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Exploring the impact of housing security on recovery in people with severe mental illness

Summary Report

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1. Executive Summary

Commencing operation in 2011, Haven South Yarra offered permanent housing with associated psychosocial support to maximise the independence, quality of life and recovery of 14 people with a severe mental illness. Delivered as a collaborative partnership between a housing provider (Housing Choices Australia), a psychosocial disability and rehabilitation service (Pahran Mission) and overseen by the Haven Foundation, an organisation established by family members or friends of people with a severe mental illness, tenants were supported to learn skills of dependence and establish and work to achieve recovery goals.

As a novel supported housing model, the current evaluation was conducted to document the experience of being a tenant at Haven South Yarra. The following were therefore the primary aims of the evaluation:

- Measure the extent to which Haven South Yarra offers a more stable, socially integrated accommodation option for people living with a mental illness
- Assess whether improved quality of life, mental health and participation in social roles were achieved by tenants of Haven South Yarra, and
- Identify aspects of the model most critical for supporting improved outcomes for tenants.

Data collected as part of two quality improvement or research activities are summarised within this report.

1. Interview completed with consenting tenants about their experience of living at Haven South Yarra in comparison to their previous housing experience, supplemented via an audit of client histories to demonstrate use of bed-based public mental health services in the 12 months prior to and following commencement of their tenancy.
2. As part of an ongoing quality improvement project to assess progress towards recovery for all clients of Pahran Mission, a proportion of Haven South Yarra tenants completed, in an interview with a consumer consultant, the Recovery Markers Questionnaire (RMQ) a 24-item measure of current status with respect to an array of recovery domains.

Summary of Findings: Participant Interviews

Of the 14 tenants, 10 consented to participate in a one-on-one interview. The following details findings provided by participants in relation to mental illness, recovery, housing prior to Haven South Yarra and their experience of being a tenant at Haven South Yarra.

- Mental Illness: Three recurrent issues were identified in relation to descriptions of tenants' experiences of mental illness: symptoms that were distressing for some and impacted on their lives, connections to family and friends and independence; the chronic nature of symptoms that some participants saw as being part of their ongoing life; and the role of treatment in helping them to maintain good mental health.
- Recovery: Recovery was described with respect to external abilities (e.g. living independently and maintaining health relationships) and internalised states (e.g. reduced symptoms or happiness) and for most tenants was seen as a journey with ups and downs.

- Previous Housing: Prior to becoming a tenant at Haven South Yarra, housing situations varied. Previous housing consisted of either living with family, supported housing, public housing or private rental. The primary motivations for moving to Haven South Yarra were to have increased opportunities for social engagement and independence, and to have more affordable housing. For a small number of participants, however, others had made the choice for them to move to Haven South Yarra, and this was experienced as a loss of autonomy that was difficult for some to reconcile.
- Positive Aspects of the Housing Model: Six themes were identified that summarised the positive aspects of the model. These consisted of: location that offered opportunities to access a broad array of community services (e.g. shopping, coffee shops, movies) and social participation opportunities (e.g. tennis courts, community garden in neighbouring church); promotion of social relationships with other tenants as well as visiting family members, volunteers and members of the broader community; high level of support from staff that could be accessed 24 hours a day and was provided to help tenants identify and work to achieve goals of recovery and independence; enhanced autonomy and independence facilitated through the environment and support to develop skills of independence; a sense of safety and security that differed from previous housing where belongings had been stolen; and stability of tenancy that enabled them to personalise their living space to make a home and facilitate their working to achieve recovery.
- Challenging Aspects of the Housing Model: Far fewer challenges were reported than positive aspects, with reported challenges relating to five broad issues. These consisted of: limited parking that could be accessed regularly by tenants; some limitations on autonomy for example restrictions on the length of time guests (e.g. children) could stay and the type of pets that could be kept; one tenant reported having difficulty adjusting to the increased autonomy offered to tenants; not always being able to access staff when wanted or at times not being clear about what would be documented from conversations with staff was also reported by one tenant; one tenant described experiencing occasional social conflict with other tenants.
- Future Plans: Three of the 10 participants had considered the possibility of moving to more independent housing, dependent upon having achieved further recovery gains that would enable them to find and maintain employment and wellness. The remaining participants were happy and wanted to remain a tenant at Haven South Yarra.
- Impact of Tenancy on Use of Public Mental Health Bed-based Services: Three of the 10 participants had experienced at least one episode of bed-based public mental health care (acute hospital or residential rehabilitation care) in the 12 months prior to becoming a tenant (mean episodes of care = 4.7; mean days of care = 207.3). Only two participants had experienced at least one episode of bed-based public mental health care in the 12 months after becoming a tenant (mean episodes of care = 1; mean days of care = 26.5). Being a tenant of Haven South Yarra was therefore associated with markedly reduced use of bed-based public mental health services.

