Mental Health Carers NSW

14 February 2025

Delivered by email to homelessness.strategy@homes.nsw.gov.au

Re: Homes NSW draft NSW Homelessness Strategy 2025-2034

To Whom it May Concern,

Thank you for the opportunity to respond to the Homes NSW draft NSW Homelessness Strategy 2025-2034.

Mental Health Carers NSW (MHCN) is the peak body for mental health carers in NSW. MHCN represents the interests of mental health carers to the NSW Ministry of Health, and provides information, capacity development and systemic advocacy on behalf of mental health carers. It regularly consults with carers across NSW to gain information on their opinions and experiences with the mental health system. MHCN uses the information gained in these consultations to provide feedback on policies and services on behalf of carers to NSW Health and to other health services and policy makers.

MHCN was awarded the tender for Department of Communities and Justice Disability Advocacy Futures Program (DAFP) for psychosocial disability systemic advocacy. Through this, MHCN delivers systemic advocacy through this project that includes liaising with Individual Advocacy Providers, stakeholders, government, and non-government decision-makers, and DCJ to improve understanding of the unique issues faced by people with psychosocial disability. Within this portfolio, MHCN sits on several housing committees including the HASI/CLS Review Committee and the Housing and Mental Health Agreement Steering Committee and Lived Experience Committee. We have also consulted widely with people with psychosocial disability, carers, family, and kin throughout 2024 to publish a major

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position paper on the NSW housing crisis and its impact of people with psychosocial disability.

We welcome the opportunity to continue working with Homes NSW to deliver safe, accessible, and inclusive housing options for people with disability, carers, and families to reduce homelessness in NSW.

Yours sincerely,

Alyce Cannon

Psychosocial Disability Policy and Research Coordinator

Mental Health Carers NSW

Homes NSW Draft NSW Homelessness Strategy 2025-2034

Response to the Strategy

14.02.2025

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Introduction

About Mental Health Carers NSW

As the peak body for mental health carers in NSW, MHCN represents the interests of mental health carers to the NSW Ministry of Health, and provides information, capacity development and systemic advocacy on behalf of mental health carers. It regularly consults with carers across NSW to gain information on their opinions and experiences with the mental health system. MHCN uses the information gained in these consultations to provide feedback on policies and services on behalf of carers to NSW Health and to other health services and policy makers. With its core functions funded by the Mental Health Branch of NSW Health, MHCN developed the Mental Health Carer Advocacy Network (MHCAN) to broaden its engagement with mental health carers in its advocacy and to assist roll out of the NSW Lived Experience Framework.

By influencing changes in policy, legislation, and service provision, MHCN aims to make a positive difference to the mental health system for carers and through the MHCAN to empower carers to become champions for change, sharing their lived experience to evoke the solidarity of humanity to promote mental health reform.

In October 2022, MHCN was awarded the tender for Department of Communities and Justice Disability Advocacy Futures Program (DAFP) for psychosocial disability systemic advocacy. Over the next two years, MHCN will deliver systemic advocacy through this project that includes liaising with Individual Advocacy Providers, stakeholders, government, and non-government decision-makers, and DCJ to improve understanding of the unique issues faced by people with psychosocial disability.

Section 1: Guiding Principles of the Strategy

Questions:

What do we need to consider as we implement services and system reform guided by these principles over the next 10 years?

Application processes: Homelessness, barriers to housing access and their links to mental health must be considered when implementing systemic homelessness reform. Psychosocial disabilities also constitute the functional barriers people with mental health conditions experience, which impede their participation and social inclusion. Based on MHCN's extensive consultations with people with psychosocial disabilities and their carers, all participants agreed that NSW needs informative, accessible, culturally appropriate, and mental health literate support. The application process is an immediate barrier for people with psychosocial disability, particularly as people with disability are required to re-prove their disability. This risks people disengaging with services as diagnostic processes are expensive and difficult to access, particularly for psychosocial disability. Further to the principle that "housing is a human right", if access to housing is delayed or denied, that should also be considered as a violation of the principle. Long waitlist times are a denial of housing. Waitlists should not exceed 6 months but in NSW over 2 years is the norm. The unknowns create risks for further harm to individuals and families.

