



**Royal Commission into
Victoria's Mental Health System**

WITNESS STATEMENT OF KAREN FISHER

I, Karen Fisher, Professor at the Social Policy Research Centre, University of New South Wales of High Street, Kensington, Sydney, say as follows:

Background

- 1 I am a Professor at the Social Policy Research Centre (**SPRC**) at the University of New South Wales Sydney. I have been the Chief Investigator of the NSW Mental Health Housing and Accommodation Support Initiative (**HASI**) evaluations from 2003, including the current Community Living Support and HASI evaluation and the HASI Plus evaluation.
- 2 I lead the disability program at the SPRC, responsible for research and evaluation of disability and mental health policy in Australia and China. My qualifications are BA/LLB(hons), MEconomics, PhD Social Policy. I have held NSW Ministerial appointments as Official Visitor for mental health services and disability accommodation services.
- 3 Attached to this statement and marked 'KF-1' is a copy of my curriculum vitae.
- 4 I am giving evidence in my professional capacity and not on behalf of any organisations with which I am associated.

MENTAL HEALTH, HOUSING AND HOMELESSNESS

Defining homelessness

- 5 I use the Mackenzie and Chamberlain (1992, 2008)¹ definition which includes three categories in recognition of homelessness:
 - (a) **Primary homelessness** is experienced by people without conventional accommodation (e.g. sleeping rough or in improvised dwellings);
 - (b) **Secondary homelessness** is experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, 'couch surfing'); and
 - (c) **Tertiary homelessness** is experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding houses and caravan

¹ Chamberlain, C. & Mackenzie, D. (1992) 'Understanding contemporary homelessness: Issues of definition and meaning', *Australian Journal of Social Issues*, 27(4), 274-97; Chamberlain, C. & Mackenzie, D. (2008) *Counting the Homeless 2006*, Canberra, Australian Bureau of Statistics.

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

parks). For people with chronic mental health conditions, this category also includes hospitals, prisons and various forms of institutional care, where the system has failed a person and they end up living in these institutions.

- 6 Service providers, governments and researchers who are concerned about housing recognise the importance of focussing on all three types of homelessness because a place to call 'home' is a fundamental right that interacts with the fulfilment of other rights. A home is a place to live, but it is also a place where you feel safe, secure, have your own identity and have the capacity to form and manage social relationships. Living in institutional care or in prison is clearly not having a home.

Defining housing insecurity

- 7 Housing stability is important in the context of the wider group of people with mental health needs as well as people with chronic or acute mental health needs. Stable housing is important for both groups of people because of the multi-directional link between mental health and housing, which I discuss below at paragraph 10.
- 8 Housing instability refers to forced moves due to factors or changes about the housing, such as insecure tenancy; or about pressures on the housing arrangements due to the person's financial, economic or social circumstances.² Unstable or insecure housing can result from threats to tenure, poor interactions with neighbours and difficulty maintaining social relationships, all of which can also have adverse effects on a person's mental health.

The link between mental health and housing and homelessness

- 9 The literature on the link between mental health and housing and homelessness is strong, as is the law and policy.³ The right to housing and health are recognised as fundamental human rights as recognised in UN Conventions, for example, United Nations Convention on the Rights of Persons with Disabilities 2006.
- 10 The link between mental health and housing and homelessness is multi-directional – it is not just that housing affects mental health; mental health also affects housing. If someone has unstable housing then it is likely to extenuate the incidence and impact of pressures on their mental health by either causing mental ill-health or causing other related conditions that affect mental health such as poverty, violence and disability. In the other direction, mental ill health without adequate support risks housing instability. The capacity

² Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) *Trajectories: the interplay between mental health and housing pathways. Final research report*, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>.

³ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) *Trajectories: the interplay between mental health and housing pathways. Final research report*, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>.

of someone to maintain their housing, employment and social relations is affected by their mental health.

- 11 A key to understanding mental health and housing is to note that they also interact in the context of other social conditions. You cannot isolate mental health and housing from other policy, personal and social conditions such as disability, violence, access to education, employment, social connections and use of alcohol and other drugs.

