Mental Health and Independent Housing Needs
Part 4
"It's the combination of things"
Group Interviews

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Ministry of Social Development

2002

Mental Health and Independent Housing Needs Research: Part 4
"It's the combination of things" – Group Interviews

Published by
The Ministry of Social Development/*Te Manatū Whakahiato Ora*

August 2002

ISBN 0-478-25130-0

This document is available on: www.msd.govt.nz

Copies of this report can be obtained from:
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Acknowledgements

More than 200 consumers/tangata whai ora participated in the one-day workshop or the group interviews and over 500 mental health service providers participated in the research in the national survey. A further 70 consumers/tangata whai ora, providers and government agents participated in a range of advisory / consultation roles in relation to steering group and advisory committees, ethical assurance, community liaison, practical and research advice, and reading and commenting on draft material. This support provided the backbone for the project and is acknowledged with thanks.

A large number of staff from the Research Unit were involved in the project (Robin Peace, Susan Kell, Lynne Pere, Kate Marshall, Suzie Ballantyne, Heather MacKay, Rachel Smithies, Ann Wilson, Carla Wilson, and Stephen Waldegrave). Bryan Perry (Research Unit Manager) and Ross Mackay (Special Advisor, MSD) also contributed their expertise as did Judith le Harivel, Tanya Ashby and Rosemary Simpson from the Housing policy group.

Ann Dysart (Manager, Community Relationships and Responsiveness team) and Nuncie Turner (Kaiako i te Reo Māori) of MSD facilitated the field work and managed access protocol in Northland and Te Tai Rawhiti.

The staff of the Information Centre (MSD) provided support for the literature review and the Communications Centre (MSD) facilitated the final publication. The research was funded by the Ministry of Social Development and Housing New Zealand Corporation.

Special thanks are due to Associate Professor Robin Kearns of the Department of Geography, University of Auckland, who read the draft reports and provided valuable comments and advice.

The group interviews were organised and attended by Lynne Pere and Kate Marshall, with back-up from Carla Wilson and Robin Peace. They could not have taken place without the guidance and practical assistance of Ann Dysart and Nuncie Turner of MSD, whose work is also acknowledged above.

Very importantly, participation in the group interviews was endorsed, and sometimes organised by consumers/tangata whai ora and service providers who had attended the one-day workshop, making it possible for this qualitative component of the research to take place. The research team acknowledges the time, care and effort shown by such people as a significant factor in the success of the research.

Most importantly, however, we thank all the consumers/tangata whai ora and service providers who participated in the group interview discussions, giving us the words to describe and understand their experiences.

Mental health and housing needs – outline of the project

In June 2000 the Ad Hoc Cabinet Committee on Mental Health (AMH) established a work programme to address housing needs for people with mental illness. Housing New Zealand Corporation (HNZC) managed this work programme. The Ministries of Housing, Health and Social Development had responsibilities to complete individual items of work in the work programme. The Mental Health and Housing Research comprises two of the items on the work programme.[1]

The research was conducted in response to the Cabinet direction to:

- *quantify independent housing needs for people with mental illness in relation to adequacy of housing, affordability, and sustainability, including the role of support services in the retention of housing;* and
- *identify the extent of homelessness and transience amongst people with mental illness, and to identify housing options to meet their needs, and to consult with Te Puni Kōkiri to ensure a Māori perspective is fully considered.*

The outputs for this project from the Ministry of Social Development (MSD) have a number of components, including a summary report of the research that was delivered to HNZC, which comprises Part 1 of the five-part report series published by MSD and is titled:

- *Mental Health and Independent Housing Needs Research: Part 1 A Summary of the Research.*

The other four parts include:

- *Mental Health and Independent Housing Needs Research: Part 2 Expert Voices – A Consultation Report;*
- *Mental Health and Independent Housing Needs Research: Part 3 Affordable, Suitable, Sustainable Housing – A literature Review;*
- *Mental Health and Independent Housing Needs Research: Part 4 "It's the combination of things" – Group Interviews;*
- *Mental Health and Independent Housing Needs Research: Part 5 Quantifying Independent Housing Needs – A Survey of Service Providers.*

As Part 4 of the series, this report provides a description of the group interviews with over 200 consumers/tangata whai ora from around the country. A few service providers participated in some of the interview settings at the request of consumers/tangata whai ora.

[1] Since the research was commissioned, the AMH has been disestablished, the Housing Policy group from the Ministry of Social Policy (MSP) has moved to become part of HNZC and MSP has been incorporated into the Ministry of Social Development (MSD).

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it all contributes.

Because of mental illness
you wind up on a benefit and you lose your grip on things.

(taken from text of a conversation with a tangata whai ora, Hamilton).

1. Introduction

The group interviews with consumers/tangata whai ora[2] and mental health service providers formed part of a research project designed to quantify the housing needs and the extent of homelessness and transience of people living independently in the community (i.e. not in hospital or residential care settings) who experience mental illness. The review was completed as part of research undertaken by the Ministry of Social Development during 2000-2001.[3] One of the clear outcomes from the research was a recognition that a combination of factors intersect with the capacity of individuals and communities to develop and achieve sustainable, independent housing for consumers/tangata whai ora. Any efforts to increase this capacity would require a cross-sectoral, multi-faceted approach.

The aim of the group interviews for the mental health and housing project was to obtain first-hand reports from consumers/tangata whai ora about aspects of their independent housing need and about the extent of their homelessness and transience.[4] Some mental health service providers were also interviewed either on their own or by permission and/or request of consumers/tangata whai ora in the groups. Interviews were undertaken in 26 locations and 190 individuals participated in the groups, which ranged in size from five to forty people.

The group interviews were designed to complement and supplement the information collected in the national survey of mental health service providers. Some of the responses to open-ended questions asked in the national survey are also included in this report. The participants in the group discussions represent a range a consumer/tangata whai ora and provider experiences and perspectives.

The interviews were designed so that the researchers could hear what consumers/tangata whai ora had to say in relation to:

- the most common housing difficulties for consumers/tangata whai ora;
- the differences in the housing difficulties experienced by each of the special target groups (Māori, Pacific people, older people);

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[2] During the one day workshop with 'consumers' of mental health services that was a key part of the scoping for this research (see *Expert Voices. Part 2 of the mental health and independent housing need research - a consultation report*), a preference was expressed for the term 'consumers/tangata whai ora' when referring to people with mental illness. The preference was indicated by Māori, Pacific and Pākehā consumers and was seen to be a less pejorative term than other labels such as 'clients', 'people with mental illness' or 'mentally unwell' people. Advice from Te Taura Whiri i te Reo Māori is that 'whai ora' means 'in search of wellbeing'. This term is used throughout the five reports in the MSD series on mental health and independent housing need.

[3] For a list of publications from the project, see p. i.

[4] The Ministry of Health through District Health Boards (DHBs) currently funds Residential Support Services. The Health Funding Authority (HFA) formerly funded them. Residential Support Services provide accommodation and clinical support for some consumers/tangata whai ora. Not all consumers/tangata whai ora are assessed as needing 'supported accommodation' in this form and are expected to 'live independently in the community'. Residential support services are funded at different levels. Levels III and IV services are for people assessed as having higher support needs, and usually entails housing that is closely supervised on a full-time basis. These services also include Drug and Alcohol Residential Treatment Services. A Level I residential service is funded for people assessed to have lower support needs.

- the housing difficulties in their particular locality;
- the perceived extent of unmet independent housing need of consumers/tangata whai ora accessing mental health services; and
- the perceived extent of homelessness and transience amongst consumers/tangata whai ora.

The structure of this report

The group interview findings and discussion cover a number of interrelated aspects of the housing circumstances of consumers/tangata whai ora. They also bring to light other aspects of wellbeing that are indirectly connected with housing. In this report, the issues are discussed in light of the comments and points of view expressed by the consumers/tangata whai ora and providers who participated in the interviews. The report therefore provides a series of thematic discussions on poverty and its connection with housing problems (section 2), the sustainability of housing arrangements generally (3) and homelessness and transience (4), followed by a discussion of the support needs that were identified (5). Separate sections then explore the mental health and independent housing needs and issues identified by the Māori and Pacific participants in the group discussions (6 and 7). The needs and experiences of rural consumers/tangata whai ora (8) and other groups such as sole parents (9) follow.

As well as discussing problems, however, the consumers/tangata whai ora who participated in the group discussions had a number of suggestions to make about the potential solutions to those problems. These solutions are presented in section 10, with a summary and conclusions following in section 11.

2. Poverty and housing

Both consumers/tangata whai ora and providers in interviews all around the country stated that poverty is one of the main issues affecting the lives of consumers/tangata whai ora. Poverty impacts on the affordability and sustainability of housing, and on the capacity of many consumers/tangata whai ora to sustain a quality of life sufficient for mental health recovery and the maintenance of wellbeing.

> *These things are not mental health problems per se, the cost of housing and maintaining a house, those things affect anybody with low income, but the cost of housing exacerbates mental health problems, causes more stress on top of everything else. Having social contact helps your wellness, having to restrict that doesn't help. If you are predisposed to depression or mental illness then things like living in a grotty flat, being cold, lonely and stressed about money, then that exacerbates or brings on mental illness. There's this perception that psych survivors can't handle stress. This is false. We can handle stress, having a mental illness is a stressful thing, but it's not that, it's the extra stress on top of that. It's the extra stress and especially ongoing stress of loneliness, isolation*

and lack of money and that's not about the mental illness per se (Provider and consumer/tangata whai ora, Hamilton).

What you are hearing here is stories about poverty (Mental health service provider, Wellington).

Poverty is what consumers say is overwhelming (Mental health service provider, Christchurch).

Many of the housing difficulties consumers/tangata whai ora reported with regards to their housing were related to limited finances rather than the experience of mental illness *per se*. Not all consumers/tangata whai ora are poor, but a large majority who were reliant on a benefit as their main source of income reported that being poor limited their access to suitable independent housing, and their capacity to sustain housing. Interview participants also commented that problems with the cost of accessing and sustaining suitable housing are not necessarily limited to consumers/tangata whai ora who received income support. Those who were employed but on a relatively low income were also affected by many of the same difficulties.

Several participants commented that in many respects the difficulties facing consumers/tangata whai ora are no different from those facing any person living on a low income, but most agreed that the compounding effects of poverty and poor housing are much harder on people who experience mental illness. Poor housing and financial stress exacerbate stress levels, depression and anxiety, and for some consumers/tangata whai ora this leads to re-hospitalisation.

On the dole and Sickness Benefit you get about $120 per week. Rental fees in [our town] were about $90 upwards. When you've got a Sickness Benefit of $120 how were you meant to survive paying rent, food, and clothing? Stress builds up. And because the stress has built up because you can't afford to live, you end up being referred by the PDN [Psychiatric District Nurse] to psych services and you end up back in hospital. It sucks (Tangata whai ora/uri haumate[5], Whakatane).

Anecdotally, from 25 years' experience as a psychologist, I have a strong belief that housing affects mental health, i.e. overcrowding, poverty caused by high rents, health problems due to dampness, cold houses and poor diet… these all affect levels of depression and anxiety (Mental health service provider survey respondent).

Participants reported that the accumulated and ongoing stress generated by financial worries, juggling rent/mortgage payments, bills, debts, and the implications of limited income for food, power, phone, transport, medication, leisure and social activities had a detrimental impact on the mental health and wellbeing of many consumers/tangata whai ora.

Consumers/tangata whai ora and providers in every discussion group reported that people who experienced mental illness were more vulnerable than other people to experiencing material and social disadvantage, facing greater barriers

[5] Uri haumate is a Ngati Awa term for tangata whai ora and was used by participants in the group interviews in the Whakatane region.

to overcoming those disadvantages. Several interview participants commented that it is the combination of factors such as poverty, unemployment, discrimination, lack of affordable and suitable housing, social isolation *and* the experience of mental illness that contributes to the greater vulnerability and disadvantage that many consumers/tangata whai ora face.

> *It's the combination of things, the combination of having a mental illness and being on a benefit, you end up with a shabby house, it's hard to get employment, it's all combined and you can't isolate one from the other - it all contributes. Because of mental illness you wind up on a benefit and you lose your grip on things (Consumer/tangata whai ora, Hamilton).*
>
> *Affordability affects everyone, but with mental illness you're at the bottom of the heap. For people with mental illness it's the crossover between affordability and discrimination. When you have discrimination on the top of poverty, then it becomes so much harder (Mental health/housing service provider, Wellington).*

Consumers/tangata whai ora and providers suggested there is a difference between the experience of mental illness and being poor, and the experience of mental illness and not being poor. Having a reasonable income removes one of the major factors that affect the lives of people who experience mental illness.

The group interview participants reported that for people who experience mental illness, the effects of poverty and poor housing can be particularly acute. The compounding effects of poverty, mental illness and poor housing can tie people into cycles of serious housing difficulties and mental illness on a long-term/ongoing basis that was referred to by participants as the 'revolving door syndrome'.

