

**Mental Health Homelessness Program**

**Mental Health Branch – July 2002**



# Mental Health Homelessness Program

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## 1. Introduction

The Mental Health Homelessness Program (MHHP) brings together a range of existing and new services to develop a specialist response, to respond to the needs of people with a mental illness who are homeless or at risk of homelessness. This specialist response occurs within the context of the broader mental health and homelessness service systems.

Importantly, the MHHP has been developed in partnership with the Office of Housing community housing programs. This partnerships provides linked transitional housing and support packages, and provides priority access to long term public housing for people with a mental illness accessing MHHP services. It has also resulted in a related pilot project which aims to improve discharge practices from acute psychiatric units for homelessness people with a mental illness.

The MHHP works closely with and within the homelessness sector to assist it to respond to people with a mental illness, provide a safety net for those who do fall through the gaps and to provide a pathway into the general mental health service system. It does not reduce or remove the responsibility of mental health services to identify and respond to those who have a mental illness and are homeless or at risk of homelessness.

The MHHP responds to the challenges of the Victorian Homelessness Strategy and reflects the Victorian Government's commitment to expanding services for homeless people with a mental illness, its priorities of addressing inequality and disadvantage and of finding solutions through effective partnerships across Government and with the community.

This document outlines the broad parameters for the MHHP. Specific guidelines for the individual service components are provided separately. The program statement and guidelines build on draft documentation, and incorporate feedback from services, which have been using them for the last two years. It is expected that they will be further refined and developed as further good practice is identified and the service components become established.

## 2. Objectives

The MHHP objectives are:

- To provide a comprehensive, coherent and collaborative response to people with a mental illness who are homeless across a range of age groups from 16 years of age to the over 65 age group.
- To provide a pathway out of homelessness for people with mental illness and complex needs
- To improve the mental health and accommodation outcomes for people who are homeless.

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## 3. Background

In 2000/2001, 2% of clients accessing the public mental health service system were recorded as having no usual residence, or as accessing a homelessness service. A further 8% were in accommodation, which can be regarded as unstable, such as caravans and boarding houses. Research projects undertaken around Australia have estimated that up to 50% of people who are homeless may also have a mental illness.

The mental health service system, including both clinical and disability support components, play an important role in preventing and addressing homelessness. Through the provision of effective treatment, case management and support many people are prevented from becoming homeless and/or are assisted to stabilise accommodation and actively participate in the community. Amongst psychiatric disability support services there are examples of services, which due to their geographic location or history, cater predominately for people who are homeless. Many of these are also funded by the Supported Accommodation and Assistance Program.

However, there are a group of people who are homeless and have a mental illness who do not engage well with mental health services. They may be distrustful of services, will not actively seek assistance and their contact is characterised by discontinuity and poor clinical outcomes. It is this group of people who are more likely to access homelessness services such as meals and crisis accommodation. Although the homelessness services sector has a broad target group, which does not exclude people with a mental illness, it does not always have the skills or resources to provide an effective response to those who have more complex needs. In addition, the homelessness sector is designed to provide a crisis and transitional response. In order to assist people with serious mental illness move out of homelessness, a long-term approach is needed.

In 1999, the Victorian Government made a commitment to expand services to homeless people with a mental illness and complex needs. Over a three-year period this has resulted in the development and/or expansion of services, which now form the components of the Mental Health Homelessness Program. They are:

- Homeless outreach psychiatric services;
- Psychiatric disability intensive outreach support services; and
- Care and support packages for older people with a mental illness.

### *Homeless Outreach Psychiatric Services*

The Homeless Outreach Psychiatric Services (HOPS) were first established in 1994 to provide a specialist clinical and treatment response for people who do not engage readily with mental health services. HOPS work in partnership with homelessness services and use assertive outreach to locate and engage with their clients. There is a strong focus on people experiencing primary homelessness. The HOPS also provide assessment and secondary consultation to homelessness services and other mental health workers. The Mental Health Homelessness Program has expanded the services to the outer metropolitan regions and Geelong.

### *Psychiatric Disability Intensive Outreach Support Services*

The psychiatric disability intensive outreach support services component of the Mental Health Homelessness Program provides an immediate but longer-term

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solution to support people to move out of homelessness. The more intensive nature of the service recognises that many people in this situation will require high levels of support. Services will use assertive outreach to engage people experiencing primary homelessness, but will also work closely with homelessness sector and HOPS to assist them identify and refer potential clients.

## ***Psychogeriatric Assessment and Treatment Services for older people who are homeless***

The care and support packages for older people who are homeless with a mental illness are delivered through Psychogeriatric Assessment and Treatment Services. It recognises that older people (over 65 years) also face homelessness and that there is a need for a specialist response. These services focus on assisting people whose accommodation is at risk and supporting them to find and maintain more stable and appropriate options.

The development and expansion of these services has occurred within the context of the development of the Victorian Homelessness Strategy and in partnership with the Office of Housing.

