

12 June 2020

Committee Secretary  
House of Representatives Standing Committee on Social Policy and Legal Affairs  
PO Box 6021  
Parliament House  
CANBERRA ACT 2600

RE: Inquiry into Homelessness in Australia

The Northern Territory Mental Health Coalition (the Coalition) is the peak body for community mental health and wellbeing. The Coalition represents community managed mental health organisations. We work in collaboration with a wide network of organisations, including people with lived experience, their families and supporters across the Northern Territory. We work at both a national and local level to improve the mental health and wellbeing of Territorians.

The Coalition welcomes the opportunity to contribute to the House of Representatives Standing Committee on Social Policy and Legal Affairs' inquiry into homelessness in Australia. We have a particular interest in improving support and services for people living with mental illness, who are a vulnerable population experiencing high risks of homelessness. Our submission highlights the need for greater investment in both mental health and housing and homelessness services in the Northern Territory.

As noted in the recent Productivity Commission draft report into mental health<sup>1</sup>, housing that is "secure, affordable, of reasonable quality and enduring tenure is a particularly important factor in preventing mental ill-health and a first step in promoting long-term recovery for people experiencing mental illness". Having systems and support in place that reduce the risk of people becoming homeless in turn reduces the burden of mental illness, as becoming homeless is often accompanied by a deterioration in mental health.

The Coalition supports the recommendations made in the submission from NT Shelter, the peak body for housing and homelessness organisations in the Northern Territory.

---

<sup>1</sup>Productivity Commission 2019 <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf> page 31

We invite the Committee to visit the Northern Territory to learn more about our situation at first hand.

### Disproportionate burdens of homelessness and mental ill-health

The Northern Territory has higher than national average levels of homelessness and mental ill-health:

- In 2016, the rate of homelessness in the Northern Territory was more than twelve times the national average (599.4 homeless persons per 10 000 population compared to the national average of 49.8).<sup>2</sup> However, the NT currently receives \$18.9 million or 1.3% of total Commonwealth funding for affordable housing and homelessness, despite a capita rate of demand for services at three times that of other states and territories and a rate of 42.3 clients per 10,000 population presenting to specialist homelessness services in 2018-19 with a current mental health issue (compared to the national average of 34.6).<sup>3</sup>
- The mental health burden of disease in the Northern Territory is also significantly higher than the national figure.<sup>4</sup> In the NT, mental health conditions contribute to 16.3% of the burden of disease, compared to 7.4% in Australia as a whole.<sup>5</sup>
- The number of Aboriginal Territorians experiencing high or very high psychological distress is on average 2.7 times that for non-indigenous people.<sup>6</sup> Almost one third (30%) of Aboriginal people experience high/very high psychological distress, compared with 11.8% for non-Aboriginal and Torres Strait Islander people.<sup>7</sup>
- Young Territorians are overrepresented within mental health services compared to other age groups, with young people aged between 15 and 24 years constituting 25% of all community-based clients, despite being only 15% of the population.<sup>8</sup>
- In 2017, 51 Territorians died by suicide which equates to 20.3 deaths per 100,000 people, almost twice the whole of Australia rate of 12.6 people dying by suicide per 100,000 population.<sup>9</sup>

---

<sup>2</sup> Australian Bureau of Statistics 2018 2049.0 - Census of Population and Housing: Estimating homelessness, 2016 Table 1.2  
<https://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0>

<sup>3</sup> Australian Institute of Health and Welfare, *Specialist Homelessness Services Annual Report 2017-18*. (demand in the NT is 390 clients per 10,000 population compared to the national average of 116 per 10,000, with an average of 15 requests for assistance unmet each day.)

<sup>4</sup> Department of Health (2016) Primary Health Networks Mental Health and Suicide Prevention Needs Assessment Northern Territory PHN  
<https://www.ntmhc.org.au/wp-content/uploads/2016/09/2016-NT-PHN-Needs-Assessment-Mental-Health-and-Suicide-Prevention.pdf>

<sup>5</sup> Department of Health (2016) Primary Health Networks Mental Health and Suicide Prevention Needs Assessment Northern Territory PHN  
<https://www.ntmhc.org.au/wp-content/uploads/2016/09/2016-NT-PHN-Needs-Assessment-Mental-Health-and-Suicide-Prevention.pdf>

<sup>6</sup> 4727.0.55.001 - Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13  
<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/9F3C9BDE98B3C5F1CA257C2F00145721>