> *It's a cycle. You lose your home, go back into hospital, lose your home, and go back into hospital. Eventually you run out of resources and run out of places to live (Māori mental health service provider, Christchurch).*
>
> *I was staying at [a motor camp] in a little cabin 24 hours a day. I'd go from there to the hospital, back to the motor camp, back to hospital - it was going on for years. The hospital said that I was better off finding somewhere else to live but I couldn't afford it, and I wasn't functioning that well in society (Tangata whai ora, Christchurch).*

Affordability

The high cost of housing proportional to income was reported as the most significant factor in the affordability of housing for consumers/tangata whai ora. Insufficient income limited the housing choices available to consumers/tangata whai ora and often pushed them into inadequate and unsuitable housing options.

> *People go into housing they can afford, not necessarily housing that is best for them (Consumer/tangata whai ora, Auckland).*
>
> *For people who are leaving hospital to live independently again, it is a real struggle to find affordable, decent housing in the area of their choice (Mental health service provider survey respondent).*

Secure and stable housing was reported as one of the elements that contributed to mental health recovery and the maintenance of wellbeing for many consumers/tangata whai ora. Managing the costs of rent or mortgage on a low income was raised as a significant worry for many of the interview participants. Housing loss because of rent or mortgage arrears, difficulties meeting the basic costs of living and the accumulation of debt led to continuing cycles of financial and housing difficulties for many consumers/tangata whai ora.

> *If you can't afford to keep your payments up you lose your home, that's just part of [mental] illness, it's just what happens. In my experience, I have had to sell furniture. I've needed to sell furniture just to keep my house and keep warm (Tangata whai ora, Tokoroa).*
>
> *I own my own house. By the time everything is paid for I have only $20 a week left for food. I help out at the opportunity shop to get credit to buy my clothes but I worry, I worry all the time that I might lose my house, that I might not manage to keep it (Consumer/tangata whai ora, Hamilton).*

Some of the consumers/tangata whai ora who participated in the group interviews reported the onset of mental illness was the route into their low income and poor housing circumstances. The loss of employment, housing and resources through periods of illness and hospitalisation directly affected the capacity of some consumers/tangata whai ora to afford suitable housing. Several consumers/tangata whai ora gave detailed examples of situations where financial difficulties had contributed to periods of illness and poor housing outcomes.

> *I had to take over the mortgage when my marriage broke up and the stress meant I got unwell and lost my house. I couldn't pay the mortgage and I ended up in hospital three times that year (Consumer/tangata whai ora, Wellington).*
>
> *I was well off but gradually through my mental illness I began to lose things. It becomes a dignity thing, I didn't want to end up in a dingy flat for $100 a week, a house so dingy that I lost all sense of dignity and all sense of purpose. People need nice surroundings, it's important to everyone, but very important to getting well (Consumer/tangata whai ora, Hamilton).*

High cost of suitable housing

Access to 'ordinary' private rental housing was reported as an important goal for many consumers/tangata whai ora but the high costs of adequate and suitable housing, particularly in the private rental market, were reported to be beyond the reach of many.

Most consumers/tangata whai ora reported wanting affordable housing that was (at the very least) clean, warm and tidy but, because they were generally accessing housing at the lower end of the rental market, their housing conditions were more likely to fall below the standard needed to support the recovery and maintenance of mental health. Consumers/tangata whai ora and providers also reported that even though people were accessing housing at the lower end of the rental market, many were still paying a large proportion of their income to live in inadequate and unsuitable housing.

It costs $130 per week (upwards) for a one-bedroom flat and you also need two to three weeks' bond in advance to move in – it's cheap accommodation, but not that cheap, it's still a huge effort to get that money together to then live in unsuitable accommodation (Consumer/tangata whai ora, Auckland).

Access to suitable accommodation is the biggest issue – there is some accommodation, for example boarding houses and backpacker lodges, but these cost from $150 to $160 per week in the inner city. Much of this accommodation is very poor quality – I wouldn't put my dog in it (Community service provider, Auckland).

We experience difficulty in finding affordable, appropriate accommodation for tangata whai ora who may choose to live alone (National provider survey respondent).

Consumers/tangata whai ora reported that a number of people who experience mental illness need to live alone, because it is the living arrangement that works best for their mental health recovery and the maintenance of their wellbeing. The fact that single accommodation is rarely affordable to begin with, and is also the least cost-effective living arrangement, has the effect of either increasing the costs of living, or pushing people into shared accommodation options that exacerbate their mental health problems and create further housing difficulties.

In group living, getting along with others can be difficult, but you're faced with the higher costs of living alone. It's the mental health disability that makes the cost of housing higher, but you're not given the extra financial support (Mental health service provider, Christchurch).

The change to income-related rents for Housing New Zealand (HNZ)[6] properties has effected some financial relief for consumers/tangata whai ora already renting those properties, creating a more affordable single housing option. Several participants commented on the cost disparity that now exists between HNZ and private rental housing, reporting that this cost disparity is problematic both for consumers/tangata whai ora who cannot access HNZ housing, and for those who do not want to be compelled by the cost of private rentals to live in HNZ housing.

Several interview participants also commented on the higher housing costs facing consumers/tangata whai ora who had children, particularly for large enough homes that provide an adequate and suitable environment for children. Parents (custodial and non-custodial) also face the additional costs of child care and child support, which can further compromise their ability to afford decent housing.

For mothers with children, finding housing that's affordable is an issue, and there's nothing for fathers with children. If parents are on a shared parenting arrangement they often can't get a subsidy for housing (Mental health service provider, Christchurch).

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[6] HNZ became part of a larger organisation Housing New Zealand Corporation on 1 July 2001, but has retained its operating identity under the name of HNZ.

It was reported that a problem also exists for non-custodial parents, who have difficulty affording housing that can also accommodate children who stay on a regular basis. Living on a single benefit or living allowance means that many of those non-custodial parents can only afford single accommodation.

Debt

Interview participants reported that debt is a significant issue for some consumers/tangata whai ora. The types of debt that consumers/tangata whai ora had accumulated included court fines, child support payments, easy access loans, hire purchase payments, debts to phone and power companies, rent arrears and monies owed to Work and Income New Zealand (WINZ)[7] for benefit advances (to cover bonds and rent).

WINZ debt was perceived to be widespread, having a serious impact on the capacity of consumers/tangata whai ora to access or sustain independent housing. Insufficient income, a lack of experience managing a household and the mismanagement of money were all identified as factors that contributed to the accumulation of debt for some consumers/tangata whai ora. These are issues that can affect anybody, but several participants commented that the experience of mental illness increased vulnerability to financial difficulties and the accumulation of debt through periods of illness and instability.

> *... people start getting into arrears and then they have to start paying more out of their benefit. You could say it's a person's own problem or choice, but it's also part of illness (Mental health service provider, Whangarei).*

In this scenario, the lack of discretionary income once rent and bills were paid, and overspending in order to enjoy social/leisure activities also contributed to financial difficulties. The comment was also made that on a low income *any* additional costs, no matter how small, compromised the weekly budget.

> *...[consumers/tangata whai ora] have quite a lot of debt. Court fines, child support and WINZ debt, but it might just be that someone was sick this week and it cost $15 for the doctor (Mental health service provider, Hamilton).*

The comment was made that sometimes consumers/tangata whai ora are referred to supported accommodation because the level of debt they carry and the difficulty getting a bond together make it more difficult to access independent housing. Others were in supported accommodation, but unable to move to independent housing for the same reason.

> *WINZ will pay, but [people being stuck in supported accommodation] is still happening, because people are still being referred to supported accommodation because of the debt they have accumulated (Consumer/tangata whai ora, Wellington).*

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[7] Work and Income NZ which is now part of MSD, was called Department of Work and Income (DWI) until recently. However, prior to the establishment of DWI, it had been called WINZ. Direct quotes from consumers/tangata whai ora refer to either DWI or WINZ, so the terms are used interchangeably in this report.

People in supported accommodation - if [they] want to move out, often they can't. [You] can't get rent and bond in advance if you owe WINZ any money. You're trapped (Consumer/tangata whai ora, Wellington).

Supported accommodation, the focus of the Review of Non-clinical Services (Ministry of Health, 2001a) refers to the accommodation provided by Residential [rehabilitation] Support Services.[8] Participants in the group interviews referred to both "supported accommodation" and "residential accommodation" and in this text these terms are used interchangeably to refer to Residential Support Services.

Bonds, rent-in-advance and letting fees

Participants reported that the cost of finding the money up-front for bonds, rent-in-advance and letting fees presented a significant barrier to many consumers/tangata whai ora accessing housing. WINZ assistance through bond and rent advancements and re-establishment grants was often difficult for consumers/tangata whai ora to access, because they either were already in debt for previous advancements, or had used up their benefit entitlements for the current year.

WINZ policy at the time was to assist with rent arrears or bond payments for a maximum of once a year, although subsequent policy change has since introduced some discretion. Interview participants commented that this policy did not take into consideration the specific needs of people who experienced mental illness.

Another thing that stops us getting into housing is the two weeks' bond, two weeks' rent-in-advance. We're very needy - we have nothing to move with (Tangata whai ora/uri haumate, Whakatane).

[An issue for my son is] finding suitable cost-effective neutral accommodation - finding something he can afford, and furnishing it, because he's done his dash with his benefit entitlements (Family/whānau member and mental health service provider, Hamilton).

People with mental illness need some kind of special consideration, chances are that there will be problems, policies need to be built on an understanding of mental health issues (Mental health service provider, Auckland).

There needs to be flexibility for re-establishment [regards policies and processes], it can take three to six times before a person can stand on their own (Mental health service provider, Wellington).

Frequent moves were reported as a contributing factor to the build-up of WINZ debt. Some consumers/tangata whai ora changed housing regularly. This had sometimes been caused by episodes of acute illness resulting in hospitalisation and subsequent loss of housing. Sometimes it was due to moving away from

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[8] The *Non-clinical Services Review* report refers to 'Residential Rehabilitation' rather than 'supported accommodation'. However, the research team found the latter term to be widely used in the community to refer to residential care that provides both accommodation and support services together.

poor or inadequate housing, difficulties managing rent payments, conflict with other tenants or landlords, or simply that some people found it difficult to settle. Participants said that rent arrears and loss of bond invariably accompanied a loss of or change in housing for people in these circumstances.

> *I have one client who has moved 13 times – it's a part of illness, people can't settle (Māori mental health service provider, Whangarei).*
>
> *The general impression I have of our clients is that they change living situations often and some have chaotic histories i.e. crisis with rent and eviction, problems living with other people, or overcrowded (Mental health service provider survey respondent).*

Discretionary income

A theme that emerged from the interviews was that the high cost of housing proportional to income left very little discretionary money for consumers/tangata whai ora living on a benefit or low income. Paying for essential items such as food, power, transport and medication costs was a constant balancing act for many.

Consumers/tangata whai ora reported that they often had to make difficult choices and compromises between paying for those basic necessities and accessing other goods and services such as phones, home maintenance and self care products, clothing, and social and leisure activities. Consumers/tangata whai ora also reported making compromises in relation to their housing choices: either choosing cheaper housing that was inadequate and unsuitable in order to have more discretionary income, or choosing better housing and going without some of the goods and services that would enhance their quality of life.

> *There's no money for luxuries and no money for transport [and] if you haven't got a car, you can't go and look for places. And then they say you should go and live with two or three other people because it's cheaper but this often isn't good for us (Consumer/tangata whai ora, Hamilton).*
>
> *We only pay low rent, below $40. The trade-off is we're in an unsafe area, it's a gang area and safety is a big issue, but we go there because of cheap accommodation, and we had to hunt for curtains (Tangata whai ora, Christchurch).*
>
> *For me to get peace of mind and sanity, the cost was increased rent - to get the extra support I needed, the costs were increased again (Tangata whai ora, Christchurch).*

Consumers/tangata whai ora and providers commented that some people chose to live in poorer quality or cheaper housing, and some people were homeless or transient in order to avoid debt or to afford drugs and alcohol. The main issue raised by interview participants was the difficulty people experienced making choices in a low-income situation, particularly consumers/tangata whai ora who faced additional problems with alcohol and drug addictions.

> *Affordability is a big issue. A lot of people are out there in cars and caravans, but this is not always due to a lack of other choices. It needs to be acknowledged that some people choose this. It's cheaper, and people save a bit of money. They have money for other choices. It's a*

matter of people trying to balance things on few resources, like getting tobacco, getting alcohol and drugs, having to choose between this and other things, like better quality housing (Māori health provider, Kaikohe).

Several consumers/tangata whai ora commented that the prohibitive costs of accessing and establishing a house meant that it was not uncommon for people to stay in supported accommodation or live with family/whānau when they would really have preferred to move to their own house. The initial cost of bonds and rent-in-advance left limited resources for purchasing household furniture and equipment.

I am living with my mother and really want to get out into a place of my own, but it's so hard to get enough together when you're living on a benefit. I can't save enough for the bond and the rent, and then what would I do for furniture? (Tangata whai ora/uri haumate, Whakatane).

