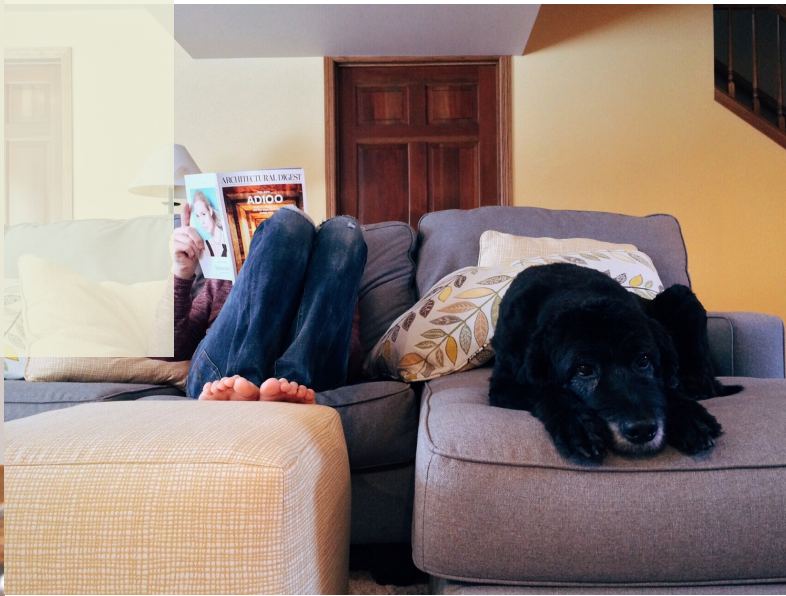
MENTAL HEALTH, ALCOHOL AND OTHER DRUGS

Home is where the health is

DRAFT WESTERN AUSTRALIAN ACCOMMODATION AND SUPPORT STRATEGY SUBMISSION 2018-2025

WAAMH

Western Australian Association for Mental Health



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1.0 BACKGROUND

The Western Australian Association for Mental Health (WAAMH) welcomes the opportunity to comment on the Draft Mental Health and Alcohol and Other Drug Accommodation and Support Strategy 2018–2025 (Draft Strategy).

WAAMH is the peak body for the community mental health sector in Western Australia and exists to champion mental wellbeing, recovery and citizenship. WAAMH recognises a continuum of supports - built on principles of human rights, recovery, co-production, personalisation and choice, social inclusion and cultural connection - are essential to the promotion, protection and restoration of mental wellbeing. WAAMH promotes, advocates for and further develops this network of supports.

WAAMH's membership comprises community managed organisations providing mental health services, programs or supports and people and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership. WAAMH also engages in a wide network of collaborative relationships at a state and national level with individuals, organisations and community members who share its values and objectives.

2.0 CONSULTATION

This submission is based on feedback and insights from wide consultation with people in the mental health, alcohol and other drug (AOD) and other relevant sectors, including people with lived experience, families and carers.

WAAMH partnered with Shelter WA, Consumers of Mental Health WA (CoMHWA), Mental Health Matters 2 (MHM2), and the WA Network of Alcohol and other Drug Agencies (WANADA) to deliver two community consultation workshops in early October 2018, which were open to service providers, people with lived experience, family members and carers and others working in the mental health, AOD and accommodation and support sectors. These events were held as it was felt that there was a need for a strong cross- sector approach to addressing the Draft Strategy, and that the shared views of people with experience in a range of sectors was necessary to adequately inform the consultation on the draft document. This submission incorporates the feedback received by WAAMH from the above-mentioned consultations, as well as information and insights from previous consultations and other research (Figure 1).

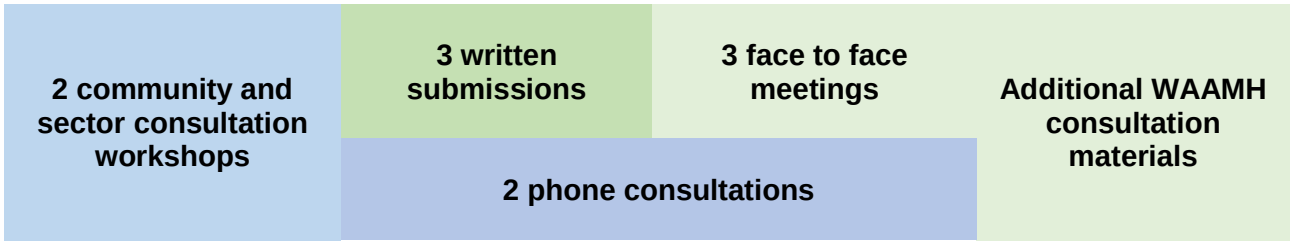

Figure 1. WAAMH consultation

WAAMH would like to formally acknowledge the input from people with lived experience, family members and carers to the submission, and the contributions of all those who participated in the consultation. WAAMH would also like to acknowledge the work of the partnering organisations in helping to facilitate the abovementioned consultations.

3.0 STRENGTHS

WAAMH would like to commend the Mental Health Commission (MHC) on certain elements of the Draft Strategy. The following components of the document have been positively received:

- A commitment throughout the document to a seamless system and easy-to-navigate pathways for people in the system.
- Identification of other departments and agencies that have important roles in successfully implementing the Strategy, and acknowledgment of the scope of action required to successfully deliver the Strategy (please see section on “Siloes” for more detail on this point).
- Identification of the need for stronger requirements and accountability of all funded services to deliver culturally secure services.
- Confirmation of further work that is currently being undertaken by the MHC to separate the service elements of community support to show demand for accommodation (related to community support) in the MHC modelling.
- The proposed requirement for all community bed-based services to have the capability of meeting the needs of people with co-occurring mental health and AOD issues.
- The recognition of housing as a critical issue for consumers and families.
- The need for review of existing programs, integration and flow to ensure that housing and support options are contemporary and fit for purpose.

