Housing and Mental Health Agreement

The Housing and Mental Health Agreement (the Agreement) provides the overarching framework for planning, coordinating and delivering mental health, accommodation support and social housing services for clients with mental health problems and disorders who are living in social housing or who are homeless or at risk of homelessness. It replaces the Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Public Housing, Community Housing and Aboriginal Housing (JGOS).

This Agreement is between:

- NSW Health,
- the NSW Department of Family and Community Services (FACS) – encompassing all its agencies: Housing NSW, Aboriginal Housing Office, Ageing, Disability & Home Care and Community Services.

It is recognised that non-government organisations (NGOs) are key providers of services to people with mental health problems and disorders. Signatory Departments are committed to working in partnership with NGOs, and their peak organisations to improve outcomes for this group of people.

This Agreement is in three parts:

1. An Overarching Framework including Aims and Objectives, Principles, Commitments, Elements of Good Practice and Governance

2. A high level Action Plan to support the implementation of the Agreement which outlines the actions signatory agencies have agreed to

3. Effective date and signatures
1. Background

The prevalence of mental illness in the community is high. In 2007, almost half (45%) of 16-85 year olds in Australia had a mental disorder at some point in their life and one in five had symptoms of a mental disorder in the twelve months prior to the survey.¹

People with mental health problems and disorders often experience difficulties in accessing and maintaining affordable, safe and stable housing. Mental health issues can disrupt tenancies and reduce an individual's capacity to live independently. At the same time, unstable housing arrangements can also contribute to the deterioration of mental wellbeing.²

Individuals at risk of tenancy failure because of mental illness are particularly vulnerable because of the limited alternative housing options they have and the consequences that tenancy loss brings. They may become homeless or have to move to unsafe or inappropriate housing, lose possessions and/or any supports that were in place.³

For many people living with mental illness, the ability to choose, access and maintain safe and affordable housing provides the cornerstone to stabilising their lives and illness, thereby improving their quality of life in the longer-term.⁴

NSW Government responses

This Agreement has been developed to improve housing outcomes and the general well-being of people with mental health problems and disorders who are living in social housing or who are homeless or at risk of homelessness. It builds on the way agencies work together to provide and maximise access to services for people with mental health problems and disorders.

In 1997, the Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Public, Community and Aboriginal Housing (JGOS) was endorsed by Housing NSW and NSW Health. In 2003, the JGOS was expanded to include NSW Department of Community Services, Aboriginal Housing Office, Aboriginal Health and Medical Research Council of NSW, Aboriginal and community housing providers as well as non-government mental health service providers.

The JGOS aimed to better coordinate services to clients with mental health problems and disorders to assist them to access and sustain social housing. It also aimed to facilitate strong relationships between participating organisations, enabling better planning and delivery of coordinated services that meet client needs.

In 2002 the Housing and Accommodation Support Initiative (HASI) was established. HASI is a funded partnership program between NSW Health, Housing NSW and the non-government sector that links stable housing to clinical and accommodation support for people with mental illness who were homeless or at risk of homelessness. The HASI program has continued to expand, and at present over 1100 people across NSW receive various levels of support from HASI, depending on their need.

Evaluation of the HASI program has found that when stable housing is linked to appropriate mental health and accommodation support, people are able to overcome the sometimes debilitating effects of mental illness, live independent lives and connect to their community.⁵
More recently, the JGOS has also been evaluated which provided evidence that there was a need to strengthen the mechanisms by which it was implemented. Partners to the JGOS agreed that these findings would be addressed in the development of the Housing and Mental Health Agreement and that this Agreement would replace the JGOS.

2. Non-government organisations

The Departments work in partnership with the non-government sector to provide a range of housing opportunities and services to meet the needs of people with mental health problems and disorders that are linked to appropriate support when it is needed and available.

The key NGO providers to this Agreement include: specialist homelessness and mental health services, organisations which provide support that assists people to live independently in the community, mental health, tenant and other advocacy services as well as community housing providers.