We have tangata whai ora who have got nothing, no couch, no fridge (Māori mental health service provider, Te Puia Springs).

Interview participants also reported additional costs facing people who experienced mental illness. The costs of medication, doctors' visits and transport associated with accessing clinical support were identified as an additional financial burden facing consumers/tangata whai ora. Several people commented that consumers/tangata whai ora often made choices between paying for the rent and daily living costs, or getting their medications.

Lack of income to adequately deal with the cold in extreme weather conditions is a severe problem. Having to make choices about whether to pay for rent or heating or food or medication or transport or adequate clothing can be very stressful (Mental health service provider survey respondent).

Interview participants living in the Auckland region also commented on the additional costs of paying for their water rates as a separate financial outlay. While in fact this may not necessarily be a cost on top of the rent, as in many parts of the country this is a cost that is factored into rent payments, it has created the effect of an additional bill payment to manage.

Social costs and lack of participation

Participants in the group interviews reported that social isolation is one of the key factors that impeded the recovery and maintenance of wellbeing for many consumers/tangata whai ora. A lack of discretionary income limited access to social and leisure activities, and affected the capacity of consumers/tangata whai ora to maintain social contact and relationships.

Consumers/tangata whai ora reported that their inability to afford the phone or transport was particularly isolating. Many of the consumers/tangata whai ora who participated in the interviews also reported that they limited their social contact with others because of the additional costs of food and power. The issue of self-esteem was raised in relation to feeling humiliated and bad about being reliant on other people to supplement needs, not being able to afford a nice place to invite people to, and feeling unable to initiate or reciprocate the hospitality of friends and family/whānau.

I need to restrict my power because I can't afford it. I use a hot water bottle and when visitors come around I have to give them a hot water bottle as well. Lots of people have no phone as well … if people come around then you use more food and you use more power, or people don't come around to your house because it's so cold. It gets so humiliating and you start to restrict your social life … because you can't afford it. You can't invite people over for meals because you can't afford it. Then you're more isolated and that's not good for your mental health (Consumer/tangata whai ora, Hamilton).

Many consumers/tangata whai ora were restricted by the cost of housing to domestic circumstances that discouraged social contact/relationships with family/whānau and friends, such as boarding houses, small, cramped flats, caravans and substandard housing.

I have nowhere in my flat to have a family member stay - they live in the South Island (Consumer/tangata whai ora, Wellington).

Social contact with other people was reported to be an important aspect of reducing the effects of loneliness and isolation. Social contact with people outside the mental health services was also important as it contributed to a sense of belonging and participation in 'ordinary' life. Contact with friends, family/whānau and the wider community was reported to be particularly important for consumers/tangata whai ora who lived by themselves.

Moving outside of the mental health field is good. Being around mental health all the time can put you in a circle where you see the same people saying the same things, and we tend to lose our people skills. For example, I bump into people from school and I think I have nothing in common with them because my life revolves around mental health (Pacific consumer, Auckland).

WINZ eligibility criteria

Eligibility criteria for benefits were an area of much concern for consumers/tangata whai ora. The major benefits received by consumers/tangata whai ora were Sickness Benefit and Invalids Benefit. A condition of receiving a Sickness Benefit is that beneficiaries must produce a doctor's certificate every three months to prove their entitlement. This requirement added more stress to consumers/tangata whai ora, and seemed unfair to consumers/tangata whai ora who were not considered ill enough to be on an Invalids Benefit, but who still had long-term support needs.

Being a consumer and to have a renewal keep coming from your doctor, that's not fair. WINZ don't consider me ill enough to be on an Invalids Benefit, so I have to go three-monthly to the doctor's - but most mental illnesses don't go away in five minutes. Most people take three to five years, and even then you don't get written out of the system for years, it's a Catch 22 situation (Tangata whai ora, Christchurch).

The eligibility criteria for WINZ allowances were not always explained well or understood by consumers/tangata whai ora, who reported being left with the perception that mental illness was treated differently from physical illness.

WINZ never tell you what you are entitled to. You have to go to the doctors to get Housing Allowance/Disability Allowance - to get that you're required to be reassessed every six months, whereas if you were in a wheelchair, that's not the same. They don't recognise mental illness the same (Tangata whai ora, Auckland).

Employment

Employment was identified by participants as one of the key pathways to improved income, better housing, improved self-esteem, a sense of being 'normal' and participation in social and leisure activities. Consumers/tangata whai ora and providers reported that employment was closely associated with mental health recovery and improved wellbeing.

Employment and income are real issues. They determine the kind of accommodation you can get at the end of the day (Provider/tangata whai ora, Auckland).

Lower rent [would help]. Bring back the PEP scheme – employment is important, that gives self-esteem back, and money. Lots of it comes back to employment. If you can get work, then [you] get your self-esteem back (Tangata whai ora, Kaitaia).

It makes you feel normal having a job, having a house, then you have some normality, a reason to get up in the morning. It makes you feel better morally (Consumer/tangata whai ora, Hamilton).

Several interview participants reported that stigma and discrimination presented a significant barrier to consumers/tangata whai ora in both gaining and sustaining employment.

I've lost two jobs now because people found out I had a mental illness. People want to get rid of you the minute they find out (Tangata whai ora, Auckland).

Consumers/tangata whai ora who worked part-time also reported that they were disadvantaged because they had lost some of their eligibility for WINZ housing assistance.

Part of the process of getting well is you need a job – but you still don't have the money to establish yourself. You still need a house and you still need furnishings, and if you're working you lose your entitlements to help [from WINZ]. At least if you're on a benefit you can get help with the bond (Consumer/tangata whai ora, Hamilton).

According to participants, although employment assisted wellness, the nature of mental illness meant that some consumers/tangata whai ora would still require ongoing financial assistance alongside their earnings.

If you're on an Invalids Benefit and you can work over 15 hours per week, then there is this assumption that you no longer need the Invalids Benefit. If you are earning over 15 hours a week you are not allowed the re-establishment grant and if you earn over 15 hours a week then you lose $40 a week off your benefit (Consumer/tangata whai ora, Hamilton).

3. Sustainability

The following definition of sustainability was developed for the purposes of this research: *Sustainability refers to the network of resources and services consumers/tangata whai ora require in order to sustain independent living in the long term.* Sustainability therefore depends on the existence of an array of accessible material, service and social resources and a well developed and monitored regulatory environment. These various supports need to be well configured to allow consumers to manage independently on a daily/weekly basis, and also to retain their housing arrangements during episodes of acute care, respite care or hospitalisation.

According to participants, the sustainability of housing for consumers/tangata whai ora was influenced by a range of factors such as affordability, stigma and discrimination, the physical adequacy of the house, and the suitability of the house for the recovery and maintenance of mental health. These factors included the location and surrounding environment, access to personal and clinical supports, privacy and personal safety. Furthermore, for consumers/tangata whai ora to have a choice in their housing contributed to the sustainability of their housing and supported their capacity for independence and self-determination.

Retention of housing

Housing that was secure and provided some stability was reported to be a significant factor in the recovery and maintenance of wellbeing for many consumers/tangata whai ora. The retention of existing housing, particularly during times of illness or hospitalisation, was raised as a key issue**.**

> *We need some sort of security about housing, protecting our housing when we get unwell - it's one less thing to worry about. You can focus on yourself, not have to worry about your house (Consumer/tangata whai ora, Wellington).*

Participants reported that for them, ensuring the rent gets paid enhanced personal security, helped to maintain wellness, and alleviated some of the stress and instability they experienced during periods of illness. The retention of existing housing therefore helped to maintain and build existing resources, decreased the risk of falling into more serious financial and housing difficulties and prevented the additional costs of re-establishing housing.

Automatic payments of rent were mentioned as providing some security, but many participants considered this was still problematic for some consumers/tangata whai ora, because money could be accessed before rent payments were drawn from their account. Assignment of Benefit (rent taken out at source) was raised in almost all of the group interviews as a practice that had assisted some consumers/tangata whai ora in the past to retain their housing during periods of wellness and illness. Consumers/tangata whai ora and providers who were interviewed largely supported this practice as long as no coercion occurred, and consumers/tangata whai ora could retain their optional right over whether to choose the arrangement.

The group interview participants also raised some of the difficulties of arranging for Assignment of Benefit, including the difficulties in making the arrangement through WINZ for consumers/tangata whai ora who were not living in HNZ

housing, and the increased costs of bank fees if the arrangement was made through their bank.

> *WINZ will sometimes take Housing New Zealand rent payments automatically from your benefit but sometimes they won't [set it up]. If you have to do it through your bank, you get charged bank fees. WINZ can do it for any government department payments, but it can be quite a breach of privacy and control. It's all right if it's set up as a choice, but not if it's done as a mandatory thing (Consumer/tangata whai ora, Tokoroa).*

WINZ currently does not have the authority to assign benefit to a private landlord's account. Several consumers/tangata whai ora and providers questioned such a policy that only assists consumers/tangata whai ora living in HNZ housing, rather than those living elsewhere.

> *Assignment of Benefit would definitely help. The same example is used over and over again. If the benefit is not assigned, they go into hospital, lose their flat and start all over again. But if the benefit is assigned then there's no issue - but it depends on the WINZ office, whether it is set up or not. WINZ will do Assignment of Benefit for Housing New Zealand, but are very, very reluctant to do so for anyone else (Housing provider, Christchurch).*

> *I have been battling with WINZ because the last two admissions to the hospital were because [he's] lost his housing. It becomes a housing problem, not a mental health problem - because if he had housing he wouldn't be in hospital (Mental health service provider, Christchurch).*

Several interview participants commented on the value of having a sympathetic landlord. Landlords who were aware of the needs of people who experienced mental illness and could recognise any impending difficulties, particularly during times of illness/hospitalisation, could often take steps to assist consumers/tangata whai ora to manage their rent arrears or to retain their housing during periods of hospitalisation. Consumers/tangata whai ora reported instances in which good relationships with private landlords, HNZ and local government housing providers resulted in the retention of their housing during periods of illness or financial instability.

Several interview participants commented on the loss of WINZ benefit that occurs after 13 weeks in hospital. This would often lead to housing loss for consumers/tangata whai ora, because they could no longer pay their rent/mortgage. The lack of effective communication to consumers/tangata whai ora about the existence of a benefit entitlement to maintain rent/mortgage after 13 weeks in hospital, and the apparent lack of specific systems or processes to ensure this entitlement gets actioned, were significant problems raised by consumers/tangata whai ora.

> *WINZ have a Special Benefit to retain housing - but people don't know what they are entitled to. WINZ don't tell people about the benefit [entitlement] to retain housing (Mental health service provider, Whangarei).*

> *If I go into hospital I need someone to check that things are secure. The social worker will help, but after 13 weeks you drop down to the hospital*

rate [of benefit]. If you're in hospital you're on a full-on benefit for 13 weeks then you only get $26.50 a week, but you can access up to full benefit to pay mortgage or rent - but a lot of people don't know this (Consumer/tangata whai ora, Hamilton).

Consumers/tangata whai ora also reported losing their place in supported accommodation after 21 days of hospitalisation. Re-establishing a place in supported accommodation or accessing independent housing on leaving hospital would become more difficult for consumers/tangata whai ora who then would have to begin the process again. Interview participants in many parts of the country reported a backlog of people waiting for places in supported accommodation, and suggested that because of this, there are some who remain in hospital services for longer periods of time than is necessary.

When you have lived in supported accommodation and then go into the Ward, the supported accommodation will only keep your bed for 21 days because that's all they've got the health dollar for - you lose your place and right to be in a supported accommodation - you lose everything (Consumer/tangata whai ora, Christchurch).

Retaining housing during stays in residential/supported accommodation was also raised as an issue for consumers/tangata whai ora who own their own homes. Several consumers/tangata whai ora reported difficulties in arranging special payments/benefit entitlements from WINZ to continue with mortgage payments.

I was lucky, I had a really supportive GP and when I was in a mess, he took over and organised everything. When I was in supported accommodation I had real problems getting special payment [from WINZ] to cover my mortgage. WINZ was mucking around. The mortgage repayments were more worrying than the illness and I was in danger of losing my house. If I lost my house I would probably end up back in hospital. I had to pay the power and phone - I had to pay $143 when in support care. I got $50 support [from WINZ] but it wasn't enough. I had to go to the People's Resource Centre. The Benefit Rights people sorted it out with WINZ (Consumer/tangata whai ora, Wellington).

I was really lucky - a friend sorted out getting my house rented, organised my kids into care while I went into hospital. I wouldn't have got this help from mental health. We would have lost our home if it wasn't for our bank manager (Consumer/tangata whai ora, Wellington).

Assistance came from various sources with making arrangements with the bank, accessing benefit entitlements to continue rent or mortgage payments or finding flatmates to carry the cost of their mortgage, and with helping some consumers/tangata whai ora to retain their rental accommodation or home ownership. The retention of housing during periods of crisis depended partly on the level of personal, material and clinical support that consumers/tangata whai ora had established to protect their interests during difficult periods. People without well established avenues and systems of support were perceived as being more at risk of losing their housing. The protection of possessions was also reported to be an important issue, as it was not uncommon for

consumers/tangata whai ora to lose their possessions also, during periods of hospitalisation.