Housing First

- 12 The Housing First model emerged over the last 20 years nationally and internationally as recognising that people need a home as a stable place from which to prevent mental ill health and also enable mental health recovery.⁴ The concept is that unless someone has a place to live that is their home, it is unlikely that other social conditions, including mental health, are likely to improve. This approach to housing is in contrast to many housing and homelessness policies that focus on providing a person with a safe place to sleep for a night.

Reducing the rates of people being discharged from mental health services into homelessness

- 13 Several key changes would assist to reduce the rates of people discharged from mental health services into homelessness. The first is to have discharge planning commence at the time a person enters a mental health service. Focussing on the fact that the person will leave the service, and how they want to leave, is important. It is consistent with recovery-oriented practice because it recognises the person's will, preference and autonomy and takes into account their social connections. What often occurs in practice is that a person enters a mental health service, their immediate mental health needs are addressed and then discharge planning *may* occur. This process is the opposite of best practice⁵ and the Victorian government guidelines.⁶
- 14 The second key change is to adopt a Housing First approach. The Housing First model has evolved over the years. Initially, the model focussed on housing provided by government, whether that was specialist mental health housing or social housing. However, recently in recognition of the state of the housing market in Australia and internationally, the focus has changed to considering what type of housing the person

⁴ Bullen, J. and Fisher, K.R. (2015), Is housing first for mental health community support possible during a housing shortage?, *Social Policy & Administration*, 49(7): 928-45.

⁵ www.wales.nhs.uk/sitesplus/documents/829/DoH%20-%20CSIP%20Good%20Practice%20Toolkit.PDF.

⁶ www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines/discharge-planning-guidelines.

desires that is available on the market,⁷ whether that is social housing, private housing, a rental assistance model or shared equity or ownership.⁸

- 15 There are very few examples of shared ownership as a Housing First option in Australia, though there are some in Victoria.⁹
- 16 The third key change is to provide housing support. This can be either specialist housing support for people with mental health needs or other support, for example through the National Disability Insurance Scheme (NDIS). We have seen increasing examples of people using the NDIS to supplement the other mental health and housing support services they use – whether that is housing, mental health accommodation support, mental health clinical support, community care, personal care or peer support.¹⁰ Generally, best practice involves ensuring that the organisation or government department that provides housing support is separate to the housing provider. The reasons for this separation of responsibilities is so that people can make choices to change houses or change support providers without jeopardising their housing or support.¹¹
- 17 The examples of increased use of NDIS in our research seem to be emerging where staff, organisations and mental health consumers are realising how to access the new opportunities offered by the NDIS. It is partly out of necessity and partly out of observing how other people take the opportunity and benefit from it when it is done successfully. In these places mental health and NDIS providers are cooperating to understand what people need and working out how to provide it. Most people using NDIS funded support are using it to supplement their other mental health housing support. There are also examples where people are exiting hospital or community mental health services to only use NDIS services¹² and I think in the long term we will see more of that, once hospital discharge processes understand how to collaborate with NDIS funded services. One of the interesting benefits of accessing NDIS services is that we are seeing examples of mental health funding, time and staff support that in the past may have been spent on daily care for example, now be directed towards more meaningful aspects of a person's

⁷ Kerman, N., Aubry, T., Adair, C.E. *et al.* Effectiveness of Housing First for Homeless Adults with Mental Illness Who Frequently Use Emergency Departments in a Multisite Randomized Controlled Trial. *Adm Policy Ment Health* (2020). <https://doi.org/10.1007/s10488-020-01008-3>.

⁸ Wiesel, I., Laragy, C., Gendera, S., Fisher, K., Jenkinson, S., Hill, T., Finch, K., Shaw, W. and Bridge, C. (2015) *Moving to my home: housing aspirations, transitions and outcomes of people with disability*, AHURI Final Report No. 246, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/246>.

⁹ Wiesel, I., Bullen, J., Fisher, K. R., Winkler, D. and Reynolds, A. (2017) *Shared home ownership by people with disability*, AHURI Final Report No. 277, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/277>, doi:10.18408/ahuri-7104001.

