

Consultation Background Paper

Housing and Mental Health Agreement Review

This is a brief review of the research, practice and the operating environment for the Housing and Mental Health Agreement (HMHA) for people and organisations participating in the 2019 review of the HMHA. The review has been commissioned by the Housing Design & Stewardship Branch of the NSW Department of Family and Community Services (FACS) in partnership with the Mental Health Branch of NSW Health, and undertaken by Catherine Stuart trading as Lee Road Consulting.

1. The Housing and Mental Health Agreement

Signed in August 2011, the [Housing and Mental Health Agreement \(HMHA\)](#)¹ is a formal agreement between NSW Health and FACS. It is a framework for planning, coordinating and delivering mental health, accommodation support and social housing for people who need help with mental health and housing over the age of 16 years. The HMHA was developed by NSW Health and FACS agencies in consultation with other government agencies, non-government organisations and consumer groups and expands on and replaces the JGOs².

The HMHA requires NSW Health and FACS to:

- work in partnership with each other and the non-government sector
- apply specific principles to service delivery and cross agency support within their sectors
- commit to specific actions to create coordinated and collaborative service delivery

The primary mechanism for operation of the HMHA is the District Implementation and Coordination Committees (DIACCs) established in each Local Health District (LHD). The DIACCs were formed to improve coordination, service planning and sharing of information between housing, mental health and support providers. Governance structures involving a range of stakeholders were also established to oversee the statewide implementation of the HMHA, receive reports from the DIACCs and escalate issues unable to be resolved at District level.

2. Developments in the policy, funding and service delivery environment

Significant development has occurred in the policy, funding and service delivery environments for mental health, social housing and homelessness since 2011. The NSW government is implementing significant reforms in all three sectors. In addition, the delivery of mental health services has been influenced by the introduction of significant national frameworks and implementation of the National Disability Insurance Scheme (NDIS).

2.1 National Frameworks

Several national frameworks and plans have been introduced since 2011 which influence the service priorities and delivery of mental health services in NSW.

¹ <https://www.facs.nsw.gov.au/download?file=326166>

² An earlier agreement between NSW Health and Housing NSW. Its formal name is the Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Aboriginal, Community and Public Housing.

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- The **Fifth National Mental Health and Suicide Prevention Plan, 2017-2022**³ sets national priorities for planning and delivery of mental health and suicide prevention services.
- **A National Framework for Recovery-Oriented Mental Health Services (2013)**⁴ provides information and tools to support implementation of the recovery-oriented practice.
- The **National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing, 2017-2023**⁵ guides and informs Aboriginal and Torres Strait Islander mental health and wellbeing reforms. The Framework recognises that culture is central to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and aims to shift the way mental health programs and services are delivered, ensuring comprehensive and culturally appropriate model of care.

2.2 The National Disability Insurance Scheme (NDIS)

Under the NDIS, the range of providers delivering community based psychosocial support is expanding. Ensuring coordinated supports in this context of expanding providers, introduces new challenges for an agreement such as the HMHA.

2.3 The NSW policy, funding and service delivery environment

There are significant reform agendas underway in each of the mental health, housing and homelessness sectors. The separate agendas are underpinned by shared principles such as:

- Putting the person at the centre and providing individualised responses through better service coordination
- Providing effective assistance for groups that are poorly served by the current service system, particularly Aboriginal and Torres Strait Islander people and communities
- Resourcing prevention and early intervention strategies
- Continuing to develop the role of non-government service providers within the service system

Living Well and the NSW Mental Health Reform

The NSW Mental Health Commission's *Living Well: A Strategic Plan for Mental Health in NSW 2014-2014*⁶ establishes important directions for mental health reform in NSW. It recognises the critical importance of empowering government agencies and community organisations to work together at local levels guided by the participation of consumers, carers and families.

The NSW Mental Health Reform is a 10 year plan in response to *Living Well*. It includes a range of commitments which recognise the importance of effective collaboration between housing services and mental health services including: expansion of community supports delivered by the non-government sector for people with a severe mental illness; improved referral pathways with specialist homelessness services; therapeutic models for tenants with mental illness; and enhanced cross agency data.