Community housing providers are a specific type of NGO which provide community housing in a similar manner to public housing. Under the common access system of Housing Pathways, clients use the one application form to apply for social housing assistance from Housing NSW, Aboriginal Housing Office and a number of community housing providers. There is a common assessment process and clients are listed on a single statewide waiting list called the NSW Housing Register.

3. Context of the Agreement

The NSW Government agencies’ commitment to improving services to people in NSW with mental health problems and disorders is underpinned by a number of whole of government policy initiatives, including:

- The NSW Interagency Action Plan for Better Mental Health which committed NSW Government agencies to promote stability and good quality of life for people with mental illness living in the community by bringing together acute and continuing care, clinical services, housing, community support services, education and training, welfare and employment support

- The NSW Homelessness Action Plan, which commits NSW Government agencies to a range of strategies that aim to prevent homelessness, respond effectively to homelessness and break the cycle of homelessness

- Keep Them Safe Action Plan, which commits NSW Government agencies to improving outcomes for children, young people and families who may be at risk as a result of various factors including mental health issues

- The NSW Youth Action Plan which has a focus on building resilience in young people to reduce the impact of mental health issues.

This Agreement is aligned to and is consistent with these whole of government policy initiatives. It will also align with and build on any existing Agreements or Memorandums of Understanding concerned with mental health problems and disorders that have been developed between one or more partner agencies, such as the MOU between Ageing, Disability and Home Care and NSW Health, which guides the provision of coordinated services to people with an intellectual disability and a mental illness.
This Agreement replaces the Joint Guarantee of Service, integrates the Housing and Accommodation Support Initiative (HASI) and is consistent with the principles established previously under the NSW Housing and Human Services Accord.

**Recovery oriented services**

Recovery is a personal and ongoing process, defined and led by the individual. Recovery from mental illness has been described as a journey, sometimes lifelong, through which a mental health consumer achieves independence, self-esteem and a meaningful life in the community.  

Recovery focused care works with a person’s strengths and encourages hope, resilience, coping skills, self-acceptance and physical health. It is based on working holistically and tailors services to the needs of the client. Each individual has different needs which may change over time. A recovery orientation to providing services is central to ensuring that people receive the services that best meet their needs as they change. Key external resources that can support the recovery process include: social support, secure housing, meaningful activity, medication, professional assistance and networking with appropriate services.

The Agreement endorses providing recovery oriented mental health support as good practice.

**4. Aims and objectives**

The aim of this Agreement is to improve the housing outcomes and general well-being of people with mental health problems and disorders who are living in social housing or who are homeless or at risk of homelessness.

The key objectives of this Agreement are for the parties to work in partnership with each other and the non-government sector to:

- Promote good practice in service delivery when responding to people with mental health support needs
- Deliver coordinated client-focused services which are flexible and meet the diverse needs of people with mental health problems and disorders
- Implement early intervention and prevention initiatives wherever possible
- Strengthen transition planning to prevent homelessness for people moving to or from health services or other relevant facilities
- Ensure people with mental health problems and disorders receive a consistent response when they access mental health and/or housing services.

**5. Signatories to the Agreement**

The signatories to the Housing and Mental Health Agreement are:

- Department of Family and Community Services (FACS) – encompassing all its agencies: Housing NSW, Aboriginal Housing Office, Community Services and Ageing, Disability & Home Care
- NSW Health

The signatories recognise that Juvenile Justice and Aboriginal Affairs are important partner agencies that can contribute significantly to the achievement of the outcomes of this Agreement. These agencies will be consulted through, and invited to participate in, the governance arrangements outlined in the Agreement. Over time, it is likely that other agencies will also be included as partners to the Agreement.
The signatories also recognise non-government organisations (NGOs) as key providers of services to people with mental health problems and disorders and responding to homelessness, and are committed to working with them in partnership.

6. Terms

This Agreement may be reviewed as required and it can be terminated in writing by mutual agreement of each signatory Department. Either Department may withdraw from the agreement by giving six months written notice to the other signatory Department to the Agreement.