4.0 THE ROLE OF WAAMH

WAAMH has identified several areas where the organisation can contribute to the progression of the final Strategy, and potentially assist the MHC in their own implementation planning and delivery.

As the mental health peak, WAAMH has an important stake in discussing and informing the prioritisation of key aspects of the Strategy and the MHC implementation plan, and how these are taken forward.

As independent from the MHC, WAAMH would be able to facilitate effective co-design processes, inclusive of consumer and family leadership, utilising our networks and engagement to work from a place of trust with our members and stakeholders. WAAMH has a key role in sector development for community managed mental health services and has sector stewardship and improvement of quality as a key focus of our organisation going forwards.

Improving existing services is a priority. Targeting WAAMH’s existing resources could provide sector development to funded programs designed to improve quality against contemporary standards, strengthen competencies on cultural security and complex needs including co-occurring AOD use, and explore access and pathways between services through improved and standardised intake and referral practices.

Existing government resources could be utilised to develop more responsive and flexible contracts and procurement processes. For example, contacts that entail a more realistic understanding of length of stay in accommodation programs which would enable providers to respond to people currently ineligible for programs who need long term recovery support prior to transition to lower support models.

WAAMH’s consultations indicate several priority groups most in need of accommodation with linked community support: young people with complex needs, people with co-occurring AOD use, and people in rural and remote areas.

Strategic additional investment is required to map and research priority gaps in depth, improve connections between community managed and clinical services, and to work with consumers and carers to co-design new programs and models of support. As an independent entity with strategic connections across clinical and community providers WAAMH would be well placed to conduct this work. Revenue from Graylands could be channelled into supported accommodation infrastructure and time-limited sector development activity in supported accommodation services to ensure best value is gained from existing spend.

5.0 LIMITATIONS OF THE DRAFT STRATEGY

The following sections of this submission outline areas of the Draft Strategy identified by WAAMH and consultation stakeholders as being of concern, and in need of review. Additional sections are also included that illustrate important areas of concern with the current accommodation and support system, and that pertain to the Draft Strategy. Recommendations are included and are summarised at the end of the document.

5.1 Stewardship and accountability

A key concept arising through the consultation process is that of "stewardship" and the need for there to be strong and accountable ownership and stewardship of the Draft Strategy for it to be practically and effectively implemented.

While the Draft Strategy outlines some proposed governance arrangements on page 33, there is no commitment to any of these, and the language around ownership and action is very weak. Words such as, "may", "might" and "could" are used throughout the document, and do not convey a sense of urgency or commitment to any of the proposed actions in the paper, or the governance structures that are needed to ensure successful implementation of the Strategy.

Stakeholders note the following features of the Draft Strategy, and feel they significantly decreased the utility of the document:

- Lack of stewardship;
- No sense of ownership;
- No articulated priorities for the MHC or other sectors;
- No formal commitment to Key Performance Indicators;
- No specific targets;
- No articulated timeframes;
- No demonstrated evaluation measures or tools; and
- "Provider and funder neutral": no commitment of dollars and no indication of intent to find a way to fund the actions in the Strategy.

These elements of the document are particularly concerning for stakeholders. Without these, the Draft Strategy reads as a proposal document, rather than a Strategy. One stakeholder conveyed that without ownership and commitment, there was no trust in the Draft Strategy, and that without trust, there is a risk of losing connection with the mental health sector.

It should be noted that during the MHC Information sessions on the 5th of October, a question was asked about what would happen if organisations did not use the final Strategy to guide their work once it was released. The answer given was that if organisations did not follow the Strategy, then their funding would not be continued. In the absence of clear KPIs, targets or timeframes, and related contractual adjustments, this seems very unreasonable, as there is no indication for organisations about what the priorities are, what things will definitely be done by other departments or the MHC, or when they would be expected to achieve certain outcomes. It also opens the risk of

arbitrary decisions being made about whether service providers sufficiently addressed the Strategy, in the absence of any articulated and specific requirements.

If the final Strategy is intended to be used as a document by which the activity of funded services is measured or considered, then it is imperative that the final document has clear and measurable outcomes, targets and priorities, and that associated contractual and commissioning changes are made in consultation with the sector.

Recommendation: That the final Strategy include specific and measurable outcomes, targets, and timelines to guide the implementation of the strategies and include a clear governance framework.

5.1.1 Siloed approach

The Draft Strategy states that it is designed to be a system-wide, multiagency strategy, and acknowledges that a collaborative, psychosocial, person-centred approach across all key agencies is required to achieve effective, sustainable and lasting change. WAAMH supports these goals but suggests that the Draft Strategy does not sufficiently articulate how this will happen in a meaningful and concrete way.

While the Draft Strategy presents some potential ways in which various departments and sectors can contribute to the implementation of the Strategy, overall a siloed approach is reinforced throughout the document. The Draft Strategy describes actions for various sectors and departments, but there is no clear plan for how organisations or government departments will work together, and the Draft Strategy does not commit to opportunities for cross sector collaboration, capacity building, or partnerships.

The Draft Strategy encourages stakeholders to review their accommodation and support services to ensure they align with the Strategy. While this is valuable, it is not enough to truly tackle the issues associated with accommodation and support in WA. There must be a clear and purposeful plan for cross-sector collaboration and joint implementation planning articulated in the final Strategy, and there should be clear evidence of commitment from other government departments and sectors to the overall aims of the Strategy.

Stakeholders repeatedly express the need for cross-sector collaboration, reinforced by cross-sector KPIs. These are particularly important, given that many of the actions required to address accommodation and support fall across multiple sectors and departments. In addition, while the Draft Strategy suggests that individual departments should have their own implementation plans, these will have little chance of being accepted as individual business cases by Treasury if there are no clear indications of how they link up and connect in a unified way under the final Strategy.