¹⁰ Giuntoli, G., Hill, T., Zmudzki, F., Fisher, K.R., Purcal, C., O'Shea, P. (2018), Evaluation Plan Community-based Mental Health Programs: Community Living Supports (CLS) and Housing & Accommodation Support Initiative (HASI), SPRC Report 3/18. Sydney: Social Policy Research Centre, UNSW Sydney.

¹¹ Parker, S. and Fisher, K.R. (2010), 'Facilitators and barriers in Australian disability housing support policies: using a human rights framework' *Disability Studies Quarterly*, 30(3/4).

¹² Purcal, C., Zmudzki, F., Hill, T., Giuntoli, G., Fisher, K.R., O'Shea, P. (2019), Evaluation Plan Housing & Accommodation Support Initiative Plus (HASI Plus), (SPRC Report 1/19). Sydney: Social Policy Research Centre, UNSW Sydney.

life. People with high support needs, eligible for an NDIS package, are now using their NDIS for their mental health support across the range of support needs. However, most providers and consumers are still developing ways to work in this new way.

HOUSING NEEDS AND HOUSING STOCK

Intergovernmental arrangements to meet the housing and homelessness needs of people with mental illness

- 18 Any housing and homelessness policies for people with mental illness should be approached from the perspective that the housing stock needs of most people with mental illness are no different to any other people. There are some exceptions to that, but generally the needs are the same as anyone else, which is affordable and accessible housing in a place that is convenient to the person, with transport options and that promotes their social connections.¹³ The difference for some people with mental illness is that they sometimes also need support to live in that housing, and that their support needs might be permanent, temporary or episodic.
- 19 One of the problems with our current Commonwealth and state systems for housing and homelessness and its intersection with people with mental illness, is they often do not recognise people with mental illness as equal citizens in terms of their right to housing in the community. It is important that any housing system recognises that mental ill-health is not a marginal experience, it affects a wide group of people, and that the right to a home is universal.
- 20 Priority for social housing often includes mental health related needs. However, some people with unsupported mental health needs are excluded from social housing or the private market when they do not receive the additional support for their mental health that they require to sustain stable housing.¹⁴ Instead, they are often treated as the responsibility of the mental health system. The consequence of that inequitable policy division is that, at the extreme, people end up in hospitals, prisons or homeless.¹⁵
- 21 Currently, most homelessness support is still focussed on temporary support and transition support instead of a Housing First model. We know that until someone has somewhere to live that they think of as their home, their other needs including their mental health are unlikely to be addressed. It also seems unlikely that this focus will change

¹³ Wiesel, I., Laragy, C., Gendera, S., Fisher, K., Jenkinson, S., Hill, T., Finch, K., Shaw, W. and Bridge, C. (2015) *Moving to my home: housing aspirations, transitions and outcomes of people with disability*, AHURI Final Report No. 246, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/246>.

¹⁴ Muir, K., Fisher, K.R., Dadich, A. and Abelló, D. (2008), 'Challenging the exclusion of people with mental illness: the Mental Health Housing and Accommodation Support Initiative (HASI)', *Australian Journal of Social Issues*, 43(2): 271-90

¹⁵ Bullen, J. and Fisher, K.R. (2015), Is housing first for mental health community support possible during a housing shortage?, *Social Policy & Administration*, 49(7): 928-45.

without a federal housing policy or a national plan on social housing, which we currently do not have.

- 22 The final issue is housing affordability. Without social housing, people must rely on the private rental market, however the level of rental assistance is insufficient in most of Australia and particularly in most places where people want to live because of their social connections. Until the Commonwealth and state work together to make rental assistance adequate for people to live in a suitable house and to access housing support to live in it, then people will constantly be on a treadmill of inappropriate housing which exacerbates other social conditions including mental health.