Summary of Findings: Assessment of Recovery Status

By mid-2012, one tenant had commenced an education course at TAFE, one had been linked to Prahran Mission's JobSupply Employment service and was working, and three further tenants reported during the interview that they were also interested in finding work in the

coming 6 months. Measured using the RMQ which was completed in December 2011 (approximately 6 months after becoming a tenant), 90% of participants “**agreed / strongly agreed**” that their “living situation was safe and feels like a home”, 80% that they “have at least one close mutual relationships”, 70% that they “have goals they are working to achieve”; 90% that they “have a sense of belonging”, 80% that they “feel hopeful about their future; and 60% that their “mental health issues are under control”. While this was measured at a time that was relatively soon after becoming a tenant, the high proportion reporting that they had made positive progress in most areas of recovery was further strong endorsement for the capacity of the model to facilitate recovery for tenants.

Conclusion and Recommendations

The very positive feedback about not only satisfaction with being a tenant but also the gains in independence, social participation, self-belief and illness stability that have been achieved by tenants, underscores the strong benefit of Haven South Yarra’s model of operation. While there are some outstanding challenges to overcome, the capacity to partner with a range of service providers and community groups, help identify and work to achieve recovery goals for clients, and most importantly promote opportunities for independence and social participation are key aspects of the model that were found to impact on outcomes. Further opportunities to develop staff expertise could be pursued through the collaboration with Alfred Psychiatry that may offer chances to participate in formalised education sessions or observation. The emergence of the group program has also largely been dependent on the interests or abilities of key workers. While previously being largely opportunistic, consideration of more ongoing input from an activities worker who has knowledge of local community resources and an ability to work with tenants, the Volunteer Program Committee and local services or community members to establish and foster tenant ownership of a broader array of social participation opportunities may also be beneficial.

The following recommendations can be made on the basis of collected data:

1. Continue to operate Haven South Yarra as an innovative housing model that offers certainty of tenancy, psychosocial support, and opportunities for social participation to promote recovery for people with a severe mental illness.
2. Consider how the key elements (e.g. location of site, partnership in delivery that includes carer and community groups as well as public mental health and primary mental health services, promotion of opportunities for social participation, and support that is informed by the development of individual recovery goals) can inform the development of similar housing and support models for other people with a severe mental illness.
3. Promote further opportunities for tenants to seek employment to build on the expressed interest in finding and maintaining work.
4. Explore options for improving the availability of car parking for tenants who own a car.
5. Ensure that there are processes for tenants to discuss and resolve potential social conflicts or issues experienced with co-tenants or staff.
6. While tenants highly valued the varied support and input received from staff, there may be opportunities to pursue for the development of staff knowledge or expertise. In particular, pursue opportunities for Haven South Yarra staff to spend time with or receive education from Alfred Psychiatry staff (e.g. joint interviews, shared care plans, or participation in education sessions on topics of relevance to Haven South Yarra staff). Regular input from an activities worker to coordinate the delivery (in partnership with the Volunteer Program Committee) of the group program should also be considered.

