permanent accommodation. This is short to medium term accommodation (up to 12 months). Accommodation and support is provided to assist people to transition from other services (for example AOD residential rehabilitation, prison or hospital admission) to alternative accommodation. An example of transitional accommodation is the Transitional Housing and Support Program funded by the Commission, and offered to eligible people exiting AOD residential rehabilitation.

On-site Staffed and In-reach Accommodation

On-site staffed and in-reach accommodation is accommodation for individuals that have no other housing options. It is a combination of accommodation and support that is longer term (more than 12 months), and can include hostels and the Individualised Community Living Strategy. Contemporary models include a focus on individual development to assist people to live independently.

Social and Affordable Housing

The term social and affordable housing is used as an umbrella term for public community and affordable housing together as one sector. Individuals in social and affordable housing can receive funding from the government or community organisations that can, where appropriate, enable tenants to live independently; and pay rent that is affordable, relative to their income and can be less than market value. The physical property can also be supplied by public and community housing.

This type of housing is long-term and allocated via the Department of Communities or an alternate scheme such as the National Rental Affordability Scheme. Individuals access the majority of this accommodation via a waitlist. Accommodation options include units and standalone houses across Western Australia.

Private Rental

Private rental accommodation is traditional rental housing run by private landlords rather than a housing program. It is generally long-term housing with rent at market rates.

Home Ownership

Home ownership is accommodation where people own their own home or live in a family owned home. It is noted that home ownership is not everyone's goal.

Appendix 6 - Current Services and Demand

Services - Purchased by the Mental Health Commission

In 2018-19 the Commission will purchase accommodation and associated support services to the value of approximately $68 million. This will provide around 2,300 places for people with a mental health and AOD issue.

The Commission provides community support services for people with severe and persistent mental health and AOD issues who are homeless, at risk of being homeless, who are in unsuitable accommodation or residing for extended lengths of time in inpatient units. Community support services may include housing, as well as on-site psychosocial support and in-reach clinical support.

The Commission also purchases community bed-based services for people with higher support needs and/or clinical intervention needs. The need of people accessing community bed-based services is not as high as those accessing inpatient units, and is more effective when people receive the appropriate psychosocial support they require alongside the clinical support.

Mental health and AOD services funded by the Commission as at June 2019 include [iv]:

1. Community bed-based services

    – Long-term supported accommodation (29 beds)

    – Short-term accommodation (22 beds)

    – Older adult aged care (High Dependency Units, 22 beds)

    – Step up/step down services (38 beds)

    – Youth and Adult homeless (48 beds)

    – Community Options (30 beds)

    – Community Supported Residential Units (147 beds)

    – Low medical withdrawal services (26 beds)

    – Residential rehabilitation services (263 beds)

2. Community Support Services

    a) Support Services Only

       – Individualised Community Living Strategy (35 places)

    b) Support Services linked with Residential/ Accommodation

       – Individualised Community Living Strategy (115 places)

       – Personalised independent accommodation (54 places)

       – Supportive landlord services (760 places)

       – Personalised support linked to housing: drop-in support (29 places)

       – Personalised support – Other (66 places)

       – Transitional Housing and Support Program (55 places)

       – Safe places for intoxicated people (159 places)

       – Personal care support to residents of Licensed Private Psychiatric Hostels (375 places).

It is acknowledged that gaps remain, and further reform is required in the accommodation and support system. However, there has been some significant progress to date in relation to the accommodation and support system, as it relates to services for people with mental health and AOD issues.

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iv   These services are those that have been commissioned by the MHC as at June 2019 and represent the number of physical places/beds at the service-types listed. In contrast, the figures provided in the 'Demand for Services' section on pages 44-48 include those that were commissioned by the MHC, as well as those funded by other sources (including Commonwealth funding) as at 2012-13. It also includes the 2025 modelled demand as outlined in the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 2025.

Demand for Services

The Plan articulated that community services were required to grow substantially by the end of 2025, in order to meet the needs of Western Australians. The Plan Update 2018 reflects updated modelling based on revised demographic estimates.

The tables below show the gap between the level of current service delivery as at September 2017, and the 2025 modelled demand as outlined in the Plan Update 2018.

Figure 25 from the Plan Update 2018 outlines changes to the optimal levels of community bed-based services required by the end of 2025 compared with optimal levels in the Plan Update 2018.

Estimates of current levels of community bed-based services compared with updated optimal levels by the end of 2025 are outlined in **Figure 26**, from the Plan Update 2018.

Figure 26 shows that the biggest gaps in relation to the community bed-based services stream are for AOD residential rehabilitation beds, and mental health beds. Overall, the modelling outlines that the mental health community bed-based services are required to grow by 166% (545 beds) by the end of 2025 to reach the optimal level of 873. Over that same period AOD residential rehabilitation beds are required to grow by 79% (347 beds) by the end of 2025, and AOD low medical withdrawal beds are required to grow by 70% (19 beds) by the end of 2025.

Figure 25: Community Bed-Based – Percentage change in 2025 optimal levels, compared with original optimal levels in the Plan
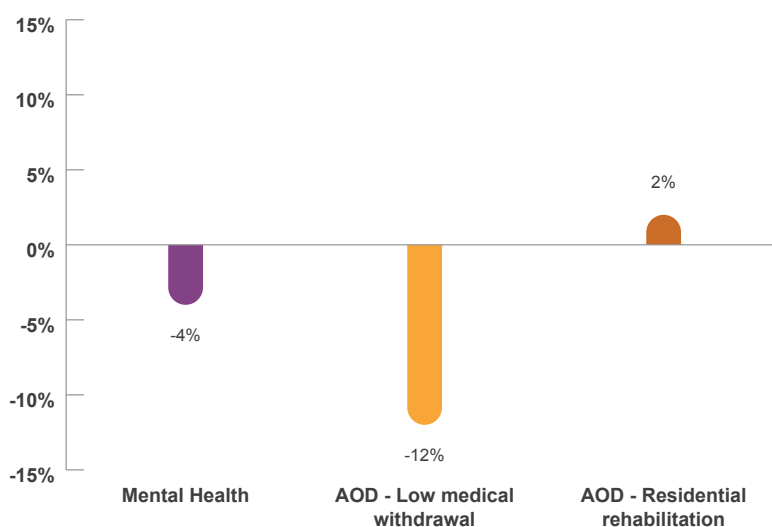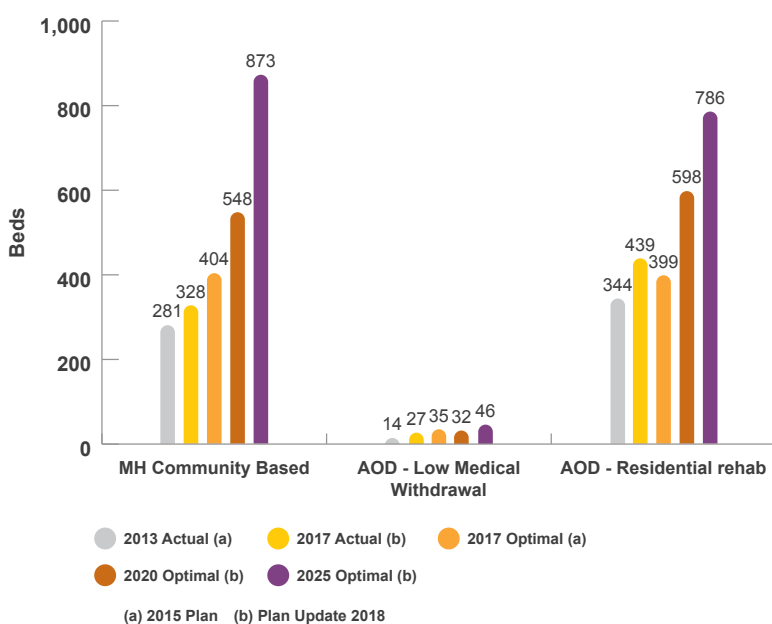

Figure 26: Community Bed-Based – Optimal and actual levels of service

In relation to community support (both hours and beds), the demand modelling shows that services are required to increase, as outlined in **Figures 20** and **21** from the Plan Update 2018. Demand modelling shows that:

- mental health community support hours are required to increase more than four-fold to 4.89 million hours, by the end of 2025 to reach optimal levels;

- AOD (harm-reduction and personal support) hours of support are required to increase by 226,000 hours to reach optimal levels by the end of 2025;

- AOD (post residential rehabilitation) bed numbers are required to increase by 80% (59 beds) to reach the optimal number of 133 beds by the end of 2025; and

- some growth (13%) is required in the number of beds for AOD safe places for intoxicated people (182 to 205 beds).

