Submission on the State Disability Plan 2027–31

Mental Health Legal Centre and
Mind Australia

July 2026

Questions about our submission should be directed to policy@mindaustralia.org.au. Written correspondence can be directed to Mind Australia c/o the Policy and Strategy team at PO Box 5107, Burnley, Victoria, 3121

Summary

Mind Australia and the Mental Health Legal Centre welcome the opportunity to contribute to Victoria's next Disability Plan and strongly support the inclusion of health, housing and wellbeing as a key pillar. Through our combined work across mental health, disability, housing and legal advocacy, we see firsthand the critical role that stable housing plays in improving health, recovery and social participation for people with psychosocial disability. We also see the significant barriers many people face in securing and maintaining safe, affordable and appropriate housing, particularly when transitioning from clinical settings or navigating gaps between state and federal service systems.

Our submission focuses on the needs of people with psychosocial disability who experience disproportionately high rates of housing insecurity, homelessness, social disadvantage, stigma and exclusion. We argue that current housing, disability and mental health systems are often poorly equipped to respond to the episodic and complex support needs of this cohort, leaving many people without the supports necessary to access housing, sustain tenancies and participate fully in the community.

Recommendations

We recommend additions to Pillars Two and Three, and to the Systemic Reforms sections of the next Disability Plan.

Pillar Two: Health, Housing and Wellbeing

1. Initiatives and funding to support people with disability to sustain their tenancies should be bolstered
    1.1. Develop tailored tenant support programs that recognise the variable capacity and care needs of people experiencing both episodic and enduring psychosocial disability.
    1.2. Develop and deliver training and resources to grow the capacity of housing workers to sustain the tenancies of those with psychosocial disability. Organisations such as the Community Housing Association Victoria, in conjunction with mental health organisations, would be well placed to contribute to the delivery of education programs and resources for people who deliver housing and manage tenancies.
2. Work must be done to eliminate stigma by incentivising human-centered design of processes and systems

2.1. Ensure the Mental Health and Wellbeing Commission has the mandate and resourcing over the next five years to deliver on Recommendation 41.1(b) of the Royal Commission into Victoria's Mental Health System so it can educate real estate companies and community housing providers about mental health challenges and psychosocial disability, and support them to compassionately deal with impacted tenants.

2.2. Advocate to the National Disability Insurance Agency to establish a psychosocial pathway to and within the National Disability Insurance Scheme to improve access, planning, utilisation and experience for people with psychosocial disability.

3. Supported housing models must be essential components of the disability, housing and homelessness, and mental health service systems.

3.1. Complete implementation of Recommendations 25.3 and 25.4 of the Royal Commission into Victoria's Mental Health System by the year 2031.

3.2. Invest in and implement a statewide specialist support program for people living in the Big Housing Build's mental health supported housing, including a scalable model of:

- Up to 100 hours of community-based psychosocial support per person.
- Up to 50 hours of specialist tenancy sustainment support.
- Rapid-response packages available immediately when needs escalate.

3.3. Delivery targets for use of the $860 million allocated in the Victoria Budget 2026/27 through the social housing growth fund should include targets related to housing for people with severe mental health challenges (similar to cohort targets in the Big Housing Build).

3.4. Implement mechanisms and provide resourcing to facilitate better coordination between parts of the clinical and community mental health systems, and the housing and homelessness systems.

4. The safety and quality of Supported Residential Services must be improved

4.1. Reinstate the minimum standards for SRS that were removed when the Social Services Regulator was implemented, and elevate standards and requirements related to staff in SRS to improve safety and quality of service.

4.2. Uplift the rights of residents in SRS to be in parity with the rights of tenants in community housing, private rentals and rooming houses to reduce the risk they are evicted into homelessness. For example, residents of SRS should be given 120 days notice before being

evicted because they need more personal support than can be provided, instead of the current 14 days.

4.3. Incentivise approved proprietors of SRS to designate their facilities as women's only housing.

4.4. Establish a Statewide Adult Safeguarder to ensure the voices and needs of people in SRSs and other supported accommodation have a clear dedicated platform

5. Design of health and housing spaces and processes should be informed by, and accessible to people with lived experience

5.1. Operational guidance for staff in the Department of Families, Fairness and Housing in making decisions about allocations and offers of public housing should require consideration of a person's psychosocial disability (when it is known).

5.2. Establish an assurance process to ensure that supported housing meets the design and support requirements outlined in the Mental Health Housing and Support Model.

5.3. The Lived Experience Residential Service pilot (the Peer Healing Space) should be made permanent and upscaled in more locations, with future funding and design informed by evidence-based Lived Experience approaches to healing.

Pillar 3. Fairness and Safety

6. Establish a role for safeguarding vulnerable adults

6.1. Establish a Statewide Adult Safeguarder to ensure the voices and needs of people in supported accommodation have an advocate, and there is coordination across systems with responsibilities related to safety and dignity of vulnerable people.

