

Joint Standing Committee on the NDIS –

The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

McAuley Community Services for Women welcomes the opportunity to contribute to the Joint Standing Committee on the NDIS.

Whilst we believe that NDIS could provide an excellent opportunity for people with disabilities to receive the level of support they have long required, we are concerned about the provision of services for those people who are not eligible, particularly those who are homeless and experience complex and multiple needs.

The introduction of NDIS will have a direct impact on our ability to deliver housing and support services to women experiencing homelessness, who have serious mental illness, and who are not eligible for the NDIS.

This is due to the shifting of community mental health funding in Victoria into the NDIS and a lack of clarity of who is eligible, or otherwise, for the NDIS. The result is likely to be an unintentional lack of support and reduced service access as well as mental health and housing services.

About McAuley Community Services for Women

McAuley Community Services for Women **provides** safe housing, education, employment* and children's programs for women and their children who are escaping family violence and for women who are homeless, many living with mental illness.

McAuley Community Services for Women incorporates **early intervention and response** strategies, for example: a respite bed at McAuley House enables women living in their own housing to manage their mental illness through afterhours; week-end and overnight support as required

In 2016, we assisted over 600 women and children to rebuild their lives, supporting them on their journey towards independence and safer futures. McAuley Community Services for Women is a ministry of the Sisters of Mercy. We run family violence and homelessness services that are holistic in approach, providing a joined-up service for women leaving family violence through to providing them with help to secure employment:

McAuley Care: Victoria's only 24/7 safe, accessible crisis accommodation and support for women and their children, escaping family violence, as well as a refuge program.

McAuley House that provides accommodation and support for women who are either homeless or at risk of homelessness, many with poor physical and mental health.

We have restarted **McAuley Works**, a jobs-ready and employment program for women experiencing homelessness or family violence. Using a case management model, McAuley Works provides intensive, tailored services to each woman it supports, including post-employment assistance, with the single aim of helping women secure good jobs or to access training that will help themselves and their families financially.

We also run **Engage to Change**, a primary prevention program aimed at educating employers and workforces about what family violence is, how to recognise it, help women who are experiencing family violence by referring them to further help.

Executive summary

McAuley Community Services for Women is Victoria's only women-specific housing and support service for women who are homeless as a result of family violence and mental health.

In each of the programs described above, we see the intersection of women experiencing homelessness, mental and physical illness, family violence, childhood trauma and unemployment.

We are a \$3 million not for profit organisation; approximately 60 per cent of our funding is through the delivery of State Government contracts in mental health, homelessness and family violence. The remaining 40 percent is raised through community, corporate and philanthropic donations and grants.

Currently McAuley Community Services for Women receives around \$500,000 in residential rehabilitation and home and community care funding. This funding is currently bundled to provide accommodation and support to close to 60 women annually and an individual cost of around \$22,000 per annum. It is this funding that will be taken up by NDIS and lost to women who are homeless and ineligible for NDIS packages.

We are advocating for sufficient funds to be retained to provide accommodation and support services to people who are homeless and who also experience complex and multiple needs.

Key question

- Which government department is responsible for meeting the needs of this group of people?

Situation analysis

Currently the Fifth National Mental Health Plan does not address the gap that has been created for people living with a mental illness, who are not eligible for the NDIS and who will not receive services from Public Health Networks.

Given the gaps in the Fifth National Mental Health Plan and the NDIS, we are in danger of ignoring what is actually happening in the community. This includes the likelihood of people with serious mental health slipping through all safety nets, contributing further to homelessness.

Mental health cannot be addressed if national policy ignores all the factors in a person's life that are necessary for recovery. Housing, employment, physical health and looking after mental health all contribute to a person becoming and remaining well.

Today responsibility for mental health treatment and rehabilitation in Victoria sits under the health portfolio. This is at a time when other reforms, such as the responses to the Royal Commission into Family Violence, highlight the importance of ensuring the needs of people living with serious mental illness are met. In short, a siloed approach still exists within funding streams rather than areas of need being addressed and treated as a multi-portfolio issue.

The NDIS arrangements have ruled out some of the most marginalised and vulnerable people with mental illness in Australia. Further, requiring people to identify as having a 'permanent' disability or condition contradicts recovery models of mental illness rehabilitation. It creates stigma, distress and a sense of hopelessness, and presents a barrier for women with moderate mental health needs, who are likely to recover if given appropriate support. GPs and psychiatrists also face difficulty giving people permanent diagnoses due to the episodic nature of mental illness.

Our findings mirror data from the Barwon NDIS trial site that showed that people in unstable housing are overrepresented among people with mental illness found to be ineligible for the NDIS.