Consumers/tangata whai ora commented on the value of having a relapse or crisis plan in place that includes housing retention. Nominating people to be contacted in the advent of an emergency who are aware of their housing needs and can take steps to ensure housing is retained, was identified as a practice that assisted consumers/tangata whai ora. Several providers also commented on the value of having systems and processes in place aimed at securing the retention of housing prior to admission to hospital or residential services.

> *It's important to think about what to do when you're well, to make things OK if you become unwell - you need to put plans in place (Consumer/tangata whai ora, Hamilton).*

> *Housing needs to be sorted before and on admission to hospital. Good housing means people are less likely to be admitted to hospital. Good housing cuts down on admissions, but we need to start at the top before people start getting into housing difficulties and then mental health suffers (Mental health/housing provider, Wellington).*

Stigma and discrimination

The experience of stigma and discrimination was raised as a significant issue that impacts on both the accessibility and the sustainability of housing for consumers/tangata whai ora. As well as the difficulty of living in an environment characterised by the stigma that mental illness attracted, active discrimination from landlords within both private and public sectors was reported to be a barrier to consumers/tangata whai ora accessing and sustaining housing. Levels of discrimination were reported to be greater in the private sector, but it was the experience of both consumers/tangata whai ora and providers that discrimination also existed in the public sector.

> *There's a lot of discrimination in the public sector, discrimination if people know you are a consumer/tangata whai ora. It's difficult to prove, they look at you and say 'there's nothing available today'. There is [a private renting agency] here that is very overt in their discrimination (Consumer/tangata whai ora, Hamilton).*

Although surveys in Auckland and Wellington show little evidence of discrimination by housing providers (Peters, 1997), mental health service providers surveyed in this research supported the assertion by consumers/tangata whai ora of the existence of discrimination against people who experience mental illness, by private landlords and property managers.

> *There is discrimination, especially if there is disclosure of mental illness. If references get done on [mental health provider] letterhead, the house is lost (Mental health service provider, Christchurch).*

Several consumers/tangata whai ora commented that obvious contact with mental health services increased the risk of discrimination for consumers/tangata whai ora. Consumers/tangata whai ora talked about the difficulties they experienced when mental health support workers visited or contacted them at private residences or workplaces. These visits alerted

flatmates, landlords, neighbours and workmates to their consumer/tangata whai ora status, placing their housing (and employment) at risk.

> *Current rental agreements don't request information about mental illness - it's not a question that should be asked. But people don't often realise that and are pushed into revealing mental illness, sometimes because the other questions about past renting history reveal that you've been in supported accommodation or have been in hospital. You can choose to say or not say about having a mental illness, but then nurses or support workers come around in health vehicles with 'mental health' in large letters on their cars or come to visit and announce themselves – you're living in a flat and landlords don't know - then nurses turn up with cars and start asking neighbours if they have seen so and so (Consumer/tangata whai ora and provider, Auckland).*

Consumers/tangata whai ora also expressed their frustration at the way mental illness is treated in comparison with other illnesses.

> *I don't mind divulging information about my illness as long as there's no stigma attached. If it's looked at as just an illness like diabetes, then sweet. If then, 'oh, he's a weirdo', then, no way am I going to say anything (Pacific consumer, Auckland).*

> *Stigma alone is a huge thing - once it's accepted that [having a serious mental illness] is the same as being a cancer victim, and we are treated as equal, then it will be different (Tangata whai ora/uri haumate, Whakatane).*

Many consumer/tangata whai ora described their experiences of discrimination and said they often chose not to disclose that they experienced mental illness because of past experiences of being discriminated against.

> *Being under a lot of pressure, and not wanting to disclose what is going on, you come across as a suspicious character, paranoid and deeply depressed. People find it difficult. I gave up looking for flats, flatmates would think I was a little too vague, too poor, and too distant (Consumer/tangata whai ora, Wellington).*

> *I have experienced discrimination from flatmates, when they find out I have a mental illness and have been kicked out (Consumer/tangata whai ora, Dunedin).*

One interview participant commented that people who experienced mental illness would sometimes access less than desirable housing quality (such as boarding houses or caravan parks) or housing in less desirable areas, because they perceived those options as being less discriminatory towards people who experienced mental illness. Several participants also commented, however, that discrimination still occurred in those 'less desirable' housing arrangements, that they were not necessarily more accessible, and also that some were still at risk of losing their housing if landlords and other tenants discovered they experienced mental illness.

Reports of discrimination against people who experienced mental illness were not restricted to landlords and flatmates. Consumers/tangata whai ora reported experiences of discrimination from other sources such as

family/whānau, friends, financial institutions, and neighbours and communities, and said that discrimination directly affected their capacity to sustain their housing arrangements.

> *I am still upset that I lost my house. There was discrimination when I lost my house, the bank manager said I would be better without a mortgage (Consumer/tangata whai ora, Wellington).*

Sometimes consumers/tangata whai ora had lost their housing with family/whānau or friends, because of the stigma and fear around mental illness. Several participants commented that the unwelcoming attitudes of some neighbours and communities had also made it difficult to sustain their housing. NIMBY (not in my backyard) impacted on housing options, and on how much consumers/tangata whai ora felt accepted in local communities.

> *People end up in psych unit - hospital - and then go through some kind of process of healing, but families don't want them back because of the stigma that falls over people - and people end up back in the psych services (Tangata whai ora/uri haumate, Whakatane).*

There was a perception among some participants that HNZ narrowed the housing choices of people who experienced mental illness through discrimination. Several consumers/tangata whai ora and providers reported their feeling that they either were not offered houses at all, or were offered houses in the worst parts of town. Several also commented that they thought consumers/tangata whai ora were kept on waiting lists longer than other applicants were.

> *Housing Corp were supposed to be the good landlord, but if you're a mental health patient and you're on a benefit, you get the worst housing in town (Tangata whai ora, Tokoroa).*

> *One of my women said 'don't say anything about my diagnosis' [to HNZ]. As soon as you mention it, they won't even go there, won't even try (Māori mental health service provider, Auckland).*

> *The majority of consumers are ghettoised in the south/eastern areas of town. HNZ have indicated they have had a policy in the past of dumping 'problem' tenants in that community (Housing provider, South Island).*

The perception of discrimination by HNZ in allocating housing to consumers/tangata whai ora may be due in part to a limited supply and availability of housing in some areas, and also to a lack of knowledge or clear information about the allocation criteria for HNZ housing, compounded by an unwillingness to divulge mental health problems. This was identified as an issue by several consumers/tangata whai ora and providers.

> *HNZ need more transparency - I know there must be some criteria for getting a house but need to know what it is - there is a points system but don't know how to fit it or who fits it (Mental health service provider, Auckland).*

We need more things like the 'Like Minds' ad[9] – it shows prominent people, and it has helped to change attitudes a bit (Consumer/tangata whai ora, Whakatane).

We need a more concentrated effort to educate people. It's just ignorance and fear – [we] need to work at changing people's attitudes, for instance the 'Like Minds' programme. It's a good start and I think it has helped (Mental health service provider, Auckland).

Suitability and adequacy

Suitable housing for people who experience mental illness is housing that meets generic standards of physical adequacy and is also aligned with mental health recovery and maintenance of wellbeing. What constitutes suitable housing depends on different things for different people. Suitable housing also depends on the balance or right mix of elements. A house might be of adequate quality but located some distance from essential supports and services, or housing might be affordable but not allow pets.

Low income often pushes consumers/tangata whai ora into housing at the lower end of the rental market, where housing tends to be of poorer quality, and situated in poorer areas of town. Consumers/tangata whai ora gave numerous examples of housing conditions and living arrangements that did not align with their recovery needs and generally compromised the safety and wellbeing of people who experience mental illness.

Where one of my clients was staying, they were selling their medication. They had no power on … so she was getting sicker. So we got her a one-bedroom apartment … but it's pretty rough. The type of housing she is in now attracts gangsters. As a key worker I am really scared walking down the corridor of the place to her … I get really wiri [scared] (Māori mental health service provider, Auckland).

Interview participants reported that a significant number of consumers/tangata whai ora lived in substandard housing conditions. Private boarding houses and caravan parks were reported to be amongst the poorest quality housing options, where the health and safety of consumers/tangata whai ora are particularly compromised.

A lot of tangata whai ora I know are living in caravan parks. I've been down to those caravan parks and they're bloody horrible places. Caravans are small and unsafe and the way they cook their meals is on these open gas cookers near curtains (Kuia, Auckland).

A lot of them [tangata whai ora] go to these horrible caravan parks. Women have to walk to the toilet in the middle of the night … Lots go to caravan parks and they're not even cheap any more. A lot of abuse goes on out there, but they do it because there is nowhere else to live (Māori mental health service provider, Auckland).

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[9] The *Like Minds, Like Mine* TV advertisements are part of the Ministry of Health's funded campaign to combat stigma and discrimination. See Ministry of Health (2001b).

Interview participants also raised their concerns about the apparent lack of adequate monitoring of building and safety standards in some of the housing where consumers/tangata whai ora lived: for example, some boarding houses and caravan parks. The physical safety and physical health of tenants in some of those housing arrangements were at risk.

Some HNZ and local council housing (particularly blocks of units or multi-level apartment blocks) was also considered unsuitable by many consumers/tangata whai ora. The reasons given included the small size of units, the lack of outdoor area, excessive noise levels, and the lack of privacy and safety. Consumers/tangata whai ora also reported a high level of harassment in such housing.

Consumers/tangata whai ora reported that they generally preferred not to be housed in blocks of flats or units alongside other mental health consumers/tangata whai ora, or away from the rest of the community. People who experienced mental illness did not want to be further marginalised by being housed in 'ghetto' areas. This is one of the key concerns mental health service providers and consumers/tangata whai ora had regarding the supply and allocation of HNZ housing for people who experienced mental illness.

> *We shouldn't be put with people with the same level of unwellness, or people that are less well together. You come out of hospital into wellness and end up in one of these clusters of housing with other people who have mental illness ... If you want to make people well, then put them with well people (Māori mental health service provider/tangata whai ora, Whangarei).*
>
> *[I would like] to live in housing like everyone else, clean, tidy, tidy yard, in an average neighbourhood, not surrounded by typical Housing Corp or Council house residents who're troubled by alcohol and drug or mental health issues or financial problems or unemployment (Consumer/tangata whai ora, Dunedin).*

Being surrounded by other mental health consumers/tangata whai ora with high levels of unemployment and poverty, and people with alcohol and drug issues (particularly current users) increased the stress and vulnerability of consumers/tangata whai ora. Personal safety was raised as a significant issue for consumers/tangata whai ora who were often at risk of discrimination and abuse.

> *A friend bought her Housing Corp house from Housing Corp but now has real problems. She's surrounded by Housing Corp houses, unwelcoming, aggressive, threatening neighbours with too many problems of their own. She lives in a ghetto (Consumer/tangata whai ora, Dunedin).*

The suitability of housing was also influenced by the nature of the mental illness that people experienced such as depression, claustrophobia, post-traumatic stress disorder, schizophrenia and anxiety disorders.

> *I let Housing New Zealand help me, but they tried to put me in a one-bedroom flat - but I'm claustrophobic and you don't put someone who's claustrophobic in a tiny one-bedroom flat - but it's either that or go private (Tangata whai ora, Christchurch).*

I like to be on my own because I have post-traumatic stress disorder. When I was in a block of flats I kept flashing [having flashbacks] and setting the others who were sick off (Tangata whai ora, Christchurch).

There is a big issue with space and freedom from noise if you're hearing voices in your head and also voices from outside or through the next wall. You start to wonder what's going on (Māori mental health service provider/tangata whai ora, Whangarei).

Consumers/tangata whai ora all over the country expressed the desire to be able to access the same kind of housing as anybody else. The ability to access 'an average house in an average street' contributed to consumers/tangata whai ora feeling more accepted as part of mainstream society.

Private housing is important - going out and accessing housing in the private market - to be able to go out and live normally (Tangata whai ora, Whangarei).

Several participants commented that living in decent surroundings was particularly important for people who experienced mental illness. It is important to consumers/tangata whai ora that housing is in reasonable physical condition, clean and tidy and not cold or damp. Consumers/tangata whai ora reported that decent housing helped to restore and maintain some dignity, and so contributed to wellness.

What sort of housing do we need? A nice atmosphere, nothing like living in a caravan or living in a flat that looks like someone's bombed it out. Dry, warm, friendly, sunny colours - you want to feel wanted there - loved and cared for like you did in a family home, [with] privacy, or with half a dozen of you like a whānau - something that gives you dignity (Consumer/tangata whai ora, Whangarei).

Participants felt that the physical conditions of a house were linked to the suitability of housing, but also that the suitability of housing for many was linked to the elements of housing that make it 'feel like home'. Consumers/tangata whai ora cited choice, independence, privacy and personal space (regardless of whether they lived alone or in shared housing) as important elements of 'being at home'.