Systemic Reforms

7. Ensure systemic reform meet the support needs of, and are co-designed by people with psychosocial disability

7.1. Include actions in the next Disability Plan for:

i. Establishing a comprehensive psychosocial support response outside of the NDIS. These supports are to be community based and provide a range of supports across the spectrum of need.

ii. Ensuring the development of Foundational Supports for adult Victorians and participation of people with lived experience of psychosocial disability.

iii. Appointing people to the Victorian Disability Advisory Council who have experience of psychosocial disability (as a consumer and/or a carer).

iv. Integrating development of Foundational Supports for adult Victorians with disability with the response to unmet need among Victorians with psychosocial disability.

Establishing an Adult Safeguarder to ensure the voices and rights of vulnerable adults to self-determination are clearly heard and promoted.

About the Mental Health Legal Centre

The MHLC was established in 1987 and has been providing statewide specialist legal advice and systemic advocacy to the Victorian community for nearly forty years. At the heart of MHLC's work is our belief that legal support must be holistic, person-centered, and accessible to those who need it most. Our four program pillars - Legal Advocacy, Partners in Community, Inside Access and Education and Advocacy - have each expanded in scope and complexity in recent years, responding to the evolving needs of our clients and the systems they navigate, and we continue to see remarkable outcomes across all areas of our work.

Despite this expansion, demand for our services continues to grow exponentially, demonstrating the increasing complexity of the challenges our clients face in navigating a highly complicated and ever-changing system of services and support. By way of example of the services we deliver, our Mental Health Tribunal team represented nearly 1,000 consumers in 2025 alone, with a significant number of treatment orders revoked or reduced. Our Generalist Program provided over 800 services to people with complex psychosocial disabilities, addressing issues from tenancy to family violence. Through our Health Justice Partnerships, we reached hundreds of clients at risk of homelessness, and our Inside Access program continued to deliver vital legal and financial counselling services to more than 500 people in prison.

About Mind Australia

Mind Australia Limited (Mind) is one of the country's leading community-managed specialised mental health service providers. We have been supporting people dealing with the day-to-day impacts of mental illness, as well as their families, friends and carers, for almost 50 years. Our

1400+ staff deliver services in our own centres, through outreach programs and in residential services around Australia. In the last financial year, Mind provided more than 1million hours of recovery-focused, person-centred support services to 25,000 people, including residential rehabilitation, personalised support, youth services, family and carer services and care coordination.

We are committed to an evidence-informed, recovery-oriented approach to mental health and wellbeing that looks at the whole person in the context of their daily life, and focuses on the social determinants of mental health. We value lived experience and support the ongoing development of lived expertise-led innovation and transformation in service design and development, alongside improvements in experience, support and opportunity for lived experience workforces. We value the role that carers, families and friends play in providing significant emotional, practical and financial support to those experiencing mental ill-health and psychosocial disability.

Mind significantly invests in research about mental health recovery and psychosocial disability. We are proud to share this knowledge, developing evidence informed new service models, evaluating outcomes, and providing training for peer workers and other mental health professionals. Mind also advocates for, and campaigns on, basic human rights for everyone. We constantly challenge the stigma and discrimination experienced by people with mental health issues.

Mind is a service provider of NDIS supports and a significant provider of NDIS funded supported housing through its Havens.

About our joint advocacy

The Mental Health Legal Centre and Mind Australia have long been involved in joint advocacy across the mental health and disability services and support sector, each bringing a unique and complimentary perspective on the challenges faced by our clients, many of whom we share. In recent times, Mind and the MHLC have entered into a health justice partnership along with Leadership Plus – who provide disability advocacy support in the Housing with Hope initiative which seeks to support people who are, or are at risk of, homelessness, through wraparound legal, advocacy and psychosocial support services.

Introduction

Mind Australia (Mind) and the Mental Health Legal Centre (MHLC) welcome the opportunity to offer input to Victoria's next Disability Plan 2027-31. Overall, we applaud the Victorian Government's recognition of the interrelationship between health, housing and wellbeing in proposing a pillar on this in the next Plan. As a provider of long-term social housing and supports for people with psychosocial disability and people experiencing severe mental health challenges, we understand the symbiotic benefits of stable housing on people's health and participation.

A significant part of what we do is bring housing, legal advocacy and support together for people with psychosocial disability. In partnership with its subsidiary and community housing provider, The Haven Foundation, Mind delivers cost-effective, long-term social housing with onsite staff who are there to provide support when people need it. This Haven approach is proven to provide stability, independence and a greater sense of belonging and confidence to our service users, while significantly reducing hospital admissions and decreased involvement in the criminal and civil justice systems through direct links and referral pathways to the specialised legal services provided by MHLC.

The partnership between MHLC and Mind, the direct links with the Haven program, and our combined connections with the broader disability and mental health sector gives us unique insights into the immense difficulty people experience in securing appropriate and safe housing when they are leaving clinical care settings.

Our submission focuses on psychosocial disability

Our submission focusses on psychosocial disability and draws on our experience in supporting people who are either participants of the National Disability Insurance Scheme or receive mental health services outside of the Scheme.

While statutory and regulatory bodies do not provide a definitive definition of 'psychosocial disability', we understand the term to refer to some people's severe, long-term mental health challenges which significantly impact their daily function, self-care and social participation to the extent that it is disruptive and/or debilitating. Further, we say that regardless of stigma, discrimination and misunderstanding, this is a real disability and people deserve which necessitates the same level of support and understanding as other forms of disability that are more clearly and conventionally defined.