³ <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan>

⁴ <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra>

⁵ <https://www.pmc.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-23>

⁶ <https://nswmentalhealthcommission.com.au/our-work/strategic-plan/downloads>

Homelessness Service System Reform

Reforms to the SHS system in 2014 sought to strengthen the focus on early intervention and integrated services for people who are at risk of or experiencing homelessness.

These directions are further consolidated in the *NSW Homelessness Strategy 2018-2023*⁷ which aims to build a service system that is able to intervene early to prevent homelessness and break disadvantage; increase access to supports, including housing, that prevent homelessness and re-entry into homelessness; and create an integrated, person-centred system.

Future Directions for Social Housing in NSW⁸

This ten-year vision for social housing announced in January 2016 aims to create more social housing; more opportunities, support and incentives to avoid or leave social housing; and a better social housing experience.

The strategy has service improvement initiatives to create a better social housing experience and create more opportunities for people in the private housing market.

A key initiative under Future Directions is the Social Housing Management Transfer program⁹. This initiative involves the transfer of around 14,000 of Family and Community Services (FACS) social housing properties to community housing providers (CHPs), including the delivery of private rental assistance, in certain locations in NSW. Importantly, under the SHMT, participating CHPs will take on a service system coordination role, including responsibilities under the HMHA.

NSW Human Services Outcomes Framework¹⁰

FACS has committed to measuring outcomes from social housing and homelessness programs using the Framework. The Framework includes domains relating to both housing and health and is designed to simplify measurement of cross agency efforts. It is therefore a useful tool for cross-sector collaboration and offers a practical approach to measuring the outcomes from the HMHA.

3. Programs

There are various examples of programs and initiatives founded on collaboration between the mental health and housing or homelessness sectors to deliver outcomes for people with mental illness and housing issues. These programs typically include psychosocial mental health support and clear pathways to housing opportunities, suggesting these may be key components of a successful collaboration.

Housing and Accommodation Support Initiative (HASI)

HASI supports people with a severe mental illness to live and participate in the community. Some social housing is available through the program under standard Housing Pathways eligibility criteria.

⁷ <https://www.facs.nsw.gov.au/about/reforms/homelessness/overview>

⁸ <https://www.facs.nsw.gov.au/about/reforms/future-directions/about-future-directions-for-social-housing-in-nsw>

⁹ <https://www.facs.nsw.gov.au/about/reforms/future-directions/initiatives/management-transfer-program>

¹⁰ Further information about the Framework and its application to housing and health outcomes can be found at <https://www.facs.nsw.gov.au/download?file=326166> and https://www.finance.nsw.gov.au/human_services

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At the time of writing a comprehensive two year evaluation of the HASI program is underway.

HASI Plus

HASI Plus provides very high intensity community based support for people with severe mental illness and significant functional impairment. Community managed organisations work in partnership with local health districts and social housing providers to deliver the program.

Community Living Supports (CLS)

Similar to HASI, CLS is built on a principle of collaboration and partnership between NSW Health, non-government organisations, FACS and Corrective Services NSW. The program provides integrated support for people with a mental illness who are vulnerable to homelessness including social housing residents who may not be accessing the supports they need; Aboriginal people; community based offenders and people exiting correctional facilities.

FACS Housing Outreach and Support Team (HOST)

The assertive outreach program combines Specialist Homelessness Service and non-government psychosocial support expertise with FACS Housing expertise to provide a Housing First response to rough sleepers. Permanent housing is secured from the FACS managed social housing portfolio.

STEP (Supported Transition and Engagement Program), Connect 100 and Platform 70

The Supported Transition Engagement Program (STEP), Connect 100 and Platform 70 initiatives all combine long term, subsidised, community housing provider managed housing secured from the private rental market with psychosocial supports delivered by a non-government mental health provider to provide a Housing First response for rough sleepers. All three initiatives involved dedicated funding provided by FACS.