HOUSING FOR PEOPLE LIVING WITH SEVERE MENTAL ILLNESS

Effective service models for people experiencing severe mental illness and housing insecurity or homelessness

- 23 There is extensive national and international literature about the comparative ineffectiveness of segregated housing, congregate housing, temporary housing and transition housing. The evidence on this is not controversial – these types of housing are ineffective in terms of outcomes and cost to the person, government and providers.¹⁶
- 24 The first aspect of an effective service model for people experiencing severe mental illness and housing insecurity or homelessness is ensuring the model is based on Housing First. It is critical to focus on a person's individual needs by asking where they want to live, who they want to live with and what sort of housing tenancy they are looking for.
- 25 The second aspect is that the housing provider, whether social or private housing, is separated from the service providing the housing support to live there. The rationale for the separation is to avoid conflicts of interest and provide people with greater ability to be mobile and move when they need to. The average Australian moves every five years and it is equally likely that people with mental illness will do the same.
- 26 The third aspect is coordination between the providers of housing, housing support and mental health clinical care. This is part of the Housing First model, which the HASI model builds from.¹⁷ Coordination with other parts of the human service system and community enables a person to lead a contributing life, such as links to community activities, community organisations, employment services, education, alcohol and other drugs and physical health. These links support housing to be successful because it enables a person

¹⁶ Parker, S. and Fisher, K.R. (2010), 'Facilitators and barriers in Australian disability housing support policies: using a human rights framework' *Disability Studies Quarterly*, 30(3/4): <http://www.dsqsds.org/article/view/1283/1310>.

¹⁷ www.arts.unsw.edu.au/social-policy-research-centre/our-projects/evaluation-cls-and-hasi ; www.arts.unsw.edu.au/social-policy-research-centre/our-projects/housing-and-accommodation-support-initiative-hasi-plus-evaluation ; www.arts.unsw.edu.au/social-policy-research-centre/our-projects/evaluation-housing-and-accommodation-support.

to have a life as they define it, instead of having it defined for them by a medical condition. These concepts are key to a personal recovery approach.

- 27 One exception to the ineffectiveness of transition housing is in the context of people with very high support needs for whom the service system has totally failed. For example, people who have ended up in the criminal justice system or in hospitals for a prolonged period. The two examples are the NSW HASI Plus program¹⁸ and the NSW Integrated Services Program.¹⁹ These very intense transition program models seem to be most successful where a person is living alone, but in a small group of three or four units, so they have their own household but they are able to access central support. The discharge planning begins at entry so the person knows that the situation is time-limited and that the goal is to find permanent housing and a sustainable support system for them to stabilise their housing and mental health needs. These programs are extremely intensive and remarkably effective. I suspect a large part of the reason for their success is the quality of the staff; they are incredibly skilled in personal recovery, trauma, rights and coordination with other parts of the mental health, disability and housing sectors.
- 28 Similar examples of the approach of these programs are set up *in situ* in institutional care to improve discharge pathways. However, the problem experienced in the Victorian Integrated Rehabilitation and Recovery Care Program, which had that goal, was that people were frustrated that they remained in institutional care, even when they had plans to leave, because of the lack of housing to move to.²⁰ The government agencies responsible for mental health and housing did not adequately coordinate. The successful examples are where people can move directly from institutional care or homelessness into Housing First, such as the HASI programs. With our housing shortage, this is generally very difficult, but examples such as Doorway in Victoria²¹ attempt to address that. The HASI and Doorway examples first work out with the person what they want and then second solve that within the housing market constraints.

Examples of approaches to housing that better support people experiencing severe mental illness and housing insecurity or homelessness

- 29 Nationally, good examples are evident of housing and housing support to better support people experiencing severe mental illness to living in the community (Blunden 2019).²²

¹⁸ www.arts.unsw.edu.au/social-policy-research-centre/our-projects/housing-and-accommodation-support-initiative-hasi-plus-evaluation.

¹⁹ <https://www.arts.unsw.edu.au/social-policy-research-centre/our-projects/evaluation-outcomes-people-nominated-integrated-services-program-isp>

²⁰ Abelló, D., Fisher, K.R. and Sitek, T. (2010), *Integrated Rehabilitation and Recovery Care Program Final Evaluation Report*, SPRC Report 2/10, for Department of Human Services Victoria.

²¹ www.wellways.org/our-services/doorway.