What is psychosocial disability?

Psychosocial disability is the experience, impairments, and restrictions on participation related to mental health conditions. These impairments and restrictions can include reduced ability to function, think clearly, and experience full physical health and manage the social and emotional aspects of one's life. Psychosocial disability can exacerbate mental health conditions, and cause social isolation and economic marginalisation that can spiral into crisis, homelessness, poverty and potential exposure to exploitation.[1]

People with psychosocial disability often experience high levels of social disadvantage and social isolation. They:

- have poorer physical health and lower life expectancy
- struggle to maintain stable housing
- are overrepresented in homelessness statistics and interactions across the justice system
- have less positive service experiences than other groups of people with disability when trying to access services that are essential for full social and economic participation.[2]

The prevalence of psychosocial disability and need for targeted supports

Psychosocial Disability is the second most common disability group for people aged between 25 and 54 nationally.[3] Of those who experience psychosocial disability in older populations (ages 65+), 80% are assessed as being within the severe or profound category.[3] In addition, the prevalence of psychosocial disability in priority populations far outstrips the national average, including those who have been incarcerated (51%)[4], First Nations Peoples (42% of whom experienced disability in 2022)[5],

[1] National Mental Health Consumer & Carer Forum. (2021). Position statement on psychosocial disability associated with mental health conditions. Retrieved from: https://nmhccf.org.au/our-work/position-statements/psychosocial-disability-associated-with-mental-health-conditions ns

[2] Australian Institute of Health and Welfare. (2026) *People with disability in Australia 2026*, catalogue number DIS 082, AIHW, Australian Government.

[3] Australian Institute of Health and Welfare (2026) People with disability in Australia 2026, catalogue number DIS 082, AIHW, Australian Government.

[4] Mental health of people in Australia's prisons - Mental health - AIHW accessed 14 July 2026

[5] Specialised support and informal care for First Nations people with disability - Australian Institute of Health and Welfare accessed 14 July 2026

and young people (21.5%)[6]. Of significant relevance to the work of Mind and MHLC, approximately 1 in 5 people experiencing homelessness also faced mental health challenges according to the latest survey conducted by Specialist Homelessness Services (SHS) agencies across Australia.[7]

Needs of people with psychosocial disability

Psychosocial disability is different to other disabilities. It can't always be seen, and, while the disability can be enduring, support needs can be episodic and variable, the relationship between medical diagnosis, impairments experienced, and level and type of disability varies from person to person due to the availability and accessibility of other supports around them and their individual experiences of having a mental health condition. Additionally, functional incapacity can be cumulative and variable, and may be quite independent of treatment and treatment responses.

We know people with psychosocial disability are often trapped in the administrative merry-go-round between Victorian and federally funded support programs, including supported housing options. Many are often trapped by a lack of service-based clarity of jurisdictional purview over specific support programs and housing options (i.e. who is required/funded to provide what), or have fallen through the cracks created by the NDIS. Furthermore, generic disability support services and many mainstream community services do not have the skills, knowledge and flexibility to meet the specific and sometimes episodic support needs of people with psychosocial disability.[8]

[6] Young people's mental health (12–24 years) - Mental health - AIHW accessed 14 July 2026
[7] Health of people experiencing homelessness - Australian Institute of Health and Welfare accessed 14 July 2026
[8] National Mental Health Consumer & Carer Forum. (2021). Position statement on psychosocial disability associated with mental health conditions. Retrieved from: https://nmhccf.org.au/our-work/position-statements/psychosocial-disability-associated-with-mental-health-conditions ns

Disability Plan Pillar 2. Health, Housing and Wellbeing

People with disability often struggle to attain and sustain housing

Throughout our engagement with service providers and representative organisations in Victoria as part of our Housing with Hope project, we have continuously heard that many people with psychosocial disability struggle to afford housing due to pre-existing economic hardship. It is widely recognised that mental health challenges increase a person's likelihood of experiencing housing instability and homelessness, which in turn negatively affects a person's mental health. Research done by Homelessness Australia in 2024 shows that people with psychosocial disability, cognitive impairments and complex needs are among the fastest-growing groups of users of homelessness services.[9]

People with psychosocial disability often need support to access a home and sustain their tenure , yet neither enough support nor affordable housing is available. Consequently, people with severe mental health challenges and psychosocial disability are becoming trapped in homelessness or in exploitative and unsafe housing conditions.[10] In 2024 there were 300,000 Australians with 'persistent severe and complex psychosocial disabilities', of whom:

- more than 31,000 were at risk of homelessness and have an unmet need for long-term housing; and
- more than 2,000 were enduring prolonged stays in institutional care due to a lack of other options.[11]

Mind's joint research with the Australian Housing and Urban Research Institute in 2020 found people with a diagnosed mental health condition had a 39% higher likelihood of experiencing a forced move from their home.[12] People we spoke to during this research reported:

- inability to afford private rental housing;
- insecure tenure;
- low incomes;

[9] Homelessness Australia. (2024). *Homes for all: Housing First.* Retrieved from: https://homelessnessaustralia.org.au/urgent-expansion-of-services-needed-for-people-with-psychosocial-disabilities-at-risk-of-homelessness/
[10] Commonwealth Australia. (2026). *Homes for Australia: A National Plan*.
[11] Productivity Commission. (2022). *Mental Health Inquiry Report Volume 3.*
[12] Brackertz, N., Borrowman, L., Roggenbuck, C., Pollock, S., and Davis, E. (2020) *Trajectories the interplay between housing and mental health pathways*, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/housing/trajectories.