<sup>7</sup> 4727.0.55.001 - Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13  
<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/9F3C9BDE98B3C5F1CA257C2F00145721>

<sup>8</sup> Department of Health (2016) Primary Health Networks Mental Health and Suicide Prevention Needs Assessment Northern Territory PHN  
<https://www.ntmhc.org.au/wp-content/uploads/2016/09/2016-NT-PHN-Needs-Assessment-Mental-Health-and-Suicide-Prevention.pdf>

<sup>9</sup> ABS 2018 3303.0 - Causes of Death, Australia, 2017 Intentional self-harm, key characteristics  
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3>

There is a range of complex, interrelated factors that impact on the accessibility and quality of mental health services in rural and remote communities in the NT. In developing the urgently required policy and programmatic responses to homelessness, it is important to adopt place-based solutions, rather than seeking to apply 'one size fits all' national schemes.

### NT service delivery context

It is important to recognise the characteristics of the Northern Territory that impact on service delivery:

- remoteness, which adds time and cost to deliver services, especially where these need to be co-designed with local communities for tailoring to individual needs
- thirty per cent of the population are Aboriginal and/or Torres Strait Islander people; 77 per cent of the Aboriginal population lives in remote or very remote areas of the NT<sup>10</sup>
- the economy is relatively small, and the NT Government has very few streams of own-source revenue. The Territory Government remains in considerable debt and is predicting operating deficits for the duration of the budget out years<sup>11</sup>
- Commonwealth arrangements that allocate funding based on jurisdictional populations rather than need inevitably result in under investment in services in the NT where the population is small but the relative disadvantage is high
- there is historical underinvestment in mental health services and social/affordable housing compared to need, across the government, private and community sectors. This underinvestment is especially evident in regional and remote areas of the NT. There are currently very limited, or no housing supports and supported accommodation for people with mental illness outside Darwin. For example, people seeking help from the Katherine hospital out of hours or on the weekend will be sent to Darwin (300km away) because there are no local facilities available. Their recovery is inevitably less successful when they are away from their family and country.

The accessibility and quality of mental health services must consider in conjunction with the significant socio-economic disadvantage and intergenerational trauma experienced by many Aboriginal and Torres Strait Islander communities across the NT.

Upstream social determinants, such as poverty, unemployment, drug and alcohol use, family violence, chronic disease and ongoing grief and loss due to higher rates of mortality and imprisonment, are central to the disproportionately high rates of suicide and psychological distress experienced by Aboriginal and Torres Strait Islander people in the NT.

---

<sup>10</sup> Department of Treasury and Finance 2019 Population, Northern Territory Economy <https://nteconomy.nt.gov.au/population>

<sup>11</sup> Northern Territory Government 2019 Budget 2019-20 Budget overview [https://budget.nt.gov.au/\\_data/assets/pdf\\_file/0005/690134/Budget-Overview-book.pdf](https://budget.nt.gov.au/_data/assets/pdf_file/0005/690134/Budget-Overview-book.pdf)

These issues heighten the need for accessible and high-quality mental health services, and for whole-of-government strategies to address entrenched socio-economic disadvantage.

### Housing is a critical social determinant of mental health

Addressing the social determinants of health, including housing, justice and employment and income support, are critical to improving social and emotional wellbeing. In the NT, the need for holistic investment to achieve mental health gains is very apparent.

The effectiveness of mental health service delivery can be compromised when provided to people residing in unstable living environments or experiencing homelessness. When people with mental ill-health are housed and supported, their recovery improves.

Non-health services, organisations and adequately trained and resourced sector workers are critical to both preventing mental illness from developing and in facilitating a person's recovery.

There are very clear examples in the Northern Territory that demonstrate the value of wraparound support services for people living with mental health issues to achieve stable housing, and improvements in their mental and physical health – see attached case studies. To reduce the risk of homelessness among people living with mental health issues, the Coalition recommends that:

- mental health training and resources for social housing workers must be offered and encouraged, with mental health services or care coordinators working with housing workers through culturally appropriate integrated and collaborative partnerships to stabilise existing tenancies
- state and territory social housing authorities review their policies to reduce the risk of eviction to ensure no exits into homelessness for people with mental illness. This review could include expanding (mandating) programs such as HASI which provide wraparound support for people whose tenancies are at risk
- the NDIA reviews its Specialist Disability Accommodation strategy and policies to encourage the development of long-term supported accommodation for NDIS recipients with severe and persistent mental illness, with a specific focus on NDIS participants residing in areas of thin markets
- governments work towards meeting the gap in the number of 'supported housing' places for those individuals with severe mental illness who require integrated housing and mental health supports, with long-term housing solutions for people residing in both urban and rural/remote locations incorporated into assessments of both current need and forward planning
- as part of the next negotiation of the National Housing and Homelessness Agreement, State and Territory funding allocations are increased, and determined with regard to actual need rather than population size alone.