Recommendation: That the final Strategy clearly articulate how cross-government collaboration will be facilitated, with a focus on capacity building and implementation planning and a commitment to a specific model.

Recommendation: That the final Strategy include a formal commitment to cross government Key Performance Indicators that address mental health and AOD accommodation and support issues in WA.

Recommendation: That the final Strategy include a formal commitment to a joint implementation planning process with cross-sector and cross-organisation collaboration.

5.1.2 Connection to other Strategies

It has also been identified that there is a large amount of activity happening across government departments in WA in the area of housing and accommodation, to which the Draft Strategy does not connect. Strategies and reviews such as the Ten Year Strategy on Homelessness and the Affordable Housing Action Plan 2017-18 to 2019-2020 from the Department of Communities (Housing) and other strategies from within the MHC itself including the Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2018 – 2025 are all related to accommodation and support issues in WA. There are also additional pieces of work currently under construction by the Department of Communities such as the Social Housing Strategy and the Community Housing Review which should be considered. Stakeholders are of the view that the Draft Strategy should link with these and should demonstrate clearly how they align.

Recommendation: That further research is undertaken to ensure that the final Strategy links to all relevant pieces of work from other departments and sectors, such as the Department of Communities, and from the Mental Health Commission itself.

5.2 Scope

There is significant concern within the community mental health and other sectors that the Draft Strategy only addresses the needs of people with severe mental illness and does not include the needs of people with mild to moderate mental health challenges[1].

This approach does not support a system that is needs-based, rights-based and individualised. There is concern that by limiting the scope of the Strategy to those deemed to have severe mental illness only, the Draft Strategy runs the risk of becoming reactive, while failing to respond to the needs of the wider population. Many of the issues identified in the Draft Strategy apply to people with mild to moderate mental illness, and this cohort would also benefit from many of the sub-strategies outlined in the document. It has been suggested that the MHC should work in collaboration with primary care to plan and specify pathways to assist people with mild-moderate mental illness to remain in or find safe, stable housing as a key component of their recovery.

The Draft Strategy is also very unclear about this aspect of the scope the Strategy and should be much more transparent in this regard, with clear reference in the document to the target population and the reasoning behind this decision.

Recommendation: That the final Strategy include as one of its commitments the need to work with primary care to plan and specify pathways to assist people with mild-moderate mental illness to remain in or find safe, stable housing as a key component of their recovery.

Recommendation: That the final Strategy explicitly explain which cohorts the strategy applies to.

[1] As per the MHC FAQ on the Draft Strategy, retrieved from https://www.mhc.wa.gov.au/media/2493/accommodation-and-support-strategy-public-consultation-faqs.pdf

5.2.1 Prevention

Related to the scope of the Draft Strategy is the issue of prevention, and the importance of keeping people well in the community before severe mental illness emerges. The way the Draft Strategy is targeted fails to recognise the growing evidence that precarious housing is a *cause* of mental health problems, as well as a result of them. Housing has a direct impact on people's mental health and wellbeing and problems with housing can upset access to supports including community based and clinical services.

There is a growing body of evidence that housing related stress resulting from precarious, unaffordable and poor-quality housing, coupled with fear of eviction impacts negatively on mental health and can contribute to anxiety and depression (Bentley, Reeves & Baker, 2016). The negative mental health effects of poor housing, unaffordable housing or lack of security are worse for people living with mental health conditions.

Australian research demonstrates the mental health effects of living in unaffordable private rental. Private renters of low and moderate to low income are increasingly vulnerable to mental health effects of living in unaffordable housing (Mason, Baker, Blakely & Bentley, 2013). There is also a clear link between losing the ability to pay for housing and a decline in mental health (Vic Health, 2015). The impact of housing crisis and housing stress on the mental health of people who have not previously had mental health challenges has become an important issue.

These issues do not apply only to people with severe mental illness and should be addressed in such a way that supports people with mental health challenges across a spectrum of need. Importantly, investment is needed at the front end when people are entering housing to stop them deteriorating, and to assist them to manage their tenancy with a view to avoiding the high cost of crisis situations and the loss of housing. Similarly, reform in the housing space needs to focus on providing people with long term housing outcomes that provide a safe, stable and ongoing *home*, rather than time-limited accommodation.

5.2.1.1 Evictions

Related to prevention is the issue of evictions. WAAMH wishes to emphasise the importance of supporting people to avoid evictions from housing options, as addressed briefly in Action 1C.

WAAMH consultations have identified that the problem of evictions of people with mental health issues from public housing, private rental and community housing is a significant and persisting issue. In consultation with WAAMH members in 2017, participants expressed concern about the increasing number of mental health consumers who become homeless as a result of eviction[2] and about evictions from public housing because of the Department of Housing Disruptive Behaviour Management Strategy (3 Strikes) policy. They argued that the policy leaves people with mental illness and mental health issues vulnerable to eviction from public housing due to behavior triggered by their illness.

There is evidence that the number of evictions from public housing (and private rental) connected to a mental health condition is growing (MacDonald, 2016). People experiencing mental health issues are more likely to be evicted- either for financial reasons or disproportionate anti-social behaviour enforcement (Diggle, Butler, Musgrove & Ward, 2017),

[2] Little is known about the number of evictions and the profile of people evicted in Western Australia. Informal discussions with three representatives from agencies who support and assist people facing eviction or who have been evicted, suggests that people with mental health issues figure prominently.

and the Three strikes policy and anti-social behaviour policies disproportionately effect people with mental health issues.

The process of eviction can also have profound psychological consequences for people's mental health. The termination of a tenancy and eviction can have a serious impact on the tenant(s) emotional, social and physical wellbeing and result in major crises such as homelessness, mental health crisis leading to rehospitalisation, increased demand on acute mental health services and increased involvement in criminal justice and child protection systems.