- discrimination in the rental market;
- difficulties accessing support services.

Access to assistance with finding appropriate housing can be its own challenge for people with psychosocial disability. Many people must endure the crisis-driven and poorly resourced mental health and housing systems that are often not able to provide adequate support and a clear pathway into housing and recovery. Many are stuck in temporary housing, cannot be discharged from institutions and/or do not receive mental health treatment to address their needs.

Support to sustain tenancies needs to be increased

For those who have attained housing, either as social housing or through the private rental market, some need support to keep their tenancy. For example, the impacts on functional capacity by psychosocial disability can manifest in behaviours and impairments that put their tenancy in jeopardy, such as an inability to work, hoarding, and noise that is disruptive to neighbours. Only people who have money or brokerage for legal representation, decluttering and/or cleaning services can generally avoid penalties under their tenancy agreement, which may lead to eviction.

Example of someone supported through Mind's Mental Health Accommodation Pathways at Discharge service who lives in transitional housing and struggles with hoarding

Henry has lived in a two-bedroom transitional housing property for almost 16 years, despite applying for a one-bedroom social housing home and receiving multiple offers for other social housing in that time. Living with psychosocial disability and mental health conditions, including schizophrenia, bipolar disorder, depression, anxiety and ADHD, he has developed hoarding behaviours, partly due to more space available in his transitional home than he needs.

A recurring reason for why Henry declines housing offers from Housing Victoria is that they are too small for him and his (hoarded) belongings; he is now reluctant to downsize and relinquish possessions. However, staff from Mind supporting him have found there are limited supports for people who hoard and are not participants of the NDIS. His repeated refusals are not simply a

matter of preference, but reflect the functional consequences of mental health conditions that create substantial challenges to relocation. Henry's experience illustrates how systems can misinterpret behaviours associated with mental health conditions as choice or non-compliance, rather than recognising them as manifestations of disability.

Housing workers in both the private rental market and in social housing (e.g. landlords, tenancy managers, real estate agents) have an important role to play in assisting people to maintain their tenancies. Frontline housing workers are often in a position to identify vulnerable tenants, detect when a crisis may be emerging and link tenants with the right supports to assist them to sustain their tenancy. However, due to high workloads, a lack of understanding and knowledge, and a lack of resources, housing workers can struggle to identify, monitor and appropriately respond to tenancy issues among people with lived experience of psychosocial disability and mental ill health.

Example of a financial tenancy sustainment initiative

Launch Housing's Private Rental programs help people who are at risk of homelessness or struggling to maintain a private rental tenancy by providing advice, advocacy, support and, in some cases, financial assistance. Financial support may be available for eligible renters needing help with rent in advance (typically the first month's rent) or rental arrears. However, this support is only available to residents of specific Melbourne metropolitan local government areas.

Launch Housing also offers short-term tenancy-focused case management to help renters sustain their housing, including support with landlord communication, rent repayment plans, VCAT advocacy, referrals to specialist services and education about maintaining a positive rental history. Additionally, the Tenancy Plus program supports people living in or moving into social housing by helping them establish and maintain tenancies and connect with longer-term support services when needed.

Unsurprisingly, there is variance between community housing providers and property managers in how supportive and understanding they are of how the symptoms of conditions like Hoarding Disorder and Obsessive-Compulsive Disorder[13], with some providers connecting their residents with mental health supports, while others take enforcement action. Eviction is used by some tenancy managers as a threat to try and achieve stability in a person's behaviour because a framework for identifying and understanding mental illness is missing from public housing and private rentals. Tenants with psychosocial disability who are not sufficiently supported to manage any behaviours or impairments that are perceived to be a breach of their tenancy agreement and who appeal to the Victorian Civil and Administrative Tribunal (VCAT) are unlikely to be referred to support services by the Tribunal. This is because VCAT has no judicial power to make a therapeutic intervention to help people to manage behavioural issues that are impacting their tenancy.

Rec. 1

Bolster initiatives and funding to support people with disability to sustain their tenancies

1.1 Develop tailored tenant support programs that recognise the variable capacity and care needs of people experiencing both episodic and enduring psychosocial disability.

1.2 Develop and deliver training and resources to grow the capacity of housing workers to sustain the tenancies of those with psychosocial disability. Organisations such as the Community Housing Association Victoria, in conjunction with mental health organisations, would be well placed to contribute to the delivery of education programs and resources for people who deliver housing and manage tenancies.

