Housing and Accommodation Support Initiative: Report II Summary

This report presents the summary findings of the second phase of a longitudinal evaluation of the Housing and Accommodation Support Initiative Stage One (HASI). HASI is jointly funded by NSW Health and the NSW Department of Housing (DoH). A three-way partnership between the two government departments and non-government organisations (NGOs), 'HASI is designed to assist people with mental health problems and disorders requiring accommodation (disability) support to participate in the community, maintain successful tenancies, improve quality of life and most importantly to assist in the recovery from mental illness'.[1]

This evaluation is based upon qualitative and quantitative data collected from 205 stakeholders, including clients (n=79), housing providers and Area Mental Health Service (AMHS) and Accommodation Support Provider (ASP) personnel. The complete version of the second report will be publicly available soon. This report should be read in conjunction with the first evaluation report, available at http://www.sprc.unsw.edu.au/reports/HASI_ReportISummary.pdf.[2]

The key findings from this second phase of the three-part evaluation are as follows:

Client outcomes

Demographics

- At the time of the second interview, 69 per cent of HASI clients were male, 56 per cent were under 34 years of age and 72 per cent had a diagnosis of schizophrenia;
- Almost two-thirds of all HASI clients (63 per cent) had at least a dual diagnosis when they started the program - 26 per cent had an intellectual disability and 37 per cent a substance use disorder. Twelve clients experienced mental illness, intellectual and physical disability as well as a substance use disorder.

Mental health, physical health and service use

- The program has resulted in intensive monitoring of mental health and provided continuity in access to mental health professionals.
- 66 per cent of clients reported that their mental health had improved, although the rate of improvement had slowed between the first and second evaluation phases.

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[1] NSW Health & NSW Department of Housing (2005), *Housing and Accommodation Support Initiative (HASI) resource manual* (draft version 1.7), Sydney: NSW Health & NSW Department of Housing.

[2] Some of these findings were as follows: 85 per cent successfully maintained their tenancy; compared to the year prior to involvement in HASI, clients were having fewer and shorter hospitalisations admissions; and most clients reported improved family relationships.

- According to the Global Assessment of Functioning scale, which measures clients' psychological, social and occupational functioning on a continuum from good mental health to serious illness, the psychological functioning of two-thirds of HASI clients improved. The mean score shifted from 38, indicating 'serious impairment', to 65, signifying 'generally functioning pretty well'.
- There was a decrease in the proportion of HASI participants hospitalised between evaluation phases. Seventy-one per cent of clients either retained their no hospitalisation status since starting HASI, or experienced a decrease in admissions between evaluation phases. The average frequency and duration of admissions, however, remained stable. Twenty-nine per cent of clients had increased admission rates. The majority (68 per cent) of hospitalisations were planned admissions.
- Almost half of the clients who came to the program with a substance use disorder (46 per cent, or 15 people – 9 males and 6 females) were no longer experiencing substance use issues by the second phase of the evaluation. Substance use continues to be reported as an issue for eighteen clients.
- Physical health problems were commonly identified, consulted about and treated across the cohort. Access to mental and physical health professionals remained high between the evaluation phases. Compared to the Australian population with mental health disorders, HASI clients were much more likely to seek and receive treatment from health professionals.[3]

Living skills, community participation & personal relationships

- On average, HASI clients increased their level of independence across all fourteen living skill areas measured (exercise, diet, transport, cooking, banking, medication, shopping, laundry, cleaning, budgeting, accessing community services, making appointments, dressing and bathing/showering).
- A minority of HASI clients remained fully dependent on the ASP for a range of skills. There was a slight shift from independence to receiving some support from the ASP in a few cases in each living skill area. This may reflect poor client wellbeing and/or an increased willingness among clients to accept ASP assistance.
- ASP organised activities continued to provide a pathway to independent community participation for clients. In areas where these activities do not currently occur, clients and case managers were eager for their introduction.
- It was beneficial to clients when the ASP offered access to a combination of community-based activities and services (those organised by the ASP, disability based and mainstream). Such diversity ensures that clients, who are willing and ready, have the resources and pathways available to them to maximise their participation in the community.

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[3] Hickie, I. B., G. L. Groom, et al. (2005), 'Australian mental health reform: Time for real outcomes', in *Medical Journal of Australia*, 182(8): 401-406; Henderson, S., G. Andrews, et al. (2000), 'Australia's mental health: An overview of the general population survey', in *Australian and New Zealand Journal of Psychiatry* 34: 197-205.

- Of clients interviewed in phases I and II, 43 per cent reported working and/or studying in the six months prior to the second interview. Almost one-third had re-entered the workforce in either a volunteer (six clients) or a paid capacity (eight clients in open employment and six in supported employment).
- Although client relationships with family and friends continued to improve, 54 per cent of clients reported feeling lonely.

Tenancies

- Eighty-eight per cent of clients maintained their tenancies. Four clients were rehoused to more suitable locations and another seven left their tenancies after exiting the program.
- A minority of clients experienced tenancy problems. These were largely related to complaints from neighbours about poor property care and/or noise and nuisance (11 clients), rental arrears (7 clients) and unauthorised co-tenancies (5 clients).

Exits

- The seven clients who exited the program were from four different HASI sites - one client died, two moved to other locations and the remaining four left the program because they were acutely unwell.
- The HASI program involves intensive support and, as such, it can feel very intrusive. Willingness to participate and an understanding of what this entails has proved critical in the outcome of some clients. The degree of active psychosis and the level of insight into symptoms can also be instrumental.

Program and governance issues

- The referral and assessment process has been fine-tuned between evaluation phases to enhance the suitability of clients for HASI.
- ASPs continued to adapt their support to improve client outcomes.
- Some ASPs improved on, and others continued to demonstrate, their capacity to provide psychosocial rehabilitation. A few areas could benefit from consulting with an occupational therapist, or a similar specialist, to further develop key worker skill at facilitating independence.
- Interagency relationships between the ASPs, AMHS and housing providers further developed between the evaluation phases. There was increased clarity in roles and ways to fulfil responsibilities. There was also improved understanding of client needs and the most appropriate ways to meet these needs through interagency collaboration.
- While the clinical services of AMHS personnel have undergone nominal change, case managers have had greater opportunity to focus on their core business.
- HASI is benefiting both NSW DoH and NSW Health by facilitating enhanced working relations between key stakeholders and by supporting individuals who experience chronic mental health issues to reside in the community.

The evaluation will complete its final phase of fieldwork in March and April 2006. The third report will be completed in June 2006 and the final report in August.