There is a need for stronger early intervention to stabilise people in their existing tenancies and avoid evictions. In 2017 WAAMH members called for more adequate intervention and intensive support services to assist tenants with mental illnesses deal with the Department of Housing and landlords and/or to resolve issues with neighbors, before problems escalate to eviction. These same issues of early and prevention-focused individual advocacy and tenant support services for housing related issues were recurrent themes throughout the most recent WAAMH and partner consultations, with participants calling for greater access to advocacy and tenant support services that support tenants' capacity to stay in their homes, with a focus on intervention before the risk of eviction arises.

WAAMH acknowledges the investment made by the MHC in systemic advocacy and suggests that increased investment in individual advocacy and tenant support services would strengthen the response to housing and accommodation issues in WA. Early intervention and prevention-focused services would also be in line with the recently released Western Australian Mental Health Promotion, Mental Illness, Alcohol and other Drug Prevention Plan 2018-2025.

Recommendation: That the final Strategy incorporate preventative actions and strategies, including but not limited to individual advocacy and tenant support services.

5.2.1.2 Employment and Individual Placement and Support (IPS) Works

The Draft Strategy identifies the issue of employment as a key factor in housing sustainability for people experiencing homelessness, young people, older adults and people leaving prison. Despite this, there are no sub-strategies in the Draft Strategy that address this issue.

WAAMH understands that historically employment has been viewed by most states and territories as a federal responsibility. However, WAAMH believes that there is a strong need for employment to be considered and addressed in the context of housing and accommodation, and has identified this as a potential area in which WAAMH can contribute to the delivery of the final Strategy via the IPS Works program.

IPS Works, which is a program delivered exclusively by WAAMH nationally and in WA, specialises in assisting community organisations and services to implement evidence-based supported employment following the internationally acclaimed Individual Placement and Support model. Where the IPS program has been implemented and successfully managed, employment outcomes for people with a lived experience of mental illness have been as high as 54 percent, compared to traditional employment methods of just 24 per cent.

IPS is the most effective way of assisting people with mental health conditions into the workforce. It is an approach that is person-centred and strengths based, combining both mental health and employment support services.

IPS is based on a case-management model. In Action 1C, the Draft Strategy identifies the potential for the testing of a state-wide tenancy support program with case-management. In the context of supported accommodation with case-management, there could be the potential to look at ways of promoting employment as a recovery intervention through the IPS model. This would require further modelling and feasibility testing and should be considered by the MHC moving forward. The MHC has already invested in the IPS program in other areas, and WAAMH believes that extending this investment appropriately in the context of housing case-management should be explored by the MHC as part of the MHC actions under the final strategy.

Recommendation: That the MHC consult with WAAMH on the potential of the IPS model in the provision of employment services in the context of case-management housing support models.

5.2.2 Stigma

Related to prevention is the issue of stigma. The Draft Strategy identifies the need to address the issue of stigma for people with mental health and AOD challenges, and it is included in the sub-strategies under Action 2A. This is identified as an important issue by stakeholders. There is a view that sub-strategies to address stigma should include those that influence public perceptions of housing as a human right, and that engage the wider community in the understanding that for some people, supported accommodation may be needed long-term or even life-long.

There is also a need to support the wider accommodation and housing system to understand and work in synergy with the recovery needs of people with mental health and/or AOD challenges. For example, private real estate agents require education and training to help change their expectations of tenancy, and to support them to build capacity to support tenants with mental health and AOD challenges in an ongoing way. People with mental health issues often experience stigma and discrimination from landlords and agents, both in the private and public housing. This can manifest in refusal to lease, or strict lease conditions. This concern among agents and landlords is often fuelled by limited knowledge, and community and media stereotypes.

In addition, enforcement of policies around anti-social behaviour can lead to eviction and disproportionately affects people with mental health problems. A system that supports prevention, early intervention and ongoing advocacy and support for people in long-term accommodation would help to reduce stigma.

Recommendation: That strategies to address stigma included, but are not limited to, those that address public perceptions and understandings of the needs of tenants with mental health and AOD challenges, and those that address the issue of stigma in the private rental market.

5.2.3 Review and development of alternative models

The Draft Strategy does not include sufficient information about alternative delivery or funding models for housing and supports. There is a view that while the Draft Strategy provides some information about models such as ICLS and Housing First, it does not land on any of these models and develop them meaningfully within the WA context. Similarly, successful models and

learnings from around Australia, or international models such as the Foyer Movement are not explored.

Stakeholders in the consultation process expressed the need for a range of accommodation options to be considered, scoped, co-designed and commissioned, including:

- Non-time limited supported accommodation required (people with >5 year recovery journeys);
- Flexible housing options for people whose needs vary but who generally require some degree of support;
- Support models that are holistic and address person-centred needs;
- Young people with complex needs;
- Culturally secure options for Aboriginal peoples; and,
- People in rural and remote areas.

It has also been noted that so far to date there has been strong focus on Step-up Step-down services, at the exclusion of other models. While WAAMH and other stakeholder support the need for SUSD services within the wider system, there also needs to be a commitment to other residential and supported housing models. Additionally, models designed for people with specific or complex needs must be scoped, co-designed and commissioned. These include appropriate options for young people with complex needs, Aboriginal peoples, people in rural and remote areas and people who need long term support. We recommend these for urgent development and investment, in the context of the Plan's acknowledgement that community support (inclusive of accommodation with linked support) is the most underfunded component of our mental health system.

There are also issues with the current SUSD model policies, which specify that a person must have a permanent place of residence and "their own stable accommodation" to which they can return, to be eligible for SUSD programs. This requirement significantly limits the equity of access for these services. While there is recognition that SUSD services are designed to be short stay options, and there may be concern about the risk of over-stay due to lack of alternative accommodation, the current policy effectively denies access to support for people at high risk of mental health issues. WAAMH and other stakeholders including CoMHWA are of the view that this policy should be reviewed to allow for greater and more equitable access to these services.