Recommendations

- 1. We urge the Joint Standing Committee to examine in detail the needs of vulnerable consumers who are not eligible for the NDIS: these include women who are homeless with serious mental illness often as a consequence of family violence.*
- 2. We urge the Joint Standing Committee to call for further investment and longer-term arrangements for the National Partnership Agreement on Homelessness (NPAH). This funding will not only enable people with mental illness to access secure stable housing but also the support services required if we are to break the cycle of homelessness. This funding has to take into account the need for ongoing effective and evidence-based rehabilitation support.*
- 3. In line with the views of Mental Health Australia, We urge that funding previously earmarked for mental health services should be quarantined until arrangements are made to extend and invest further in the NPAH.*
- 4. We also urge that all spending on mental health through the NDIS is tracked and publicly reported. This will allow transparency in determining whether the overall level of psychosocial support is increasing or decreasing.*
- 5. We urge the Joint Standing Committee to recommend that the Federal Government monitors the impacts of the NDIS on people with psychosocial disability to ensure people have all their health, housing and disability requirements met.*
- 6. We urge the Joint Standing Committee to call on the Federal and State Governments to review funding for those who currently may be eligible for the NDIS but, as a result of the loss of funding for psychosocial rehabilitation may have support withdrawn.*

Snapshot of the women supported at McAuley House

In January 2017, we surveyed the 24 women currently living at McAuley House to determine who will not be eligible for NDIS, as we understand it.

The results were:

- Six women are not eligible because of their citizen status.
- Two women are not because of their age.

At this stage because of a lack of definition we are unsure about the remaining 14 women.

Of the 24 sample group:

- 96% experience episodic mental health
- 46% have chronic physical conditions (46% of all)
- 42% experience chronic suicide ideations.

All women were homeless before coming into McAuley House and 21 had experienced, or were experiencing family violence. Twelve women were mothers.

Other McAuley findings

Our work over the past 30 years shows that, on the whole, health and life outcomes for women who have experienced homeless with a severe mental illness are very poor: 42% of people with mental illness are homeless or living in insecure housing.¹

However the model of housing and support, together with respite, that McAuley offers has turned around women's lives. In short, a stable home is critical to mental health recovery and reconnection with society.

Sophie* lived at McAuley 5 years ago and has been living independently in her own unit for the past 3.5 years. Sophie has been an active participant in the 'Outreach Program' during this time, and regularly attending for community and birthday nights. In June this year, the Outreach Worker received a phone call from Sophie's mental health worker at the local area mental health clinic informing her that Sophie was struggling in her accommodation and that the small bed sit environment was impacting negatively on her mental health. Respite accommodation at McAuley was arranged for Sophie and she arrived later that week. The Respite Program offered to Outreach women at McAuley is often referred to as a "safety net" for women when they are living out in the community. Sometimes just the knowledge of having a safe place to go to, where women are accepted and supported is enough to keep women stable in their own homes.

¹ Psychiatric Disability Services Victoria, 2008: Pathways to Social Inclusion: Housing and Support.

Value for money

The cost of providing the McAuley House program to these 24 women is \$526,056. If our service was not available, each of the 24 women would be likely to experience another episode of poor health, homelessness and/or family violence at an estimated cost of \$3,068,876 in use of other services, eg:

- Hospitalization
- Homelessness
- Legal services
- Unemployment
- GP's
- Alcohol and drug services

In four cases we believe we have prevented a death

Emerging questions

There are a number of questions that we believe the Joint Standing Committee needs to address. These are:

Who is responsible for the on-going needs of people who are not eligible for the NDIS?

At this stage, we are not certain where or how we will secure the \$500,000 to continue catering for women who are homeless and with complex and multiple needs.

We believe that Governments should have continued responsibility for meeting the needs for our most vulnerable citizens. We are concerned that available resources are diminishing as we transition into NDIS with costs being shifted onto community organisations.

When will eligibility criteria be confirmed?

Are episodic mental health issues considered to be a disability?

We urge the Joint Standing Committee to clarify the eligibility criteria for psychosocial disability under the NDIS. We agree with Mental Health Australia (MHA) that the definition should be made public and consistent with the UN Charter on the Rights of People with a Disability, and the work of the National Mental Health Consumer and Carer Forum.

The MHA suggests a definition such as:

- *Complex severe ongoing disabilities resulting from severe and persistent mental illness (with recent diagnostic evidence). Additional evidence might be:*
- *Frequent hospitalisation for mental illness, or current or recent history of being on the case load of public mental health services*
- *Minimal employment in recent years*
- *Poor physical health*
- *Insecure housing*
- *Extreme social isolation, and*
- *Insecure/ non existent informal carer support.*

Appendix A

Women at McAuley House as of January 2017

Citizenship status

Status	Number
Citizen	11
Permanent resident	7
Temporary visa	3
Non Permanent Resident (NZ)	3

Presenting issues

Issue	Number (/24)	%
Family Violence	21	88
Homelessness	24	100
Episodic Mental Health	23	96
Child Reunification	13	54
Legal	13	54
AOD	9	38
Visa Application	7	29
Income Support	12	50
Employment	12	50
Residency Status	8	33
Challenging Social Behaviours	11	46
Non-chronic Physical Condition	9	38
Carer Responsibilities	7	29
Chronic Physical Condition	11	46
Intellectual Disability	6	25

Regular Hospitalisation	10	42
Sexual Abuse	10	42
Known Childhood Trauma	7	29
Social Isolation	17	71
Language Support	6	25
Gambling	2	8
Issues Engaging with Workers	8	33
Chronic Suicidal Ideation	10	42

Income source

Income Type	Number
DSP	8
NEWSTART	9
Work Cover	1
RED CROSS	1
NIL	3
Employment	2

Age Range

Age	Number
25-35	4
36-45	8
46-55	10
56-65	2

Other

Mothers or Caregivers
50%