2. Background

The experience of a severe mental illness such as schizophrenia, major depressive disorder or bipolar disorder can have a profound impact on people's ability to live meaningful and independent lives, with difficulties resulting from both the symptoms of the disorder and the way society has in the past stigmatised and in many cases ostracised sufferers.¹ Schizophrenia in particular has often been found to result in difficulties that persist despite treatment. These include positive symptoms, experiences that go beyond what is traditionally viewed as a normal experience (e.g. hallucinations, delusions, or disorganised thinking). Negative symptoms are also often experienced. They include reduced motivation, reduced speed of thought or speech and reduced emotional expression. Their experience often lessens the likelihood of people engaging in social or leisure roles or activities, or otherwise reduces their effectiveness or pleasure experienced when participating.² The experience of severe depressive or anxiety symptoms can also have a profound effect on the ability of people to participate in work or other valued life roles or effectively complete tasks of independence. This highlights therefore the potential for severe mental illness to make it difficult for some people to live independent lives, resulting in the need to either live with family members or friends or publicly or privately funded supported housing.³

Despite the difficulty faced by many people experiencing a severe mental illness, it has increasingly been recognised that recovery from the symptoms and impacts of mental illness is an achievable goal.⁴ Improvements in the availability of and access to new medications, psychological therapies, supported vocational programs, residential rehabilitation programs, carer support programs and a range of peer support opportunities, has improved the ability of people with a severe mental illness to work to achieve recovery in multiple areas of their lives, including their ability to live independently.

Related to the principle of recovery, is the notion of social inclusion, which reflects a situation where people with a severe mental illness have the same opportunities to participate in social, vocational and leisure roles as anyone else in the community.⁵ An emphasis of programs working to promote recovery has been to assist in building skills and knowledge needed to successfully perform a range of desired roles, coupled with assistance to seek and pursue opportunities to apply these skills and participate in desired life roles.

The ability of people with a severe mental illness to access stable housing, has been identified as a major barrier to successfully benefiting from provided support, or achieving recovery gains.⁶ Having stable housing serves as a base from which the surrounding community can be explored, to assist in establishing regular patterns of community, leisure or vocational access, which often forms the basis for the development of social relationships. Stable housing is also important for underpinning a personalisation of the house. When living in temporary or unstable housing, people are often reluctant to purchase and install personal items or items related to pleasurable activities (e.g. books, music instruments or players, artwork, sporting activities, or crafts). Housing stability is instead a motivator for a personalisation of space that can make a person's home a haven where they can do the things they enjoy, invite friends to share, and practice and develop skills of independence (e.g. using a consistent kitchen for cooking).⁷ From a service provider perspective, when a person with a severe mental illness has a stable house, it enhances the ability of the service to offer them support or link them into opportunities for social inclusion within the surrounding community. Access to stable housing is therefore a key factor underpinning recovery.

2.1. Haven South Yarra – Model of Operation

While a number of approaches to promoting access to housing alongside broader recovery goals have been implemented, one recent model delivered as a collaborative partnership in Melbourne's inner south warrants particular attention. Haven South Yarra was the first program developed by the Haven Foundation (established by carers or family members of people with a mental illness), and commenced accepting tenants in 2011.

Haven South Yarra offers permanent housing (available for as long as the person chooses to want it – a unique feature among supported housing models) for people with a severe mental illness. The environment offers 14 single apartment units that each contain kitchen, bathroom, lounge and laundry facilities to enable tenants to live independently. Also contained within the environment is shared lounge, garden (including barbecue facilities), kitchen and computer facilities that were designed to offer opportunities for communal leisure space to share with friends or families as well as skill development. Each tenant holds a lease with a housing provider that is independent of the provider of psychosocial support. Prior to commencing as a tenant of Haven South Yarra, each person received a participant handbook that outlined the rights and responsibilities of tenants and Prahran Mission as the support provider, privacy and confidentiality issues and how the model operates.