I pulled myself through in my own way once I was given my independence and my rights back. I'm OK now. It's essential to have your own privacy. I can do my own thing, and can invite who I want into my own home. This is essential to anyone with mental illness (Consumer/tangata whai ora, Whangarei).

A sense of belonging is what people are saying is the link between mental health and housing, something that gives self-control and self-determination (Mental health service provider, Christchurch).

Living alone is one of the housing preferences of consumers/tangata whai ora, but the point was made on several occasions that the need for privacy, independence and the need to live alone should not be equated with 'being left alone'. Consumers/tangata whai ora who lived alone stressed the need to have access to clinical, personal/social and community supports, and for those supports to be suitably located in relation to their housing. Being located close

to public transport in order to access supports and services was also considered important.

> *We need to be independent but we also need company. You need a balance so you need to be near friends and support (Māori mental health service provider and tangata whai ora, Whangarei).*
>
> *I think you grow by living independently, but it's got to be independently with the support available (Consumer/tangata whai ora, Christchurch).*
>
> *You need to be on a good bus route, to have reasonable access to support networks (Mental health service provider, Christchurch).*

The size of some single-unit accommodation was reported to be problematic for some people, especially if they lived alone and had no space to accommodate friends, family/whānau and caregivers who visited or stayed on occasion. Living with others, including family/whānau, could sometimes be seen as a suitable housing arrangement, but participants reported that significant numbers of consumers/tangata whai ora were pushed into that living arrangement because of the lack of good, affordable single housing options. Shared living arrangements could lead to conflict situations, created additional stresses, risks and vulnerabilities, and placed stress on established relationships, thus eroding existing avenues of support.

> *In my experience, most consumers were in that living situation by default rather than by active choice. It is possible that family/whānau accept this default situation rather than see their family member disadvantaged through lack of viable (and affordable) options. This can involve considerable strain on family relationships and can erode this support base just when it is most needed (Mental health survey respondent).*
>
> *There is this idea that people with mental illness all want to live together (Mental health service provider).*
>
> *... need housing for people moving out of residential facilities and into the community. Some clients prefer to live by themselves and offer mutual support but often clients prefer to live by themselves, and there are a number of reasons for this (Consumer/tangata whai ora, Whangarei).*

Housing that consumers/tangata whai ora have a choice in selecting was reported to be a key element of housing suitability, and therefore the sustainability of housing. Several consumers/tangata whai ora also commented that it was not uncommon for their housing to be chosen for them by others.

> *There need to be places for the individual, based on what they need and where they want to go. Housing that is based on the individual's choice is far more likely to suit the person - people are more likely to sustain that house (Mental health service provider, Auckland).*
>
> *A lot of people have come into hospital and have lost their accommodation while in hospital - and then a social worker has found them somewhere to live and you're told 'you have to live here - we couldn't find you anywhere else' (Consumer/tangata whai ora, Auckland).*

4. Homelessness and transience

Consumers/tangata whai ora and providers described different levels and definitions of homelessness and transience. These mirrored the concepts reported in the literature, and included being without shelter of any kind (e.g. living on the streets or sleeping rough); the use of night shelters, emergency accommodation, hostels, boarding houses and caravan parks; staying with or moving around family/whānau and friends; and also, not feeling 'at home'.

Consumers/tangata whai ora definitions of homelessness related to personal circumstances, rather than housing type. For example, living with family/whānau or living in boarding houses and hostels did not always constitute homelessness or even transience, as some people chose those forms of housing because they suited their needs. Reference to those housing options as homelessness or transience here refers to the involuntary way some consumers/tangata whai ora had to accept those arrangements as temporary options, because they could not get or sustain alternative independent housing.

Living in highly inadequate or unsuitable housing was also discussed as a form of homelessness for some people, because either those types of housing placed people at greater risk of becoming homeless or transient, or they did not meet the requirements of 'being at home'. There were also consumers/tangata whai ora in supported accommodation who described themselves as 'homeless' because they did not have the resources to access independent housing.

Every discussion group included consumers/tangata whai ora who had experienced being homeless or transient in the past. There were also people who were currently homeless or transient, as well as people who feared or expected they might find themselves back in that situation again.

> *Homelessness, that's my fear, to end up homeless (Pacific consumer, Auckland).*
>
> *I have moved over 30 times in ten years and been homeless three or four times. Sometimes I'd move up north to my parents for three/four weeks to get some money. Say goodbye to all my gear, I haven't accumulated stuff. I'm not happy with where I am living at the moment but it's nominal cost and some stability for now. After what I've been through I don't know where I am going from now. Uncertainty annoys me (Consumer/tangata whai ora, Wellington).*

Patterns of homelessness and transience

Some consumers/tangata whai ora reported experiencing short periods of homelessness and transience during periods of crisis. Others moved in and out of periods of homelessness and transience over time, through repeated cycles of housing difficulties and illness. Others had been continuously homeless over longer periods of time.

It is not possible from the interview data to report on the extent of homelessness amongst different population groups, but interview participants reported that homelessness and transience affected consumers/tangata whai ora from every age, ethnicity and gender group. Providers reported a higher number of male than female consumers/tangata whai ora who were homeless and transient, but

also reported that the numbers of women consumers/tangata whai ora who were homeless could be obscured, because they were more likely to be staying with or moving among family/whānau and friends.

Some providers reported a higher proportion of tangata whai ora who were homeless or transient than non-Māori, and increasing numbers of young consumers/tangata whai ora among homeless populations. Participants also reported that the incidence of alcohol and drug addiction was greater among homeless consumers/tangata whai ora.

The comment was made that there are people who are homeless and not coping or functioning well, who exhibit behaviour that suggests a personality disorder which has not been formally diagnosed. Because those people do not meet mental health diagnosis criteria, they do not have access to mental health services. Participants also noted that some of those people would not welcome a mental health diagnosis or want contact with clinical mental health services.

Causes of homelessness and transience

In the group interviews, consumers/tangata whai ora talked about the many pathways in and out of homelessness or transience. A range of contributing factors was reported. These included the affordability and supply of suitable housing; housing loss because of periods of illness/hospitalisation and subsequent eviction; relationship difficulties and conflict with others; difficulties establishing and sustaining housing; low income and levels of debt; delays and waiting lists in accessing support, emergency housing or other housing options; and stigma and discrimination that prevent access to sustainable housing.

> *I understand that in the Wanganui area there is a proportion of people young and old, who are unsuitably housed, transient or homeless for a variety of reasons - i.e. lack of sufficient money (benefits), lack of budgeting and other skills, also, too high expenses (rent, medication etc), also addictions to drugs and/or alcohol (Mental health survey respondent).*

Group participants also reported that some consumers/tangata whai ora had 'burnt their bridges' with family/whānau, friends, housing providers and support services, and so they would now find it very difficult to access any further forms of housing or support.

Mental health and community service providers reported that certain circumstances put consumers/tangata whai ora particularly at risk of homelessness. These included coming out of prison and/or forensic mental health services; having a dual diagnosis (mental illness and alcohol and drug problems); having a past history of institutionalisation in psychiatric institutions and Child, Youth and Family (CYF) care; having a past history of difficult family relationships; and not being linked into effective social/community supports and mental health services.

Conflict and difficulties in family/whānau relationships was raised as one of the key factors leading to periods of homelessness for young consumers/tangata whai ora. Women consumers/tangata whai ora reported that relationship difficulties and domestic violence were key factors leading to periods of homelessness for women.

Providers commented that the numbers of homeless consumers/tangata whai ora had increased following deinstitutionalisation. One of the reasons they gave for this was the unrealistic expectation that family/whānau would be able and wanted to support their family/whānau member, although a number of family/whānau did not either have the resources or want them back. Some consumers/tangata whai ora who had been institutionalised for long periods of time also had difficulty establishing and sustaining independent housing because of their lack of skills, experience and resources to cope.

> *With the closure of Tokanui, whānau weren't willing to accept their own back into the home (Tangata whai ora, Te Puia Springs).*

A lack of affordable housing and emergency accommodation was reported as one of the key problems facing homeless and transient consumers/tangata whai ora. Discrimination and cost created barriers to finding housing in the private rental market, and there were few places in the more affordable housing options such as HNZ and local government housing. A lack of affordable single accommodation for single men was also reported as a particular problem contributing to their levels of homelessness.

There were also reported to be few openings available in some parts of the country in emergency or short-term accommodation options such as night shelters, hostels and boarding houses. Interview participants commented that while the availability of some of these options was a problem, some were also considered to be unsuitable or inappropriate for the long-term housing needs of homeless consumers/tangata whai ora. Interview participants all over the country reported particular gaps in the provision of safe and appropriate emergency accommodation for women, for consumers/tangata whai ora who have children and families/whānau, for refugees and new immigrant groups and for consumers/tangata whai ora coming out of prison. Appropriate and safe emergency accommodation for young consumers/tangata whai ora was also reported as a significant service gap.

Several consumers/tangata whai ora and providers reported that there would always be some consumers/tangata whai ora who did not want to live in a house, either because they had difficulty settling or because they did not want to be tied down. Levels of debt, debt avoidance or avoidance of paying rent and other household costs in order to afford drugs and alcohol were also reported as reasons why some consumers/tangata whai ora 'chose' homelessness or transience. The comment was also made that some homeless consumers/tangata whai ora chose not to access existing short-term accommodation options such as night shelters, hostels and boarding houses because they found their rules too restrictive.

> *Some [homeless consumers/tangata whai ora] have drug problems, some tend to use all their money on drugs rather than accommodation (Pacific consumer, Auckland).*

> *Homelessness – it's not a lack of homes, but is actually about a whole range of other stuff happening. What motivates homelessness is not just one factor. There are people who won't abide by society's rules and [so] they either accept [the rules] or don't go there (Mental health service provider, Wellington).*

Several consumers/tangata whai ora and mental health and community service providers also commented that viewing homelessness as a 'lifestyle choice' for some consumers/tangata whai ora needed to be placed in a context of lowered expectations and diminished material and social resources.

Impact of homelessness and transience

Participants reported that the experience of homelessness and transience added considerably to stress levels for consumers/tangata whai ora, increased vulnerability to physical illness and left consumers/tangata whai ora vulnerable to situations that further exacerbated mental illness. Abuse, being preyed upon and 'ripped off' left them more vulnerable to drugs and alcohol. Providers reported an increasing problem with gambling addictions among homeless consumers/tangata whai ora living in the inner city Auckland area. Moving around family/whānau and friends also had the potential to create difficulties in relationships that further exacerbated mental illness, and diminish existing avenues of support.

> *Several have experienced periods of homelessness. They typically dossed with relatives or mates, but some said it is hard to find friends tolerant enough to let someone camp down at their place. This is risky in that the stress can lead to relapse (Mental health survey respondent).*

> *Homelessness and transience affects mental illness. It causes stress and can tie people into it. It means being around all the temptations and [being] vulnerable to drugs, alcohol and gambling - vulnerable to people ripping them off - especially dealers in the inner city area. Medications can get stolen (Mental health service provider, Auckland).*

In order to qualify for a benefit from WINZ, consumers/tangata whai ora must be able to provide an address. Consumers/tangata whai ora and providers commented that this policy created additional stress for homeless consumers/tangata whai ora, placing them at risk of experiencing further disadvantage such as financial hardship.

> *My recommendation [to the Government] would be to not need an address. Why should you have to do this if this is your choice? You put your life and safety at risk if you go without a benefit (Pacific mental health service provider, Auckland).*

Support needs of homeless/transient

The types of supports that homeless consumers/tangata whai ora reported needing to access and sustain housing mirrored to a large extent those for other consumers/tangata whai ora. Providers and consumers/tangata whai ora commented that for some, there are additional issues about the delivery of support services, particularly for people who have been homeless or transient over long periods of time, and those who had experienced long periods of institutionalisation or have high/complex support needs.

Some of these people had particular difficulties accessing support services and dealing with established systems and bureaucracy. They often did not approach support services or government agencies for assistance, either because they did not understand the systems or know how to work through the processes, or because of bad experiences in the past with bureaucracy and institutions.

Communication is one of the reasons for homelessness. If you don't understand the korero (of WINZ) then you don't turn up to appointments. When you're signing up with Social Welfare, you need a microscope to read the size of the print anyway, then there's 24 letters you don't understand and you think 'what does that mean?' (Consumer/tangata whai ora, Whakatane).

I've been homeless. I came through the CYPS system and was moved around a lot as a kid. When I was old enough to get out there on my own I didn't know where I could go - I didn't know what was available. I was 14 years old and homeless. Services tried to refer me into halfway houses - they were always trying to put me into halfway houses, trying to put me into courses. I didn't have any idea. I thought they [social workers] looked at me naively, I don't know what I would have wanted, just people that understand where you're coming from, they need to be down on your level, not throw their jargon at you. They might have given me options but I didn't understand their lingo (Consumer/tangata whai ora, Christchurch).

