MHLEPQ
MENTAL HEALTH LIVED EXPERIENCE PEAK QUEENSLAND

Submission to the Community Support and Services Committee on the Inquiry into the Provision and Regulation of Supported Accommodation in Queensland

Acknowledgment of Country

The Mental Health Lived Experience Peak respectfully acknowledges and honours the Traditional Owners of the Lands and Waters throughout Queensland. We thank the Elders - past, present, and emerging – for their wisdom and survivorship. We acknowledge that First Nations Peoples have a unique experience of housing insecurity, homelessness and displacement from land and country than non-First Nations People; particularly when their experiences involve mental ill-health, suicidality, and intergenerational social disadvantage and marginalisation.

Acknowledgment of Lived Experience

The Mental Health Lived Experience Peak would like to recognise people with a lived experience of mental ill-health and suicidality who have endured housing insecurity and homelessness, including related sociocultural hardships. In addition, we pay our respects to people whose health has been compromised and life expectancies shortened as a direct impact of homelessness. We honour people who have fought for change over many years, including the right to have a collective voice that challenges existing policies and practices that cannot effect positive change within the systems that have caused harm. We draw upon the lived experience expertise and knowledge of our members to evidence necessary reforms, using organisational values of Safety, Respect, Intentionality, Integrity, and Outcomes.

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Who are we?

The Mental Health Lived Experience Peak Queensland (MHLEPQ) is an initiative funded by the Mental Health, Alcohol and Other Drugs Branch, Department of Health. Our organisation was created in July 2021 and moved to direct contracting with Queensland Health on January 1st, 2023 (formerly auspiced by the Queensland Mental Health Commission).

The MHLEPQ was established to provide advice and advocacy informed by people with lived experience of the Queensland mental health system with specific focus on those who are disadvantaged and marginalised. Our work is based on the principles of equity, access, cultural safety, recovery, and human rights.

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Key Insights

i. ***Listen to people*** with experience of using the system. Don't listen to reply, listen to understand and action change.
ii. ***The government must take a whole-of-system approach*** to addressing the upstream factors that impact people using level 3 residential services. These are also relevant for many people who experience insecure housing and homelessness.
iii. ***The supportive housing sector*** must shift to applied values of person-centred, human-rights, and partnership-based approaches.
iv. ***The supportive housing sector must become trauma-informed*** at all levels, most notably in the service-provider relationships that affect people daily.
v. ***Simplify the complex legislation*** that impacts people with intersecting housing needs, disabilities (including psychosocial and physical), multiple disadvantage, and marginalised identities.
vi. ***A social model of housing support*** should prioritise:
    a. A foundation of community-based supports
    b. A sense of community belonging
    c. Peer support at all touchpoints of care
    d. Recovery models of support that people can self-refer to
    e. Therapeutic, sustainable relationships with peoples' choice of professionals / practitioners
    f. Permanent and stable accommodation that is under the choice and control of the individual requiring it
    g. Support for individuals who are transitioning from temporary accommodation.
vii. **Provide 24-hour 7 day a week** access to assistance and medication for people using services that they are dependent on for the necessities of life and wellbeing.
viii. **Increase service provider** accountability, monitoring, oversight, and public reporting.

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Our approach to this submission

Our submission to the Community Support and Services Committee on the Inquiry into the Provision and Regulation of Supported Accommodation in Queensland (the Inquiry) represents an organisational position co-developed with MHLEPQ policy staff and its members. The members who became involved with developing the position were people with lived experience of mental ill-health and / or suicidality and service use within the Queensland Mental Health sector; as well as a personal experience of various levels of supportive accommodation provided by government and non-governmental sectors, both private and public. All participants had NDIS packages to support their needs.

You can have 15 years of academic studies and everything on the wall, but I've got thirty years of walking the walk, and you know, I've been on the frontline, and it's where the answers lie ~JM, interview participant~

The MHLEPQ held one-to-one interviews with people to listen to their experiences and insights about systemic changes that would make a positive difference in people's lives (those who require level three supported accommodation, as well as other types of assisted housing). For example, people transitioning from temporary accommodation such as rehabilitation centres, hospitals, and prisons.

Participants' narratives were crafted by the MHLEPQ policy director and analysed for system reform themes, and returned to each person for their review, amendments, and further contribution.