Rebalancing the System

"It is more expensive to keep an individual homeless than it is to provide formerly homeless individuals with housing and linked support"[89].

Addressing the identified accommodation and support needs of individuals via an across-agency coordinated approach will have significant economic benefits across the human services system, in addition to positive health and social outcomes.

Figure 20: Mental health – Community Support – Optimal and actual levels of service

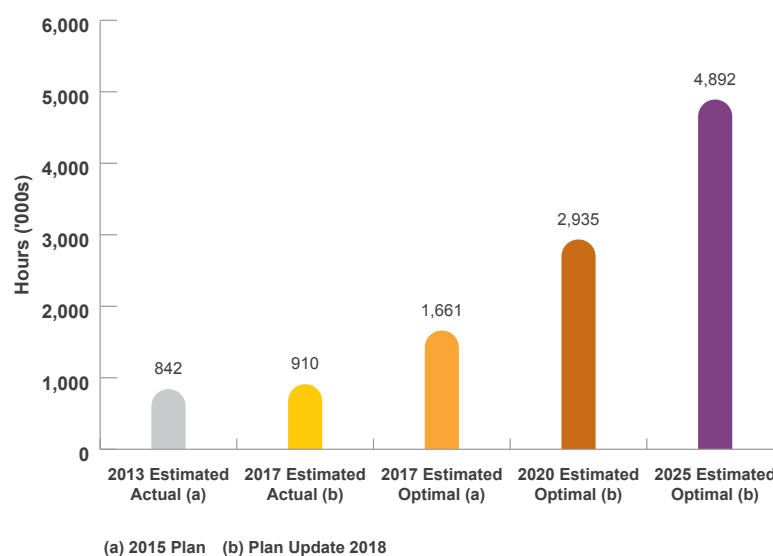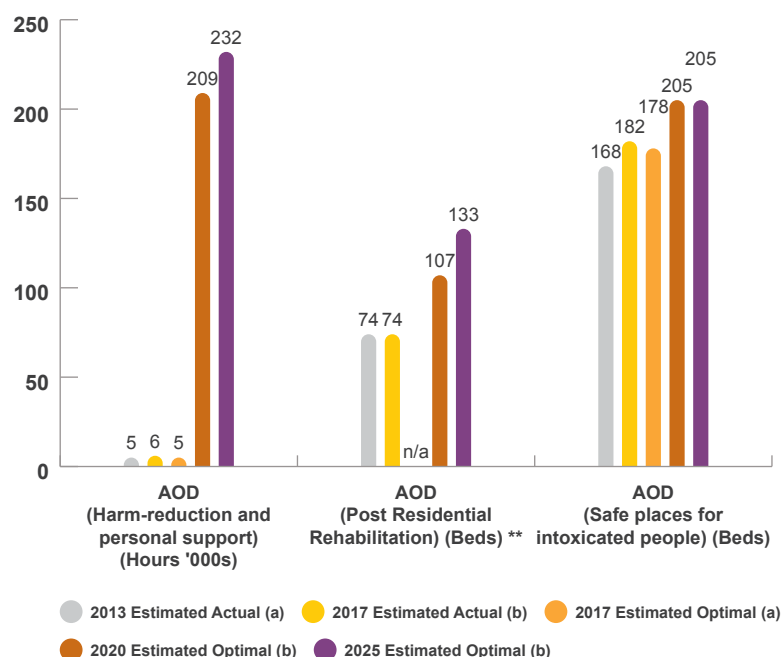(a) 2015 Plan   (b) Plan Update 2018

Figure 21: AOD – Community Support – Optimal and actual levels of service

Australian and international research has demonstrated that the combination of appropriate, affordable housing with support services significantly reduces demand on justice, health and welfare services and conferring additional benefits for residents [90].

A recent Australian study compared costs to government over two twelve month periods for people who were homeless and then tenants of supportive housing. "In twelve months when people were homeless, they used on average $48,217 worth of government services; in the twelve months as tenants of supportive housing, the cohort used on average, including the cost of supportive housing, $35,117 in government services" [91].

A 2003 systematic review found that "... providing stable housing for homeless people generated cost savings in a range of support services areas. In some cases the savings paid for most, if not all, of the housing expenditure; in other cases, the gains exceeded the costs" [92].

Flatau et al (2008) found potential savings to government that were more than double the cost of providing assistance to people experiencing homelessness [93]. Improving access to safe housing and associated community support will help prevent the short to medium term accommodation system becoming congested with people who want to, and are able to, live independently in the community.

Recent research identified a potential saving to the Western Australia hospital system of $84,000 per person per year, through preventing acute mental health admission by providing housing with linked mental health support, through existing programs such as the National Partnership Agreement on Homelessness (NPAH) Mental Health Program [94].

Findings from the Sankey Associates Supported Accommodation Program Evaluation: Final Report (2012) demonstrate that supported accommodation services are not only highly effective in reducing the number of mental health related outpatient contacts and hospitalisations for people with severe and persistent mental illness, but also significantly reduce the cost to the health system by providing better care for individuals to prevent hospital readmission [95].

The Sankey Report states there was an average cost saving of 30% per hospital admission when comparing residents' hospitalisations before and after supported accommodation. Given that the average length of stay per admission was eight days, this represents on average, more than $4,367 saving per hospital admission. Furthermore, if residents of supported accommodation services re-enter hospital, their length of stay and cost per stay is significantly reduced.

As per the Commission's 2016-17 Annual Report, the average cost per bedday in non acute community bed-based services is $239. The average cost per purchased bedday in acute hospital settings is $1,489 with an average stay of 14.9 days. In clinical mental health settings, a lack of adequate accommodation is a significant contributory factor towards delayed patient discharge. Poor access to accommodation for people on long stay hospital wards creates acute bed pressure and unnecessary expense [96]. As identified in the Mental Health Inpatient Snapshot Survey 2019, of the 656 mental health inpatients occupying a bed at the time of the survey, 178 (27.1%) were deemed unable to be discharged because of a lack of suitable community-based accommodation and/or mental health support services. There is potential for savings of $846 to $1,250 per bedday if people, who are able, are discharged into available community services. [97] Additional benefits for consumers discharged into a community setting include positive health and social outcomes, such as attaining optimal mental and physical health, social competence and family connectedness.

Appendix 7 - Contemporary Service Models

To sustainably meet the accommodation and support needs of Western Australians with mental health and AOD issues, there is a requirement to provide contemporary best practice models of service in the provision of housing. This may include expansion of existing evidence-based service models and the development of new models.

A model of service broadly defines the preferred way services are to be delivered using international, national and local evidence based best practice principles [98].

