# Pathways in and out of homelessness in Sydney

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# Introduction

- Background and context
- Data from our clinic study
- Discussion and limitations
- Some pathways out of homelessness
- Our plan for addressing homelessness among the mentally ill

# A short history of deinstitutionalisation

- In 1950, Callen Park had 4000 patients
- By 1977 Rozelle Hospital had 400
- By 1983, when the Richmond Report came out, it was under 200
- Rather than recommending closure of hospitals, the main recommendation of the report was treatment of the mentally ill, who were by then in the community

# The Richmond Report

- “Fund or provide services in the community”
- “Development of community residential units”
- “Reduce size and number of S5 hospitals”
- “Crisis teams … [and] … assessment services in general hospitals”

# Sydney homeless hostels in 1990

- Matthew Talbot Hostel up to 450 beds, now 99
- Edward Eagar Lodge @ 180, now 97
- Foster House @ 250, now about 95
- Swanton Lodge @ 200, now closed
- Women's refuges much smaller
- E.g. about 1000 beds now under 300
- Buhrich et al 1998 – 350 M, 57 F beds

# The “Perfect Storm”

- 1990 Mental Health Act
- The recession we had to have
- The Sydney property price boom
- Well meaning boarding house regulation
- The ice age (and the advent of hydroponic cannabis and the decline in the real unit cost of alcohol)

# History


- Established in 1938 at the initiative of Cardinal Gilroy
- The first site was the unused St John's church in Kent Street
- The second site was the old wool store at Young Street, Circular Quay
- Moved to current site in 1965
- Refurbished in 1972, 1992 and 2009
- Had as many as 450 beds in four dormitories, now 98 beds in mostly single rooms

# Matthew Talbot Homeless Services Inner City Include

Matthew Talbot Hostel

Vincentian House (women, single parents and families)

Frederick House (aged care hostel)

Matthew Talbot Community Support

# Matthew Talbot Hostel provides

- Crisis accommodation
- Meals, clothing, showers and laundry
- Welfare services such as housing, Centrelink
- Outreach support for people placed in the community
- Ozanam Learning Centre
- Clinic

# Matthew Talbot Hostel Clinic

- Nurses 7 days, GP 2 mornings, dispenses medication to up to 80 patients
- Podiatry, optometry, smoking abatement, metabolic clinic, cardiology

- 0.6 FTE mental health nurse
- Two psychiatrist clinics
- Can prescribe and administer Clozapine

