

18 June 2012

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Subject: Changes to the Housing Register

Dear Minister

Thank you for your letter of 31 May 2012 in answer to our concerns expressed regarding changes to the NSW Housing Register in relation to application closures.

The Mental Health Coordinating Council (MHCC) is disappointed and deeply concerned that the Government has taken the position described in your letter. The wording of the policy, the specificity of exemptions and exclusions for people experiencing hardship due to non-mental health conditions such as domestic violence and homelessness lead us to conclude that there exists a substantial misunderstanding of the attribution of responsibility for non-contact due to moderate or severe mental illness. This misunderstanding may be due to a lack of knowledge regarding how and where mental health services are currently delivered; that is, primarily in the community, even for many severe or acute episodes of illness.

The MHCC are also concerned that the exclusions, as they currently stand, do not take into account the service access blockages experienced by people with mental illness. In cases where a person with mental illness is unable to access public psychiatric services, they may potentially lose their place on the NSW Housing Register even though they were experiencing an episode of distress similar or worse than covered under other exemptions to this policy. This effectively erects a new discriminatory barrier specifically for people with mental illness.

Mental illness frequently leads to a multitude of complex problems including the side effects of medication, lack of motivation and disorganisation and the escalation or emergence of co-existing problems such as substance abuse, all of which can overwhelm people's ability to undertake administrative matters.

Whilst the MHCC agrees that a focus on 'personal obligations' is a good general principle, where appropriate exceptions are not made we suggest there are grounds for a discrimination complaint. Whilst many people experiencing mental illness are high functioning and well able to meet their personal obligations most of the time, the often episodic nature of mental illness means not everyone can manage their affairs at all times, and this does not necessarily overlap with time spent in psychiatric institutions. Recovery from mental illness is rarely a linear pathway and periodic relapse is a well-recognised feature of psychiatric illness.

The MHCC appreciates your need to review and evaluate people's circumstances; however we strongly believe that other creative initiatives need to be devised so as not to discriminate against those most requiring your support.

The MHCC also seeks clarification on the following specific questions:

The exemptions to the obligation of keeping the department up to date describes a number of situations which could prevent response to the proposed, 'review of circumstance' letter, such as, the person was in hospital; respite etc.,.

1. How will the department know that this has occurred unless the recipient responds and informs them regarding their whereabouts?
2. What responsibility does the department take for ensuring that contact was attempted through all available methods, for example a family member, carer, or case worker?
3. What is the timeframe allowed that will maintain/continue the exemption for those people deemed eligible for exemption?
4. What alternative accommodation are you suggesting when you make reference to the "appropriateness of people with severe mental health issues being suitable for public housing,"? Until far greater numbers of HASI or equivalent housing options are available the department has an obligation to assist people with mental illness acquire secure and sustainable housing.

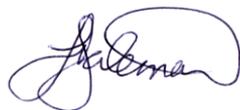
The MHCC and community services representatives across sectors are deeply troubled by the direction you have outlined which is likely to severely impact on the very people social housing has traditionally supported and was designed to assist.

Recently, the Department of Families and Community Services signed a Housing and Mental Health Interagency Agreement with the Ministry of Health, in which it declared a principle intention of increased collaboration and consideration of issues that cover both departments. These developments seem contrary to the spirit of this agreement.

The MHCC again express our willingness to meet with you to discuss the especially challenging circumstances that people with mental illness and associated health and social issues face. Without such an opportunity MHCC and the organisations who endorsed our earlier letter will need to review our option to take this matter further on the basis that these new arrangements are discriminatory and potentially constitute a human rights matter.

I hope there can be a reconsideration of this matter and the MHCC is keen to assist wherever possible. I look forward to hearing from you.

Yours sincerely



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