There are a number of service models that have been proven to be effective in achieving outcomes related to accommodation and support for vulnerable people. Some of these models have been developed in non mental health and AOD contexts, but may be adapted. Some service models were highlighted by stakeholders through the consultation process (**Appendix 8**) that have aimed to provide contemporary approaches and demonstrate possible options for development and implementation.

Any organisation or agency wishing to review existing services, or to implement new services, may consider implementing the features of contemporary service models.

There are a number of features which help define contemporary service models, and these are outlined below.

- **Co-designed and co-produced by consumers, carers and family members** - Accommodation and support services are co-designed and co-produced by consumers, carers and family members in partnership with other stakeholders including policy maker and health professionals. This extends to the development of policy, planning, service delivery, evaluation and research. This Strategy aligns with the principles of safety, authenticity, humanity, diversity and equity outlined in the Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025 (Engagement Framework). Applying the principles and strategies outlined in the Engagement Framework will lead from doing to and doing for people, to doing *with* people. It's important that people's assets and capabilities are recognised and nurtured, that people share roles and responsibilities and that all stakeholders work together in equal ways, respecting and valuing each other's unique contributions.

- **Recovery-oriented, person-centred, strengths based, flexible and responsive, individualised, tailored support approaches** – Recovery oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations [99]. Contemporary recovery oriented services are cognisant of the impact of trauma on consumers and their families while acknowledging recovery itself means different things to different people. Trauma informed care approaches based on safety, choice, collaboration, trustworthiness and empowerment will be incorporated into service provision [100]. In a personalised service system, a suite of options is required as no single model will meet the needs of all individuals. The Chief Mental Health Advocate notes, "A system of care (or diversity of models) is needed which offers a flexible, residential continuum utilising person centred principles of recovery. A diversity of models recognises that people are different, that different things work for different people, that some people take longer than others to recover, that it can be very difficult to predict what model works best for which people" [101]. These concepts are also applicable to AOD contexts acknowledging that recovery, in this regard, does not necessarily mean abstinence. Planning adequate safeguards against individuals being released or discharged into homelessness is essential to enhance recovery.

In a **person-centred approach**:

- the person is at the centre;
- the principles of self-determination, choice and control are crucial;
- carers, family, friends and others invited by the person are partners in the process;
- what is important to the person, their capacities, and the support they require is key;
- the focus is on what is possible for the person; and
- instead of the individual having to fit into existing programs and services, planning and support will begin with the person and their life goals and ambitions.

- **Seamless integrated and collaborative system of accommodation and support** - Contribution to a seamless, integrated system of accommodation and support is a feature of contemporary service models. Systematic, coordinated approaches enable smooth transition processes between service and accommodation types and reduce gaps in continuity of care. Identified coordinators, operating within a collaborative framework help facilitate these processes.

- **Culturally secure, culturally competent and diversity responsive and recognise and respond to Aboriginal and Torres Strait Islander cultures, values, and belief systems** - Contemporary Service models are culturally secure, culturally competent and diversity responsive. They emphasise tailored support approaches for individuals and their families, co-designed by specific communities and cultural groups. Strategies to reduce access barriers are incorporated into all aspects of the model/s. Service models recognise and respond to Aboriginal and Torres Strait Islander cultures, values, belief systems and perspectives of identity, family, mental health, health and wellbeing.

- **Age appropriate** - Services are age appropriate and developmentally informed to best meet the needs of different age cohorts, cognisant of their social environment and unique situations [102].

- **Peer workforce** - The use of peer workers with lived experience of mental health and AOD recovery is integral to recovery-oriented service delivery. Peer workers or workers with specialist mental health and AOD knowledge may be co-located with frontline housing workers to ensure comprehensive support.

- **Robust orientation processes for tenants** - Contemporary models recognise the need for robust orientation processes for tenants. Ongoing access to information and support for sustaining tenancy is highlighted. They are responsive to the episodic nature of mental health and AOD issues. Service models are flexible enough to ensure individuals can access and navigate between varying levels of support and accommodation types.

- **Evidence informed, quality accreditation processes** - All contemporary mental health services are to be compliant with the six outcomes of the National Standards for Mental Health Services as an essential requirement that recognise quality of life principles relating to: health, wellbeing and recovery; a home and financial security; relationships; recovery, learning and growth; rights, respect, choice an control; and community and belonging.

- **No requirement for a person to be 'clinically or socially' stable for them to be offered housing** - Utilisation of a systems approach to housing. Once appropriate permanent accommodation has been established, supports and services are identified that assist the person to sustain their accommodation, rather than a requirement for a person to be 'clinically or socially' stable for them to be offered housing. This is also known as the 'Housing First' approach.

Appendix 8 - Examples of Contemporary Service Models

A number of contemporary service models have been outlined as being effective in relation to accommodation and support for vulnerable people. Although the Commission has not committed to specific projects; some practical examples of these models are featured below.

Example 1: Individualised Community Living Strategy

The Individualised Community Living Strategy (ICLS) is an innovative and collaborative partnership approach between the Commission, Department of Health (DoH), Community Managed Organisations, Community Housing Organisations and the Department of Communities to provide clinical and psychosocial supports and services, in addition to appropriate housing for individuals to maximise their success in recovery and living in the community.

The purpose of the ICLS is to provide coordinated clinical and psychosocial supports to assist eligible individuals' to achieve their recovery goals and live well in the community.

The principles of choice, personalised planning, self-direction and portability of funding are central to the operation of the ICLS. ICLS places the person at the centre of planning to make choices, shape direction of their services and supports and take control over their life. A 2015 evaluation found that 97% of individuals considered that their general wellbeing and quality of life had improved since accessing the ICLS. [102]

Example 2: Inner City Cadre Project

The Cadre Project model was developed by Mind Australia to support inner city residents in Sydney who live in public housing, including those with a mental illness to care for one another. A cadre is a community group that promotes positive mental health and community outcomes. A cadre member may be called on to assist people in distress, provide support for someone with a mental illness, help a neighbour, act as a community leader or spokesperson, and understand and facilitate recovery.

The Inner City Cadre Project is an example of ground-up change to achieve mental health recovery. It has been described as Mental Health Neighbourhood Watch.

The Inner City Cadre Project aims to:

- develop coping and support strategies for mental health consumers and their supporters, carers and neighbours;

- establish an inner city Cadre network;

- help educate community members and reduce stigma linked with mental illness;

- assist people with a mental illness; and

- benefit consumers, carers, neighbours and service providers in the inner city.

The project consists of a mental health support program that trains and supports public housing communities to help care for each other.

While the consumer movement and the recovery framework has informed the philosophy of the Cadre Project since its inception it is important to stress that cadre members do not need to have had a "lived experience" of mental health issues or function as a support worker [103].

Example 3: Street to Home

Street to home is a collaborative approach, with eight different service teams from seven not-for-profit community service sector organisations, plus the Commission and DoH, successfully engaging with rough sleepers. The Street to Home program has three elements: an Assertive Outreach Team (AOT), a Mobile Clinical Outreach Team (MCOT), and Housing Support Workers (HSW). The Street to Home program operates in the inner city areas of both Perth and Fremantle.

This program adopts a partnership approach that involves service managers, the MCOT, the Department of Communities and the AOTs/HSWs meeting on a regular basis to monitor and improve client outcomes, streamline service delivery, and discuss and develop client management techniques. The partnerships required are critical to the success of the program. A shared database allows for the development of joint case management and support plans.

MCOT works with other community mental health services and engages people who have not previously accessed mental health services.

The National Partnership Agreement on Homelessness (NPAH) evaluation found that the Street to Home program had been very successful in obtaining accommodation for clients, and/or assisting them to sustain accommodation. Between January 2010 and June 2012, 88% are recorded as being accommodated in their most recent period of contact. The evaluation found the program has a success rate of 74% stably accommodated for at least 12 months [104].