With funding from the Victorian Department of Health, onsite psychosocial support is available 24 hours each day, delivered by Prahran Mission a Psychosocial Disability and Rehabilitation Support Service (PDRSS) with a strong history of working with people with a mental illness to achieve recovery. Two support staff that provide the bulk of the rostered support are each allocated as key workers for seven of the tenants. Staff work with tenants to establish, work to achieve and review recovery goals, identifying and facilitating opportunities to make personal recovery gains. As a number of tenants continue to access public mental health services, case managers or other clinicians from Alfred Health Department of Psychiatry engage with tenants either onsite at Haven or at the community clinics. To enhance the consistency of support, multiple Haven South Yarra tenants are case managed by the one Alfred Psychiatry case manager. This has enabled the case manager to attend onsite (usually on a fortnightly basis) to speak with staff and tenants to assist in monitoring mental health and address any presenting issues.

The location of Haven South Yarra was also chosen to maximise tenants' opportunities for social inclusion. Haven South Yarra was built on a site leased from a local church, forming the basis for a partnership with the church community that has fostered access of tenants to the church grounds and buildings. A community garden on the church grounds maintained by tenants with support from a volunteer provides one example of how this location has benefitted participants. The site is also within close walking distance of a retail and entertainment hub, offering easy access to public transport, shopping precincts and a range of entertainment options. Emphasising how the location has been important for promotion of social inclusion, walking groups, tennis clubs, coffee groups and a range of other activities have been established for tenants, often with support initially of staff or volunteers, but progressively maintained through the interests of tenants. The engagement of volunteers with tenants or the broader group program is facilitated by a Volunteer Program Committee that currently consists of the Prahran Mission volunteer coordinator, Manager of Haven South Yarra and a member of the Haven Foundation Committee.

2.1. Research Aims

Owing to the novelty of the Haven South Yarra model that offers permanent housing that is coupled with support to promote and maximise opportunities for recovery, the current evaluation was conducted to explore participant experiences of the model and demonstrate the impact on tenant outcomes. The evaluation therefore had the following aims:

- Measure the extent to which Haven South Yarra offers a more stable, socially integrated accommodation option for people living with a mental illness
- Assess whether improved quality of life, mental health and participation in social roles were achieved by tenants of Haven South Yarra, and
- Identify aspects of the model most critical for supporting improved outcomes for tenants.

3. Method

3.1. Design

The evaluation was completed between March and October 2012. A mixed-method design was used in which tenants were invited to participate in a semi-structured interview about their experience of being a tenant. Routinely collected data was also audited from their client files to enable collection of additional information on demographics, housing prior to Haven South Yarra and other relevant information if not provided during the interview. For consenting participants, information regarding time spent being cared for within public mental health acute or residential rehabilitation services was also collected.

3.2. Participants

All 14 tenants residing at Haven South Yarra during this time were eligible to participate. Of these, 10 (five males and five females) chose to participate. They had been a tenant at Haven South Yarra for between 14-17 months and had a mean age of 39.6 years ($SD = 4.7$). Nine were experiencing schizophrenia and one a major depressive disorder.

3.3. Measures

Interviews were conducted utilising a semi-structured interview schedule. This interview schedule, developed by the researchers, first addressed the participants' personal experiences of mental illness, before identifying the participants' perceptions and history of recovery. Subsequent questions focused on past and present housing circumstances and examined the current housing program in terms of its influence on recovery. The roles of group activities and relationships accompanying residency at this housing program were also explored. Finally, the interview schedule addressed the participants' future housing plans. To supplement information collected in the interview, a brief audit of participants' client files was also conducted onsite at Haven South Yarra. This provided further information regarding participants' diagnoses, age, country of birth, prior accommodation and length of stay at Haven South Yarra. Number of days spent either in an acute psychiatry ward or residential rehabilitation unit of a Victorian Public Mental Health Service in the 12 months prior to or following commencing tenancy at Haven South Yarra was also collected.

