Insights submission – based on the work of Julie Spriggs

Compiled by Insights leadership team

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Introduction

Insights Mental Health Ballarat offers the following submission in writing to the Federal Royal Commission into Violence, Abuse, Neglect and Exploitation of those with a disability. Insights is a non-for-profit advocacy group located in Ballarat, Victoria, with a focus on support and recovery for those who identify as having a lived experience of mental health issues. Our aim is to assist people to recover from mental illness and explore the arts as a way of expressing themes of mental health and recovering.

Insights also invites those with lived experiences to develop the necessary skills to address their concerns of abuse and the groups, systems and social structures which assist people to live well in our community. Our service aims to integrate good mental health and wellbeing into a person's surroundings. We believe that it is a basic human right that each individual has access to a safe home free from violence. Through this policy submission we hope to develop awareness of the current situation and to campaign for those who are at risk of experiencing abuse (physical, psychological, sexual and neglect). This particular submission will primarily address the safety concerns for those with a disability who reside within Supported Residential Services and suggest ways in which these living arrangements might be changed to reflect a more welcoming and inclusive society. It will identify the connection between the health outcomes of those with a disability in this environment and the structural barriers to increasing good health and wellbeing.

Submission Summary

People who live with a disability are entitled to live in a home that is safe and that promotes their health and wellbeing. Supported Residential Services (SRS's) are shared accommodation facilities for those with a disability who need help with everyday activities such as providing meals, personal care, administering medications, and help with mobility. The 2013 Census found that among those living in an SRS 79% have a disability while 21% do not. SRS residents are some of the most vulnerable members of the community, many of whom are on a pension level income and most at risk of homelessness. Research by the Adelaide University found that persons with a disability have a greater risk of homelessness than those without (2012). Some of the issues that arise within SRS's include a lack of supply for the housing demand, concerns regarding the quality of care, quality of staffing and social safety. The Australian government needs to immediately address the quality and safety concerns of those residing in SRS's, ensuring that the promotion of health and wellbeing is at the forefront of their planning. Ultimately, Insights' submission will highlight the following key features.

- Identifying those at risk of homelessness; pension entry residents and the impact on their health and wellbeing.
- Demand vs Supply; the increasing demand for beds and space.
- Quality of Care; level of satisfaction, daily activities, food.
- Quality of Staff; level of qualification, job satisfaction among workers, client/worker ratios.
- Safety and Care; free from abuse, complex behaviours, safety among residents.

Insights believes that people with a disability should be free from abuse and that the safeguards protecting the quality of services used by those with a disability are integral to their self-determination.

Insights' response to the terms of reference:

Matters that need to be satisfactorily addressed to resolve the current issues are stated in the paragraphs below.

Risk to homelessness and its effect on mental health

There is an acute shortage of affordable housing for those with a psychiatric disability in Australia. Evidence suggests that a lack of affordable housing leads to poorer mental health outcomes. Many people who are at risk of homelessness or who have mental illnesses are referred to supported residential services. Many of the consumers who reside in SRS's are on the disability support pension. The average fortnightly payment is approximately $967 including supplements (Services Australia, 2021), which is just below Australia's poverty line, whereas the average fortnightly cost for to live in an SRS starts from $820 a fortnight (DHHS, 2020). This accounts for approximately 85% of their income. The current payment of the disability support pension barely covers the cost of staying in an SRS and after the payments are made, not much is left over to afford other necessities including daily activities outside the SRS. Because of this, many residents experience isolation, social exclusion and discrimination. Many SRS's accommodate between 20-50 people at any one time whereas the largest facilities can house up to as many as 80 residents (SRS Census,

2018), many with only a few workers onsite at any one time. Many SRS's are privately owned businesses that work on a fee basis. Many SRSs are under regulated and do not operate on a government basis.

Social and economic stability is integral to mental health maintenance. There is strong research to suggest that stable housing is preventative in further mental health relapses. To achieve this, governments need to take into consideration the policies that provide more suitable housing for consumers. They also need to consider the safety measures within SRS's.

Individual barriers to making complaints on their behalf (Behaviours, functional capacity, accessibility)

- Difficulties with everyday living (cognitive and functional deficits)
- Poor literacy and numeracy skills
- Mobility issues
- Complex behaviours (aggression, violence, poor impulse control)
- Lack of awareness of choices and rights

Psychiatric disability accounts for the majority of the adults who reside in supported residential services. People with serious mental illnesses including psychotic disorders, mood disorders and personality disorders are most at risk for homelessness. The Australian Institute of Health and Wellbeing (2012) found that people with psychotic disorders and mood disorders frequently experience poorer physical health

outcomes. As many as 2000 Victorians live in supported residential services, 1600 of which have psychosocial disabilities (SRS Census, (2018). Residents report experiencing high levels of social isolation from the rest of the community as most aspects of their lives take place within the SRS. Many of these residents do not receive outside supports.

Individual barriers can be overcome with help from experienced staff and support organisations that can advocate on the resident's behalf. Addressing the structural policies and providing quality care plans can further alleviate this by putting the wellbeing of residents at the forefront of their recovery with greater choice and control. Some of the structural barriers associated with receiving quality care include:

Structural barriers to quality of care

- Staff to client ratio's (understaffed).
- Quality of staff, level of qualifications.
- Cuts to funding for public SRS's (adequate and quality services within SRS's).
- Social stigma and discrimination for those with serious mental illnesses.
- Demand vs supply (shortage of beds, facilities)
- Lack of privacy

Much of the staff working in SRS's are personal care assistants that require a minimum of Certificate 3 in Individual Support (Aging and Disability). The quality of

staff is integral to the overall functioning of the company. High levels of staff turnover are prevalent within this profession with the average pay for a personal care assistant being approximately $23 an hour, which is just above the average hourly pay (O'Keefe, 2017). Casualisation of the workforce has also resulted in higher workplace turnover. Perhaps making it a requirement for mental health training within these environments would decrease the likelihood of further episodes of mental health issues.