Example 4: 50 Lives 50 Homes

The 50 Lives 50 Homes collective impact campaign has been established to support the most vulnerable homeless people in Perth. 50 Lives 50 Homes aims to:

• sustainably house and support very vulnerable homeless people using a Housing First approach;

• use a collective impact model to harness existing supports and services; and

• evaluate the effectiveness and relevance of the Housing First Model in the Western Australian context to inform future funding decisions for homelessness in Western Australia.

A key success of the Campaign is the collaboration of the 46 individuals from 30 organisations who have participated in the Campaign. The collaboration is facilitated through working groups and secretariat support provided by the Ruah based 50 Lives 50 Homes team. Some of the organisations participating in the Campaign steering group are: Homeless Healthcare; Aboriginal Family Legal Service; Community Housing Limited; Anglicare WA; and North Metropolitan Health Service - Mental Health Services.

Example 5: Tiny homes

Tiny Homes Gosford is a pilot project which successfully integrates an affordable housing solution for people experiencing homelessness with employment, education and social re-integration solutions as part of a scalable community project. The pilot project consists of four tiny homes, a common lounge, a common laundry and workshop and community vegetable gardens. The project is based on a Housing First solution supported by a network of training, employment and social support services.

The Castle is a project being undertaken by Youth Futures in partnership with the University of Tasmania – School of Architecture. The Castle intends to provide a realistic and affordable alternative to mainstream housing. The Castle provides micro-housing options for young people who are homeless or otherwise excluded from mainstream housing. The accommodation is mobile, allowing swift deployment into backyards and driveways; for short, medium term or longer term placement. It is intended to sidestep onerous planning requirements and is able to be offered as a "flat-pack".

Example 6: Transitional Housing and Support Program

The Transitional Housing and Support Program (THASP) provides community based, independent living for people exiting residential AOD treatment programs. A key feature of the THASP program is ongoing support for clients to help with personal recovery and relapse prevention. Clients are assisted with support worker visits, counselling, integration back into the community, education, training and employment, independent living skills, and identifying suitable long term housing. Support provided in each house can vary from harm minimisation, reduced use to ongoing abstinence.

The houses are either sole use, shared with other participants or with the client's family. Houses can include mixed cohorts or programs for specific populations, such as mixed gender, women with children, youth or Aboriginal people and families. The houses are primarily available for 3-6 months however some cases may warrant longer term (up to 12 months).

Clients can include those with severe and long-term problematic use of AOD, a history of unsuccessful treatment, home or social environment unsupportive of treatment and/or clients who are homeless or at risk of homelessness.

Example 7: Collective Impact Approach

Collective Impact is a framework to tackle deeply entrenched and complex social issues. It is an innovative and structured approach to making collaboration work across government, business, not-for-profit organisations and consumers to achieve significant and lasting social change. Collective impact or similar collaborative approaches offer useful mechanisms to address some of the action areas identified in the Strategy, and may be explored further, during the implementation of this Strategy.

The collective impact framework consists of five key conditions [105]:

- All participants have a **common agenda** for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.

- Collecting data and **measuring results** consistently across all the participants ensures shared measurement for alignment and accountability.

- A **plan of action** that outlines and coordinates mutually reinforcing activities for each participant.

- Open and **continuous communication** is needed across the many players to build trust, assure mutual objectives, and create common motivation.

- A **backbone organisation**(s) with staff with a specific set of skills to coordinate participating organisations and agencies.

Appendix 9 - Strategic Context and Influences

The following policy documents provide the strategic context to development and implementation of this Strategy.

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 2025

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan) provides a reform pathway and outlines the optimal mix and level of mental health and AOD services required to meet the needs of Western Australians by the end of 2025. The Plan includes the full range of services from prevention, community support, community treatment through to community bed-based, hospital bed-based, specialised state-wide services, forensic and system wide reform. The development of this Strategy is a key action in the Plan (action 24).

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2015 – Plan Update 2018

The Plan Update 2018 provides revised modelling of service types, levels and locations required in Western Australia until the end of 2025. The East Metropolitan Health Service has been included for the first time. The Plan Update 2018 also provides a summary of progress towards actions highlighted in the Plan.

Affordable Housing Action Plan 2017-2018 to 2019-2020

The State Government's Affordable Housing Action Plan 2017-18 to 2019-20 builds on the Affordable Housing Strategy 2010-20.

Led by the Department of Communities, the new Plan outlines detailed actions across Communities and other parts of government and increases the 2010-2020 target from 30,000 to 35,000 homes for people on low to moderate incomes.

Mental Health 2020: Making It Personal and Everybody's Business

Mental Health 2020: Making It Personal and Everybody's Business (MH2020) outlines the overarching strategic directions and outcomes that guide the philosophy and everyday work of the Commission.

MH2020 highlights that having a stable form of accommodation is widely recognised as one of the most significant factors in achieving recovery for a person with a mental health problem and/or mental illness. The range of emergency, short and long term accommodation and support options available to people in various circumstances such as leaving hospital, when they are homeless or when they are living independently in the community are recognised.

The Fifth National Mental Health and Suicide Prevention Plan

The Fifth Plan seeks to establish a national approach for collaborative government effort from 2017 to 2022 across eight targeted priority areas:

1) Achieving integrated regional planning and service delivery.

2) Effective suicide prevention.

3) Coordinated treatment and supports for people with severe and complex mental illness.

4) Improving Aboriginal and Torres Strait Islander mental health and suicide prevention.

5) Improving the physical health of people living with mental illness and reducing early mortality.

6) Reducing stigma and discrimination.

7) Making safety and quality central to mental health service delivery.

8) Ensuring that the enablers of effective system performance and system improvement are in place.

Mental Health Outcome Statements

In order to achieve quality of life, the mental health outcome statements (**Appendix 11**) identify the importance of people who experience mental illness having the opportunity to build and sustain personal mental health and wellbeing, optimism for the future, relationships with family and friends and a good home in the community with a stable source of income. Further, it identifies the need for people to have their rights respected and opportunities for choice and control in their lives. Everyone should be able to develop new skills and personal resilience, and build satisfying lives despite experiencing mental illness.

Complete and true implementation of the six outcome statements cannot be achieved solely by the mental health sector in isolation. The elements of a good life are best met by individuals, communities and services working together. The six outcome statements provide guidance for all Western Australians as they seek to build communities that include and support people with mental illness, their families and carers.

Western Australian Alcohol and Drug Interagency Strategy 2018 2022

The Western Australian Alcohol and Drug Interagency Strategy 2018-2022 (Interagency Strategy) is the State's key policy document that outlines strategies to prevent and reduce the adverse impacts of AOD use in Western Australia.

This Interagency Strategy operates under the national framework of supply, demand and harm reduction and is underpinned by two core elements: first and foremost a focus on prevention and early intervention; and secondly, on providing support to those who need it.

Mental Health Act 2014

The Mental Health Act 2014 (Act) commenced on 30 November 2015. A key object of the Act is to ensure that people experiencing mental illness are provided with the best possible treatment and care, with the least possible restriction on their rights and freedoms. The Act includes a Charter of Mental Health Care Principles (Charter), to which clinicians and mental health services must have regard. The Charter includes reference to:

• the need for a person-centred approach, promoting self-determination and goal-oriented care and support;

• recognition that people experiencing mental illness can and do recover and make meaningful contributions to the community; and

• the importance of factors influencing mental health and wellbeing, including accommodation, relationships, recreation, education, financial circumstances, and employment.

There are provisions in the Act requiring comprehensive discharge planning, and facilitating information sharing to enhance continuity of care.