Mental health and community service providers commented that some homeless consumers/tangata whai ora were mistrustful of people, particularly professionals and 'officialdom' owing to past bad experiences, disruptive family relationships, periods of institutionalisation, the experience of stigma and discrimination, and from being marginalised or excluded from 'mainstream society' over periods of time. This mistrust of professionals meant that it would take time to establish rapport and build up trust with some people.

Many consumers/tangata whai ora and providers commented that it was important for consumers/tangata whai ora to have some consistency with sources of support, particularly in working through the process of accessing housing, so that one dedicated person works through the entire process with them. This would include approaching WINZ, housing providers, power and phone companies and dealing with banks.

It's important to establish a rapport with people - people often just need someone to step through the processes with them. There are services available, but this isn't the same as going through the whole process with someone, establishing rapport happens over time, it takes time to build up relationships with support workers (Mental health service provider, Auckland).

Interview participants suggested, however, that the provision of housing alone would be unlikely to solve the housing problem for many homeless and transient consumers/tangata whai ora. Providers reported that homeless consumers/tangata whai ora often had multiple and complex problems, including a past history of abuse, past trauma, mental illness, drug and alcohol addictions, unemployment, relationship difficulties and social isolation, and therefore experienced difficulties 'fitting in' to society.

Very few people come with single issues or problems. Most people who use [our service] have multiple problems - abuse/past trauma/mental health problems (both diagnosed and un-diagnosed), housing issues,

poverty, unemployment, family issues, relationship difficulties, violence and some are ex-prisoners (Community service provider, Auckland).

A key issue that was raised was the difficulties some consumers/tangata whai ora had making the transition from periods of homelessness or transience to independent housing. Several participants reported that the loneliness of an independent unit or house and a lack of skills and resources often made it difficult to sustain housing and so they ended up homeless again. Several interview participants who had experienced periods of homelessness commented on the sense of community and supportive relationships that exist within 'homeless communities'. A move to independent housing can isolate people from such support networks.

I'm happy to live under a roof now - I don't have to live under the stars any more. People living on the streets become your family - you get so close to kids on the street. We slept in boxes, we slept at the back of the cop house - what helped me on the streets was the people on the streets, and no one else (Consumer/tangata whai ora, Christchurch).

Consumers/tangata whai ora and providers identified the need for both short-term and long-term housing solutions to suit the needs of homeless consumers/tangata whai ora. In particular, there was a reported need for short-term easy-to-access emergency accommodation where homeless consumers/tangata whai ora could come and go as they needed to. However, there was also agreement among interview participants that short-term emergency accommodation options would not solve the long-term independent housing needs of many homeless consumers/tangata whai ora.

Providers commented that emergency housing needed also to provide access to transitional support services to assist homeless and transient consumers/tangata whai ora to access independent housing. Providers also said that ongoing supports to assist homeless consumers/tangata whai ora were important to sustain independent housing, including efforts to support them to establish social contacts, and to make links with mental health services, community supports and social networks.

Providers reported that it is important to have the time, opportunity and place to build relationships with consumers/tangata whai ora in order to assess clinical needs properly, including their capacity to access and sustain housing as well as establishing their housing preferences. Several providers said that one of the problems for homeless consumers/tangata whai ora was that people were often placed in whatever housing could be found for them, rather than finding the kind of housing that would suit the people. The support needs that they might have would then be assessed in order to sustain that housing. It was said that there is a need for some kind of non-clinical facility where mental health and community workers could work in partnership with homeless consumers/tangata whai ora, to establish their particular needs and housing preferences.

... need some kind of facility - but not institutional - a safe kind of environment so that mental health workers or other support people can build up ongoing relationships with people, develop relationships in order to identify needs, do meaningful needs assessments, but nothing

institutional or people would leave … need to develop relationships and identify needs sufficient to be able to move into a house - need to wear an unclinical [sic] hat. People can be suspicious and uncommunicative around 'professionals' (Community service provider, Auckland).

Providers and consumers/tangata whai ora alike reported the need for continuity of support over a period of time, as it can take some time (between two and five years) for consumers/tangata whai ora to gain the confidence, skills and resources to sustain independent housing following long periods of illness, transience and homelessness.

5. Support needs

The need for support services to assist all consumers/tangata whai ora (not just those who are homeless) to access and sustain independent housing, was identified as a priority for many consumers/tangata whai ora.

Interview participants reported several reasons for this, including stigma and discrimination, as well as the high cost of housing in their low-income environment. The experience of mental illness also contributes to the need for assistance for some consumers/tangata whai ora, because they experienced difficulties coping with the tasks of daily living, particularly during periods of crisis or severe illness. Lack of experience and knowledge of the systems and processes involved in accessing and sustaining housing were also identified as factors.

Support from family/whānau and friends was identified as significant support for many consumers/tangata whai ora, but not always available. People did not necessarily want to rely on friends and family/whānau. Interview participants also reported that many family/whānau were themselves struggling with limited resources.

These are issues for families as well, families often need to pick up the slack - offer support - many do what they can, but they can't do everything and are often facing their own stresses and living on benefits (Mental health service provider, Kaitaia).

Some consumers/tangata whai ora became more limited in their avenues of support because they had 'burnt their bridges' with family/whānau, friends, community and government service providers.

There are people who burn all their bridges – [with] people that won't have them back - family, friends and services (Mental health service provider, Auckland).

At the time of the research, a range of services offered housing assistance to consumers/tangata whai ora. These included mental health services, housing services and providers, and government and community agencies. Interview participants were not always specific about the exact services or agencies they were discussing, or that currently offered (or could offer) housing support services, but referred to the key elements of the supports and services that they needed most.

The key elements of supports and services that both consumers/tangata whai ora and providers reported to be the most desirable included:

- having a choice from a range of support services that fit with individual and cultural needs;
- flexibility in type, level and availability of support whatever their housing arrangement or wherever they chose to live;
- provision of practical and personal supports to access and sustain housing on an ongoing basis;
- having a real choice from a range of affordable, adequate and suitable housing options;
- sensitivity and understanding on the part of service delivery personnel to the experience of mental illness;
- some continuity of services and support relationships; and
- services that worked in partnership with consumers/tangata whai ora.

Consumers/tangata whai ora and providers also identified a number of barriers within existing support services that impacted on the ability of consumers/tangata whai ora to access them.

Problems accessing support from government agencies

Participants identified several issues concerning service delivery within government agencies, particularly WINZ and HNZ, that diminished their ability to access income support and housing assistance.

> *I could feel her [DWI staff member's] fear. They need to put someone in that can handle it (Māori mental health service provider, Auckland).*

> *When I walk into a government organisation I tend to be more fearful against my mental illness than I do about my sexuality or colour. I worry about that [being discriminated against because of mental illness] more than anything else. When I deal with someone I think 'oh, are they going to find out? Are they going to find out?' (Pacific consumer, Auckland).*

> *[The] psychiatrists ask me 'what were some of the things that cause you to be manic?' and I say 'ridiculous bureaucratic nonsense from WINZ and IRD'. I'm on an Unemployment Benefit and WINZ ask me 'why don't [you] go back to teaching?' - the doctors tell me that it's bad for my health. They ask me 'why don't [you] go back to social work?' - I tell them 'it's bad for my health' (Tangata whai ora, Auckland).*

Consumers/tangata whai ora all around the country reported that they were often not told of their benefit entitlements. There was also a widespread perception that WINZ staff exercised some discretion in providing benefit information or approving benefit entitlements. This discretion was thought to vary from one office to another.

> *It's only like by pure luck that you find out your entitlements, or if another whānau tells you and you know what your entitlement is (Māori mental health service provider, Te Puia Springs).*

I have also discovered that there were gigantic differences in the help you get from WINZ. Here we were very lucky, we have a WINZ worker who got an award last year for her work with the mentally ill. In [another area] it's the total opposite (Tangata whai ora/uri haumate, Whakatane).

Consumers/tangata whai ora also commented that they were often unable to access information or their benefit entitlements without the intervention of a third party. The experience of many consumers/tangata whai ora and mental health service providers was that in order for consumers/tangata whai ora to get assistance from WINZ, they, as support workers, needed to accompany consumers/tangata whai ora to appointments.

At WINZ you've got to have a support worker. They [WINZ staff] won't tell you anything, you have to ask them before they'll tell you. It's OK for people we work with [tangata whai ora] but for people who haven't got a [iwi] support worker, they're very disadvantaged. A lot of WINZ staff are inappropriate to deal with tangata whai ora and they end up with nothing, they need [iwi] support workers (Māori mental health service provider, Auckland).

Dealing with government agencies and bureaucratic processes can be stressful for anyone. Although it is likely that some of the comments made in this report about particular agencies such as WINZ and HNZ did not apply only to the mental health sector, the issues did clearly have a particular impact on beneficiaries who experienced mental illness.

Dealing with complex systems and paperwork, delays in systems or a lack of understanding or sensitivity on the part of agency personnel to the experience of mental illness can create further stress for consumers/tangata whai ora, preventing them approaching agencies and/or receiving adequate information about services or their entitlements. A reluctance to disclose information about their mental illness because of their fear of stigma and discrimination also meant that some consumers/tangata whai ora were not receiving information about assistance they could be eligible for.

It's shattering to have to deal with bureaucracy. It's hard enough without mental health problems, it gets really bad, so bad that you just want to slash your wrists. It's the difference between being disappointed and being shattered by it (Māori mental health service provider/tangata whai ora, Auckland).

Social welfare puts out information 'if you think you are eligible' and it's up to the person to try and work it out, to have to go through the process of asking, and it's not that easy and of course lots of people don't. The way the information is presented, it's a problem, too much information to consume at once - but [you] need that information put out in a different way … to be told the information is there if you ask for it, well - is that going to work? I don't think so (Consumer/tangata whai ora, Hamilton).

Delays in accessing benefits on leaving hospital services, even if the time delay would be only one or two weeks, could create considerable difficulties for consumers/tangata whai ora trying to re-access independent housing.

Participants reported that delays in accessing benefit assistance were particularly critical for consumers/tangata whai ora during a housing crisis or periods of illness or hospitalisation. They created further stress and sometimes led to housing loss, or pushed consumers/tangata whai ora into temporary, unsuitable or unsafe living arrangements.

> *Having to wait two days, two weeks is too much when dealing with mental illness and other problems like housing. Some people have to wait much longer to access the kind of support or accommodation they need (Mental health service provider, Te Puia Springs).*

Delays in receiving information about income support and housing assistance were also reported to be due to a lack of information amongst different services and health professionals, and a lack of coordination among people responsible for ensuring that consumers/tangata whai ora were aware of what assistance was available to them.

> *No one knows this! [about access to benefit to retain housing during hospitalisation] I'd been in hospital for nine months before I got told this, so it depends on what worker you get. Social Welfare didn't tell me but someone from HNZ did (Consumer/tangata whai ora, Hamilton).*

> *People need information before going to hospital - from GPs for example. A lot of us wouldn't even end up in hospital if we'd been given the information or knew who to see (Consumer/tangata whai ora, Hamilton).*

Delays in accessing housing itself were raised as a significant concern. Interview participants reported a general shortage of emergency housing and a lack of places in existing emergency housing options. Delays in accessing HNZ housing were raised by many consumers/tangata whai ora and mental health service providers with reports of long waiting lists in some parts of the country.

> *Housing Corp have got no homes here, there's a long waiting list. Community Housing has no housing and there's a huge waiting list. There are only two Housing Corp houses in this area (Māori mental health service provider, Kaitaia).*

> *We are one of the most deprived areas. Waiting lists for Housing New Zealand houses are long, because the houses were sold in the 90s [following the change in the legislation]. It's the same with Council houses (Mental health service provider survey respondent, Opotiki).*

> *I was there [HNZ] last week, [I am on the] waiting list but since the change in policy, no-one wants to leave their house. It could be months or it could be years, not weeks [before I get a house with HNZ]. There were no vacancies (Pacific consumer, Auckland).*

Although some of these concerns are generic for all low-income people, participants reported that waiting lists and the limited supply of HNZ and local government housing in some areas narrowed housing choices for some consumers/tangata whai ora. With the additional lack of single accommodation, and affordable housing being situated in unsuitable locations, options have narrowed to more expensive (and therefore less sustainable) housing options in the private housing sector.

There's a lack of HNZ stock and there's no one-bedroom flats. The availability of appropriate accommodation is a big issue. There's a big shortage at the moment so you have to go into the private sector and in my experience there's more discrimination for people with mental illness in the private sector than in HNZ housing (Pacific consumer, Auckland).

In some instances, participants reported that HNZ housing was available but not necessarily in an area where consumers/tangata whai ora would choose to live. Housing options requiring consumers/tangata whai ora to move away from established social and community networks and clinical supports were reported to be unsettling, as they exacerbated mental health problems and led to further housing instability.

The Housing New Zealand waiting list is OK, but maybe not if you want to stay in a particular area. There might be a house available somewhere else but not in the area that would most suit the person's needs (Mental health service provider, Auckland).