More education and capability building about psychosocial disability is needed among housing providers

The 2026 National Stigma and Discrimination Report Card found accessing housing as one of the top three areas in which people who are experiencing mental health challenges are burdened by stigma

[13] Both disorders are diagnosable conditions under the Diagnostic and Statistical Manual of Mental Disorders that can severely impair a person's functional capacity to the extent that may make them eligible for the National Disability Insurance Scheme.

and discrimination.[14] The authors, SANE Australia and the University of Melbourne, note that stigma is globally recognised as one of the most significant barriers to mental health care, recovery and inclusion. They also report that stigma, and the discrimination that results, contributes to delays in seeking help, and exclusion from housing and health care.

Misperceptions about psychosocial disability (and severe mental health challenges) among housing providers, tenancy managers, and real estate agencies can disadvantage people with this disability from accessing housing. Despite five years having passed since specific recommendations for addressing discrimination and stigma were made by the Royal Commission into Victoria's Mental Health System (RCVMHS) and accepted by the Victorian Government, these challenges are still acting as barriers to people having housing (that supports them to live well). Staff at Mind's supported transitional housing services encounter realtors declining housing applications from our service users who submit formal references from these staff, even when they submit evidence of savings and high financial discipline, and total compliance with the relevant residential rules. Staff perceive these rejections as reflective of misperceptions about people who are trying to transition into more independent living when they are ready, and potentially as evidence of discrimination against them.

Stigma about psychosocial disability also affects people's willingness to seek support and healthcare, and the appropriateness and quality of what they receive – if they receive anything at all. Research by the Australian Psychosocial Alliance into access to the NDIS by people with psychosocial disability, and the aforementioned 2026 research by SANE Australia and the University of Melbourne, reveal practice in the National Disability Insurance Scheme that is dehumanising and reflective of poor understandings about the nature and permanence of severe mental health conditions and associated psychosocial disability.[15] Similarly, all participants in a study about experiences of people with psychosocial disability when presenting to an emergency department reported that their mental health history led to experiencing judgement and stigma, and their physical and mental health concerns were met with less urgency than warranted.[16] Connections between healthcare

[14] Reavley, N. J., Morgan, A. J., McNaught, G. & Green, R. (2026). *National Stigma and Discrimination Report Card*. 2026, National Mental Health Commission, Sydney.
[15] Threlfall, D, Paterson, K, Donnelly, S, Beasley, A, McKenzie, E and N Ballenden (2025). *Access Denied: Psychosocial disability and the NDIS*, Australian Psychosocial Alliance (APA).
[16] McIntyre, H., M. Loughhead, L. Hayes, C. Allen, D. Barton-Smith, B. Bickley, L. Vega, J. Smith, U. Wharton and N. Procter (2025). The Complexity of the Emergency Department as Seen by People With Psychosocial Disability and an NDIS Plan and the Clinicians Caring for Them. *Emerg Med Australas, 37*(5).

providers and housing providers should be strengthened, and continuity of care pathways should be expanded to ensure people are not left without support due to being misunderstood and/or discriminated against by one practitioner or service provider.

Rec. 2	**Work to eliminate stigma by incentivising human-centered design of processes and systems** 2.1 Ensure the Mental Health and Wellbeing Commission has the mandate and resourcing over the next five years to deliver on Recommendation 41.1(b) of the Royal Commission into Victoria's Mental Health System so it can educate real estate companies and community housing providers about mental health challenges and psychosocial disability, and support them to compassionately deal with impacted tenants. 2.2 Advocate to the National Disability Insurance Agency to establish a psychosocial pathway to and within the National Disability Insurance Scheme to improve access, planning, utilisation and experience for people with psychosocial disability. 3.2 Implement mechanisms and provide resourcing to facilitate better coordination between parts of the clinical and community mental health systems, and the housing and homelessness systems.

Victoria needs more supported housing

The Engagement Paper on the next Disability Plan includes the construction of accessible social housing, including through the Big Housing Build as a highlight of the Victorian Government's work on "Health, housing and wellbeing". We commend the Government for accepting recommendations of the RCVMHS to build 2,000 dwellings for adults living with mental health challenges and a further 500 medium-term homes for young people who are living with mental health challenges and experiencing unstable housing or homelessness. However, the Mental Health and Wellbeing Reform Progress Report by the Department of Health classifies implementation of this Recommendation as "Partially delivered and in progress", and states "The Victorian Government is delivering 505

purpose-built homes across Victoria for adults living with mental health challenges."[17] We are disappointed to see that support provided to people in these homes is through existing services and resourcing (rather than new investment), and implementation falls well short of the 2,500 supported housing places committed to following the RCVMHS. We implore the Victorian Government to include actions and priorities in the next Disability Plan to improve its progress in delivering housing using funding allocated through the Big Housing Build.

The need for this supported housing is urgent. In 2025, 32,495 people aged over 10 coming to Victorian homelessness services had a current mental health issue, meaning they:

- had reported 'mental health issues' as a reason for seeking assistance or main reason for seeking assistance;
- were assessed as having a need for psychological services, psychiatric services or mental health services;
- had been in a psychiatric hospital or unit in the last 12 months; or
- had a dwelling type of psychiatric hospital or unit.