²² Blunden, H. (2019), *Evaluation of Housing & Accommodation Support Initiative Plus (HASI Plus) – Literature Review*, SPRC Report 5/19. Sydney: Social Policy Research Centre, UNSW Sydney. <http://doi.org/10.26190/5c6ca4b794e7d>.

- 30 The HASI program in NSW is a Housing First example that has been thoroughly evaluated for evidence. It is a partnership program between government (health and housing), community managed organisations that are contracted to provide the housing support, mental health clinicians, and housing providers if the person lived in social housing. People can stay in the program or exit to other support, including NDIS. They usually choose to stay in their same home. HASI has been replicated across Australia in various programs. For example, in Queensland there is a program called Project 300.²³
- 31 Another example which offers time-limited support is the Doorway program²⁴ in Victoria, which is based on the Housing First model and seems to be going well. The program targets the private rental market, which is unusual. People living in institutional care are supported to plan where they want to live. The program supports them to find the housing, move and live there, and make plans for financial and support sustainability. The support includes additional rental assistance. The expectation is the person remains in their home after they leave the program, since they are the leaseholder. Key aspects of the model are the person-centred approach to understanding what the person wants, relationships in the housing market (real estate agents, landlords, Real Estate Institute), and planning for sustainability. One of the interesting approaches of Doorway is that the program invested a lot of time with the Real Estate Institute to understand what private landlords and real estate agents want from a good tenant and set up strategies based on that. It is a good example that recognises that social housing will never be able to provide all housing stock and it is not always the person's preference.

Prioritisation of cohorts if housing availability and supports for people living with severe mental illness and housing insecurity or homelessness in Victoria were to increase

- 32 The first cohort that should be prioritised is the group of people who are in suitable housing and require housing support. We know the significance of housing for people with mental health needs and many people who are in suitable housing where they want to live but are at risk of unstable tenancy related to their mental health. The type of support that is needed is similar to Housing First, except they already have the housing. It involves a combination of housing support to live in your house, the availability of clinical support when needed and often peer support from other consumers. HASI was modified to include this group of people because it relieves pressure on other parts of the human services system.²⁵

²³ Meehan, T., O'Rourke, P. and Drake, S. (2001), The evaluation of Project 300: Outcomes at 18 months. Final Report, Brisbane, Queensland University of Technology; Disability Services Queensland (2009), Final report: July 2008-March 2009. Queensland Government, Brisbane.

²⁴ www.wellways.org/our-services/doorway.

²⁵ Bruce, J., McDermott, S., Oprea, I., Bullen, J. and Fisher, K.R. (2012), *Evaluation of the Whole of Mental Health, Housing and Accommodation Support Initiative (HASI)*, Final Report, SPRC Report 10/12, for NSW Health and Housing NSW.

- 33 The second cohort that must be prioritised is people who are in institutional care or homeless. We know that for this cohort of people, until they have stable housing, their mental health will remain at risk. It is wasteful to continue to direct the majority of funding to temporary housing, because although we need people to have a place to sleep for a night, it will never be enough and it is more costly to have this group of people living in institutional care, hospitals or prisons. This cohort needs housing that suits their preferences, based on Housing First, whether the housing is social, private or shared equity²⁶, with integrated housing support, clinical support and peer support from other human services.

Maximising the benefit of funding, property and asset management, tenant selection and tenancy support in the delivery of increased housing for people with severe mental illness

- 34 Several principles are evident from research about how to maximise benefit from housing investment. First, the implication of the extensive literature about the ineffectiveness and high cost of segregated housing, congregate housing, temporary housing and transition housing is not to prioritise additional funding on this type of housing. Second, the responsibility for key functions of funding, property and asset management and tenant selection must be separated from tenancy support, where one organisation is not providing every service, so that people are not prevented from moving to more suitable housing or support. At the same time, the support must also be integrated. This is difficult in practice but results in outcomes that respond to the person's needs.
- 35 The housing needs of most people with severe mental illness are the same as for any other citizen, which is affordable and accessible housing in a place that is convenient to the person with transport options and that promotes their social connections. One of the key questions for federal and state governments is how to manage the priority of people with mental illness in social housing, relative to other priority groups.