7. Scope

The target groups for this Agreement are:

- People with mental health problems and disorders who are over 16 years old and homeless or at risk of homelessness
- Social housing tenants whose tenancy may be at risk because of mental health support needs.

These target groups include situations where a social housing tenancy may be at risk because of the mental health support needs of a family member or other person living in the household, regardless of the age of this person.

The Agreement also recognises that people in these circumstances may have a range of complex needs arising from dual diagnosis and other co-morbidities such as intellectual disability, drug and alcohol issues etc.

The Agreement provides a framework to coordinate planning and delivery of services for the target group. It operates within existing resources and where possible existing structures. Each agency will separately determine client eligibility, access and prioritisation according to its policies and procedures.

The key terms used in this Agreement are defined in Appendix 1.

8. Principles

The following principles underpin the signatory agencies’ approach to assisting clients, and to developing across agency support services. The principles are:

- Secure, accessible, appropriate and affordable housing assists clients with mental health problems and disorders by providing stability and the opportunity to build networks, which helps to maximise the outcomes for clients receiving support from other government and non-government agencies.
- Where a client with mental health problems and disorders has a range of needs collaboration between services is essential to provide effective support.
- Services provided for people with mental health problems and disorders need to be flexible wherever possible to take account of the fluctuating nature of mental illness.
- Support is most effective if it is provided as early as possible in the emergence of clients’ mental health problems and disorders.
- A recovery-oriented approach to providing services, which is led by the person with a mental health problem or disorder, best supports this person to achieve independence, self-esteem and a meaningful life in their community.
• Services need to be culturally competent, inclusive of families, carers and the community and recognise the importance of preserving significant networks and relationships.

• The rights and responsibilities of people with mental health problems and disorders must always be respected, including their right to confidentiality and privacy in accordance with applicable laws and policies and their right to make an informed decision to refuse a service.

• Consumers, their families, advocates and carers, as well as social housing tenants, should be invited to participate in policy development, service design and delivery and staff training where possible and appropriate.

• Ongoing, structured communications with partners are crucial for effective planning, coordination, delivery, monitoring and review of housing, mental health and support services for mutual and potential clients.

• Fair and transparent decision-making processes by all parties are required.

9. Commitments

The Parties to this Agreement are committed to:

1. Promoting good practice in delivering coordinated services at the local level when responding to people with mental health support needs

2. Collaborating with non-government organisations as equal partners in providing mental health, accommodation support, specialist homelessness and housing services

3. Strengthening integrated service planning across government agencies as well as government and non-government sectors

4. Delivering coordinated client-focused services to people with mental health problems or disorders

5. Improving transition planning to prevent homelessness for people with mental health problems or disorders

6. Embedding the principles and commitments of the Agreement into standard business practice.

10. Elements of good practice when delivering coordinated services to people with mental health problems and disorders

This Agreement recognises that good practice in delivering coordinated services to people with mental health problems and disorders requires service providers to:

• Communicate regularly with other service providers working with the client group

• Understand the roles and responsibilities of other providers

• Share information about strategies, programs and resources for supporting clients with mental health problems and disorders

• Notify the appropriate agency as soon as possible where there are any issues that may place the clients tenancy at risk so that the issues can be addressed and the tenancy maintained

• Agree on a process for early intervention to prevent homelessness

• Develop local referral networks and agree on protocols for making referrals, including a process for providing feedback on the outcome of referrals
• Exchange client information with other services appropriately and effectively within the relevant privacy legislation
• Provide services in a recovery oriented framework
• Develop mechanisms to discuss individual clients (where relevant and appropriate, and within the relevant privacy legislation), undertake joint client-focused planning and agree on shared responses
• Identify and resolve local and broader issues which impact on how services are provided, or escalate issues appropriately if they cannot be resolved locally.

The implementation of this Agreement will promote these good practice strategies and assist partner agencies and non-government organisations to incorporate them into the way they deliver services to the target groups.