Housing models that have supports integrated within them gives vulnerable Victorians the stability necessary to effectively engage in mental health treatment and recovery, achieve social and economic participation and, for young people, learn essential life skills. It has been proven to improve physical and mental health by helping people to engage in wellbeing initiatives and physical activity, both onsite and in the community.[18]

Example of a housing with supports model: the Haven Foundation

In partnership with our subsidiary and community housing provider, The Haven Foundation, Mind delivers cost-effective, long-term social housing with onsite qualified mental health support workers and peer practitioners who provide support when residents need it. Haven residences offer high-quality individual self-contained apartments in a complex that also fosters a supportive community through shared supports and peer connections. Across Victoria, there are 13 multi-unit residences providing integrated, long-term social housing to people with severe mental health challenges and/or psychosocial

[17] Victorian Department of Health. (2026). Mental Health and Wellbeing Reform Progress Report 2026. Victorian Government: Melbourne.
[18] Ratnaike, D., & Lewis, V., White V. and Marsh G. (2024). *Final Report: Evaluation of the Haven Program*. Report for Mind Australia.

disability. The Haven approach is proven to provide stability, independence, and a greater sense of belonging and confidence to our service users, while significantly reducing hospital admissions.

Rec. 3

Supported housing models must be essential components of the disability, housing and homelessness, and mental health service systems.

3.1 Complete implementation of Recommendations 25.3 and 25.4 of the Royal Commission into Victoria's Mental Health System by the year 2031.

3.2 Invest in and implement a statewide specialist support program for people living in the Big Housing Build's mental health supported housing, including a scalable model of:

- Up to 100 hours of community-based psychosocial support per person.
- Up to 50 hours of specialist tenancy sustainment support.
- Rapid-response packages available immediately when needs escalate.

3.3 Delivery targets for use of the $860 million allocated in the Victoria Budget 2026/27 through the social housing growth fund should include targets related to housing for people with severe mental health challenges (similar to cohort targets in the Big Housing Build).

Improve the options of and rights within Supported Residential Services

Supported Residential Services (SRS) are a type of regulated housing in Victoria that we strongly believe need changing – both in terms of quality and regulation. Although the Victorian Department categorises them as a form of supported accommodation, many SRS function as institutional, congregate settings in which vulnerable residents have restricted autonomy, limited privacy, social isolation and few opportunities for meaningful participation. SRS are often used as a 'last resort' form of accommodation for people with limited financial resources and few alternative housing options. People living in SRS commonly include people living with complex psychosocial needs,

intellectual disability, acquired brain injury, severe and persistent mental illness, substance dependence and/or age-related frailty, and those who are experiencing prolonged homelessness and/or social isolation.[19]

There are many gender-specific homelessness, housing and disability housing services in Victoria, however, we understand there are not equivalent SRS. Sexual assaults have been reported to occur against residents by other residents since as early as 2009.[20] Women with psychosocial disability who are victim survivors of sexual violence and have no other housing options are therefore faced with either living in close proximity to male residents (who are strangers to them), or homelessness. We encourage the next Disability Plan to put forward initiatives for filling this gap, such as offering a subsidy to proprietors that meet the registration requirements and only house women in their SRS as a way to incentivise private operators to create safe and appropriate housing.

Rec. 4

Improve the safety and quality of Supported Residential Services

4.1 Reinstate the minimum standards for SRS that were removed when the Social Services Regulator was implemented, and elevate standards and requirements related to staff in SRS to improve safety and quality of service.

4.2 Uplift the rights of residents in SRS to be in parity with the rights of tenants in community housing, private rentals and rooming houses to reduce the risk they are evicted into homelessness. For example, residents of SRS should be given 120 days notice before being evicted because they need more personal support than can be provided, instead of the current 14 days.

4.3 Incentivise approved proprietors of SRS to designate their facilities as women's only housing.

4.4 Establish a Statewide Adult Safeguarder to ensure the voices and needs of people in SRSs and other supported accommodation have a clear dedicated platform.

[19] Royal Commission into Victoria's Mental Health System. (2021). *Royal Commission into Victoria's Mental Health System: Final report*. Victorian Government.

[20] *Community Visitors Annual Report 2023-24.*

The needs of people with psychosocial disability should be recognised equally with the needs of physical disability in design

We support the commitment of the Disability Advisory Council to support the government to adopt universal design principles in areas including health infrastructure. We also recognise the need for the built environment, communications, and processes to be accessible by people with communication and/or mobility impairments. Adherence to the Australian Livable Housing Design Standard and the Victorian Government accessible communications policy are reflective of inclusivity and understanding of the social model of disability. This is important for people with psychosocial disability, given the disability is about the functional impact and barriers they face.

We call for the next Disability Plan and the advocacy by the Disability Advisory Council to include commitments and associated assurance mechanisms for equal accommodation of the needs of people with psychosocial disability in the built environment, communications, and processes within public entities. Listening to the views of Victorians with lived experience and expertise is essential for doing this well. Commitments should go further than reiterating the Government's acceptance of Recommendation 25 of the RCVMHS to deliver new social housing for Victorians living with mental illness who require ongoing support. Consultation on the design and future rollout of the Inclusive Communities Fund by the Federal Government is one example of where the Victorian Government could help to maximise equal community participation by people with psychosocial disability.