Data from a report prepared by a consumer consultant employed by Prahran Mission in which responses to the Recovery Markers Questionnaire (RMQ) was collected for a sub-sample of Haven South Yarra tenants is also included. Completed in December 2011, this asks participants to rate, on a five point Likert scale of -2 = strongly disagree to +2 = strongly agree, their agreement with 24 statements that indicate progress in recovery. Capturing beliefs, activities and descriptions of emotional states frequently reported by people in recovery, completing of the RMQ is being used by Prahran Mission in assessing progress towards recovery of clients accessing each of the services' programs.

3.4. Procedure

The conduct of this research project was approved by The Alfred and Monash University Human Research and Ethics Committees, and was also approved by the General Manager of Prahran Mission. Participant information and consent forms were circulated following this session. Following approval, an information session was held at Haven South Yarra to inform tenants of the nature of the study. A researcher then attended a tenant meeting two weeks later in order to answer queries and provide further explanations. Interested participants were

encouraged to organise an interview time in person or contact a researcher via telephone. Written informed consent was obtained from each participant prior to the interview. Interviews were conducted onsite at Haven South Yarra by the student researcher with approximate durations of 10-35 minutes. The majority of interviews were digitally recorded then transcribed verbatim, however, notes were written by the researcher throughout three interviews as these participants did not consent to audio recording. Following the completion of all client interviews, an audit of the hard copy client files was completed. With participants' written consent, the client files were accessed and relevant information was transferred to a case record form for each participant.

The RMQ was completed along with the broader Recovery Enhancing Environments Measure (of which the RMQ is a sub-scale) with consenting Haven South Yarra tenants in an interview with a Prahran Mission consumer consultant. Completion of the measure in an interview helped to ensure that people understood what was being asked of them.

4. Results

Analysis of the tenants' interviews occurred through a process of thematic analysis, which first identified initial codes (e.g. similar ideas or issues that were reported by different tenants in response to particular questions), before collating related codes to form themes that summarised how they were related. Cross-checking of the coding process with other researchers was also performed to ensure the robustness of analysis. The following sections report on the qualitative experiences reported by tenants in relation to: mental illness, thoughts about recovery, housing prior to Haven South Yarra, experience of Haven South Yarra, and future plans.

4.1. *Tenants' experiences of mental illness*

In describing their experience of mental illness, three recurrent issues were reported: the experience of symptoms and their impact on their lives, the chronic nature of experienced symptoms and the role of treatment.

Such symptoms as hearing voices, paranoia and delusional beliefs were most commonly described, which were distressing for some tenants. Some tenants also described a negative impact of their symptoms on broader aspects of their lives, including their connections to family and how they viewed their own ability to function independently. One participant also reported that a lack of understanding of their situation from some family members worsened their situation as this meant that they were not offered the family support they needed.

A number of participants highlighted that they had experienced mental health problems for a number of years with little improvement in symptoms. One participant also described that when attempts were made to increase the time between treatments there was often an associated increase in her risk of getting unwell again. This highlighted that many tenants viewed mental health problems as being part of their ongoing life. Also associated with this perception of mental illness being an ongoing issue was acceptance of the need for treatment, whether this involved time spent in hospital, medications to help manage symptoms, or time spent working with health professionals. Tenants, however, described both positive and negative effects of their medications, and in general highlighted that the contact with health services mostly had a medical focus.

4.2. Tenants' thoughts about recovery

An array of ideas about what recovery meant were reported by tenants. These focused on both external abilities (e.g. living independently or managing day-to-day, setting goals or maintaining healthy relationships) and internalised states (e.g. peace of mind, reduced or eliminated symptoms, happiness, and an understanding of their mental illness). Recovery was also for most tenants described as a process rather than a destination that had “ups and downs” as people gradually improved as they learnt more about their illness and how to manage it or worsened as they had set-backs. Most participants reported that recovery takes a period of time, with some highlighting the long road to recovery that they had been experiencing.

4.3. Housing prior to Haven South Yarra

Prior to commencing their Haven South Yarra tenancy, tenants had been living in varied housing situations. Some had been living with parents, some in supported housing facilities, some in public housing and one in a private rental.