Following this, the MHLEPQ submission was constructed using a member-informed approach, through a lived and living experience lens that ranged across the Community Support and Services Committee's (the Committee) areas of interest and terms of reference.

The MHLEPQ acknowledges the willingness of the Committee to extend the deadline to accommodate more realistic timeframes for working with our members. We are grateful for the extension and trust that the Committee will receive the expertise and advice of our lived experience members and appreciate how important their perspectives are for impactful systemic reform.

Discussion

General comments

First and foremost, participants assert that decision-makers at all levels of the supported housing sector, particularly service provision, must listen to people with experience of service use:

> *I'm going to be dramatic and sum it up in one word, and that one word is "listen". And not just listen, but there was something my Aunty used to say and that was "that there is a difference between listening to reply and listening to understand and change" [...] a lot of times, with management, they just listen to reply, not to change anything or to help in any way ~Destiny, interview participant~*

Participants spoke authoritatively about the strong relationship between housing insecurity, psychosocial disability, and other contributing factors such as involvement with child protective services, adverse childhood experiences, challenges with drugs and alcohol, and living with physical disabilities. Supported accommodation does not exist in a vacuum and should be examined in the context of the systems it interconnects with. Therefore, while we acknowledge that the Inquiry's terms of reference were focused on level 3 residential services, many of the sociocultural factors that impact people who use level 3 supported accommodation also apply to a much broader population.

Holistic, community-based supports were foundational to their wellbeing and recovery and could not be sufficiently replicated in the hospital setting

or with too much medical involvement. People call for housing permanency and stability over temporary solutions, to meet their needs.

> *I actually was in a hospital one night, and I'd had an epileptic fit and they [service provider management] basically told the hospital that I could not go back, because they weren't equipped to deal with the epilepsy. So, at 10 o'clock on a Friday night, I was kicked out [of the hospital and accommodation] and homeless for 2 weeks ~Destiny, interview participant~*

People must be at the centre of a system that values individual human rights, dignity, and partnership above risk avoidance and liability to the system. Becoming a person-centred system requires re-educating service provider management about how to work in partnership with supported housing clients, rather than protecting the aspects of the system that don't work for people.

Oversight of and accountability to service provider KPIs must ensure continuous quality improvement of a system that is currently failing many. Trauma-informed principles must be embedded as indicators of service / sector success. They are talked about, but generally not practiced, which results in the system perpetuating harm on the clients it was designed to serve.

The current system disempowers the people using it. It creates undue dependence and controls aspects of peoples' lives that they are capable of managing.

> *change only happens when it's their choice… you've got to sit in the passenger seat, and they've got to sit in the driver's seat ~JM, interview participant~*

A systemic culture of control and dominance exists which compounds disempowerment and prevents the development of people who have potential to live interdependently, particularly where there are situations of substituted decision-making. Members advised that development of peer workforce capability across all the sectors that people touch when

supported housing is required will contribute to a shift to partnership and recovery models of care. Control and choice must be in the hands of the people requiring the services, and not the other way around.

Many of the issues clients face are at the service provision level, most notably housing management. Service provider managers are the gatekeepers for many of peoples' day-to-day requirements such as access to food, property, and medication, but keep business hours routines that don't work well for clients. Managers are often adversarial with stakeholder teams and don't agree or work against the support plans worked collaboratively on with the person's multidisciplinary team.

Recommendations

1. **All-of-sector cultural change** toward a person-centred, human-rights and relationship-based system that shifts away from the current system-centric approach to avoiding risk and liability.
2. **Simplification of the complex legislation** that disproportionately impacts people with intersecting disabilities, sociocultural disadvantage, and marginalised identities who require supported accommodation.
3. **Provide a social model of support** that prioritises:
    a. A foundation of community-based supports
    b. A sense of community belonging
    c. Peer support at all touchpoints of care
    d. Recovery models of support that people can self-refer to
    e. Therapeutic, sustainable relationships with peoples' choice of professionals / practitioners
    f. Permanent and stable accommodation that is under the choice and control of the individual

g. Support for individuals who are transitioning from temporary accommodation.

4. **Trauma-informed systems at all levels,** most notably in the service provider-client relationships that affect people daily.
5. **Provide 24-hour 7 day a week** access to assistance and medication for people using services that they are dependent on for the necessities of life and wellbeing.
6. **Increase service provider** accountability, monitoring, oversight, and public reporting.

Contact

Future communication about this submission or associated matters can be made with:

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