Integrated Healthcare

...for people with mental illness who are homeless or vulnerably housed.

There are thousands of people with mental illness in Brisbane who are cycling through our health, corrections and homelessness service systems. They frequently have significant co-existing health conditions, which are not managed well by a system that is fragmented and excludes people with mental health or addiction challenges.

Redesigning Health Services

There are proven solutions to addressing the health needs of people with mental illness and co-existing complex health conditions. We can redesign healthcare services that are:

Trauma informed. Services that are designed to respond to the impact of trauma, by incorporating an understanding of trauma into their work, **building physical and emotional safety** for people, and providing them as much choice and control as possible.

Low barrier, low threshold.
Low barrier services are accessible and user friendly, and remove major barriers to accessing services, such as staff attitudes, complex procedures and eligibility criteria. Outreach to people in their homes and other community settings is one of the best methods for **increasing accessibility of health services**. Low threshold programs work within a harm minimisation framework and offer treatment without requiring individuals to completely abstain from alcohol and illicit drug use.

Multidisciplinary. Services that include professionals from **a range of different healthcare professions** with specialised skills and expertise. When supporting people with mental illness, addictions, and chronic health conditions, multidisciplinary teams should include alcohol and other drugs (AoD), mental health, and primary healthcare professionals.

Integrated with community services.
One of the best ways to address barriers to accessing healthcare and service fragmentation is to **embed outreach health services within community services**, such as homelessness programs. These programs are already providing outreach support to marginalised populations and working with people on important needs that support health and recovery, such as housing and income stability.

Pathways to Housing
Assertive Community Treatment (ACT) + Housing First

Pathways to Housing is a Housing First program for individuals with serious mental illnesses, long histories of homelessness, and often co-occurring substance abuse. Originating in New York, the Pathways to Housing model has been replicated and evaluated nationally and internationally and has a twenty-year track record of success for ending homelessness across 100 cities throughout the United States, Canada and Europe.[1]

Pathways to Housing offers people affordable, permanent housing alongside intensive support to stay housed and improve wellness. In a longitudinal study[2] **80% of participants were in stable housing after 12 months**, compared with 24% in the alternative 'continuum of care' approach.

Crucial to the success of Pathways to Housing is the integration of Assertive Community Treatment teams within a Housing First model.

Assertive Community Treatment (ACT) is an evidence-based practice model that provides intensive and highly integrated treatment, rehabilitation and support services to people with mental illness whose needs have not been met well by traditional mental health services. ACT teams are multi-disciplinary, **collaborating to deliver integrated supports** in the person's home (or other living settings). The staff-to-consumer ratio is small (1:10) and services are provided 24/7 for as long as needed.

ACT teams use assertive engagement to proactively engage with people living on the streets, in unstable housing, or in long-term social housing. This includes people who don't meet eligibility thresholds for public mental health services, such as people living with depression, anxiety, complex trauma, addictions, or with emotion regulation or executive functioning challenges. ACT teams assist people to find housing and **continue to provide support and treatment** until the person has resolved their needs.

Pathways to Housing ACT team service delivery model:

Intensive and frequent contact with people

Assertive outreach

Focus on community-based health triage, symptom management and everyday problems

Time-unlimited services
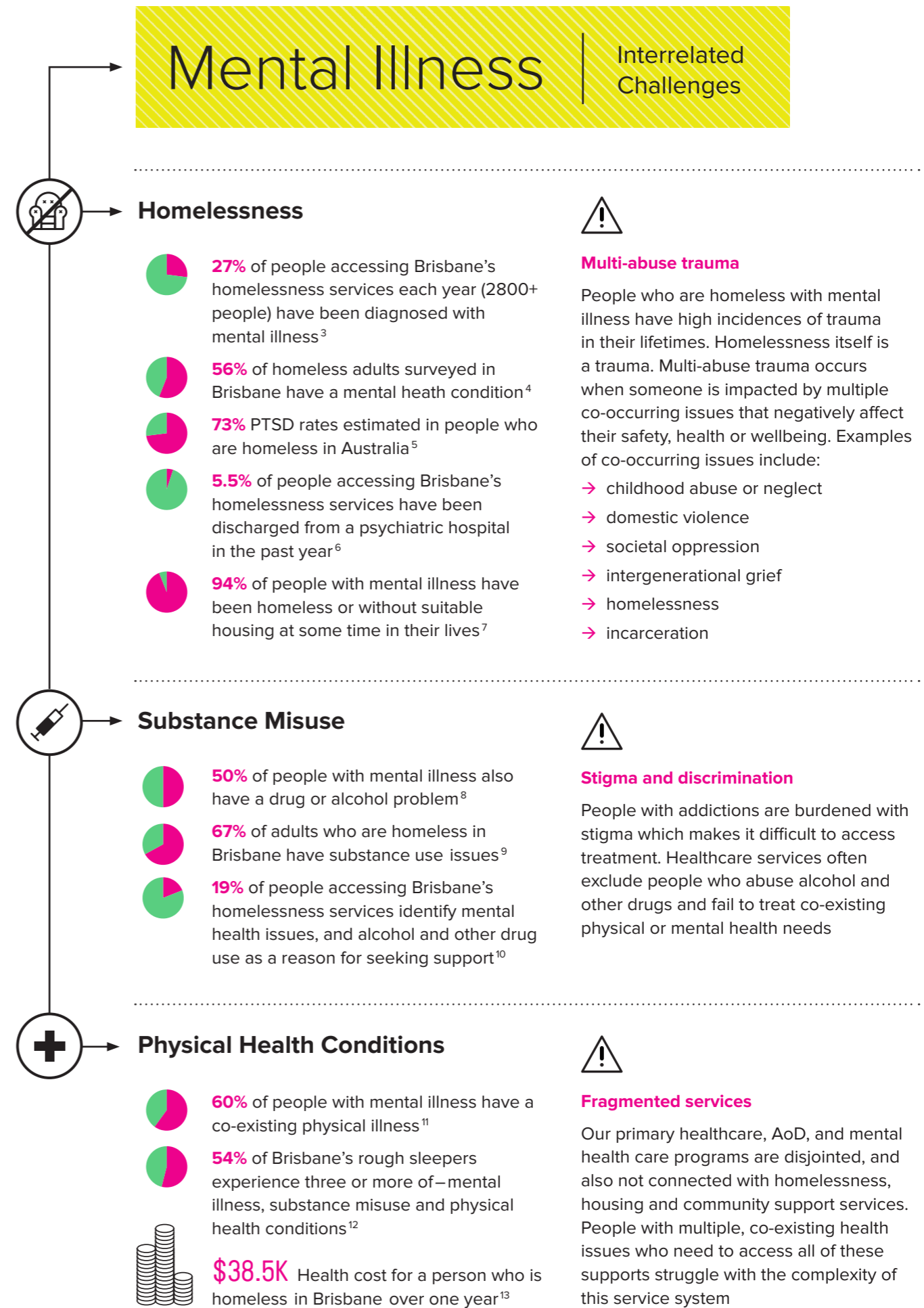
A Team approach to shared case management

→ Team Leader
→ Clinical Psychologist
→ Drug and Alcohol Practitioner
→ Community Participation Worker
→ Peer Support Worker
→ Psychiatrist
→ Primary Health Care Nurse
→ Mental Health Recovery Specialist
→ Administration Assistant

Reduced...

Deterioration in physical and mental health

Overuse of Emergency Departments, hospital admissions, police, ambulance and other crisis services

Homelessness

Improved...