4. Research

Housing, Homelessness and Mental Health: Towards System Change¹¹

Findings particularly relevant to the review are:

- Programs such as HASI that integrate housing and mental health support do save government money and create a range of other benefits such as reduced hospital admissions and tenancy stability.
- Successful programs share common features: mechanisms for effective coordination at state and local levels; cross sector collaborations and partnerships; immediate access to housing; and integrated person-centred support.
- Strategies to sustain failing tenancies are a key mechanism for early intervention and prevention.
- Policy integration in the mental health and housing areas is a key enabler for improved outcomes.
- Exits into homelessness need to be prevented as they affect a person's future mental health and wellbeing.

¹¹ Nicola Brackertz, Alex Wilson and Jim Davison, *Housing, Homelessness and Mental Health: Towards System Change*, 2018, research conducted by AHURI for the National Mental Health Commission, <https://apo.org.au/node/206456>

Mental Health and Homelessness¹²

The review found that mental health is a key risk for homelessness and that lack of coordination within the service system heightens these risks. The stakeholder enquiry identified four principles fundamental to an effective service system: continuation of the 'no exits into homelessness' policy direction; critical role of early intervention and prevention; more effective health service coordination; involving all mainstream services in the generation of solutions.

4.1 From the perspective of lived experience

Documented information about the lived experience of mental health and housing or homelessness tends to support the connections between mental health and housing or homelessness identified in the academic literature.

The report 'They spit at you with their eyes' – Experiences of Homelessness in New South Wales¹³ explores the personal experiences of homelessness including challenges with mental health flowing from the experience of homelessness **and** concludes better integration of homelessness services with mental health services is needed to support the emotional challenges of homelessness.

There's No Place Like Home¹⁴

This presentation from Being at the August 2018 The MHS Conference discussed their study of the difference between 'housing' and having a 'home'. Study participants were predominantly private renters and social housing tenants. Findings relevant for this paper are:

- Only 40% of survey participants across all tenure forms were supported by family
- 32% reported being supported by health workers. This group were slightly more likely to consider where they lived to be 'home' than those without support.
- Challenges with housing included finding it hard to keep up with paperwork, housework, gardening or maintenance and not having help with these tasks.
- The services seen as making a strong contribution to sustaining housing included doctors, hospitals and community mental health teams.

My Life as an Ex-Hoarder: A personal story¹⁵

In this presentation for the August 2018 The MHS Conference, Judy Nicholas, a social housing tenant, outlines the role that people with lived experience can play in helping health professionals and tenancy and housing workers work with hoarders to assist them.

¹² Lauren Costello, Melanie Thomson and Katie Jones, *Mental Health and Homelessness*, AHURI Synthesis Service for the Mental Health Commission of NSW, 2013, <https://nswmentalhealthcommission.com.au/sites/default/files/publication-documents/Final%20Report%20-%20AHURI%20-%20Mental%20Health%20and%20Homelessness.pdf>

¹³ Authored by Melissa Wolfshoerndl, a member of the PIAC Homeless Consumer Advisory Committee, the study is adapted from her Honours thesis for a Bachelor of Social Work, <https://www.piac.asn.au/2016/07/22/they-spit-at-you-with-their-eyes/>

¹⁴ Presentation by Peter Schmiedgen and Irene Gallagher at the August TheMHS Conference, <https://www.themhs.org/resource/s43-theres-no-place-like-home-experiences-of-housing-and-home-from-people-living-with-mental-health-issues/>

¹⁵ Presentation by Judy Nicholas at the August 2018 TheMHS Conference, <https://www.themhs.org/resource/my-life-as-an-ex-warder/>

4.2 Service collaboration and integration

The increased role of non-government organisations in the mental health, housing and homelessness sectors since 2011 challenges some of the assumptions underpinning the HMHA governance structures for example:

- The role of government agencies in driving service coordination initiatives
- The role of external frameworks, particularly where non-government organisations may deliver services in more than one sector and allowing delivery of integrated services
- there may be other levers available to drive common service outcomes such as commissioning frameworks, regulatory requirements and outcomes measurement

Coordinated and Integrated Human Service Delivery Models

A number of other models exist for enabling coordinated cross sectoral service provision and one of the questions for the review is how the HMHA influences district and local level service coordination. It is important to understand the benefits and limitations of the HMHA model and consider this approach during the review.