Recommendation: That the MHC undertake a review of current SUSD admission policy.

Recommendation: That the MHC scope and co-design a range of models for accommodation with linked support, alongside a government program of incremental and staged funding growth over five-years that demonstrates how government will move towards meeting the modelled demand for services set out in the Plan.

5.2.3.1. Private rental

The Draft Strategy mentions the issue of private rental, and WAAMH supports the Draft Strategy's intention to address private rental issues for people with mental health and AOD challenges. This is particularly important as the private rental sector is the most common form of accommodation for people with lived experience of mental ill-health (Diggle, Butler, Musgrove & Ward, 2017). There is also a large body of work demonstrating the mental health effects of living in unaffordable and insecure private rental. Private renters of low and

moderate to low income are increasingly vulnerable to mental health effects of living in unaffordable housing (Mason et al., 2013).

People with mental health issues face significant barriers in the private rental market. A 2008 SANE study found that 90% of 372 respondents experiencing mental illness reported discrimination when seeking private rental accommodation (Sane, 2008). High rental costs, instability and insecurity of tenure, fear of eviction, capacity to pay the rent when unwell, stigma, discrimination and poor-quality housing are among the main concerns for people with mental health issues living in private rental housing.

While the Draft Strategy acknowledges the need to address private rental, it does not identify the private rental sector as a key stakeholder in the Draft Strategy. Given the key role of the private sector in providing housing options for people with mental health and AOD challenges, the final Strategy should specifically identify the private rental sector as a key stakeholder in the document, to send a clear message to the sector that it will have an important role to play in facilitating reform in the accommodation and support system for people with mental health and AOD challenges.

There are existing models in other states and territories that focus on involving the private rental sector in supporting people with mental illness to secure and sustain a home within the private rental market, such as the Doorway Program delivered by Wellways in Victoria[3], demonstrating the utility of working closely with the private rental sector.

Recommendation: That the final Strategy specifically identify the private rental sector as a key stakeholder in the document, demonstrating the important role the sector will play in facilitating reform in the accommodation and support system for people with mental health and AOD challenges.

5.3 Clarity of language and concepts

A number of issues have been identified in relation to the language used in the Draft Strategy and the need for greater clarity in terms of concepts and content. These are set out below.

- *Affordable housing*

This term needs to be clearly defined by the MHC in the final Strategy. Shelter WA have identified that a range of definitions are used for this term across different government departments and organisations, and that consistency across departments is an ongoing issue. Varying definitions have been found across the Department of Planning, the Department of Communities (Housing), and the Productivity Commission, as well as other institutes and organisations. It is important that the MHC evaluate the various existing definitions of 'affordable housing' to ensure that there is consistency with existing definitions and expectations; this will also be important for cross-government collaboration and shared implementation.

Recommendation: That the final Strategy include a specific definition of affordable housing, based on standard and agreed definitions.

[3] Additional information available at https://www.wellways.org/our-services/doorway

- *Community Support*

It has been noted that there is very inconsistent language used in the Draft Strategy in relation to community support. The following terms were identified throughout the document:

- Community support (accommodation)

- Accommodation and support service system

- Accommodation and support services

- Personalised community support

- Support services only

- Support services linked with residential/ accommodation

- Community support services linked with accommodation

While a definition of community support is provided in the glossary, it seems unclear throughout the Draft Strategy as to whether it is meant to include non-accommodation related support. There are some references to it being included, but all of the sub-strategies to carry forward relate to accommodation-focused services and supports.

If non-accommodation related community supports are to be included in the Draft Strategy this need to specified explicitly, and developed in the sub-strategies and actions. Alternatively, non-accommodation related supports could be removed, and a separate way of carrying community support needs forward be developed as a matter of urgency.

Recommendation: That the final Strategy include explicit information about what community supports are included in the document and use consistent language in describing these.

- *Length of stay*

The Draft Strategy appears to be redefining stay lengths of accommodation services, referring to 'long stay' accommodation in the document as 12 months only, when this has historically been the standard stay for transitional (medium term) accommodation. This 12 month definition also includes services such as older adult nursing homes, which seems to be practically very unreasonable given the needs of many people living in these settings.

This approach seems to be pushing for a standardised throughput expectation of recovery-to-independent-living duration of one year that is inconsistent with the needs of people with mental health issues, especially those who experience institutionalisation, co-occurring issues and multiple, unmet needs. It is particularly problematic given the lack of alternative options and the issues with flow identified in the Draft Strategy. There are already similar problems with existing, funded models with expectations that providers restrict access within program criteria, meaning some people most in need of support (those with longer term accommodation support needs) are excluded from accessing existing programs even when a community bed is available.

The Draft Strategy also makes the distinction between 'long-term' accommodation and 'recovery accommodation', as though they are different things. It is important that long-term accommodation options, and in fact all accommodation options, are recovery oriented.

Recommendation: That the final Strategy use consistent length of stay standards that correlate to existing timeframes already in use and realistic understandings of recovery as a personal journey with no set timeframe.

- *Modelling*

Demand for services in the Draft Strategy (p. 47-48) are based on modelling from The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (The Plan). However, an update on The Plan is now overdue, and WAAMH understands that this update was set to include new modelling. The Draft Strategy should reflect the most current modelling.

Recommendation: That the final Strategy incorporate updated modelling from the Two-Year Plan Update.

- *Clarity of responsibility*

Across most of the possible sub-strategies listed under actions, there is no clarity as to whether they refer to specialist or whole of population housing and support programs. Because these are not differentiated, it is not clear who carries responsibility for sub-strategies. For example, on page 20: "Increasing the availability of other accommodation options such as emergency housing and transitional housing, for those in crisis situations." Is this meant to refer to mental health and AOD emergency housing, or general emergency housing? Further clarity is required around the scope of the actions and sub-strategies in the document.