Reasons for why tenants had chosen to leave their previous housing were also varied. One participant had felt socially isolated in their previous housing and saw Haven South Yarra as an opportunity to connect more closely with others and help in forming social relationships. Another had experienced conflict with people sharing their housing, prompting them to want to move to Haven South Yarra. The potential to experience improved social relationships was therefore a motivating factor for a number of tenants. The potential for enhanced independence was also a motivating factor, with a number of tenants, particularly those who had previously lived with parents, seeing the opportunity to live with a higher level of independence at Haven South Yarra. Improved affordability was also reported by one participant, as Haven South Yarra was less costly than their previous housing.

For most participants, the move into Haven South Yarra was seen to have potential benefits, in particular as a means of promoting independence, social interactions and more affordable housing. A small number of participants, however, also highlighted that family members had made the decision for them to move to Haven South Yarra with little input from them. This highlighted a lack of autonomy for some tenants in this decision that had been difficult for them to come to terms with.

4.4. Experience of Haven South Yarra

Reports of positive experiences in relation to living at Haven South Yarra far outweighed reported challenges experienced with the program. Six broad factors were identified in relation to reported benefits: location, promotion of social relationships; high level of support from staff that was important for mental health, enhanced autonomy and independence, sense of safety and security, and stability of tenancy.

- **Location:** Five of 10 participants stated that the geographical location was a reason why they enjoyed living at Haven South Yarra, related in particular to the easy access to shopping, movies, coffee shops or other services within walking distance. The ability to easily access a range of community services was important in enabling a number of group activities to be participated in that often were initially facilitated by staff or volunteers before tenants took a greater role in leading. Some participants stated that such organised events led to participation in new experiences or events e.g. playing regular tennis for the first time. As well as being enjoyable, participants also highlighted the importance of

such activities for reduction in boredom and giving regular activities to look forward to.

- Promotion of social relationships: Organised group activities gave opportunities for tenants to participate in shared social experiences that occurred either within Haven South Yarra itself (e.g. music group) or in the surrounding community (e.g. walking group, tennis club, and coffee club). With a number of these activities also involving volunteers, and family members were encouraged to spend time with tenants at Haven South Yarra, this also provided opportunities for tenants to meet and socialise with an array of people. These opportunities were said to be particularly important for forming friendships among the tenants and for addressing the social isolation that had been often experienced in previous housing situations.
- High level of support from staff and other tenants that was important for mental health: A recurrent theme reported by tenants was the importance of support from staff in helping to maintain mental health. The ability to access this whenever needed and the nature of the support that was said to be provided without judgement were particularly important. Staff were also said to have encouraged tenants to work to achieve identified recovery goals. For example, one tenant was encouraged to adopt a healthier lifestyle. Another tenant said that help from staff was important in ensuring that she regularly took her medication or continued to engage regularly with her doctor. Education and advice about how to manage her issues was also provided by staff which was also said to be helpful. The availability of peer support or support from other tenants was also important. Each tenant had their own experience of mental illness and recovery and often this could be drawn on to enable tenants to assist one another in managing their mental illness.
- Enhanced autonomy and independence: Having their own unit in which they could choose when they performed tasks of daily living or leisure activities was said to be particularly important for giving tenants the freedom to act autonomously. Support from staff that helped in learning skills of independence, tailored to the devices or environment of their unit was also said to be important for enhancement of self-sufficiency. The provision of facilities in their units (e.g. furniture, dishwashers) that did not have to be shared was particularly important for promoting a sense of feeling “at home straightaway”, highlighting that a sense of ownership of the space fostered by the model was a significant factor in participants’ satisfaction with their living arrangements.
- Sense of safety and security: Two participants alluded to a heightened sense of safety that was associated with living at Haven South Yarra. This was in particular demonstrated by one participant who contrasted their current experience with concerns about having belongings stolen when previously living in public housing.
- Stability of tenancy: Three participants described the lack of a time limit for their tenancy as being an important aspect of the model. This was contrasted to the more temporary housing situations that many had experienced, and was described by one participant as being the basis for promoting stability for them.