11. Implementation

This Agreement commits signatory Departments to implementing a range of actions consistent with the principles and commitments of the Agreement. Each signatory Department will develop its own high level implementation plan.

The Agreement is to be implemented through local structures. In particular, the Agreement supports the use, where possible, of existing local structures such as the existing Joint Guarantee of Services committees.

A key aim of each local structure will be to promote good practice in delivering coordinated services to people with mental health problems and disorders. Each local structure will develop its own work plan, based on an agreed template. Whilst these structures will have some flexibility in the work plan to determine their own priorities, they will be required to report on an agreed set of outcomes.

The reporting under the Agreement will focus on capturing information on how the agencies are working together and promoting good practice. Reporting on the implementation of the Agreement will occur through the following governance arrangements.

12. Governance

The Directors General for NSW Health and the Department of Family and Community Services will report on the Agreement to their respective Ministers annually.

To ensure that the Departments are implementing the principles, commitment and actions from this Agreement a number of overseeing structures will be used:

• Housing and Mental Health Senior Executive Group meeting, an existing meeting between Housing NSW and NSW Health, will oversee implementation of the Agreement. This Group will report to the Director Generals of NSW Health and the Department of Family and Community Services. Senior Executives of all FACS agencies will be invited to participate in these meetings. Juvenile Justice and Aboriginal Affairs, as partner agencies, will also be invited to this meeting when appropriate.
• A statewide Interagency Implementation Committee will meet monthly to monitor delivery of actions in the first 12 months of the Agreement. It will report on the implementation of the Agreement to the Housing and Mental Health Senior Executives. Membership of this committee will comprise all FACS agencies and NSW Health. Juvenile Justice and Aboriginal Affairs will be invited to these
meetings when appropriate. Relevant consumer and NGO peak organisations will also be invited to participate in these meetings in an advisory capacity. The committee will be reviewed after 12 months. Details of reporting requirements to ensure that actions are being implemented will be developed by the Interagency Implementation Committee, as will guidelines to support implementation and the template for local structure workplans.

- Regional structures will be used to oversee local work plans and receive reports from local structures on the implementation of the Agreement. These regional structures will report to the Implementation Committee. These regional structures will also be the forum for local structures to escalate systemic issues for resolution. NSW Health’s participation in existing FACS structures such as Regional Executive Forums could be utilised for this purpose.

- Every quarter, the Interagency Implementation Committee will invite feedback from regional and local structures about issues that cannot be resolved. This Committee will escalate these issues to the Housing and Mental Health Senior Executives as required. The Committee will also be the forum to disseminate best practice to local structures.

- A forum for key government and non-government agencies will be facilitated annually to bring together providers of mental health, accommodation, specialist homelessness and housing services to discuss, workshop, resolve and/or escalate any issues arising from the implementation of the Agreement and/or about providing effective services to people with mental health problems or disorders who are homeless, at risk of homelessness or living in social housing.
13. Action Plan to support the Housing and Mental Health Agreement