Recommendation: That the final Strategy provide further clarity around the scope of and responsibility for the actions and sub-strategies in the document.

- *Accommodation and support sub-types*

The Draft Strategy includes a plethora of sub-types of accommodation and support services, as outlined on page 45. However, each sub-type is known to have 'wrong door' eligibility criteria and the target group is not specified in the Draft Strategy. Thus, when beds are listed on page 45 it is not clear how many people with different types of needs are catered for by our current housing and housing-linked support services. It would be useful for the Draft Strategy to clarify what cohort these beds cater to, to better understand how the system is functioning.

Recommendation: That that the final Strategy clarify what cohort the bed sub-types cater to and to what extent these cohorts are being provided for.

5.4 Priority groups

The Draft Strategy provides a number of sub-strategies relevant to priority groups, such as sub-strategies listed under Action 3A, 4A and 4B. WAAMH supports these, while also calling for further work to be done in this area.

Overall, there is a disconnect between the specific needs of population groups identified in the Draft Strategy (pp.58-64), compared with the body of the Draft Strategy itself which is very generic.

Some sub-strategies that pertain to priority groups are presented in the draft document, but the actions and sub-strategies recommended are generally quite non-specific. And while the specific needs of priority groups are explored in the document, many of these are not translated into specific actions. It would be beneficial to translate the specific needs of priority groups into tangible actions, to ensure that they are addressed. Specific groups that require further attention include: Aboriginal people; Young People; Older Adults; Rural, regional and remote communities; people from CaLD backgrounds; and, people in or leaving prison and detention; people living in hostels; and people with complex needs who have been institutionalised in hospital beds.

Recommendation: To review the "Specific Needs of Population Groups" section of the Draft Strategy and translate the needs identified here into specific actions or sub-strategies within the body of the document.

Detailed information about priority groups is provided below.

- *Rural and remote*

The Draft Strategy recognises some of the unique needs of people in rural and remote areas, and the risk of homelessness in this population. WAAMH would like to see this part of the document strengthened to recognise other social determinants such as unemployment, transport and stigma that contribute to accommodation and support issues in rural and remote WA. WAAMH has consistently heard from people in the regions that social determinants are key to the health and wellbeing of residents, and the Draft Strategy must acknowledge this.

WAAMH has also heard from providers in rural areas that funding for services that cater to people with severe mental health issues or alcohol and other drug use is scarce, and prevents providers from being able to deliver the required services in these areas.

One service provider that provides emergency accommodation services in the Wheatbelt told WAAMH that an average of 11% of people seeking assistance cannot be accommodated, generally because they experience severe mental illness or AOD use and require 24 hour supervised housing for safety, which the service is not funded to supply. This provider also indicated that there is a lack of supervised accommodation options (with clinical or mental health specific staff at all times) in rural areas in general. The same service provider expressed concern at the significant number of people who are not eligible for Housing Authority properties due to large debts owing or damage, but cannot afford private rentals on the unemployment benefits, explaining that the service does what it can to assist people but that members of the community can be found living under bridges and in other unacceptable conditions, as a result of having nowhere to go.

The views of this service provider speak to the challenges of the rural and remote environment, and to the necessity of funding to be provided in order to facilitate the provision of services.

It is important that the nuance of the rural and remote environment is captured in the final Strategy. WAAMH heard from a number of stakeholders that regional consultation and communication had been very minimal throughout the development of the Draft Strategy. Stakeholders are of the view that the Draft document reads as quite metropolitan-focused, and does not capture the unique needs of regional areas. WAAMH recommends that sub-strategies specific to rural and remote areas are included in the final Strategy, following thorough consultation with regional stakeholders.

Recommendation: That sub-strategies specific to rural and remote areas are included in the final Strategy, following thorough consultation with regional stakeholders.

- *Aboriginal and Torres Strait Islander people*

WAAMH supports the sub-strategies pertaining to Aboriginal and Torres Strait Islander people under Actions 1C, 3A, 4A and 4B. However, the Draft Strategy has very few sub-strategies *specific* to Aboriginal people, and while several unique barriers and needs for Aboriginal people are identified in the document (p.59-60), the Draft Strategy fails to translate these into specific strategies within the body of the document.

For example, the Draft Strategy identifies that an increase and reconfiguration of current services is required, to provide non-discriminatory support and respond to the cultural requirements of Aboriginal people, but there is no specific sub-strategy within the document that corresponds to this. Similarly, the document identified that a variety of Aboriginal specific accommodation and support models exist in Australia, and that further exploration and review is required regarding the effectiveness of models to determine best practice, cognisant of local contexts, but again, there is no action or sub-strategy within the document to support this.

As for rural and remote communities, WAAMH was reminded throughout our consultations of the importance of engaging with Aboriginal communities on the ground, and dissatisfaction with the lack of engagement in the initial consultation phase for the Draft Strategy was expressed by stakeholders.

Importantly, WAAMH received feedback from the Aboriginal Health Council of Western Australia that an effective mental health and AOD system for Aboriginal people must focus on culturally appropriate, community-led, preventative, interdisciplinary and holistic care, with social and emotional wellbeing as a critical component. In addition, programs and services for Aboriginal people must involve partnerships with Aboriginal Community Controlled Health Services and local communities. Further work in the accommodation and support space must align with these principles, and they should be strongly incorporated into the final Strategy.

Recommendation: That additional sub-strategies specific to Aboriginal people be included in the final Strategy, based on the priorities identified in the document, and with a focus on culturally appropriate, community-led, preventative, interdisciplinary and holistic care, with social and emotional wellbeing as a critical component.

5.5 Co-design

WAAMH is pleased that co-design features throughout the Draft Strategy. While there should be an expectation that co-design will be the cornerstone of all areas of work under the Draft Strategy, it has also been suggested that co-design should be featured across all the focus and action areas, to encourage investment and attention to co-design processes.