Overall, three common themes of the strategic influences for this Strategy are evident. The three important factors in achieving recovery for a person with mental health issues include:

• stable accommodation;

• individualised, person-centred approaches; and

• inclusion of family and carers.

Suicide Prevention 2020: Together we can save lives

The multi-year suicide prevention strategy, Suicide Prevention 2020 aims to reduce the number of suicides in Western Australia by 50% by the year 2020.

There are six key action areas:

- Greater public awareness and united action across the community.

- Local support and community prevention across the lifespan.

- Coordinated and targeted responses for high risk groups.

- Shared responsibility across government, private and non-government sectors to build mentally healthy workplaces.

- Increased suicide prevention training.

- Timely data and evidence to improve responses and services.

The State Government has committed funding of $25.9 million over four years to 2020 to implement the activities identified in Suicide Prevention 2020.

Methamphetamine Action Plan (MAP) Taskforce Report

The Methamphetamine Action Plan Taskforce was created as an across government initiative to gather further information on the impact of methamphetamine use in Western Australia and provide advice to the government on opportunities to improve service delivery, increase cross-sector collaboration and measure performance.

The Methamphetamine Action Plan Taskforce Final Report was released on 26 November 2018, providing 57 recommendations to government across nine broad themes.

Full Response to the MAP Taskforce Report

The Full Government Response to the Taskforce Report (the Response) has been developed by the Methamphetamine Action Plan Senior Officer's Working Group agencies, led by the Commission. The Response adopts an across government approach in addressing methamphetamine related harms and has been developed in line with the National Drug Strategy 2017 2026, the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 and the Western Australian Alcohol and Drug Interagency Strategy 2018-2022.

Sustainable Health Review

In June 2017, the Government of Western Australia announced the Sustainable Health Review to prioritise the delivery of patient- centred, high quality and financially sustainable healthcare across the State. The Final Report has eight enduring strategies and 30 recommendations which seek to drive a cultural and behaviours shift across the health system.

National Disability Insurance Scheme

The NDIS was initiated by the Australian Government in 2012 to support people under the age of 65 with a permanent and significant disability. The NDIS is being implemented through a staged rollout process across Australia. People who experience mental illness may be eligible to access the scheme. NDIS participants who are assessed as requiring specialised accommodation as part of their reasonable and necessary supports will receive funding to cover the costs.

The National Rental Affordability Scheme

The National Rental Affordability Scheme (NRAS) is an Australian Government initiative delivered in partnership with State and Territory Governments to invest in affordable rental housing. The NRAS aims to:

- stimulate the supply of new affordable rental dwellings; and

- reduce rental costs for eligible low to moderate income households by at least 20% below market rates for up to 10 years.

The Australian Government is responsible for administering and implementing NRAS, while the Department of Communities administers the State Government's funding contribution.

The properties are privately owned and managed by not for-profit and non government organisations.

The target group for NRAS is low to moderate income Australians – people who may find it hard to pay market rental rates. Potential and existing NRAS tenants must meet income eligibility criteria and be assessed by the approved participant or the tenancy manager of a particular property, not by the Australian Government.

National Partnership Agreement on Homelessness (NPAH)

The Department of Communities is the lead agency responsible for the coordination and implementation of homelessness funding in Western Australia. There are two major policy agreements that support homelessness service provision in Western Australia, the NPAH and the National Affordable Housing Agreement (NAHA).

The NPAH commenced in 2009 with the primary aim of reducing and breaking the cycle of homelessness and increasing the social inclusion of people experiencing homelessness. The NPAH contributes to the NAHA outcome to "help people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion". The NPAH focuses on the key strategies to reduce homelessness:

- prevention and early intervention;
- breaking the cycle of homelessness; and
- improving and expanding the service responses to homelessness.

Following the initial 2009-13 NPAH there have been three transitional NPAH agreements, 2013-14, 2014-15, and 2015-17. On 9 December 2016, the Commonwealth Government announced funding for a further 12 months NPAH for 2017-18.

The National Affordable Housing Agreement

The National Affordable Housing Agreement (NAHA) aims to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation.

The NAHA is an ongoing agreement by the Council of Australian Governments (COAG) that commenced on 1 January 2009, initiating a whole of government approach in tackling the problem of housing affordability.

The NAHA commits to achieve the following outcomes:

- people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion;
- people are able to rent housing that meets their needs;
- people can purchase affordable housing;
- people have access to housing through an efficient and responsive housing market;

- Indigenous people have the same housing opportunities (in relation to homelessness services, housing rental, housing purchase and access to housing through an efficient and responsive housing market) as other Australians; and
- Indigenous people have improved housing amenities and reduced overcrowding, particularly in remote areas and discrete communities.

The NAHA is supported by the National Partnership Agreements on: social housing; homelessness; and remote Indigenous housing.

National Housing and Homelessness Agreement

The Commonwealth Budget identified significant changes to housing and homelessness funding arrangements post June 2018. From 1 July 2018, the current funding under the NAHA and the NPAH will be combined to fund a new National Housing and Homelessness Agreement (NHHA).

The NHHA will target jurisdiction-specific priorities including supply targets, planning and zoning reforms, renewal of public housing stock and supporting the delivery of frontline homelessness services. Bilateral schedules with clear targets aims to ensure each State is accountable for outcomes that recognise the different housing markets across the jurisdictions. As in previous years, there will be a continued focus on people affected by domestic violence and vulnerable young people who are homeless or at risk of homelessness.

National Housing Finance and Investment Corporation

The National Housing Finance and Investment Corporation (NHFIC) is a new corporate Commonwealth entity dedicated to improving housing affordability.

The NHFIC will operate an affordable housing bond aggregator to encourage greater private and institutional investment and provide cheaper and longer term finance to registered providers of affordable housing.

An initial $9.6 million has been provided as part of the 2017-18 Commonwealth budget to establish the NHFIC, due to commence operations from 1 July 2018. Feedback is currently being sought on the potential structure and governance of the NHFIC.

Social Housing Investment Package

The Social Housing Investment Package (SHIP) was announced in May 2015 with the aim to halve the number of seniors and families with children on the priority social housing waitlist by 30 June 2017 through the delivery of 1,000 additional homes.

The two milestones were both achieved by 30 June 2017, the Priority Waiting List for seniors and families with children was reduced by 62% and 1,000 homes were delivered. This included a combination of new constructions, spot purchases and private rental leases.

SHIP supports an important part of the State Affordable Housing Strategy that aims to generate 30,000 affordable homes by 2020.

Assisted Rental Pathways Pilot (formerly Subsidised Private Rental Pilot)

The Assisted Rental Pathways Pilot is one of the six streams of the Social Housing Investment Package that was announced by the State Government in 2015. The Pilot aims to support 200 social housing tenants and waitlist applicants in private rental dwellings for a period of up to four years.

The Pilot will provide eligible participants with a tiered rental subsidy and individualised assistance, to build their personal capacity and financial independence so they can become self-sufficient in the private rental market. The Department of Communities will use this opportunity to trial a diversionary form of housing assistance for capable people who may, with the aid of time-limited rental subsidies and individualised assistance, be able to transition into the private housing market.

Shared Ownership

The Department of Communities offers a range of home ownership products through its lending provider, Keystart Home Loans. Keystart is an initiative of the State Government to assist Western Australians into affordable housing. These loan products help eligible people to buy their own homes through low deposit loans and shared equity schemes. Specific loan assistance is available for public housing tenants, sole parents, people living with a disability and Aboriginal borrowers.

To assist further with affordability, some loans include a shared ownership arrangement. In this situation, the home buyer purchases a property with the Department of Communities. For example, the Department of Communities may purchase 20% of the property, and the home buyer is only responsible for total repayments on 80% of the property.