There is also an increasing urgency for beds within these facilities and an increased need for more supports. Governments are failing to meet these demands.

Lack of privacy for residents and social stigma leaves many of the communities most vulnerable people isolated. Without the necessary policies put in place to support residents, violence and abuse will ensue.

Human rights, free from violence and abuse.

Human rights apply to people of all ages and abilities. People should be free from violence, emotional and sexual abuse regardless of their background, status or individual differences. Human rights have been the foundation for advocacy groups meaning that people should have the choice in:

- Where they choose to reside and whom they live with.
- The right to safe housing, especially for women.
- Free from violence and abuse.
- Rights to have dreams and goals.
- The right to self-determination.

The 2012 report from the Office of the Public Advocate on sexual assault against women in SRS's shows how vulnerable women are to assault in this environment

(Bedson, 2012). The report details how the inappropriate mixing of residents and inadequate services and supports frequently puts women's safety at risk. The report also found that risks to residents are often not adequately managed and victims are not appropriately supported following instances of abuse. The prevalence between mental illness and drug abuse within these environments has resulted in tensions between residents. Effective monitoring and reporting of incidents would be minimised if these strategies are put in place more often.

The rollout of the National Disability Insurance Scheme (NDIS) as a safety net

The introduction of the NDIS has given the individual greater choice as to how and what supports they require to meet their everyday needs. The NDIS was established to assist people with a disability to re-engage with the community, provide personal care and to regain skills to re-enter the workforce. However, the NDIS struggles to fulfill many of the issues listed in this policy submission inquiry. The NDIS is often hard to access with many residents having no family and friends to help them to get through the long and complex process of acquiring supports (Hancock & Smith-Merry, 2020). This is often done by staff members within the SRS. It is becoming increasingly clear that some residents will not receive NDIS funding supports. Choice and control are

another big factor within the NDIS framework with many participants unaware of their choices.

Conclusion

Failing to provide the necessary supports and quality of housing for those with a disability particularly mental illnesses contributes to higher economic costs and decreased social functioning of the community. This results in poorer health outcomes, increased use of health services and increased exposure to the criminal justice system. Government policies that have privatised supported residential services have seen the quality of facilities become unregulated, a casualisation of the workforce and a lack of housing for those with complex disabilities, leaving vulnerable people stigmatised and excluded. The introduction of the NDIS is hopeful in alleviating some of the hardships for those with complex disabilities, however difficult navigation processes has left this scheme seemingly unattainable for many. These issues will continue to prevail unless they are addressed on a structural, social and economic level. A safe and secure environment free from violence and abuse will ensure the prevention of mental health relapses and promote good mental health and wellbeing.

Other items to be considered in the submission

Insights would like to suggest that the age criteria for access to the NDIS could be changed to allow membership for those over 65 years old – it seems to shut

out those 65 years and over who can't join the system but get poor support through the aged care system.

Can we include some notes about access to housing for people with a psycho-social disability?

In other words, the current reliance on Supported Residential Services means that people with a psycho-social disability in Victoria are often placed in environments in which neglect and possibility of abuse is high.

At the meeting in February, we discussed the notion of graded accommodation as an alternative.

In other words, to create housing where people could start where they are at and move between gradations of support

1. For example, someone just out of an SRS, an acute unit or PARC might require the maximum support possible – 24-hour round the clock staff access
2. When that person had learnt enough skills, they might move to a lower level of care and take more responsibility for shopping, cooking, accessing work and study, etc

   This second tier of the model might involve staff being involved during the day, but there being no staff at night and/or the ability to have staff sleep over when required
3. When the person had reached the ability of full autonomy, arrangements might be made for independent housing, rented or owned, but with weekly access to a worker to discuss issues, make sure the person was still on track with their mental health, etc
4. When the person no longer required that access, they might be discharged from the system, now with secure owned or rented

accommodation, and with supports for mental health from the private system.

1. What would you like to share with the Royal Commission about your experiences or knowledge of violence, abuse, neglect or exploitation of people with disability?

   See notes above. SRS's seem set up as institutions in which abuse and neglect may be prevalent. Urgent action should be taken to move from SRS's to more cost-intensive, but more respectful and effective services that assist people to independence, but also which accept, protect and support those unable to make that transition.

2. Have you shared these experiences with anyone else? Who did you tell and what happened?

   No, Insights is generally just happy to support and assist to recovery those who come to us. We haven't made it our business to be an advocacy agency.

3. Are there any suggestions or recommendations you would like to share including any examples of what worked well or ideas for how things could be done better?

   People generally come to Insights just to enjoy their lives and recover. It is our belief that with more peer run initiatives like Insights and other organisations like the Maine Connection, people with mental health issues will show we can stand on our own two feet, coordinate our own services, and work with like minded people who want those with mental health difficulties to recover and prosper.

4. Is there anything else you would like to tell us?
   As Australian of the Year Professor Pat McGorry has said, there is a health system in Australia for conditions like cancer where those who need it get the best treatment in the world. Alongside that is a service for those with mental illness which is rife with discrimination, under-funded and still allowing the abuse that happened in the old asylums to happen to some.
   While most of the reforms of deinstitutionalization and of main streaming have increased rights and outcomes for those with mental health issues, some have been left behind in the reforms and suffer

discrimination equal or worse than was suffered by those in the old institutions.
It is hoped that with some practical, well-funded, structural reforms and with some more investment in mental health peer support groups like Insights, these issues will eventually be addressed.

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