A 2000 literature review conducted by Michael Fine, Kuru Pancharatnam and Cathy Thomson for the New South Wales Cabinet Office and Premier's Department¹⁶ identified nine other models for service coordination including service hubs and one stop shops, case management, service networks and social partnerships which could be relevant to a future HMHA. Their study also highlighted the costs and limits of service integration. For example, it may not be realistic to expect the HMHA to be effective at coordinating all aspects of mental health service provision with all aspects of social housing or homelessness services. It may be more practical to choose the aspects of each service that have the most potential to create better outcomes for people through better coordination, and focus on those.

Fine et al's research also highlights that service integration occurs at the three levels reflected in the HMHA: state government, District; and local level. Changes such as the increased commissioning of non-government organisations to deliver services and the embedding of person-centred approaches may open up opportunities for different models of service coordination and collaboration that were not practical in 2011.

How Integrated are Homelessness, Mental Health and Drug and Alcohol Services in Australia?¹⁷

The 2013 AHURI study explored the ways in which homelessness, drug and alcohol and mental health services work together to provide services. The findings suggest external frameworks such as the HMHA may be necessary for enabling service coordination. The study found that people using services with higher measured levels of integration were more likely to report positive outcomes

¹⁶ Michael Fine, Kuru Pancharatnam and Cathy Thomson, *Coordinated and Integrated Human Service Delivery Models*, Social Policy Research Centre, SPRC Report 1/05, 2005, https://www.sprc.unsw.edu.au/media/SPRCFile/Report1_05_CoordinatedHuman_Service_Delivery_Models.pdf

¹⁷ Paul Falatau, Elizabeth Conroy, Monica Thieking, Anne Clear, Sarah Hall, Alicia Bauskis, Matthew Farrugia and Lucy Burns, *How integrated are Homelessness, Mental Health and Drug and Alcohol Services in Australia?*, AHURI, 2013, <https://apo.org.au/node/34070>

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such as having a case manager, and disclosing and getting help with issues within the specialisation of other partner services.

A Multilevel Framework for Effective Interagency Collaboration in Mental Health¹⁸

This 2012 paper by Nicole Shepherd and Thomas J. Meehan looks at service coordination using interagency collaboration in mental health in Queensland as a case study. It highlights the need to resource collaborative activity over the long term by allocating the role of driving to a defined position and recognising it as work. For example, under the HMHA the role of driving collaboration is currently allocated jointly to LHD and Housing Directors.

It also notes there is ongoing work to update front line staff about the practical aspects of collaborative service delivery such as the extent to which personal and health information can be shared between services. This finding reflects experience with the HMHA where Guidelines for Exchanging Client Information were developed to support operation of the Agreement.

The research also explored strategies that help people using services to navigate between their different service providers and found the best strategies are ones that place the person in the centre of the arrangement and give them practical tools to manage the various relationships

Review questions for consideration

1. Is the current scope of the agreement right?
2. What arrangements and joined up actions will support coordinated or collaborative service planning and/or delivery?
3. What opportunities do changes to the policy, funding and service delivery environment present for a refined HMHA?
4. What sort of governance arrangements might be most effective?
5. What training or capacity building strategies should be considered?
6. How can performance or outcomes of housing and mental health collaboration be defined and measured?
7. Do you have any examples of good practice that have led to improved outcomes for people experiencing homelessness or living in social housing with mental health issues?

¹⁸ Nicole Shepherd and Thomas J. Meehan, *Australian Journal of Public Administration*, vol. 71, no. 4, pp. 403-411, <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1467-8500.2012.00791.x>