While as highlighted above reports of benefits of the model far exceeded reports of challenges, five issues were identified summarising these experienced challenges. These included: lack of parking, some limitations on autonomy, adjusting to greater autonomy, staff availability and uncertainty regarding confidentiality of conversations with staff, and

occasional social conflict with other tenants.

- Lack of parking: Three participants reported that they had difficulty accessing parking for their cars close to Haven South Yarra.
- Some limitations on autonomy: Two participants stated that they had encountered restrictions on how long guests (e.g. family or children) were able to stay with them and the presence of pets within their units. One of the two participants further stated that restrictions were placed on their access to money, which was overseen by staff, although they acknowledged that this was done “for my own good”.
- Adjusting to greater autonomy: For one participant, the greater level of self-sufficiency that was expected and facilitated at Haven South Yarra was a challenging experience. While they welcomed the independence they had gained since becoming a tenant, this was experienced as a shock and in contrast to their previous housing situations.
- Staff availability and uncertainty regarding confidentiality of conversations with staff: One participant said they had experienced occasional challenges in accessing staff and one participant that uncertainty had been experienced with respect to the confidentiality of conversations with staff. Occasional difficulty accessing staff may reflect the staffing model in that at times only one staff member is onsite. This means that if they are providing support to one tenant, they may not be available at that time to others. All tenants were also provided a copy of the tenant handbook that outlined expectations regarding such things as confidentiality and the way that information was collected or used. Discussing such issues as the sharing of information on a more regular basis with tenants, supported through explicitly directing tenants to where this is covered in the tenant handbook may help with tenant understanding.
- Occasional social conflict with other tenants: One participant stated that at times they had experienced social conflict with other tenants. This highlights the importance of providing opportunities to resolve potential social issues prior to them escalating to the point of becoming a stressor for tenants.

4.5. Tenant future plans and goals

Seven of the 10 participants said that they had no current intention of moving to other accommodation as they were happy with the current living situations, particularly in contrast to alternative housing options that would be available to them. In contrast, three participants had plans or goals to live elsewhere in the future. One participant more generally thought that they may want a change at some point, whereas for two participants their plans to relocate were dependent on achieving recovery goals. Employment was in particular seen as being important for increasing options to live independently. Four participants discussed their goal to find and maintain employment. One participant was currently working after having received assistance to access an employment service while living at Haven South Yarra.

4.6. Effect of tenancy on use of public mental health residential or acute hospital services

To provide an indication of the impact of tenancy on use of public mental health acute hospital or residential rehabilitation services, often a marker of stability of mental health, a comparison was made for participants of the utilisation in the 12 months prior to vs after

becoming a tenant at Haven South Yarra. For the respective periods, the number of episodes of care and days spent cared for in the following services was collected: Adult inpatient psychiatry unit, continuing care unit (a residential rehabilitation unit offering care for up to 1-2 years), or prevention and recovery centre (PARC: a residential rehabilitation unit offering care for up to 28 days).

- 12 months prior: Three participants had experienced at least one episode of bed-based care in the 12 months prior to living at Haven South Yarra. On average this involved 4.7 (range = 2-10) episodes of care with total time in bed-based care lasting for on average 207.3 (range = 46-337) days.
- 12 months post: Only two participants had an episode of bed-based care in the 12 months after becoming a tenant at Haven South Yarra. Both participants had only a single episode of acute hospital care, with the average length of stay for their admission 26.5 (range = 17-36) days.

4.7. Measuring achievement of recovery goals: December 2011

To provide an indication of the extent to which recovery goals had been achieved by participants, data collected as part of the routine use of the RMQ and Recovery Enhancing Environment Measure across the whole of Prahran Mission is presented for a sample of Haven South Yarra tenants who completed the measure.

Table 1. Proportion of participants ($N = 10$) who ‘agreed/strongly agreed’ with RMQ items.