Treatment and recovery

Housing stability

Family and social functioning

Participation in training and employment initiatives

Mental Illness | Interrelated Challenges

Homelessness

27% of people accessing Brisbane's homelessness services each year (2800+ people) have been diagnosed with mental illness[3]

56% of homeless adults surveyed in Brisbane have a mental heath condition[4]

73% PTSD rates estimated in people who are homeless in Australia[5]

5.5% of people accessing Brisbane's homelessness services have been discharged from a psychiatric hospital in the past year[6]

94% of people with mental illness have been homeless or without suitable housing at some time in their lives[7]

Multi-abuse trauma

People who are homeless with mental illness have high incidences of trauma in their lifetimes. Homelessness itself is a trauma. Multi-abuse trauma occurs when someone is impacted by multiple co-occurring issues that negatively affect their safety, health or wellbeing. Examples of co-occurring issues include:

→ childhood abuse or neglect
→ domestic violence
→ societal oppression
→ intergenerational grief
→ homelessness
→ incarceration

Substance Misuse

50% of people with mental illness also have a drug or alcohol problem[8]

67% of adults who are homeless in Brisbane have substance use issues[9]

19% of people accessing Brisbane's homelessness services identify mental health issues, and alcohol and other drug use as a reason for seeking support[10]

Stigma and discrimination

People with addictions are burdened with stigma which makes it difficult to access treatment. Healthcare services often exclude people who abuse alcohol and other drugs and fail to treat co-existing physical or mental health needs

Physical Health Conditions

60% of people with mental illness have a co-existing physical illness[11]

54% of Brisbane's rough sleepers experience three or more of—mental illness, substance misuse and physical health conditions[12]

$38.5K Health cost for a person who is homeless in Brisbane over one year[13]

Fragmented services

Our primary healthcare, AoD, and mental health care programs are disjointed, and also not connected with homelessness, housing and community support services. People with multiple, co-existing health issues who need to access all of these supports struggle with the complexity of this service system

Sarah (PIR) and Chrissy

Photography: Craig Holmes.

"Sue and Anna [from Inclusive Health] were great. You could tell they really cared about me and there was absolutely no judgement ... Then Sarah and the Partners in Recovery program came into my life and everything changed."

– Chrissy

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The Integrated Healthcare Fact Sheet was produced by the Brisbane South PHN Partners in Recovery Consortium (Nov 2016)

1   Tsemberis, S. (2010). *Housing first: The pathways model to end homelessness for people with mental illness and addiction manual*. Minnesota, USA: Hazelden.

2   Tsemberis, S., Gulcur, L. & Nakae, M. (2004). Housing first, consumer choice and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651-656.

3   Queensland Government. (2015). Department of Housing and Public Works Data source: 2014-15. *Confidentialised unit record files (CURF)*. Brisbane, Australia: Unpublished raw data.

4   500 Lives 500 Homes. (2014). *Emerging trends VI-SPDAT adult individuals fact sheet*. Retrieved from http://www.500lives500homes.org.au/resource_files/500lives/2014-500-Lives-Adult-Individuals-factsheet.pdf

5   O'Donnell, M., Varker, T., Cash, R., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L., & Phelps, A. (2014). The trauma and homelessness initiative. *Report prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria*. Retrieved from https://www.sacredheartmission.org/sites/default/files/publication-documents/THI_Report_research%20findings.pdf

6   See note 3 above

7   SANE Australia. (2008). *SANE research bulletin 7: Housing and mental illness*. Retrieved from https://www.sane.org/images/PDFs/0807_info_rb7_housing.pdf

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9   See note 4 above

10 See note 3 above

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12 500 Lives 500 Homes. (2014). Ending homelessness in Brisbane one person, one family at a time. *Community forum presentation*. Retrieved from http://www.500lives500homes.org.au/resource_files/500lives/500-Lives-Final-Analysis-20140404-for-website.pdf

13 Parsell, C., Petersen, M., Moutou, O., Culhane, D., Lucio, E. & Dick, A. (2016). *Brisbane Common Ground evaluation: Final report*. Brisbane, Australia: Department of Housing and Public Works.