Particular types of organisations performing the key functions of funding, property and asset management, tenant selection and tenancy support

- 36 Housing, like mental health, overlaps with many other government functions which means it must be integrated with all parts of the human services systems. The Commonwealth government must be involved in the key functions relating to housing because it has ultimate responsibility for all citizens in terms of their basic rights to housing, mental health and physical health. The consequences for Commonwealth and state governments of communities having good or poor housing for people with mental health issues has implications across all government human services, not just the housing or mental health

²⁶ Wiesel, I., Bullen, J., Fisher, K. R., Winkler, D. and Reynolds, A. (2017) *Shared home ownership by people with disability*, AHURI Final Report No. 277, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/277>, doi:10.18408/ahuri-7104001.

portfolios. Most extreme are the implications for criminal justice, but equally important are implications for employment, welfare, education, health and community participation.

- 37 The advantage of involving non-government organisations or private organisations in housing and housing support is that they can be responsive with new approaches, especially if they are familiar with working with other human services. For example, with the advent of the NDIS we have seen some NGOs that were previously focussed on disability now extending their work to mental health and vice versa. The benefit of mixing different practices is that it allows movement away from the assumption that sometimes exists among some providers that people with mental health needs are different. It means going back to first principles of will, preference and autonomy which allows some new paths away from stigma. The biggest risk with contracted organisations is that they rely on funding for financial viability, which can be an inherent conflict with the interests of a particular person receiving their service. Sometimes this means the focus is on funding, rather than on individualised personal recovery. These organisations recognise the conflict, however we often see poor practice as a result of it as they struggle to maintain financial viability.²⁷

HOUSING FOR YOUNG PEOPLE WHO HAVE AN ONSET OF SEVERE MENTAL ILLNESS

Effective models of housing and support to assist young people who experience the onset of severe mental illness

- 38 It is important to start with first principles under the United Nations Conventions (UN Convention of the Rights of the Child 1989; UN Convention on the Rights of Persons with Disabilities 2006; Guidelines on Alternative Care of Children 2010). These Conventions provide that the right of the child to be a child comes first and consideration about their mental health needs come second. The implication is that mental health support and housing must be provided in the usual expectations for any child or young person, primarily family-based, with their participation and voice, maintaining their cultural and other identity, reinforcing their social interaction with their family and other children and young people. Mental health and housing considerations integrate with good practice principles from state-based alternative care and child protection systems.
- 39 The characteristics of effective housing and housing support for young people are similar to those described above in relation to adults, except with a greater emphasis on family based housing and support. The similarity means first considering the preferences of the young person; whether housing with their family is possible with sufficient support; and if not, following the other protocols of Housing First.

²⁷ Fisher, K.R., Maynard, D., Rajkovic, M. and Robinson, S. (2009), *Cost of Providing Specialist Disability Services and Communities Services in Queensland, Fair Level of Funding*, SPRC Report 8/09, report for Disability Services Queensland and Department of Communities, June 2008.

- 40 It can be difficult when the young person does not want to or cannot feasibly live with family. In those circumstances we need to learn from the failures and good practice of child protection and justice systems.²⁸ One of the key problems is when assumptions are made about responsibility for the child based on age and system contact, rather than following principles of good practice with children mentioned above.²⁹ At worst we see examples of homeless children without child protection because their needs are not sufficient priority and yet they too young to qualify for homeless services.

STRATEGIES TO SUPPORT HOUSING FOR PEOPLE LIVING WITH MENTAL ILLNESS

The role of the National Disability Insurance Scheme in the provision of housing for people with severe mental illness

- 41 NDIS' role in providing Specialist Disability Accommodation is still evolving. Although some examples of allocation are evident from NDIA reporting, it seems highly unlikely that a large proportion of Specialist Disability Accommodation will be allocated to people with mental illness. Given that most people with mental health needs have the same housing needs as other citizens, it does not appear that building a special physical structure is relevant to most people's needs. What is most relevant in NDIS funded services is support to live in the house through housing support, community access and personal care – the aspects that help enable a person to lead a meaningful life.