RMQ item	Agree/strongly agree (%)
1. My living situation is safe and feels like home to me	9 (90)
2. I have trusted people I can turn to for help	8 (80)
3. I have at least one close mutual (give and take) relationship	8 (80)
4. I am involved in meaningful productive activities	7 (70)
5. My mental health issues are under control	6 (60)
6. I have enough income to meet my needs	6 (60)
7. I’m not working, but see myself working within 6 months	3 (30)
8. I am learning new things that are important to me	7 (70)
9. I am in good physical health	7 (70)
10. I have a positive spiritual life / connection to a higher power	5 (50)
11. I like and respect myself	7 (70)
12. I’m using my personal strengths, skills or talents	7 (70)
13. I have goals I’m working to achieve	7 (70)
14. I have reasons to get out of bed in the morning	8 (80)
15. I have more good days than bad	7 (70)
16. I have a decent quality of life	9 (90)
17. I control the important decisions in my life	8 (80)
18. I contribute to my community	7 (70)
19. I am growing as a person	7 (70)
20. I have a sense of belonging	9 (90)
21. I feel alert and alive	7 (70)
22. I feel hopeful about my future	8 (80)
23. I am able to deal with stress	6 (60)
24. I believe I can make positive changes in my life	7 (70)

As an additional indicator of social participation gains for some tenants, by early 2012, one tenant had commenced an education course with a TAFE, and one had been linked into Prahran Mission's JobSupply Service to help them in finding employment.

5. Conclusion

Previous research has highlighted that many people with a severe mental illness also experience unstable housing, and this instability can be a significant stressor than can markedly impact on their mental health. Haven South Yarra is a unique model that has been established to offer certainty and stability of housing to people with a severe mental illness. This has also been coupled with access to psychosocial support and a range of social participation opportunities aimed at promoting social, symptom and existential recovery.

Findings from this evaluation have demonstrated that being a tenant at Haven South Yarra has resulted in the reduced need for acute psychiatry or residential rehabilitation service care, has enhanced participation in vocational or educational opportunities, has strengthened the link with carers and family members, and has assisted in establishing new connections with members of the broader community. Tenants have also stated that they valued the stability of the tenancy and the ability to personalise space, learn about how to be independent within a space that they consider as their own, and use it as a stable base to access the community and join in such activities as tennis, community garden, and coffee club that gives them regular and socially oriented activities to look forward to.

A further finding of interest was that even though most participants had no plans to move to other housing, some saw an opportunity to use their time at Haven South Yarra to further develop their skills of independence and find and maintain employment, recovery goals that for them would enable a move to a "place of their own". The recovery focus of Haven South Yarra, may therefore underpin progression of some participants to independent and stable alternative housing, consistent with the recovery principles that strongly guide the implementation of this collaborative supported housing model.

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6. References

1. Lee SJ, Crowther E, Keating C, Kulkarni J. What is needed to deliver collaborative care to address comorbidity more effectively for adults with a severe mental illness? *Australian and New Zealand Journal of Psychiatry* In press.
2. Morgan VA, Waterreus A, Jablensky A, et al. People living with psychotic illness in 2010: the second Australian national survey of psychosis. *The Australian and New Zealand journal of psychiatry* Aug 2012;46(8):735-752.
3. Macpherson R, Shepherd G, Edwards T. Supported accommodation for people with severe mental illness: a review. *Advances in Psychiatric Treatment* 2004;10:180-188.
4. Warner R. Recovery from schizophrenia and the recovery model. *Curr Opin Psychiatry* Jul 2009;22(4):374-380.
5. Davidson L, Stayner DA, Nickou C, Styron TH, Rowe M, Chinman ML, Salzer M. "Simply to be let in": inclusion as a basis for recovery. *Psychiatr Rehabil J* 2001;24(4):375-388.
6. Martinez TE, Burt MR. Impact of permanent supportive housing on the use of acute care health services by homeless adults. *Psychiatric Services* 2006;57(7):992-999.
7. Browne G, Courtney M. Housing, social support and people with schizophrenia: A grounded theory study. *Issues in Mental Health Nursing* 2005;26(3):311 - 326.

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