Example of a housing service designed by and for people with lived experience

Victoria's first Lived Experience Residential Service, the Peer Healing Space, recently opened in Geelong and is operated by Mind. This Service offers free short-term care and support in a home-like setting for up to eight adults who are experiencing high levels of distress.

Guests have their own room in a warm, home-like space and can stay anywhere from a few days up to a few weeks, depending on their needs.

Peer workers work with guests on their healing journey, and support guests to build family and community connections to ensure they have continued

support when they are ready to leave the service. Staff at the service also help guests connect with additional supports if required.

Importantly, design and communication principles that provide for diverse needs should be embedded in how health settings operate, not just the infrastructure itself. People who are experiencing psychological distress and have presented to an emergency department should not need to tell their story three or four times before seeing a mental health nurse, nor do so in a public, high-sensory space within that setting, for example.[21] Multiple approaches, platforms and activities are necessary to ensure meaningful change through the involvement of consumers, carers and families in participation and co-design processes. This includes service design, governance, business development and strategic advice at senior decision-making levels, i.e., Board and Executive.

Rec. 5

Design of health and housing spaces and processes should be informed by, and accessible to people with lived experience

5.1 Operational guidance for staff in the Department of Families, Fairness and Housing in making decisions about allocations and offers of public housing should require consideration of a person's psychosocial disability (when it is known).

5.2 Establish an assurance process to ensure that supported housing meets the design and support requirements outlined in the Mental Health Housing and Support Model.[22]

5.3 The Lived Experience Residential Service pilot (the Peer Healing Space) should be made permanent and upscaled in more locations, with future funding and design informed by evidence-based Lived Experience approaches to healing.

[21] McIntyre, H., Loughhead, M., Hayes, L., Allen, C., Barton-Smith, D., Bickley, B. et al. (2024) I have not come here because I have nothing better to do: The lived experience of presenting to the emergency department for people with a psychosocial disability and an NDIS plan—A qualitative study. *International Journal of Mental Health Nursing*, 33, 624–635.

[22] Homes Victoria. (2022). *Mental Health Supported Housing Codesign Project Final Report.*

Disability Plan Pillar 3. Fairness and Safety

Victoria needs a Statewide Adult Safeguarder to promote the rights and needs of people living in supported accommodation

While there is no question that children and older people should be afforded access to a body protecting their voice and rights to self-determination in Victoria, the same is not automatically or systemically available to vulnerable adults. Current mechanisms for regulation and oversight focus on the businesses or organizations providing services and fail to recognize the specific needs of the highly vulnerable people those services support. There is no body or voice to meet people where they are and work towards promoting their interests and making them safer. Adult Safeguarders are well established overseas in Canada, the UK and Ireland, and South Australia has also gone someway to implementing this scheme. Without this key piece of the puzzle to protect the rights and needs of vulnerable adults in Victoria, we are failing to promote the needs and self-determination of some of our State's most vulnerable. While there should ultimately be one national body responsible for safeguarding vulnerable adults, Victoria has a real opportunity to realise this important function through this next iteration of the State Disability Plan. The safeguarding body needs to be easy to contact and report publicly on its activity and should be developed as a local, place-based approach enabling the safeguarders to easily see, hear and respond to issues. This would also mean they can monitor and enforce compliance more easily face-to-face and more readily make sure vulnerable adults have someone to watch out for predators and perpetrators. Reporting the abuse of vulnerable adults should have a no wrong door approach that centralises transparency, ensuring everyone knows about the body and all agencies that receive reports of abuse should have to report into it. Public quarterly reporting of complaints and actions should form key KPIs and should have to report publicly on how they are doing and how many reports they received, responded to and resolved. We see this as a reasonable investment that would deliver exponential benefits to the most vulnerable adults in our State.

We see a need for better integration between interpretation services and organisations that advocate for people with disability. While the Victorian Government makes improvements to language services, we call for consideration of how interpreters and translators can be more accessible to non-government organisations that have an advocacy and support role. Our project partner and disability advocacy organisation in Victoria, Leadership Plus, reports that there are significant challenges in getting and using services for people they support whose first language isn't English, because they are reliant on booking a general interpretation service that often has long wait times. Furthermore, often NDIS support coordinators, support providers and the Administrative Review Tribunal do not use an interpreter. This service gap has ramifications for the ability of advocates to engage with vulnerable people and get them the support they need when they need it.

Rec. 6

Establish a role for safeguarding vulnerable adults

6.1 Establish a Statewide Adult Safeguarder to ensure the voices and needs of people in supported accommodation have an advocate, and there is coordination across systems with responsibilities related to safety and dignity of vulnerable people.