We recommend that Homes NSW makes the application processes accessible and mental health literate and implements standard of improving for the housing sector.

Stigma: A key priority must be to increase public awareness of the barriers and solutions to homelessness to reduce stigma and encourage social inclusion and cohesion. This can reduce the barriers for people with psychosocial disability when applying for housing and reduce the disproportionate numbers of people with mental health issues in homelessness.

Peer Support and Homelessness Services: Support delayed is support denied, and policy development must be proactive to reduce additional stress on psychosocial disabilities as the housing crisis and cost of living worsens. In practice, this involves housing services delegating contact persons responsible for the welfare and liaising with other services on the behalf of housing residents. This is particularly crucial for large apartment complexes that house residents with high support needs that risk conflict and trauma. It is important that a liaison representative has knowledge on resident backgrounds including mental health conditions. This would assist coordination between mental health and housing.

For homelessness to be brief, rare and not repeated, government must identify the gaps or elements to improve housing that would encourage that in the long term. This would

include access to peer supports to secure and maintain housing, which must be done in collaboration with the mental health sector. Supporting homelessness services through sustainable funding streams to provide quality supports and services to people experiencing or at risk of homelessness will ensure they can provide advice and insight into policy and practices.

Safety: The principle that "housing is a human right" suggests that a roof is enough to prevent homelessness. However, access to safe and clean accommodation that is free of pest infestation and health risks, has appropriate security, and is structurally sound will reduce stressors impacting mental and physical wellbeing. Homelessness prevention must include and focus on people with disability as 22% of people in social housing access the NSW Disability Support Pension as primary income. There is a deficit in suitable housing for people with or who will acquire disability, and most homes built outside of Social Housing, or the NSW Pattern Book will not be required to meet the standard.

Which principles should be prioritized and why?

A commitment to reducing the rates of homelessness is repeated through the principle that "Prevention is prioritised". However, approximately 3 million Australians are at risk of homelessness. Prevention must include maximising currently empty dwellings and existing social housing stock and providing adequate and appropriate housing with longer term leases.

We advocate strongly for the principle of "the workforce is strong and supported". Supporting homelessness services to provide quality supports and supporting mainstream and allied services will help prevent and respond to homelessness. We also recommend engaging peer support services for people with disability to ensure safe, informed, and inclusive service navigation. This is relevant to people with psychosocial disabilities in the context of providing supports and ease of system navigation so more people can maintain longer term housing.

Many services are forced to exclude people with undiagnosed mental health conditions. HASI/CLS users must be diagnosed with a mental health condition which prevents undiagnosed people from accessing help. HASI/CLS has target priority groups including First Nations Peoples and people from refugee/asylum seeker backgrounds. These groups have greater systemic barriers such accessibility to culturally informed care, stigma and financial limitations to receiving a mental health diagnosis.

Costs are a key issue. The average GP appointment costs Medicare card holder's a minimum of $40 out of pocket, while the diagnostic process for a mental health condition can cost thousands of dollars and require months of waiting for a specialist or psychiatrist. This is an unrealistic expectation for people experiencing or on the verge of homelessness to attain, let alone those without access to a GP or Medicare. Provision of mental health support should not be dependent on a preexisting diagnosis. Mental health support should be facilitated when it is clear to staff members that mental health concerns are driving behaviour that could lead to eviction. As such, the principle of "people with lived experience inform service design' must include people with mental health conditions, psychosocial disability, and carers to better understand what is needed to address these fundamental access barriers.

Section 2: Strategy Focus Areas

Homelessness is rare

Outcome 1: Wherever possible, homelessness is prevented from happening in the first place, making it rare.