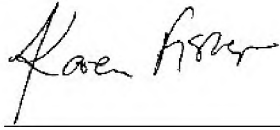
Systems working together to facilitate access to community-based mental health services and housing

- 42 The key to the mental health system and the housing system working together to facilitate access to community-based mental health services and housing is the effective coordination of government responsibilities. The Commonwealth government needs a housing strategy to increase suitable stock and to deal with affordability. State governments need to determine priorities for access to social housing, supplementing rental assistance in the private market or facilitating shared ownership. Housing and housing support needs to be a government led initiative in partnership with social housing providers and the private rental market. Public and private mental health and disability services need mechanisms to integrate with the housing and housing support. National examples mentioned in this statement of where these integration mechanisms have been successful can inform these system changes.

²⁸ Mendes, P., Baidawi, S. H., & Snow, P. C. (2014). Young people transitioning from out-of-home care: A critical analysis of leaving care policy, legislation and housing support in the Australian State of Victoria. *Child Abuse Review*, 23(6), 402 – 414.

²⁹ Dr Catherine Robinson of Anglicare TAS is the Australian expert in this area.

sign here ►

A handwritten signature in black ink, appearing to read "Karen Fisher", written over a horizontal line.

print name Karen Fisher

Date 5 May 2020



**Royal Commission into
Victoria's Mental Health System**

ATTACHMENT KF-1

This is the attachment marked 'KF-1' referred to in the witness statement of Karen Fisher dated 5 May 2020.

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2016- Professor, Social Policy Research Centre, UNSW Australia

Qualifications

- 2007 PhD, Social Science and Policy, UNSW, 'Whose values shape social policy? Policy process limits to economic rationalism: Australian coordinated care policy 1994 to 2001'
- 1990 Master of Economics, Macquarie University, Sydney
- 1985 Bachelor of Arts and Bachelor of Laws (honours) (law and political studies) University of Auckland, New Zealand

Previous Employment

- 2006-12 Official Visitor, Ministerial Appointment, NSW Mental Health
- 1997-2015 Research Fellow, Senior Research Fwllow, Associate Professor, Social Policy Research Centre, UNSW
- 1995-00 Community Visitor, Ministerial Appointment NSW Disability Accommodation
- 1990-97 Consultant and Company Director, Families At Work
- 1989 Executive Officer, Centre for Chinese Political Economy, Macquarie University
- 1988-89 Legal Research Officer, Royal Commission into Aboriginal Deaths in Custody, National Aboriginal and Islander Legal Services Secretariat

Research Interests

The organisation of social services in Australia and China, including disability and mental health community services; inclusive research and evaluation methodology; and social policy process

Selected Relevant Publications

Book Chapters – refereed

- Laragy, C., Fisher, K.R. (2019), Choice, control and individual funding: the Australian National Disability Insurance Scheme, in Stancliffe, R. (ed), *Choice, Preference, and Disability: Promoting Self-Determination Across the Lifespan*.
- Mays, J., Fisher, K.R. (2019), Disability and poverty, in Saunders, P (ed), *Revisiting Henderson, Poverty, Social Security and Basic Income*, Melbourne University Press, Melbourne. Chapter 11, 238-256
- Fisher, K.R., Kayess, R. (2019), Collaborative disability inclusive research and evaluation as a practical justice process, in Aggleton, P., Broom, A., Moss, J.

- eds, *Practical Justice – Principles, Practice and Social Change*, Routledge, London.
- Robinson, S., Fisher, K.R., Hill, M., Graham, A., (2017) Views of young people with cognitive disability about care in their relationships, in Horton, J., Pyer, M. eds. *Children, Young People and Care*, Routledge.
- Robinson, S., Fisher, K.R., Hill, M., Graham, A (2017), 'In the picture: perspectives of young people with cognitive disability on rural and regional life,' in Soldatic, K, Johnson, K. eds. *Disability and Rurality: Identity, Gender and Belonging*, Ashgate, Farnham.
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