## **4. Program Statement**

The following program statement attempts to provide a broad, overarching description that encompasses the essence of the Mental Health Homelessness Program.

### **4.1 Aims**

The Mental Health Homelessness Program for people with a mental illness and complex needs aims to:

- Provide assessment, treatment and specialist intensive support through assertive outreach to people who are homeless or at risk of homelessness.
- Provide the means of access to appropriate accommodation and prevent the breakdown of accommodation.
- Provide advocacy for homeless people with a mental illness and secondary consultation and education to the homelessness sector.
- Collaborate and develop strong links with other service sectors, particularly the Supported Accommodation and Assistance Program, community housing and residential care which will contribute to providing a pathway to more stable and appropriate accommodation.

### **Critical elements of model:**

- *Assertive Outreach*
- *Integrated mental health and substance abuse treatment*
- *Good Discharge Planning*
- *Provision of services to people who are in marginal housing in order to prevent homelessness*

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- That the service needs to be both consumer and community focussed and offer a flexible and comprehensive response to needs.
- That effective advocacy combined with intensive support can lead to stable accommodation.
- That receiving a service will not rely on the service being requested by the homeless person. The service will therefore be provided on an assertive outreach basis.
- That an effective service delivery response will involve collaborative partnership models between Mental Health Homeless Program services, alcohol and drug treatment services, housing services, residential service providers, and other community service and health providers.
- That the Mental Health Homelessness Program will work to maximise the potential of the segmented waiting list and community housing opportunities.
- That the amount of time consumers remain in the program will be determined on a case-by-case basis by the consumers, case managers and key workers but can be on-going if required.

## 5. Scope

### 5.1 Target Group

Eligibility criteria varies for each of the components in the MHHP. However, in general the target group are:

- People with a mental illness and psychiatric disability, who may have complex needs and who are also homeless or at risk of homelessness.
- Likely to have drug and alcohol issues.
- Be perceived as having difficult or challenging behaviours.
- Likely to have had previous negative experiences with services and be fearful of rejection or a loss of independence.

It is expected that people accessing support through these initiatives will have a moderate to severe level of disorder/disability, arising from a mental illness, which seriously impairs their ability to:

- Obtain or maintain accommodation of an adequate standard.
- Gain access to specialist mental health services.
- Gain access to mainstream and specialist health and social support services.
- Maintain basic levels of self or home care.
- Participate in community life due to challenging behaviour, isolation and exclusion from both formal and informal supportive networks such as friends and family.

### 5.2 Referral

Services are encouraged to not rely on referrals but actively seek out people at risk. Referrals can however come from any organisation or person. It is expected that the many referrals will come from the homelessness service system, and that services will work with homelessness services to identify and respond to the target group.

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## **5.3 Geographical Area**

Services will be located in subregional areas and will be responsible for targeting assistance in those areas. Service locations have been chosen with consideration to the locations of existing and new crisis homelessness services, as well as availability of low cost accommodation.

Continuity of care is a basic underlying principle of high quality psychiatric service provision right across the Mental Health sector. Within the Homeless sector the phenomena of transience works against continuity. Homeless people often do not link easily with mental health services as they move between emergency shelters, squats, low cost accommodation places and around the city. The MHHP services need to follow clients from one setting to another, across area boundaries either linking the client to another mental health service or maintaining service delivery.

## **5.4 Service Links**

Increasingly, human services programs are being delivered within catchment areas formed by natural geographical areas. The aim is to facilitate links in the local service system, providing better referral pathways and planning opportunities.

The Mental Health Homelessness Program has been established along area mental health service lines. However, most Program components will also relate to a Primary Care Partnership and will share similar catchment areas to the housing and homelessness services. The success of the Program relies on good partnerships and service links within the defined service area. In part, the service provided will reflect the capacity of the rest of the service system, complementing rather than duplicating what is already in place.

However, given the transient nature of the client group, it is recognised that at times it may be necessary to work across catchment areas. Such arrangements should not be long term, but should occur until the client is linked in with alternative supports.

At a minimum, services must develop links and partnership arrangements with:

- Other mental health homelessness program services and other mental health , clinical and disability support, services.
- Supported Accommodation and Assistance Program (SAAP) and Housing, including Community Housing and the Transitional Housing Program
- Community Connections Program (CCP).
- Community Health Services.
- Royal District Nursing Homelessness Program (where available)
- Drug and Alcohol Services.
- Home and Community Care.
- Housing and Support for the Aged
- Residential Care Providers

### **5.4.1 Other Mental Health Services**

The mental health service system, including clinical, specialist and psychiatric disability support services will remain the key providers of services to people who are homeless and/or at risk of homelessness. It is expected that MHHP services will be a

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fully integrated part of the AMHS and provide links and pathways into mental health services and offer secondary consultation to assist services support people who are also homeless. The MHHP will provide a safety net for those who do not readily engage with the mental health service system and/or who have fallen through the gaps.