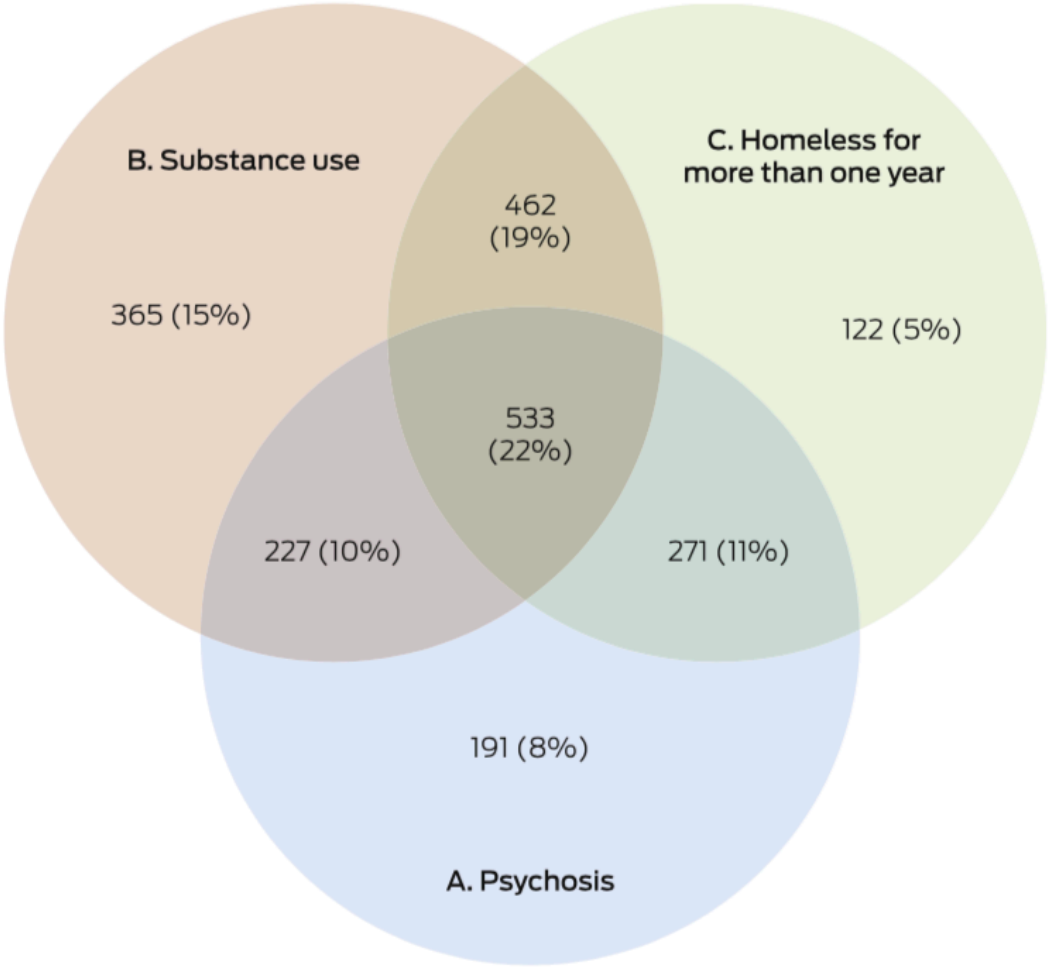
# Homeless clinic study

- Consecutive presentations to clinics at MTH, EEL and FH from 21.7.08 to 31.12.16
- Demographic, clinical and sociological data extracted from the notes
- E.g., diagnosis, treatment, comorbid conditions, pattern of homelessness, forensic history etc etc

# Results

- N = 2388, 93% male, mean age 42
- 56% DSP (7.8% under Protective Office)
- 59% homeless more than a year, and 34% had slept in the open
- Psychotic illness, mainly schizophrenia, 51%, 66% had substance use disorder and 80% had a history of substance use
- Other diagnoses ABI 14%, ID 5%
- Trauma history 42%

**1 Overlap between the three key sample characteristics: diagnosis of psychosis, diagnosis of substance use disorder, and chronic homelessness**




**A.** Psychosis (1222, 51%) **B.** Substance use (1587, 66%)
**C.** Homeless for more than a year (1388, 58%)

Total number of patients attending the clinics: 2388; number of people not included in A, B, or C: 217. ◆

# Pathways to homelessness

- Release from prison (28%)
- Discharge from psychiatric hospital (21%)
- Loss of public housing tenancy (21%)
- Financial problems because of gambling (12%)
- Long term homeless and rough sleepers more likely to have multiple conditions

# Homeless with psychosis

- 1222/2388 (51.2%) – clinic sample
- Less likely to have been married or to have worked >1 year
- 72% on DSP, 12% under PO
- 30% released from prison
- 22% reported loss of public housing tenancy
- 72% treatment resistant, 36% on depot

# Limitations of the study

- Clinic population, rather than a census sample
- Many people with obvious disorder refuse to attend
- However, includes many non-residents of hostels and rough sleepers
- Mostly about men, who have more disabling illness (although 25% of homeless reported to be women)

# Prisons – our new asylums

- 5-7% (700 to 980) prisoners have scz
- A third of prisoners are on remand
- Interface between prisons and the community not well managed
- Penrose hypothesis (1939)
- However, now rotate between prison and the homeless sector, rather than psychiatric hospitals

# Substance use

- The elephant in the room
- Poly substance use – daily cannabis, payday ice users, opioid meds more than heroin, benzos less common, ETOH ++
- Live rough to save money for substances
- A cause or an effect of homelessness?
- Impedes recovery, rehousing
- 85% smoke tobacco – adds to poverty

# Pathways out of homelessness

- Housing department accommodation common – usually via priority housing
- Some supported group homes
- Travel to cheaper locations
- Recovery from illness and substance use and return to employment and family
- High mortality
- Many chronically homeless

# Homeless with psychiatric disability

- Lack of suitable housing for people with cognitive deficits or limited living skills
- Flats unhelpful with no living skills
- Community support models inefficient
- Low skilled patients dependent on meals and other free services
- Few intermediate places
- licenced boarding houses too costly

# “Housing First”

- Housing First principle for the homeless mentally ill, in order to treat other conditions
- Treatment of physical and mental health better if housed
- Substance use shown to decline
- Costs to other services goes down

# Habilis model

- Purpose built, 30-40 sqm with bathroom
- 20 per cluster
- Support staff during the day, ?care taker
- Visiting psychiatrist and mental health nurse
- Long term
- As per Richmond recommendation, 1983

# Preventative interventions

- Crisis rental assistance
- Involuntary admissions to treat co-morbid substance use
- Rapid rehousing of prisoners on release
- Flexible transfer arrangements
- A range of tenancy support
- Security in housing estates

# Conclusions

- Pathways to homelessness usually multifactorial
- Often due to a combination of substance use and impaired social skills or coping style
- Failure of mental health and other services
- Solution is a range of housing models to respond to various kinds of disability