Questions:

To make homelessness rare, what should NSW prioritise for action and why?

Providing dedicated community and per supports to individuals with mental health conditions and psychosocial disabilities will assist access to and maintenance of housing. Agencies need to ensure they collaborate with the individual, advocacy services, and peak bodies to ensure that the welfare and physical and psychosocial safety of the participants are prioritised. To prevent more people becoming homeless, supports must be in place to help people remain in private housing.

To address lengthy waitlist periods, we recommend a re-evaluation of the effectiveness of The Rent Choice Subsidy for those on social housing waitlists. This subsidy only provides eligible participants with 3 years of rental assistance, but it also suspends their waitlist status for social housing. This provides very limited housing security in the longer term. To combat this, the NSW Government should prioritise making this subsidy available indefinitely so people can retain their place on the waiting list and ensure their access to housing. Extending the duration of this subsidy can reduce housing insecurity and help prevent homelessness. Moreover, there needs to be rental subsidies and financial assistance to help people stay in private housing. Homelessness will only increase if we

cannot support people to stay in private housing.

What opportunities and risks are there for implementing actions under this outcome?

Overly saturated or dense housing sites are cheaper upfront; however, they have higher rates of unlawful activities and limited community integration. It also prevents people from gaining more independence and moving into the private rental market and instead keeps them dependent on public housing system. We recommend that the NSW Government ensure that all new buildings adhere to the National Construction Code and have the silver standard of disability accessibility to ensure safety and address the risk of people with disability having to rely on an increasingly unaffordable private market alone.

There is also an opportunity to use recovery orientated practices to overpower and break cycles of homelessness, while giving the public housing and health system more capacity to help others with higher support needs. The collaboration between the mental health, homelessness, and housing sectors would have a greater combined impact in achieving common goals rather than each sector working in isolation of the other.

What types of target(s) would be most useful to measure our impact and why?

To start, government needs to work alongside homelessness services and disability advocates to measure who is homeless, how long they have been homeless, how long they were at risk of homelessness, and why. We also need to know from that data who has disability and what kind of housing they need, where they need it, and how accessible it is.

There must be targets to maximise housing occupation. Working towards improving and constructing low density social housing would be a useful measure when planning the development of social housing sites. The Haven model has up to 16 individuals per housing block, all in self-contained apartments. The combination of privacy, community and 24/7 onsite support has had tremendous benefits for residents. This has helped restore family relationships as the 'carer' and 'rescuer' role is minimised, while also assisting individuals on their recovery and ultimately their independence from social housing.

For people with psychosocial disabilities, measuring the amount of time between entering social housing and moving into independent living arrangements, along with the duration of time outside social housing while not on the social housing waiting list, would be useful data. This would indicate the success of targeted social housing programs on long-term recovery and community integration.

Homelessness is brief

Outcome 2 - When homelessness does occur, people are quickly connected to housing and the supports they need

Questions:

To make homelessness brief, what should NSW prioritise for action and why?

To reduce the time homelessness is experienced, there needs to be further investment in training government services staff on service connectivity and the unique needs of people with disability, and people with mental health conditions to improve the efficiency, safety, and accessibility of housing services. If personnel are properly upskilled in these areas, they will make the process safer and more inclusive.

Mental health literacy is important for HASI staff to provide support relevant to the mental health condition of clients without a formal mental health diagnosis, that is otherwise costly to attain. Resources must be expanded to assist more people and allocate time for them to achieve substantial outcomes with low wait times.

The more direct solution is to increase the supply of housing and shorten public housing waitlist times. Improving assistance resources is an action to connect people with homes, however, the effectiveness of that is dependent on a supply of suitable housing. Home NSW must prioritise providing accurate and clear resources and information for local coordination groups to gage housing availability. Steps must also be taken to ensure that allocation zones have appropriate and accessible services for the user.

What opportunities and risks are there for implementing actions under this outcome?