### ***5.4.2 Homelessness and Housing Services***

The MMHP will work within the homelessness service system. Transitional Housing Services and the Supported Accommodation and Assistance Program will be sources of support and resources, particularly for accommodation, as well as referrals to the Program.

### ***5.4.3 Primary Care Providers***

Primary care providers, including Community Health Centres and Royal District Nursing Services will be important in addressing the primary health care needs of clients of the MHHP.

### ***5.4.4 Community Connections Program***

The Community Connections Program (CCP) identifies and links people with complex needs, who are homeless or at housing risk, to appropriate services and more suitable housing if required. The CCP has a key role to play in supporting residents to relocate who are at risk of homelessness due to closure of low cost accommodation, including pension level SRS. On a strategic level, the program also works with local services to assist them to become more accessible and responsive to the needs of this client group. The CCP has flexible funding available.

It is expected that at times the MHHP will work closely with the CCP providers in responding to people with a mental illness who are homeless or at risk of homelessness.

### ***5.4.5 Residential Care Services***

A history of primary and secondary homelessness leads to premature ageing and may result in individuals requiring residential aged care earlier. Building close links with and providing consistent reliable supports to residential aged care providers who are interested in the target group will create opportunities for stable accommodation.

## ***5.5 Length of Support***

The support under the MHHP has the capacity to be long term where this is appropriate. In programs linked to housing, the aim is to stabilise housing and not have significant flow through.

However, the MHHP should remain a specialist homelessness response and as clients' needs change, a transfer of support to other mental health services, such as the standard home based outreach support or continuing care team should be facilitated, thus freeing up resources to continue work within the homelessness sector.

It is also recognised that depending on local area needs and other services available, the support provided may need to be short term with a focus on identifying and engaging with clients and referring to more appropriate services.

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## 6. Pathways out of Homelessness

Housing is a fundamental requirement of people's ability to live successfully in the community. For people who experience the effects of long-term mental illness, appropriate housing can mean the difference between health and mental health deterioration.

Supported housing which offers safe, secure and affordable housing in conjunction with flexible long-term support has been demonstrated to be a successful solution for many. Supported housing is seen as a process whereby access to housing is augmented by access to appropriate, flexible and long term, intensive support services as needed over the life-course. Without adequate support, people may lose their housing due to mental state deterioration or the lack of practical skills such as budgeting and paying rent and therefore fall into homelessness.

The Mental Health Homelessness Program links to other programs to provide opportunities to access long term housing and pathways out of homelessness.

### 7.1 *Discharge Pilots*

Under the Victorian Homelessness Strategy, three pilot projects to improve discharge practices and provide a direct link to housing will be established. Funded through the Supported Accommodation and Assistance Program, the pilot links support to be located in the adult acute inpatient unit to transitional housing. The pilots have the potential to provide information for both housing and mental health services about how to provide consumers with housing stability.

### 7.2 *Linked Housing and Support*

The Housing and Support model produces long-term positive health and social outcomes for individual consumers. Supported housing, linked to support provided by PDSS enables people with a mental illness to access long term, safe and affordable housing, with flexible individual support and to live successfully in the community.

Linked housing and support can be accessed through the 'supported housing' segment of the Office of Housing public housing waiting list. People with support needs are given second priority for public housing. The support agency, including psychiatric disability home based outreach support, psychogeriatric assessment and treatment services and mobile support and treatment teams, is involved in the application process for the housing and agrees to provide the necessary support.

The MHHP intensive home based outreach program also has a nomination rights to a number of housing properties, thus enabling the provision of linked housing and support packages.

### 7.3 *Social Housing Innovations Project (SHIP)*

The Social Housing Innovations Project is working with local government, community groups, service organisations, churches and the private sector to develop ideas, which will:

- Increase participation in the development and provision of affordable housing
- Attract Capital contributions through joint ventures.

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- Demonstrate sustainable models for continued growth of social housing.

Mental Health Homelessness Programs need to be alert to the new opportunities this creates and to the potential for new supported housing models to evolve through establishing and maintaining links with potential SHIP providers.

### **7.0 Resource Distribution**

Distribution of resources will be influenced by a number of factors:

- Mental health weighted population formula – this formula includes weights for socio-economic disadvantage, homelessness, and prevalence of mental illness. It is the primary mechanism for distribution of resources in the mental health program.
- Where there are higher concentrations of people with a mental illness accessing public mental health services recorded as having no accommodation or living in a homelessness services – this ensures that the MHHP targets resources to those areas where homeless people with a mental illness are most likely to be located.
- Office of Housing homelessness indicator which takes into account housing risk (based on Centrelink rent assistance data) and levels of homelessness (Australian Bureau of Statistics)
- Location of homelessness crisis services – the MHHP is generally prioritised to areas where homelessness services are located, to provide support to the service provider and in recognition that people who are homeless usually seek out homeless sector services.
- Availability of low cost accommodation – where there is low availability of low cost accommodation people are more likely to be at risk of homelessness. Some components of the MHHP are prioritised to these areas to assist people locate more secure accommodation options.