Affordable Housing Action Plan 2017-2018 to 2019-2020

The Plan reflects the Department of Communities focus on the connections between People, Place, Home – placing greater emphasis on where and how people live, not just what they live in. It delivers additional crisis and social housing for our most vulnerable citizens, expands transitional rental housing, and continues to support Keystart loans and shared home ownership for aspiring low to moderate income home buyers. Led by the Department of Communities, the Plan's success relies on the government, private and community sectors working creatively and collectively together to deliver new affordable housing solutions for people on low to moderate incomes.

Appendix 10 - Existing Committees

The below outlines some existing committees in Western Australia, related to accommodation and support.

Homelessness Senior Officers Group - oversees the implementation of the National Partnership Agreement on Homelessness in Western Australia, and to ensure integration between the homelessness, social housing, remote indigenous housing and national building and jobs plan national partnership agreements. Stakeholders include a range of government departments, for example Department of Health and Department of Communities.

Supporting Communities Forum Working Group - supports the work of the Supporting Communities Forum, established in 2017 to support the implementation of the State Government's Supporting Communities policy which is focused on improving the quality of services provided to vulnerable Western Australians.

Shelter WA Advisory Committee on Homelessness - to progress recommendations identified during the Shelter WA Future of Homelessness Forum held in 2014. Recommendations identified include:

- Provide integrated services to address homelessness in Western Australia;

- Better use of existing resources for social and affordable housing;

- Secure future funding commitments from Government and identify alternative funding opportunities;

- Requirement for expanded and improved data collection;

- Coordinated sector advocacy;

- Provision of responsive and diverse services;

- Provision of early intervention and prevention strategies; and

- Develop more 'exit points' for crisis accommodation.

Housing Advisory Roundtable (HART) - convened to build effective communication between the Department of Communities and key stakeholders, regarding public housing in recognition of the links and interface between social/affordable housing shortages and homelessness/mental illness/criminal justice.

The Western Australian Council on Homelessness - established by the Minister for Child Protection as an external advisory body to Government on homelessness matters. The terms of reference for the Council are to:

- drive strategies and initiatives to achieve the following outcomes to reduce homelessness:

  - fewer people will become homeless and fewer of these people will sleep rough;

  - fewer people will become homeless more than once;

  - people at risk of or experiencing homelessness will maintain or improve connections with their families and communities, and maintain or improve their education, training or employment participation;

  - people at risk of or experiencing homelessness will be supported by quality services, with improved access to sustainable housing; and

  - contribute to the development, implementation and on-going review of state and regional homelessness action plans, ensuring integrated and collaborative responses with non-government, government and government mainstream services to ensure a more connected and responsive service system.

- drive the implementation of initiatives under the three key strategies of:

  - intervention and prevention;

  - improving and expanding services; and

  - breaking the cycle of homelessness.

Appendix 11 - Mental Health Outcome Statements

Each person is unique, and so what each person considers a good life will be different. However, people with mental illness, their families and carers, service providers and community members have worked together to describe the main results people with a mental illness are seeking to achieve in their lives. These result areas are called outcome statements.

The six outcome statements developed as people shared their stories and perspectives. All the six outcome statements relate to 'quality of life' – a key principle of the Western Australian government's strategic policy Mental Health 2020: Making it personal and everybody's business.

Outcome: Health, Wellbeing and Recovery

People enjoy good physical, social, mental, emotional and spiritual health and wellbeing and are optimistic and hopeful about their recovery.

Outcome: A home and financial security

People have a safe home and a stable and adequate source of income.

Outcome: Relationships

People have enriching relationships with others that are important to them such as family, friends and peers.

Outcome: Recovery, learning and growth

People develop life skills and abilities, and learn ways to recover that builds their confidence, self-esteem and resilience for the future.
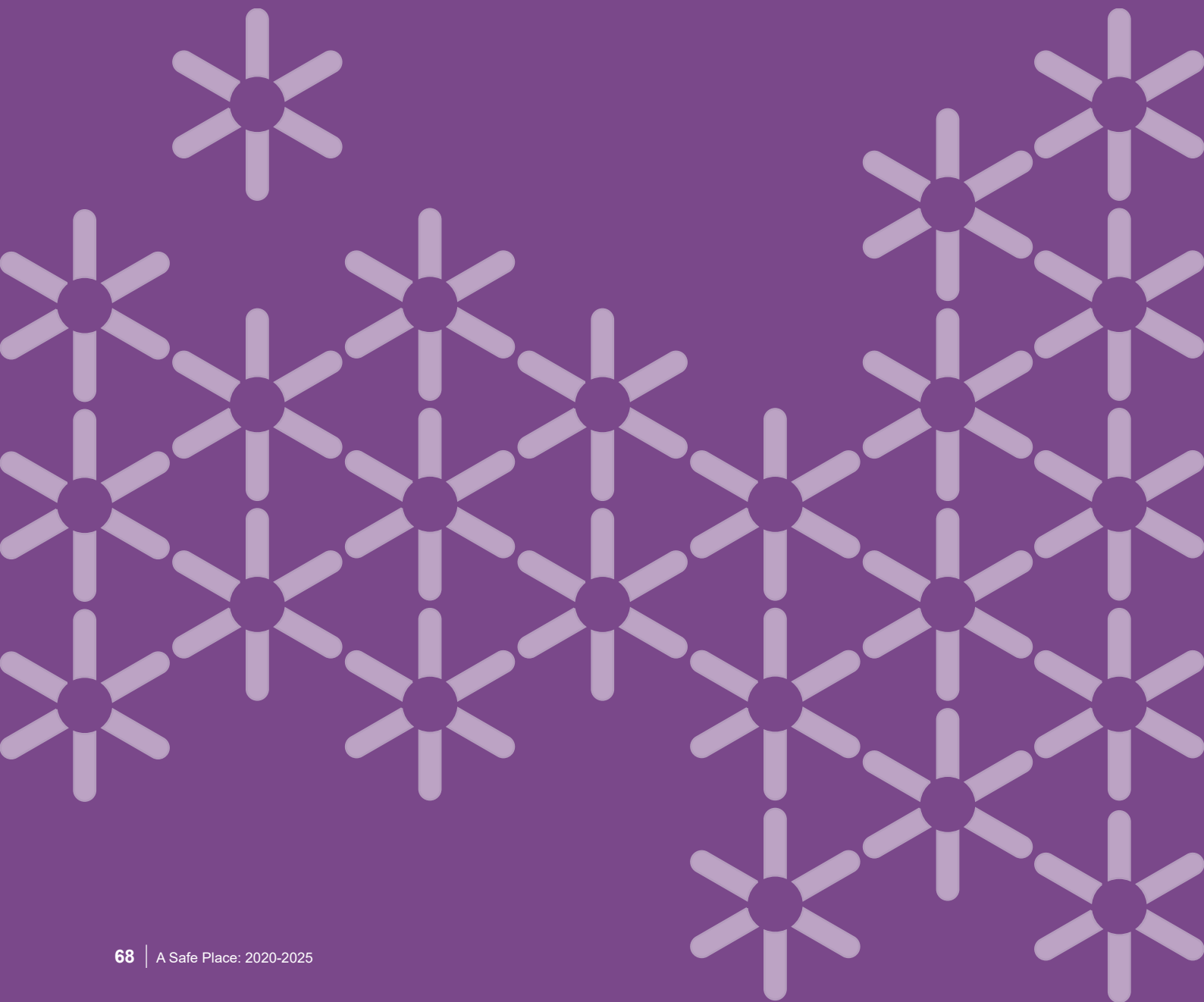
Outcome: Rights, respect, choice and control

People are treated with dignity and respect across all aspects of their life and their rights and choices are acknowledged and respected. They have control over their lives and direct their services and supports.