Problems accessing information

Consumers/tangata whai ora and providers who participated in the group interviews agreed there was a widespread lack of information and a high level of misunderstanding about some of the services and supports that are available to assist them with their housing. Several consumers/tangata whai ora and providers commented that information and support were available but not readily accessible to people, particularly to those not connected into mental health and community services, or those who were isolated from social networks generally.

There is information that people have (like who are the best landlords to approach) but a lot of people don't have the information. People who are connected into some kind of network or organisation like [this one] can often get the information, but it's so much harder if you're isolated and on your own out there (Consumer/tangata whai ora and provider, Hamilton).

A number of interview participants commented that a more coordinated effort amongst health, housing and income services would help to secure housing for consumers/tangata whai ora. Several consumers/tangata whai ora and providers said that the earlier consumers/tangata whai ora were aware of the supports and services that were available to assist them with their housing, the less likely they would be to lose their house, end up in hospital, or become in need of further assistance to re-establish housing.

Participants in the interviews provided several examples of inter-agency initiatives that have worked in the interests of improving the lines of communication, sharing of information and the accessibility and sustainability of housing for consumers/tangata whai ora. These inter-agency links operated between mental health service providers, community service providers, government agencies and housing providers in both central government and local government housing agencies, on an informal as well as a formal basis.

We have had WINZ and HNZ coming out to people, instead of people having to go into them - three cases of this so far and this has been a good thing. Things work well with WINZ now but we have had to build

up that relationship and liaise with them (Mental health service provider, Auckland).

[We have] a Housing Forum, instituted by the Tenants Protection Agency Forum. It includes the Real Estate Institute and Property Managers. They meet every six weeks and discuss things like tips for energy savings in homes. The discussion invariably gravitates towards mental health so providers can make connections and networks with others on the day. It's been going for nearly two years so the relationship between mental health providers and housing providers is great. The [mental health resource centre] makes a big contribution to that meeting (Mental health service provider, Christchurch).

Supportive landlords have been acknowledged as one of the sources of support that have effectively assisted retention of housing during periods of illness/hospitalisation.

We need to build up housing providers that understand the issues and have experienced the difficulties, then if someone gets unwell and goes into hospital they will know how to sort it out. Supportive landlords know how to support people, know about support services and can steer people to additional supports (Mental health service provider, Wellington).

HNZ can be helpful. We had one lady who was supported while she was on the wards - they arranged to clean the flat etc. The relationship with HNZ is very important (Mental health service provider, Whangarei).

Liaison/alliances between mental health service providers and housing providers were reported to have increased housing options for consumers/tangata whai ora, because they protected the interests of both landlords and consumers/tangata whai ora as well as reducing the impact of stigma and discrimination. Mental health service providers and some housing providers who were interviewed commented that some landlords needed to know that consumers/tangata whai ora were coming to the house with good support systems in place, including support to ensure the rent is paid and practical support to maintain the property.

Relationships with landlords are important. There also needs to be someone to help the client, with cleaning the house and paying the rent. If you have clients who are well supported, you can convince the landlord that it will be OK - people need to come to a house with good support, need to engender a good reputation with the private landlord, the good thing about this is finding housing in the 'normal community' (Mental health service provider, Whangarei).

Housing New Zealand and private landlords often want to know that there is someone there for support, some back up (Mental health service provider, Auckland).

Some consumers/tangata whai ora questioned the practice of requiring references indicating the availability of support from mental health service providers in order to access some housing, as they believed this practice bordered on discrimination. Participants commented that although some people who experience mental illness had a poor renting history with housing providers

(private and public) and a poor credit history with financial institutions, and some required assistance to care for their properties, these issues were not particular to people who experienced mental illness. According to participants, the need for third-party intervention to access housing was due to some extent to the stigma and discrimination that surrounded mental illness.

Several participants commented that the value of alliances between mental health services and landlords needed to be carefully balanced with consumer/tangata whai ora rights to access housing free of discrimination, as well as the right to privacy.

Material support and housing supply

An insufficient supply of affordable, adequate and suitable accommodation for consumers/tangata whai ora was one of the key issues raised throughout the group interviews. Overall, interview participants reported the need for a wider range of housing options for consumers/tangata whai ora to choose from, and a wider range of housing choices in a range of different localities.

Several participants commented that increasing the supply of affordable housing would be a way of improving the housing outcomes for consumers/tangata whai ora. Others commented that increasing the supply of housing *per se* would not necessarily provide more suitable housing for consumers/tangata whai ora, unless it increased the housing choices/types available by taking account of some of their housing needs and preferences.

Yet other interview participants believed it was a central and local government responsibility to increase the supply of housing accessible to consumers/tangata whai ora. Several participants commented, however, that some aspects of HNZ and local government/council housing were unsuitable for the needs of some consumers/tangata whai ora. Some reconfiguration of the types of housing available, as well as their location within neighbourhoods/communities, would better serve the needs of consumers/tangata whai ora than simply building more houses.

In some instances, interview participants commented that there was an adequate supply of housing, but the focus of the problem was more on the adequacy or suitability of that housing. Several participants commented that what was missing was access to funds to adapt existing properties to be more suitable to the needs of consumers/tangata whai ora; for example, by extending the size of houses to accommodate the needs of consumers/tangata whai ora living with family/whānau.

> *We need to think about adapting houses, adapting houses to be suitable, we do it for people with physical disabilities - why not mental illness? (Mental health service provider, Auckland).*

Several participants also commented that generating a supply of affordable and suitable housing for consumers/tangata whai ora would be more appropriately managed by a community organisation or agency that worked specifically in the interests of consumers/tangata whai ora, than by the Government.

> *[Mental health services] needs to come up with housing for tangata whai ora. We need to move to another organisation to get housing, not HNZ, somewhere that understands the needs of tangata whai ora, to get*

housing that meets tangata whai ora needs (Consumer/tangata whai ora, Whangarei).

Increased income support through increased benefit levels or rental subsidies was raised as a means of improving housing choices for consumers/tangata whai ora. Several participants commented that improved income levels were connected with access to employment and training opportunities. Several consumers/tangata whai ora and providers considered that assistance with developing potential employment opportunities would be a valuable support service for consumers/tangata whai ora, as access to employment impacted directly on both their social and housing outcomes.

Home ownership was raised as a workable housing alternative for many consumers/tangata whai ora, but many did not have access to the income levels or financial security to achieve home ownership. Lending institutions were reluctant to lend mortgage finance to beneficiaries, and reluctant to lend money to consumers/tangata whai ora who they perceived as being a poor financial risk. Access to home loans to build on Papakainga land was also raised as a particular barrier for Māori, as it can be more difficult to access loans to build houses on land that is collectively owned.

Papakainga designated land - land that has collective ownership - but it has to be under one title so that whānau can never sell or mortgage the land - but banks won't lend money to multiple owned land. You can't get loans and there's no recognition of multiple ownership. The individualisation of Māori land is a foreign concept for Māori. We need to find out what the processes are for people to get loans to build on Papakainga land, to own the house but not the land (Consumer/tangata whai ora, Auckland).

Practical and personal support

Many of the mental health service providers that were surveyed reported the need for more housing services to help support consumers/tangata whai ora access and sustain independent housing. Consumers/tangata whai ora themselves, however, reported the gap in provision of housing services as being associated more with the types of services available, rather than the need for more services.

The current range of services provided either by mental health or housing providers, including assistance to access housing, was acknowledged as useful, but a particular gap was reported to exist in the provision of more ongoing practical support to help consumers/tangata whai ora manage day-to-day tasks of independent living, particularly when they are unwell.

Practical assistance to access and retain housing was identified as an important element of the kind of supports that consumers/tangata whai ora said they needed. Types of help mentioned included:

- assistance with finding a house;
- locating and moving furniture;
- liaising with landlords, WINZ, power and phone companies and other financial institutions;

- house cleaning (when leaving a property);
- advice and assistance with making wise housing choices;
- finding flatmates; and
- assistance to sort out past rent arrears.

> *I know how to pack. I know how to move furniture. I just need the van! (Consumer/tangata whai ora, Christchurch).*
>
> *Lots of people need assistance to get into a flat - assistance with finding a flat and getting into it (Mental health service provider, Auckland).*
>
> *I really need practical help – instead of relying on family – someone to come and help clean the flat from top to bottom once in a while (Consumer/tangata whai ora, Christchurch).*
>
> *When I was moving I would have liked support with transport and help to get all my stuff. I'd have liked to have got in touch with the Council to see how much I owe them ... and help with cleaning up the house before I left the place (Consumer/tangata whai ora, Christchurch).*

As well as practical support with moving in and moving out, access to ongoing practical support to sustain housing was identified as a key element of the independent housing support needs of many consumers/tangata whai ora. These ongoing supports included:

- assistance with housekeeping, shopping, rubbish removal and garden maintenance;
- assistance with learning life skills such as budgeting, cooking, cleaning, gardening and household maintenance;
- access to practical tools and resources to carry out household repairs and maintenance;
- assistance with managing/scheduling medications; and
- access to people to talk through housing difficulties and financial worries/options.

> *When you're in a nice home and everything's getting better, I would still have liked someone, some one-on-one time with someone, even just an hour of one on-one-time, to help sort things out - an hour of one-on-one time to work everything out properly. I wanted to get a loan but just needed someone to sit down and work it all through with. Sometimes problems get too big to sort out and a bit of time earlier with someone would have helped (Consumer/tangata whai ora, Hamilton).*
>
> *Contact is important, daily, weekly or monthly contact. You need someone to talk to, and someone who understands - understanding and acceptance and contact with people that provide you with this (Consumer/tangata whai ora, Hamilton).*

Many of the interview participants commented that the provision of housing alone would be unlikely to meet the independent housing needs of many consumers/tangata whai ora. Improved access to ongoing home-based practical support would help. Several commented that assistance with developing

community links and social networks was also an important element of the support needs of some consumers/tangata whai ora.

> *It's not enough to provide housing - if you're lonely and living in a place by yourself, you need things to give people social contact. [You] need support people, but also options of kinds of support and people to offer support in the community (Community service provider, Auckland).*

> *The loneliness when you're in your own whare is a factor. But when you have support (not every day) … as things get better, the less I see of them the better … I will be on meds [medication] for the rest of my life so that support will always need to be there (Consumer/tangata whai ora, Christchurch).*

Advocacy

Consumers/tangata whai ora reported needing advocacy services to assist them to negotiate difficult or discriminatory experiences in relation to their housing.

Participants commented that this need for advocacy stems in part from the vulnerability of consumers/tangata whai ora to discrimination and to being taken advantage of in some situations. Some consumers/tangata whai ora also lacked knowledge of their tenancy rights and obligations in relation to housing. The experience of mental illness could result in a lack of energy to work through procedural and legal processes, and could erode people's confidence to fight for their rights.

Consumers/tangata whai ora reported needing advocacy assistance in dealing with landlords, other tenants, tenancy disputes, government agencies, mental health services, and financial institutions. Advocacy services would also play a vital role in providing consumers/tangata whai ora with information about the supports, services and benefit entitlements available to them.

Moving in and out of supported accommodation

Consumers/tangata whai ora reported a need for more support to assist them in the transition from high levels of clinical support (i.e. in institutional, hospital or residential settings) to independent housing. Several consumers/tangata whai ora expressed their trepidation at moving to independent living, including the fear of coping or managing alone, knowing they lacked skills and material resources. The loss of support and the drop in quality of housing and standard of living that can accompany the move to private stand-alone housing were also acknowledged. Several participants commented on the length of time it takes for some people to build up the skills and confidence to sustain independent housing.

> *Going back into the community into an empty flat is a ridiculous thing. It can be too much to go straight into a house - that's just ridiculous unless you have skills and resources. People need support. I'm fully set up now but it was very hard at first (Consumer/tangata whai ora, Whangarei).*

> *I'm dreading moving out of my boarding house because I'm frightened I will be left out (in the community) with nothing, with no support. I would rather flat with people … I couldn't handle being in a one-bedroom flat by myself (Consumer/tangata whai ora, Christchurch).*

I'm in a [supported] house and it's lovely, but when [you] move out into your own flat it's dingy and you have no money. And [you] have to manage the rent and everything by yourself, and so you move on to the next place. I know that supported accommodation is only for those that need [it], but if the option is a dingy one-roomed flat, then it's unfair (Consumer/tangata whai ora, Hamilton).

Leaving residential care - it's a big transition - it's a big transition to go from not having to pay the rent, pay the phone bill - it's at least two years - sometimes five years that people need ongoing support/follow-up (Mental health survey respondent).

A number of consumers/tangata whai ora reported that a lack of material, practical and personal resources to access and sustain independent housing contributed to an over-reliance on clinical and residential mental health services, and therefore to ongoing cycles of moving between residential accommodation and unsuitable housing arrangements.

With me, over a period of 10 years, it's been a vicious cycle. I go from home with whānau, to the local residential provider, to whānau, and back to the local residential provider. All I want is a home of my own (Tangata whai ora/uri haumate, Whakatane).