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<th>Commitment</th>
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<th>Partners</th>
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<tr>
<td>1. Promoting good practice in delivering coordinated services at the local level when responding to people with mental health support needs</td>
<td><strong>1.1 Identify and nominate local champions</strong> to drive the implementation of the Agreement and promote good practice at the local level</td>
<td>FACS (Housing NSW) and NSW Health</td>
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<td><strong>1.2 Conduct an audit to identify the existing structures or processes which could be utilised as the mechanisms for implementing and communicating the good practice elements and actions identified in the Agreement. The audit will also identify where no appropriate local structure exists.</strong></td>
<td>FACS (Housing NSW) and NSW Health</td>
<td>All other FACS agencies and NGOs</td>
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<td></td>
<td><strong>1.3 Strengthen existing structures or establish new structures or processes as required.</strong></td>
<td>FACS (Housing NSW) and NSW Health</td>
<td>All other FACS agencies and NGOs</td>
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<td><strong>1.4 Once an appropriate local structure is agreed, each local structure will develop a joint work plan which identifies local priorities, ensures services are culturally appropriate and where appropriate, links with other interagency agreements and work plans</strong></td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td><strong>1.5 Facilitate communication between services at the local level to:</strong></td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td><strong>1.5.1 Exchange information about the roles and responsibilities of each agency</strong></td>
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<td><strong>1.5.2 Facilitate the exchange of client information</strong></td>
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<td><strong>1.5.3 Share information about programs, services and housing options available to the target group to identify cross agency referral pathways</strong></td>
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<td><strong>1.5.4 Agree on a process for early intervention to prevent</strong></td>
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1 Local champions are senior managers who are responsible for the implementing the Agreement
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<td>1.5.5</td>
<td>Agree on protocols for making and responding to referrals</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>1.5.6</td>
<td>Strengthen planning for services in relation to accommodation and support e.g. HASI</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>1.6</td>
<td>Establish on-going communication with funded and contracted NGOs in relation to the implementation of the Agreement</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>1.7</td>
<td>Develop and implement an effective escalation mechanism for systemic or operational issues that can't be addressed at the local level</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>1.8</td>
<td>Promote the principles, commitments and actions of the Housing and Mental Health Agreement to improve practice and service delivery to the target group</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>1.9</td>
<td>Provide opportunities for consumers and their families, carers and/or advocates, and for social housing tenants to contribute to improving service delivery where possible</td>
<td>FACS (Housing NSW) and NSW Health</td>
<td>All other FACS agencies and NGOs</td>
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<td>1.10</td>
<td>Actively encourage relevant agency staff to complete Mental Health First Aid training</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>1.11</td>
<td>Develop guidelines for staff to support good practice in delivering coordinated services to the target group and implementing the Agreement</td>
<td>FACS (Housing NSW)</td>
<td>All other FACS agencies, NSW Health and NGOs</td>
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<td>2.1</td>
<td>Work collaboratively with NGOs to coordinate the delivery of services to the target group by:</td>
<td>FACS (Housing NSW) and NSW Health</td>
<td>NGOs</td>
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<td>2.1.1</td>
<td>Identifying NGOs that provide services and support to people with mental health problems or disorders who are homeless, at risk</td>
<td>FACS (Housing NSW) and NSW Health</td>
<td>NGOs</td>
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<td>health, accommodation support, specialist homelessness and housing services</td>
<td>of homelessness or living in social housing  2.1.2 Engaging and working in partnership with these NGOs at the local level to coordinate support and services to the target group  2.1.3 Maintaining active communication with relevant NGOs about services, programs and initiatives to better assist the client group</td>
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<td>3. Strengthening integrated service planning across government agencies and across the government and non-government service sectors</td>
<td>3.1 When reviewing or commencing funding contracts with NGOs, agencies will assist service providers align their service model with the principles and commitments of the Agreement where relevant</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>3.2 Engage in joint planning with partner agencies and relevant NGOs for developing, improving and/or expanding services in response to identified need and service gaps</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>3.3 Build an evidence base through existing data collection mechanisms and share best practice to inform the planning and delivery of services for the target group on an on-going basis</td>
<td>All FACS agencies and NSW Health</td>
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<td>3.4 Promote and communicate the implementation of the Agreement through mechanisms such as the launch of the updated HASI manual across NSW</td>
<td>FACS (Housing NSW) and NSW Health</td>
<td>All other FACS agencies and NGOs</td>
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<td>4. Delivering coordinated client-focused services to people with mental health problems or disorders</td>
<td>4.1 Make referrals to other services where a coordinated cross agency response to client need is required (to access stable housing or sustain a tenancy)</td>
<td>FACS (Housing NSW) and NSW Health</td>
<td>NGOs</td>
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<td>4.2 Investigate issues around sharing of information with/without consent including:  4.2.1 Clarifying responsibilities  4.2.2 Training as appropriate for staff</td>
<td>FACS (Housing NSW) and NSW Health</td>
<td>All other FACS agencies and NGOs</td>
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<td>4.3</td>
<td>Exchange client information effectively (within appropriate legislation) according to the Client Information Sharing Schedule and using an appropriate consent form</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>4.5</td>
<td>Notify other service partners of changes to a tenancy or the support provided to a client as soon as possible</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<tr>
<td>5 Improving transition planning to prevent homelessness</td>
<td>5.1 Implement the Service Principles for Multi Agency Exit Planning to Prevent Homelessness as part of the NSW Homelessness Action Plan</td>
<td>All FACS agencies and NSW Health</td>
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<td>5.2 Undertake discharge and transition planning to address long term housing and accommodation needs at the point the client enters a health service or other relevant facility</td>
<td>NSW Health</td>
<td>NGOs</td>
</tr>
<tr>
<td>6 Embed the principles and commitments of the Agreement into standard business practice</td>
<td>6.1 Embed the aims, principles and commitments of the Agreement into relevant policies and procedures</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>6.2 Review policies and procedures for funded and contracted NGOs as required to embed aims, principles and commitments of the Agreement and facilitate NGO participation in implementation at the local level</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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<td>6.3 Embed the use of agreed tools that support the implementation of the Agreement (for example, Client Information Sharing Schedule and the principles from the Multi Agency Exit Planning Project to prevent Homelessness Framework) into business as usual</td>
<td>All FACS agencies and NSW Health</td>
<td>NGOs</td>
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14. Effective date and signatories