Outcome: Community belonging

People are welcomed and have the opportunity to participate and contribute to community life.

References

References

1. Government of Western Australia. Results from the 2004, 2006, 2007 and 2009 snapshot surveys of mental health inpatient units in Western Australia. Internal document: MHD Statewide Mental Health Governance and Performance; 2010.

2. Department of Foreign Affairs. (1995) International Covenant on Economic, Social and Cultural Rights, Australian Treaty Series 1967 No 5. Canberra, Commonwealth of Australia.

3. Hansen M, Scott S., Lima F., Moltoni M., Harrison A. and Glauert R. (2016) Assessing health service contacts and costs for residents of supported accommodation services - Final report. Western Australian Mental Health Commission.

4. Reeve, K., Green, S., Batty, E., Casey, R. (2009). The Housing Needs and Experiences of Homeless Drug and Alcohol Users in Stoke-on-Trent. Centre for Regional Economic and Social Research. Retrieved from: file:///C:/Users/he110283/Downloads/housing-needs-exp-drug-alcohol-stoke.pdf

5. Department of Communities Western Australia (2016). Department of Communities Annual Report 2017-2018. Perth, Western Australia. Government of Western Australia.

6. Morgan, V. Waterreus A. Jablensky A. Mackinnon A. McGrath J. J. Carr V. & Galletly C. (2011) People living with a psychotic illness 2010. Report on the second Australian national survey. Canberra, Department of Health and Ageing.

7. Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute, NSW.

8. Drug and Alcohol Office (2013) Transitional Housing and Support Program (THASP) Evaluation Report, Drug and Alcohol Office. Government of Western Australia.

9. Australian Association of Social Workers. (2015) Position statement on housing affordability. Canberra

10. When there's no place to call home. Stories of people who have experienced homelessness in WA.

11. Mental Health Inpatient Snapshot Survey 2019.

12. When there's no place to call home. Stories of people who have experienced homelessness in WA.

13. When there's no place to call home. Stories of people who have experienced homelessness in WA.

14. Mental Health Commission (2018). Western Australian Alcohol and Drug Interagency Strategy 2018-2022. Mental Health

15. Australian Bureau of Statistics (2014). Census of Population and Housing: Estimating Homelessness, 2012 Australian Institute of Health and Welfare, Specialist Homelessness Services 2012-13, 2013. Homelessness Australia, Homelessness in Western Australia.

16. Homelessness in Western Australia: A review of the research and statistical evidence.

17. The Western Australian Alliance to End Homelessness: Ending Homelessness in Western Australia Report 2019.

18. Mental Health Council of Australia (2009) Home Truths. Mental health, housing and homelessness in Australia. Deakin, ACT.

19. Mental Health Council of Australia (2009) Home Truths. Mental health, housing and homelessness in Australia. Deakin, ACT.

20. When there's no place to call home. Stories of people who have experienced homelessness in WA.

21. Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute, NSW.

22. Drug and Alcohol Office (2013) Transitional Housing and Support Program (THASP) Evaluation Report, Drug and Alcohol Office. Government of Western Australia.

23. Australian Bureau of Statistics (2014). Census of Population and Housing: Estimating Homelessness, 2012 Australian Institute of Health and Welfare, Specialist Homelessness Services 2012-13, 2013. Homelessness Australia, Homelessness in Western Australia.

24. Flatau P. Conroy E. Thielking M. Clear A. Hall, S. Bauskis A. & Burns L. (2013). How integrated are homelessness, mental health and drug and alcohol services in Australia? AHURI Final Report no 206, Australian Housing and Urban Research Institute.

25. Flatau P. Conroy E. Thielking M. Clear A. Hall, S. Bauskis A. & Burns L. (2013). How integrated are homelessness, mental health and drug and alcohol services in Australia? AHURI Final Report no 206, Australian Housing and Urban Research Institute.

26. Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute NSW.

27. Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute NSW.

28. Owen, C. Rutherford, V. Jones, M. Wright, C. Tennant, C. & Smallman, A. (1996). Housing accommodation preferences of people with psychiatric disabilities. Psychiatric services. Washington, DC.

29. Owen, C. Rutherford, V. Jones, M. Wright, C. Tennant, C. & Smallman, A. (1996). Housing accommodation preferences of people with psychiatric disabilities. Psychiatric services. Washington, DC.

30. Phillips R. and Parsell C. (2012) The role of assertive outreach in ending 'rough sleeping', AHURI Final Report No. 179. Melbourne, Australian Housing and Urban Research Institute in Drug and Alcohol Office.

31. World Health Organisation (nd). Stigma and Discrimination. World Health Organisation, Regional Office for Europe. Retrieved from: www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/priority-areas/stigma-and-discrimination

32. Department of Health. Accessed 12 December 2017. www.healthywa.wa.gov.au. Perth, Western Australia, Government of Western Australia.

33. Australian Institute of Health and Welfare (2018). Specialist homelessness services 2017-18. Canberra.

34. Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission.

35. Australian Bureau of Statistics (2017). Census of Population and Housing: Aboriginal and Torres Strait Islander People By State and territory, 2016 (a). Accessed 27 October 2017.

36. Shelter WA, accessed 3 August 2017. http://wahousinghub. org.au/display/RES/Aboriginal+Housing.

37. Flatau P, Conroy E, Spooner C, Edwards R, Eardley T, Forbes C, (2009) Lifetime and Intergenerational Experiences of Homelessness in Australia. Australian Housing and Urban Research Institute, University of Western Australia.

38. Flatau P, Conroy E, Spooner C, Edwards R, Eardley T, Forbes C, (2009) Lifetime and Intergenerational Experiences of Homelessness in Australia. Australian Housing and Urban Research Institute, University of Western Australia.

39. Mental Health Commission. (2017) Accommodation and Support Strategy Advisory Committee. Public Consultation process. Perth. Western Australia.

40. Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission.

41. Memmott P. (2003). Categories of Indigenous' homeless' people and good practice responses to their needs. Australian Housing and Urban Research Institute, Queensland Research Centre.

42. Mackenzie, D. Flatau, P. Steen, A. & Thielking, M. (2016). The cost of youth homelessness in Australia. Research Briefing. Swinburne Institute for Social Research.

43. When there's no place to call home. Stories of people who have experienced homelessness in WA.

44. Duff, C. Jacobs, K. Loo, S. and Murray, S. (2012). The role of informal community resources in supporting stable housing for young people recovering from mental illness: key issues for housing policy-makers and practitioners, AHURI Final Report No.199. Melbourne. Australian Housing and Urban Research Institute.

45. Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute NSW.

46. Health Consumers Alliance of SA Inc. (2016) Health Consumers Alliance of SA and Health Economics and Social Policy Group, University Of South Australia – Youth Mental Health Consultation Project.

47. Smith W. & Millet L. (2017) Submission to the Mental Health Commission Accommodation and Support Strategy, Youth Mental Health Sub Network.

48. Smith W. & Millet L. (2017) Submission to the Mental Health Commission Accommodation and Support Strategy, Youth Mental Health Sub Network.

49. Youth Affairs Council of Western Australia (2015) Youth Homelessness Mental Health Sector Summit Summary Report. Yacwa.org.au.

50. Western Australian Strategy to End Homelessness 2018-2028

51. Western Australian Strategy to End Homelessness 2018-2028 (ABS 2017; Mouzos & Makkai, 2004).

52. Western Australian Strategy to End Homelessness 2018-2028 (ABS 2008; AIHW 2006).

53. When there's no place to call home. Stories of people who have experienced homelessness in WA.

54. National Plan to reduce Violence against Women and their Children 2010-2022.

55. Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.

56. Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.