Systemic Reforms

We see the six systemic reforms in the current Disability Plan as still relevant, and recommend three additions and limitation:

1. Systemic reforms to foundational disability supports through the National Agreement on Foundational Supports should be added (discussed below).
2. Housing should be added to reflect the policy focus area of 'Housing' for the Victorian Disability Advisory Council and to propel progress in implementing relevant recommendations from the RCVMHS[23].
3. Ensuring fair, safe and responsible reforms to the NDIS should be added (discussed below).
4. The efficacy of the 'Disability-confident and inclusive workforces' systemic reform direction may be limited by cuts to Victoria's public sector as a result of implementing recommendations from the Silver Review, including halving the number of Commissioners in the Mental Health and Wellbeing Commission (all of whom had lived experience).[24]

[23] Recommendations 21.1; 21.2; 21.3; 25.3; 25.4; 25.5; 25.6; and 50.
[24] Although the Mental Health and Wellbeing's statutory functions do not explicitly include system leadership related to psychosocial disability, it has numerous functions for improving outcomes for people with lived experience of psychological distress.

Co-design of systemic reforms, policy and strategy with people with psychosocial disability

The systemic reform direction of "Co-design with people with disability" continues to be particularly relevant and should be translated to the next Disability Plan with updates. We commend the Government for embedding the role of the independent Victorian Disability Advisory Council in legislation and recognising the need for, and value from lived experience and expertise in decision-making about policy and strategy. We recommend future appointments to the Council include people with lived experience of psychosocial disability, as the current membership does not appear to represent this underrepresented population group. This would help to progress the current Disability Plan's goal of ensuring people with (psychosocial) disability are represented in disability positions (goal 4.3).

Furthermore, the voices of people with lived experience and expertise of psychosocial disability will be essential if Victorians and the Victorian Government are to respond effectively to planned eligibility tightening for access to the NDIS (as proposed by the Federal Government), and in development of Foundational Supports for adults with disability who are not on the NDIS.

Meet the unmet need of people with psychosocial disability through Foundational Supports

Disability policy and reform in Victoria are overseen and supported through several interconnected governance and advisory bodies, in addition to the Minister for Disability. The Victorian Disability Advisory Council is an independent statutory advisory body established under the Disability Act 2006 that provides advice to the Minister for Disability on disability policy, strategy, inclusion and participation, drawing on the lived experience and expertise of people with disability. The NDIS Community Advisory Council provides advice on the operation and implementation of the NDIS in Victoria, bringing together people with disability, participants, peak bodies and service providers to improve participant experiences and ensure the voices of people with disability inform NDIS design and delivery. At the national level, the Disability Reform Ministerial Council is the key intergovernmental forum comprising Commonwealth, state and territory ministers responsible for disability policy—including Victoria's Minister for Disability—which drives national disability reform, oversees implementation of the NDIS and Australia's Disability Strategy, and reports to National Cabinet.

As the Federal Government reforms the NDIS to reduce its overall cost and reduce opportunities for exploitation of NDIS participants for financial gain, the importance of support services funded by the Victorian Government will become even greater. A strong system of Foundational Supports—a new

service system of disability supports outside individualised NDIS budgets— is an essential addition for diverse, responsive, nationally consistent access to disability supports. State-based actors who have a mandate to advocate for all people with disability and participants of the NDIS, and for effective operation of the NDIS must utilise this period of reform and design of Foundational Supports to achieve better outcomes than currently.

Furthermore, the Victorian Government – through the next Disability Plan –, the Victorian NDIS Community Advisory Council, and the Victorian Disability Advisory Council must consider people with psychosocial disability during the current and upcoming phases of reforms. The next 18 months will entail significant work between the Victorian and Federal Governments on disability and mental health reform. Through Mind's and the broader Australian Psychosocial Alliance's research into access to the NDIS, we know people with psychosocial disability are facing significantly lower and declining access rates to the NDIS compared with other disability types, even before the Federal Government has tightened eligibility to the Scheme and made cost-cutting changes to its operation.

The next Disability Plan should include objectives and priorities related to the:

- reforms to the NDIS;
- development of Foundational Supports under the National Agreement on Foundational Supports;
- negotiations for the next National Agreement on Mental Health and Suicide Prevention; and
- changes to the regulatory framework for Supported Independent Living.

Efforts to create a comprehensive system of psychosocial supports outside the NDIS and to develop Foundational Supports for people with psychosocial disability outside of individualised NDIS budgets should be integrated. Although psychosocial supports will serve a larger portion of the population, there is some overlap, so policy reform efforts must ensure an integrated, responsive, accessible continuum of psychosocial supports to meet diverse need across the country.

Rec. 6	**Ensure systemic reform meet the support needs of, and are co-designed by people with psychosocial disability** 6.1 Include actions in the next Disability Plan for: v. Establishing a comprehensive psychosocial support response outside of the NDIS. These supports are to be community based and provide a range of supports across the spectrum of need.

vi. Ensuring the development of Foundational Supports for adult Victorians and participation of people with lived experience of psychosocial disability.

vii. Appointing people to the Victorian Disability Advisory Council who have experience of psychosocial disability (as a consumer and/or a carer).

viii. Integrating development of Foundational Supports for adult Victorians with disability with the response to unmet need among Victorians with psychosocial disability.

ix. Establishing an Adult Safeguarder to ensure the voices and rights of vulnerable adults to self-determination are clearly heard and promoted.