There are opportunities to upskill and capacity build staff and to co-develop resources with people with lived experience and the advocates. Homes NSW could support peaks and advocates in partnership to co-design policy and service improvement, thereby ensuring lived experience is a part of addressing homelessness.

There is a risk that prospective training provided to HASI/CLS staff may lack up-to-date information and trauma informed principles. This presents an opportunity to develop training that is trauma informed and inclusive of psychosocial disability and mental health. Including the voices of psychosocial lived experience and carers would be fundamental to the development of quality training content. The inclusion of lived experience of people who have interacted with HASI/CLS services and other similar services must be at the forefront driving training developments.

What types of target(s) would be most useful for measuring our impact and why?

To make homelessness brief, accessing supports should not exclude people who do not have or cannot access a formal mental health diagnosis. We need to better understand the rates of people with diagnosed and undiagnosed mental health conditions trying to access housing. This could be done by working with HASI/CLS to measure rates of people accessing housing through the program alongside data on their perceived or diagnosed mental health condition. Targeting the increased interaction of people with HASI/CLS services, especially those with mental health conditions is useful for measuring impact, as it limits the amount of people slipping through gaps in service delivery. This would also help data collection around understanding numbers of people who are homeless or seeking assistance to avoid homelessness over time, as well as the number of people turned away from services.

Homelessness is not repeated

Outcome 3 - When homelessness does occur, people do not experience multiple episodes of homelessness

Questions:

To ensure homelessness is not repeated, what should NSW prioritise for action and why?

It is crucial that longer-term and wrap-around supports are prioritised for changing needs in mental health supports and systemic factors to prevent homelessness being repeated. For people with psychosocial disability, changes in their condition or health may mean they require additional supports and assistance to help them maintain housing and support their health and wellbeing. For carers, ensuring that the person they support is safe and supported will reduce their stress and provide them with the resources they need to support themselves and their loved ones.

There need to be additional supports for families with children under 18 or still completing high school to have safe and secure long-term housing. This promotes school retention and reduces mental stress imposed on children that can develop into more complex mental health conditions. This would address a cycle of homelessness and reduce exposure to other detrimental factors by providing practical supports for young people, especially young carers.

For Supported Independent Living arrangements, once stable living conditions have been established for people with psychosocial vulnerabilities, they should not be disturbed due to arbitrary time limits. These vulnerabilities are unlikely to completely resolve, placing them at high risk of homelessness reoccurrence. The Haven model is a good example of a service that provides supports with fluctuating needs, enabling sustainable growth and

independence.

What opportunities and risks are there in implementing actions under this outcome?

There are always risks that when a priority population has acute needs at any given time because already strained resources might be redirected away from other groups also in need. Housing, homelessness, and mental health are interconnected, and so is the relationship between mental health consumers as well as their families or carers.

The strategy presents an opportunity to identify and address systemic factors in housing insecurity and mental health. This extends to the minimisation of developing long term psychosocial disabilities or disadvantage and connects back to the guiding principle that "prevention is prioritised". Within this are opportunities to create jobs and upskill personnel in service provision including supporting people in social housing, peer support, and psychosocial support.

For SILs there are opportunities to improve and redevelop group homes to enable people choice in where they live and with whom.

What types of target(s) would be most useful to measure our impact and why?

Homes NSW would benefit from measuring the numbers and types of social housing available and well as accessibility features. It is also essential for collaboration with homelessness services to better capture numbers of people who are homeless or at risk, for how long, and why to better identify systemic causes and service gaps.

Setting a target that aims for a decline in rates of homelessness re-occurring in adults who experienced homelessness in childhood or youth would be fundamental in the breakage of generational cycles of homelessness and poor mental health outcomes.

Additionally, an increase in long term (over 10 years) social housing arrangements for people, would indicate the stability of housing provided by the social housing system. To measure the effectiveness of HASI/CLS services, records of the duration that housing is maintained after assistance from HASI/CLS would also be beneficial to evaluate successes and areas for improvement.