57. Australian Institute of Health and Welfare. (2016) National Drug Strategy Household Survey (NDSHS) 2016 – key findings. Australian Government

58. The Liver Foundation of Western Australia, accessed 10 October 2017. https://liverfoundation.org.au/older-adults-and-alcohol/.

59. Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.

60. Government of Western Australia (2016). Seniors Housing Strategy: Discussion Paper. Government of Western Australia, Housing Authority.

61. Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.

62. Western Australian Association of Mental Health (2016) Submission by the Western Australian Association for Mental Health to the Housing Authority in response to the Seniors Housing Strategy Discussion Paper November 2016: Housing for Older People with Mental Health Issues. Perth, Western Australia.

63. Government of Western Australia (2016). Seniors Housing Strategy: Discussion Paper. Government of Western Australia, Housing Authority.

64. Housing Authority (2015) Housing Authority Annual Report 2014-2015. Perth, Western Australia. Government of Western Australia.

65. Groves A, Thomson D, McKellar D and Procter N. (2017) The Oakden Report. Adelaide, South Australia, SA Health, Department for Health and Ageing.

66. Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute, NSW.

67. Costello L. Thompson M. & Jones K. (2013) Mental Health and Homelessness Final Report. Australian Housing Urban Research Institute, NSW.

68. Multicultural Mental Health Australia (2011). Homelessness amongst culturally and linguistically diverse people with a mental illness. New South Wales.

69. Wright B. (2017) Submission to the Mental Health Commission: Accommodation and Support Strategy - Response from a transcultural mental health perspective, Transcultural Mental Health Sub Network.

70. Wright B. (2017) Submission to the Mental Health Commission: Accommodation and Support Strategy - Response from a transcultural mental health perspective, Transcultural Mental Health Sub Network.

71. Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission.

72. S Davison, Fleming J, Butler T, Morgan V, Petch E, Morgan F, Rock D, Jones J, Wright M, Mitchell M and Janca A (2015) Mental health and substance use problems in Western Australian prisons. Report from the Health and Emotional Wellbeing Survey of Western Australian Reception Prisoners, 2013. WA Department of Health.

73. Payne, J (2007) Recidivism in Australia: findings and future research; Research and public policy series NO. 80. Retrieved from http://www.aic.gov.au/media_library/publications/rpp/80/rpp080.pdf

74. Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission.

75. Draine J, Angell. Critical Time Intervention for Prison and Jail Reentry. Centre for Behavioural Health Services. Criminal Justice Research. Policy Brief; 2007.

76. Borzycki M. Interventions for prisoners returning to the community. Australian Institute of criminology for the community safety and justice branch of the Australian Government Attorney-General's Department; 2005.

77. When there's no place to call home. Stories of people who have experienced homelessness in WA.

78. Baldry, E., McDonnell, D., Maplestone, P. and Peeters, M. (2004) The role of housing in preventing re-offending, AHURI Research and Policy Bulletin No. 36, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/research-and-policy-bulletins/36.

79. Malik-Kane, Kamala, and Christy A. Visher. Health and Prisoner Re-entry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration. Washington, DC: Urban Institute; 2008. Available from: http://www.urban.org/UploadedPDF/411617_health_prisoner_reentry.pdf.

80. Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission.

81. Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission.

82. Kania, J. Kramer, M. (2011) Collective Impact: Stanford Social Innovation Review. Leland Stanford Jr. University.

83. Department of Communities - Housing. (2017). Community Housing. Accessed 15 October 2017. http://www.housing.wa.gov.au/housingoptions/rentaloptions/communityhousing/

84. Department of Communities (2017). Accessed 14 November 2017. www.communities.wa.gov.au/services/housing.

85. Western Australian Department of Justice. (2017). Accessed 14 November 2017. www.correctiveservices.wa.gov.au/about-us/.

86. National Mental Health Commission. (2017) Housing homelessness and mental health workshops, Perth Summary Report. Australian Government

87. Government of Western Australia. Results from the 2004, 2006, 2007 and 2009 snapshot surveys of mental health inpatient units in Western Australia. Internal document: MHD Statewide Mental Health Governance and Performance; 2010.

88. Australian Bureau of Statistics. (2012). 4922.0 – Information Paper – A Statistical Definition of Homelessness, 2012. First Issue. Canberra.

89. Parsell C. Petersen M. & Culhane D. (2016). Cost offsets of supportive housing: Evidence for social work. The British Journal of Social Work, bcw115.

90. Hansen M, Scott S., Lima F., Moltoni M., Harrison A. and Glauert R. (2016) Assessing health service contacts and costs for residents of supported accommodation services - Final report. Western Australian Mental Health Commission.

91. Parsell C. Petersen M. & Culhane D. (2016). Cost offsets of supportive housing: Evidence for social work. The British Journal of Social Work, bcw115.

92. Berry, B., Chamberlain, C., Dalton, T., Horn, M., Berman, G. (2003). Counting the Cost of Homelessness: A systematic review of cost effectiveness and cost benefit studies of homelessness. July 2003, Australian Housing and Urban Research Institute.

93. Flatau, Zaretzky, Brady, Haigh and Martin (2008) in Hansen M, Scott S., Lima F., Moltoni M., Harrison A. and Glauert R. (2016) Assessing health service contacts and costs for residents of supported accommodation services - Final report, Western Australian Mental Health Commission.

94. Wood, L., Flatau, P., Zaretzky, K., Foster, S., Vallesi, S., & Miscenko, D. (2016). What are the health, social and economic benefits of providing public housing and support to formerly homeless people. Australian Housing and Urban Research Institute at The University of Western Australia.

95. Sankey Associates Pty Ltd. (2012), Supported Accommodation Program Evaluation: Final Report, Retrieved from WA Mental Health Commission website: http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/mhc_eval_Final_Report_Evaluation_of_Supported_Accommodation_November_2012.sflb.ashx

96. Tait, S. (2012) The Case for Benchmarking specialised integrated inpatient and community facilities for individuals with disabling recurrent and long term severe mental illnesses. Literature review and background document of benchmarks of beds required per 100,000. North Metropolitan Health Service Mental Health Adult Program: Management Committee. Unpublished report.

97. Western Australian Mental Health Commission (2015). Mental Health Inpatient Snapshot Survey 2019: Western Australian Summary Report. Perth, Western Australia. Mental Health Commission.

98. Western Australian Mental Health Commission (2015). Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025. Perth, Western Australian Mental Health Commission.

99. Australian Health Ministers' Advisory Council (2013) The National Framework for Recovery-oriented Mental Health Services: Guide for Practitioners and Providers. Canberra, Commonwealth of Australia.

100. Hopper, E.K, Bassuk, E.L, and Olivet, J ()2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. The Open Health Services and Policy Journal. 3: 80-100.

101. Colvin (2017). Submission by the Chief Mental Health Advocate to the Mental Health Commission: Providing a System of Supported Accommodation in the Community for People with Severe and Chronic Mental Illness, Mental Health Advocacy Service.

102. Smith, P. (2015). Evaluation of the Individualised Community Living Strategy (ICLS) 2015. Mental Health Commission, Government of Western Australia.

103. Jones, C (Ed, 2014) A Helping Hand for Mental Health, article from website: Inner Sydney Voice –The Journal of the Inner Sydney Regional Council for Social Development Inc., www.innersydneyvoice.org.au/pub/a-helping-hand-for-mental-health/ accessed on 7 August 2017.

104. Department for Child Protection and Family Support (2016), Homelessness in Western Australia – A snapshot of the State Government's role in homelessness policy, services and future directions, page 17.

105. Kania, J. Kramer, M. (2011) Collective Impact: Stanford Social Innovation Review. Leland Stanford Jr. University.

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