Importantly, stakeholders in the WAAMH consultation were firm in asserting that co-design must not be tokenistic. There must be follow-through from the MHC and from all agencies invested in the Strategy to genuinely work in a co-design framework, and organisations and departments must be held accountable for this happening.

Of note, while the Draft Strategy states that the MHC undertook co-design in the process of the development of the Draft Strategy, it has been suggested that the involvement process for people with lived experience, families and carers was consultation, rather than true co-design. It is important that true co-design is modelled by the MHC and that agencies and organisations are supported to understand and implement co-design in their own environments.

Recommendation: That stronger co-design sub-strategies be included throughout the Action areas in the final Strategy, to encourage investment and attention to co-design processes.

5.6 Integrated pathways for complex care needs

An important issue that receives very little attention in the Draft Strategy is that of the divestment of Graylands Hospital. While the matter of the Graylands closure and the development of replacement services is mentioned in general terms in the Draft document, there are no specific actions or sub-strategies addressing this matter in the body of the document.

WAAMH views this as a key matter for the Draft Strategy to address, and believes that the MHC should be much clearer in terms of the plans being made to create secure pathways for people with complex needs to have appropriate accommodation and supports when the hospital closes.

While the Draft Strategy states that people currently in Graylands will be transitioned to new services before the closure of the current site, the information about the business case being discussed between the MHC, Department of Health and North Metropolitan Health Service has, to date, been very opaque.

It is very important that accommodation options are established before the closure of the current hospital, so people can transition seamlessly to new accommodation and support options. WAAMH strongly recommends that the Draft Strategy define and articulate a clear pathway involving clinical and community supports for people with complex needs, including those currently in Graylands Hospital. This means ensuring well-coordinated, flexible, dynamic and personalised care that supports recovery.

Recommendation: That the Strategy define and articulate a clear pathway for people with complex needs leaving Graylands Hospital, involving clinical, community and accommodation-related supports.

5.7 Hostels

Related to integration and pathways for people with complex needs is the issue of hostels. While hostels are mentioned briefly in the Draft Strategy in very general terms, there is no clear direction or position on hostels articulated in the document.

WAAMH recognises that hostels have historically played a role in providing accommodation and support options for mental health consumers and acknowledges that there is work currently being done to strengthen the connect of hostels to support options in WA. However, the adequacy of hostels in Perth's metropolitan areas have come under scrutiny in recent years with WAAMH receiving reports of poor quality, a lack of recovery focus and associated consumer capacity building, and a lack of community connection in some hostels. In the context of these quality concerns, which we understand contributed significantly to the closure of Franciscan House, and another private hostel transitioning to become an aged care facility, WAAMH recommends that the final Strategy is an important opportunity to consider the status of hostels and in particular, private hostels, in the accommodation and support space.

WAAMH understands that that hostels are seen as a key source of accommodation for people exiting the public health system, with significant numbers of referrals being made to hostels. However, WAAMH has received information indicating issues with hostels being able to house people with complex needs. Information has been provided to WAAMH indicating that close to 90% of referrals to these services are too complex, leaving people homeless or in other inappropriate housing arrangements with no support.

The reasons for continuing high rates of complex referrals to hostels are varied. A major factor is the absence of alternative suitable, secure and genuinely community-based accommodation options for people with complex needs, highlighting the need for more housing stock to be built and for supported accommodation options to be made available. Another possible reason for the high rate of complex referrals to hostels appears to stem from the public health system viewing hostel beds as clinical in nature and presuming that the public hospital 'community mental health services' will be working with those clients in those locations, when in practice the rate of public community mental health in-reach to hostels is believed to be under 50%.

With this context, the final Strategy needs to clearly articulate the MHC's view of hostels, and the role they play in accommodation and support for mental health consumers. If private hostels are to continue as accommodation options in the mental health sector, it is imperative that appropriate safeguards are put in place to ensure the quality and standards of all services, and that service integration is improved to proactively support and enable residents of hostels to access independent support options alongside this accommodation. Appropriate and contemporary accommodation and support options must also be provided for people with complex needs who are not suitable for hostels.

Recommendation: That the Strategy clearly articulate the MHC stance on hostels and the future role of hostels in the accommodation and support system.

5.8 Flexible contracts

An important issue that was identified in the WAAMH consultations, and that is not captured in the Draft Strategy, is the nature of contracting in the accommodation and support space, and the need for flexibility in contracting.

WAAMH has received reports that contracts with not-for-profit organisations and non-government organisations are very specific and restrictive. This means that while services may, at times, have beds available, contractual specifications often mean that people requiring assistance do not meet the eligibility criteria for a service and cannot be housed and supported. Providers report that this has resulted in preventable and tragic crises.

A related issue arises when NGOs take people into their programs who require longer term accommodation than is specific in the provider's contract, and in the absence of other accommodation options to move to, the consumer stays in the service. These services have reported experiencing contractual pressure from the MHC (either explicitly or implicitly through reporting) as the person has over-stayed beyond the program criteria, but there is nowhere else for them to go.

These reports illustrate the need for more flexible contracts, and a reconfiguration of contracting to support services that are delivered in partnership for people with complex needs including multiple comorbidities.

The matter of flexible contracting has also been flagged in relation to services in rural and remote areas. Service provision in these areas involves a unique set of challenges which may include those related to geography, distance, transport, access, and culture, and contracts need to recognise these and be flexible in their requirements.

Recommendation: That the need for flexible contacts with accommodation and support providers be acknowledged and supported in the Strategy.

5.9 Mental Health Commission Implementation Plan

The Draft Strategy outlines a range of early activities to be undertaken by the MHC as part of its own implementation plan. With regards to these priorities, WAAMH notes the following:

- The early MHC Implementation Plan priorities recognise the need to balance the mental health system and increased community-based supports. WAAMH endorses this and strongly advocates for the need to support this intention with a planned program of incremental and staged growth funding in community support, including accommodation with linked support over five-years, aligned to the demand and priority groups outlined in The Plan. This should include specific committed actions that demonstrate how government will move towards meeting the modelled demand for services over a five-year period and going forwards to 2025.