Once again thank you for the opportunity to contribute to the House of Representatives Standing Committee on Social Policy and Legal Affairs' inquiry into homelessness in Australia.

If you require further information or clarification about this submission, please contact Vanessa Harris, Executive Officer, NT Mental Health Coalition (email: [eo@ntmhc.org.au](mailto:eo@ntmhc.org.au) phone: 08 8948 2246; mobile: 0408 588 904)

## Attachment – case studies

The first case study briefly outlines the improvements experienced by participants in the NT Housing Assisted Support Initiative (HASI) pilot program, which commenced in the Darwin urban area in June 2018.

### **Case study: NT Housing Accommodation Support Initiative (HASI) pilot**

The NT HASI pilot aims to support people with severe and persistent mental health issues who are current public housing tenants to sustain their tenancies and improve their health and wellbeing.

The program is a partnership between the government departments of health and housing, which provide program funding and public housing; Top End Mental Health Services, which provides specialist clinical mental health care; and Anglicare NT which administers the program and provides psychosocial support to participants. The pilot program commenced in June 2018 and is due to finish in December 2020.

Menzies School of Health Research, which is evaluating the HASI pilot recently reported on the period July 2019 – March 2020. Their findings indicate that the support provided through the HASI pilot has a positive impact on participants, with notable improvements to their mental and physical health, opportunities for community engagement, and improved safety and tenancy stability.

The second case study was included in the Top End Association of Mental Health (TeamHEALTH) submission to the Productivity Commission draft report on mental health<sup>12</sup>. TeamHEALTH is a Darwin-based, community mental health provider.

### **Case study: Introduction of Support**

Joshua is a 50-year-old man diagnosed with chronic schizophrenia and whose physical health is declining due to self-neglect. He was not receiving formal outreach supports other than a three weekly depot injection which he only received if he receives a reminder phone call or at his appointments.

Joshua was admitted to the Royal Darwin Hospital (RDH) psychiatric inpatient unit because he was at risk of suicide. His mental health had declined as a result of feeling unsafe, threatened and targeted in his public housing unit. He had started sleeping rough and presented himself to police because he was experiencing worsening auditory hallucinations.

At RDH, discussions about accommodation and the possibility of going back to his public housing unit distressed Joshua, resulting in his mental health relapse. RDH protocols prevent clients from being discharged to homelessness. Joshua was, therefore, unable to leave the hospital even though there were other people with more critical needs for acute care.

<sup>12</sup> Top End Association for Mental Health (TeamHEALTH) January 2020. Submission 756 Productivity Commission Inquiry into Mental Health <https://www.pc.gov.au/inquiries/current/mental-health#report>

TeamHEALTH worked in partnership with government mental health services to support Joshua to find new accommodation so that he could be released from the hospital. The steps and support included:

RDH discharged Joshua to TeamHEALTH's short-term accommodation where he was supported through our 3-week interim program.

Joshua and TeamHEALTH interim care workers explored safe housing options. A Recovery Assistance Program (RAP) worker worked intensively with Joshua for three days a week, and together they looked at three alternatives for accommodation.

Joshua identified his preferred accommodation as a hostel which is staffed 24/7. Assisted by TeamHEALTH, he was able to move into his new accommodation within a week of being discharged from the hospital.

The TeamHEALTH RAP worker continues to support Joshua, and they see each other weekly. Together they work on other goals that Joshua has previously been unable to achieve including Centrelink to apply for rent assistance; grocery shopping and choosing healthy, nutritious food options; living skills and social networks. TeamHEALTH will continue to work with Joshua on recovery-focused goals for as long as he requires.

Since engaging with TeamHEALTH supports, Joshua's mental health has remained stable, and he is feeling very positive about the future. He is very comfortable with his new living arrangements: he has found like-minded people living there; and feels at ease knowing that there is staff available at all times for security.

Staying in a hospital can cost the NT government about \$1500 per day. The cost of TeamHEALTH providing short-term care in supported accommodation is \$550 per day. Joshua stayed in TeamHEALTH's short term accommodation rather than a hospital for six days.