This Housing and Mental Health Agreement will be effective from 29 August 2011.

Signed:

Director-General
Department of Family and Community Services
Incorporating:
Housing NSW
Aboriginal Housing Office
Community Services
Ageing, Disability and Home Care

Date 29/8/11
Appendix 1 - Definitions

Mental health problems and mental disorders refer to the spectrum of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people.

A mental disorder is a diagnosable illness that significantly interferes with an individual’s cognitive, emotional or social abilities. Mental disorders consist of different types and degrees of severity and some of the major mental disorders perceived to be public health issues are depression, anxiety, substance use disorders, psychosis and dementia. The term mental illness is sometimes used instead of mental disorder.

A mental health problem also interferes with a person’s cognitive, emotional or social abilities, but to a lesser extent than a mental disorder. Mental health problems are more common mental complaints and include mental ill health temporarily experienced as a reaction to life stress. Mental health problems are less severe and of shorter duration than mental disorders, but may develop into mental disorders. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of the severity and duration of the symptoms.

Mental illness means a condition that seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterised by the presence in the person of any one or more of the following symptoms: delusions, hallucinations, serious disorder of thought form, a severe disturbance of mood, sustained or repeated irrational behaviour indicating the presence of any one or more of the symptoms referred to (Mental Health Act 2007).

From: www.mhca.org.au
MENTAL HEALTH FACT SHEET
A range of definitions of Mental Health/Illness

Homelessness by definition includes:

- Primary homelessness - people sleeping rough or in improvised dwellings.
- Secondary homelessness - people staying in temporary accommodation (including emergency or refuge accommodation, occasional short stays in boarding houses or staying temporarily with friends or family because they have no accommodation of their own).
- Tertiary homelessness - people living in premises without the security of a lease guaranteeing them accommodation, nor access to basic private facilities (such as a private bathroom or kitchen).§
- **Client Information Exchange Schedule** – developed under the Housing and Human Services Accord, this schedule outlines the protocols agreed by Accord agencies for exchanging information about clients between housing and support workers
Endnotes

1 Australian Bureau of Statistics, National Survey of Mental Health and Wellbeing: Summary of Results 2007, ABS, Canberra


6 Housing and Accommodation Support Initiative (HASI) for people with mental illness, Resource Manual, NSW Health, 2006, page 2

7 Housing and Accommodation Support Initiative (HASI) for people with mental illness, Resource Manual, NSW Health, 2006, page 2

8 To be eligible for social housing, the main tenant must be over 16 years of age

9 This definition was developed by Chamberlain and MacKenzie 2001. It is used by the Australian Bureau of Statistics and the NSW Homelessness Action Plan.