- The early MHC Implementation Plan priorities recognise the need to evaluate programs and accommodation and support services. WAAMH strongly supports this and asserts that evaluation must be a key part of every contract. In addition, time and resources need to be allocated in the initial planning and approval of all programs and their associated contracts. There is a need for a state-wide quality evaluation system supporting dual diagnosis, trauma informed, culturally secure, recovery oriented and person-centred capabilities of all MH & AOD services in WA.

- With regards to the continuing of “current reforms” outlined in the MHC early priorities, WAAMH requests more information be provided about what this statement is referring to. Is this a reference to Step up- Step down services? If so, it should be noted that these services do not currently have a focus on transition to and from housing. More clarity on this feature of the Draft Strategy should be provided.

- Cross-sector collaboration: WAAMH recommends that the MHC should be at the forefront of cross-sector collaboration and should be a leader in facilitating joint implementation planning, as outlined earlier in the document. As the authors of the Draft Strategy, there is an expectation that the MHC will lead this element of the final Strategy, and model cross-sector collaboration while being engaged and informed on related strategies and policies in other departments.

6.0 CONCLUSION AND RECOMMENDATION SUMMARY

WAAMH thanks the MHC for the opportunity to comment on the Draft Mental Health and Alcohol and Other Drug Accommodation and Support Strategy 2018–2025. While WAAMH is broadly supportive of a range of elements within the Draft Strategy, limitations and areas for improvement have been identified which should be addressed in the final document. The need for clear and articulated stewardship and leadership of the Strategy is a key issue for stakeholders, and a range of issues pertaining to cross-sector collaboration, priority groups, clarity and scope, co-design, cohorts with complex needs and the MHC Implementation Plan have also been identified.

The key recommendations from this submission have been summarised below, and WAAMH welcomes further discussion on these if clarification is required.

Recommendation summary

- *Recommendation:* That the final Strategy include specific and measurable outcomes, targets, and timelines to guide the implementation of the strategies and include a clear governance framework.

- *Recommendation:* That the final Strategy clearly articulate how cross-government collaboration will be facilitated, with a focus on capacity building and implementation planning and a commitment to a specific model.

- *Recommendation:* That the final Strategy include a formal commitment to cross government Key Performance Indicators that address mental health and AOD accommodation and support issues in WA.

- *Recommendation:* That the final Strategy include a formal commitment to a joint implementation planning process with cross-sector and cross-organisation collaboration.

- *Recommendation:* That further research is undertaken to ensure that the final Strategy links to all relevant pieces of work from other departments and sectors, such as the Department of Communities, and from the Mental Health Commission itself.

- *Recommendation:* That the final Strategy include as one of its commitments the need to work with primary care to plan and specify pathways to assist people with mild-moderate mental illness to remain in or find safe, stable housing as a key component of their recovery.

- *Recommendation:* That the final Strategy explicitly explain which cohorts the strategy applies to.

- *Recommendation:* That the final Strategy incorporate preventative actions and strategies, including but not limited to individual advocacy and tenant support services.

- *Recommendation:* That the final Strategy include sub-strategies to address stigma including, but are not limited to, those that address public perceptions and understandings of the needs of tenants with mental health and AOD challenges, and those that address the issue of stigma in the private rental market.

- *Recommendation:* That the MHC undertake a review of current SUSD admission policy.

- *Recommendation:* That the MHC scope and co-design a range of models for accommodation with linked support, alongside a government program of incremental and staged funding growth over five-years that demonstrates how government will move towards meeting the modelled demand for services set out in the Plan.

- *Recommendation:* That the final Strategy specifically identify the private rental sector as a key stakeholder in the document, demonstrating the important part the sector will play in facilitating reform in the accommodation and support system for people with mental health and AOD challenges.

- *Recommendation:* That the final Strategy include a specific definition of affordable housing, based on standard and agreed definitions.

- *Recommendation*: That the final Strategy include explicit information about what community supports are included in the document and use consistent language in describing these.

- *Recommendation:* That the final Strategy use consistent length of stay standards that correlate to existing timeframes already in use and realistic understandings of recovery as a personal journey with no set timeframe.

- *Recommendation:* That the final Strategy incorporate updated modelling from the Two-Year Plan Update.

- *Recommendation:* That the final Strategy provide further clarity around the scope of and responsibility for the actions and sub-strategies in the document.

- *Recommendation:* That that the final Strategy clarify what cohort of consumers the bed sub-types cater to, and to what extent these cohorts are being provided for.

- *Recommendation:* To review the “Specific Needs of Population Groups” section of the Draft Strategy and translate the needs identified here into specific actions or sub-strategies within the body of the document.

- *Recommendation:* That sub-strategies specific to rural and remote areas are included in the final Strategy, following thorough consultation with regional stakeholders.

- *Recommendation:* That additional sub-strategies specific to Aboriginal people be included in the final Strategy, based on the priorities identified in the document, and with a focus on culturally appropriate, community-led, preventative, interdisciplinary and holistic care, with social and emotional wellbeing as a critical component.

- *Recommendation:* That stronger co-design sub-strategies be included throughout the Action areas in the final Strategy, to encourage investment and attention to co-design processes.

- *Recommendation:* That the final Strategy define and articulate a clear pathway for people with complex needs leaving Graylands Hospital, involving clinical, community and accommodation-related supports.

- *Recommendation:* That the final Strategy clearly articulate the MHC stance on hostels and the future role of hostels in the accommodation and support system.

- *Recommendation:* That the need for flexible contacts with accommodation and support providers be acknowledged and supported in the final Strategy.

7.0 References

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