The nature of residential/supported accommodation itself was also reported to create obstacles for some consumers/tangata whai ora in accessing and sustaining independent housing. Although for some people, the level of support offered within supported/residential accommodation provided valuable time to concentrate on their recovery, others found the level of support and security provided within supported accommodation to be disempowering.

The financial side is difficult. I've lived in supported accommodation and they still drip-feed your money, but when you're living in the community, you have to break that down and it's quite stressful. In supported accommodation everything is paid for, you sort of become co-dependent, but you really want to make a go of it. I was in supported accommodation too long. Being in supported accommodation can be detrimental because you think 'oh, if it all fails out in the community, I can just go back'. But I don't want that. There's no push to get out there. In supported accommodation you don't feel like you're part of a family. You have to live it to understand what I'm trying to say, you have to live under someone else's rules. You live in a rut. And when you move out into the community, it's hard to try and move out of that rut. The mentality I was given was 'oh, you can live here as long as you want' but I didn't want that. My goal was to live out independently in the community (Pacific consumer, Auckland).

Several participants reported that the attitudes of both the mental health service providers and the consumers/tangata whai ora created barriers to accessing independent housing. This was either because personnel within mental health services did not consider an individual was capable of or ready for living independently, or because consumers/tangata whai ora considered supported accommodation a more viable housing option because of the level of comfort and access to support, compared with independent housing.

It's very hard to go from hospital back to whānau or to your own home - they won't let people out of hospital until you agree to go into supported accommodation - you often need an advocate to go and sort it out (Consumer/tangata whai ora, Auckland).

It needs to be noted that supportive accommodation is not for people who need a house. It's for people who need intensive ongoing support. There is a multitude of housing out there, but people are trying to use supportive accommodation as a housing option. People who need housing are different from people who need support (Mental health service provider, Hamilton).

Consumers/tangata whai ora reported facing difficulties when a move from supported accommodation meant a move away from established relationships and links with clinical services and mental health support workers, communities and social support networks. Finding affordable housing in the same area as the residential facility was often more difficult, as in general, the private rental market in those areas would be more expensive.

People with illness try their hardest to get located near sector bases - a lot of them get very stressed out because they can't get those locations. [And because they] can't get there - their case manager changes, which is very unsettling (Consumer/tangata whai ora, Christchurch).

Several participants commented that they believed there would always be the need for the level of support provided within supported accommodation, either for short or longer periods of time. But both consumers/tangata whai ora and providers agreed that there were a number of consumers/tangata whai ora in supported accommodation who would prefer (and be more than capable of sustaining) independent housing, if only they had improved access to ongoing home-based support available over the long term.

Getting support in the home, it's difficult to tap into. I don't want supported accommodation, I wanted to be in a flat by myself but there's a lot of pressure to go into supported accommodation (Consumer/tangata whai ora, Wellington).

There is currently no funding available in this area to provide a service which recognises the decreasing need for support in our clients. If we could follow up our clients in the community [in more independent situations] most would be capable of living more independently thus freeing more beds within the residential facility (Mental health service provider survey respondent).

Several consumers/tangata whai ora and providers commented that they experienced difficulties with the combination of landlord and support roles within residential/ supported accommodation services. Once consumers/tangata whai ora get assessed as no longer requiring that level of clinical support, it meant they would lose both their house and their support.

I've always thought the support and house should be separated – it makes you vulnerable. If you lose your house, you lose your support. Providers are too powerful (Consumer/tangata whai ora, Wellington).

Consumers/tangata whai ora identified the benefits of residential services which provide some assistance to access independent housing while they are in supported accommodation, while also providing the option of ongoing home-based support for consumers/tangata whai ora living in independent housing.

> *Residential places are OK, depending on what you need at the time and looking at your recovery, it's been a supportive place to get some kind of structure, but I don't like to stay too long. I was allocated a support worker to help get back into the community and that was a positive thing (Consumer/tangata whai ora, Whangarei).*

The group interview discussions revealed that a large part of the problems associated with transitions into and out of supported accommodation appeared to relate to the level of ongoing support for consumers/tangata whai ora living independently. The more likely it was that support could be provided on a long-term basis, the more likely it would be that independent living arrangements would stay stable.

6. Māori

A key focus of this research was the housing needs of Māori consumers (tangata whai ora). A number of focus group discussions (12) were therefore held with tangata whai ora and Māori mental health service providers in areas of high Māori population, to identify specific housing needs.

The need for Māori-specific services is due to differences in the way Māori approach mental illness and wellbeing. Traditionally Māori have adopted a holistic approach to mental health and therefore to the conceptualisation of illness, both physical and mental. Māori health experts see health as a result of a complex set of relationships that include social, economic, political, cultural, historical and spiritual factors.[10] Māori service providers, like Pacific service providers, believe they are best able to meet the needs of their communities.

> *Every whānau within their own communities knows their own needs (Māori mental health service provider, Te Puia Springs).*

Although many Kaupapa Māori mental health services have been established over the last decade, both providers and consumers/tangata whai ora do see a need for more Māori-specific services, particularly in relation to housing. The particular types of mental health accommodation services Māori believe are required include respite care, youth services, accommodation services for forensic tangata whai ora, and day care services specific to Māori, all of which are currently lacking.

Several mental health service providers also asserted a definite need for housing support services for Māori, reporting that many tangata whai ora have to remain in secondary services owing to the lack of appropriate housing and support in the community. One of the differences between Māori-specific and mainstream mental health services is the lack of facilities within mainstream residential and

[10] See the influential advice of Mason Durie (1994), and Ministry of Health (1997)

supported accommodation services to accommodate visits from extended whānau.

> *In supported accommodation it can be hard to have the contact with family that I need and want. Supported accommodation needs whānau rooms - for whānau to gather for family time (Consumer/tangata whai ora, Dunedin).*

Māori mental health service providers and tangata whai ora also commented that lack of knowledge about mental illness, particularly in relation to medications and the way they work, means they are not always well understood by whānau. This can have an impact on the health and wellbeing of tangata whai ora when they return to their whānau home.

> *A big part of education with whānau is [about] being responsive to medication needs. If [tangata whai ora are] not getting good kai and not going into warm houses, the medications don't work so well, they can be sluggish (Māori mental health service provider, Gisborne).*

Stigma, discrimination and racism

> *Disparity between Māori and non-Māori is attributable, in part, to stigma, discrimination and racism experienced by tangata whai ora, who describe themselves as feeling 'second class' (Tangata whai ora, Kaitaia).*

Discrimination connected with mental illness is not just specific to housing, but the compounded effect contributes to reduced housing options available to tangata whai ora. For example, Māori mental health service providers and tangata whai ora commented on an apparent disparity in medication prescribed for Māori and non-Māori consumers/tangata whai ora. Inequalities were recognised by tangata whai ora particularly in relation to the more severe side effects of cheaper drugs. Tangata whai ora suggested that non-Māori consumers who receive more expensive drugs and good drug regimes appear more able to manage day-to-day activities without the same level of lethargy they experience. For female tangata whai ora the side effect of *tardive dyskinesia*[11] is particularly distressing.

> *It's quite racist. [Tangata whai ora tell me] 'my drugs cost $75' - [that] Pākeha's cost $400, why? [Is it] because she's a Pākeha, and we're Māori?'. [They] ask me 'can I try Prozac, because that Pākeha looks OK [hasn't got my side-effects]'. They're not even making pharmaceutical companies accountable (Māori mental health service provider, Gisborne).*

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[11] *Tardive dyskinesia* is seen most often after long-term treatment with anti-psychotic medications. It is a condition characterised by involuntary, abnormal movements, which most often occur around the mouth. The disorder may range from mild to severe. There is a higher incidence in women, with the risk rising with age. There is no way to determine whether someone will develop this condition, and if it develops, whether the patient will recover. For some people, it cannot be reversed. At present, there is no effective treatment. The possible risks of long-term treatment with anti-psychotic medications must be weighed against the benefits in each individual case by patient, family/whānau, and doctor.

Tangata whai ora reported frequent problems with obtaining housing, citing examples such as "being Māori and covered with tattoos meant that nice houses were declined to me" (Tangata whai ora, Dunedin). They reported being offered less desirable housing than non-Māori consumers.

> *[HNZ] in various places around the country will send you to one house if you're white, and to the Māori ghetto kind of crap houses if you're Māori (Tangata whai ora, Dunedin).*

Adequacy of housing for tangata whai ora

Tangata whai ora and providers reported numerous examples of totally inadequate housing conditions, including many who were living in housing without water and power supplies. This is a particular issue for tangata whai ora living in some rural parts of the country.

> *The tangata whai ora up here are poor and isolated and we have a sparse population and substandard conditions. It's really inadequate. Two of our clients were living on mud floors with long drops and no sanitation. One was squatting in the sales yard quarters. He had no running water and when they [farmers] came to buy and sell stock, he'd move out (Māori mental health service provider and tangata whai ora, Te Puia Springs).*

According to participants in Auckland "tangata whai ora were often living in crammed and grotty flats" (Tangata whai ora, Auckland). Participants said there were significant numbers of tangata whai ora in serious housing need, and many were either homeless or transient, or forced into accepting inadequate housing to avoid homelessness. Housing inadequacy can be linked to transience, which some mental health service providers suggested is more common amongst Māori.

> *The number of times a tangata whai ora moves house is a serious problem and [it] occurs on a regular basis (Mental health service provider survey respondent).*

Culturally appropriate service provision

Kaupapa Māori mental health service providers have been established to address the specific mental health needs of Māori using culturally appropriate models such as whānaungatanga and tikanga. Whānaungatanga is described as whānau support – an approach that is more holistic and inclusive than the biomedical model which focuses on the psychiatric diagnosis of the tangata whai ora.

> *[It's] not only for the person with the mental illness - you deal with the whole whānau (Māori mental health service provider, Auckland).*
>
> *It's not a tangata whai ora issue, it's a whānau issue. If the whānau fall over who support tangata whai ora, then tangata whai ora fall over. If you don't support the people who support whai ora – whānau - if the whānau fall over then everyone falls over (Māori mental health service provider, Kaitaia).*

Some providers commented that there is some abuse of this cultural model by funders, which can effectively reduce the level of service to tangata whai ora.

Just because we're a Māori community and we operate under whānaungatanga, the system tends to take that for granted, but at the end of the day, the Government needs to take the responsibility. They think 'Oh, that's fine, let's not worry about this tangata whai ora 'cause he's got Aunty down the road (Māori mental health service provider, Te Puia Springs).

We're not funded to work with the whānau, but that's just what we do - we work with whānau. We can't just work with one individual (Māori mental health service provider, Kaitaia).

When working with Māori tangata whai ora, an integral part of the support required is [help with] accommodation difficulties, irrespective of whether the [service] contract provides for that or not (Mental health service provider survey respondent).

The status of Kaumātua in Māori society is important. Kaumātua tangata whai ora are a particular group of tangata whai ora who are reported to require particular consideration when it comes to providing housing. Kaumātua housing has been specifically addressed in Gisborne with the establishment of a Kaumātua whare.

7. Pacific peoples

Another key focus of this research was the specific housing needs of Pacific peoples. Apart from Pacific consumers and Pacific providers of mental health services, very few of the participants in the group interviews had knowledge about the specific housing difficulties and needs of Pacific consumers. Several participants commented that Pacific consumers are less likely to access mainstream services. As a consequence, providers had a less clear picture of their housing difficulties.

The main base of Pacific providers is in the Auckland region where the majority (66 per cent) of New Zealand's Pacific population live. There are few services outside that region that can focus on the specific needs of Pacific consumers.

Pacific peoples are not a homogeneous population group. Those living in New Zealand originate from many Pacific nations, with the largest groups from Samoa, Tonga, Niue, Fiji, Tokelau and the Cook Islands. This diversity is increased further between those individuals born in the Pacific countries and those born in New Zealand.

Stigma, discrimination and racism

One of the main issues raised by Pacific consumers who participated in the group interviews was the impact of stigma, discrimination and racism they experience. Several participants commented that their experience of racism or discrimination was not confined to the experience of mental illness, but was attributable to both their ethnicity and to their experience of mental illness. Pacific consumers and providers reported covert discrimination in their experiences of approaching various agencies, community services and landlords.

Yesterday I was standing in a queue [at the bank] for 10 minutes. No one bothered to ask me if I needed any help. Then finally someone came and asked the [Palagi] person behind me. I don't know what it's like to live with a mental illness, but I've learnt to live with being PI [Pacific Island], I've been here since 1975, so I've lived with it (Pacific mental health service provider, Auckland).

I presume there is discrimination by landlords [against consumers] when you tell them they've got a mental illness and it's a no-go [the landlord does not let the house to them] - and it's the same for PI. My friends - the husband is Palagi, the wife PI and the man was told he would get a flat, but when she went along to sign papers, suddenly the flat was unavailable (Pacific mental health service provider, Auckland).

Discrimination is there but it's unspoken, [landlords say] 'sorry, no flats' but later someone else comes along and, 'yep, the flat's available' (Pacific consumer, Auckland).

Role of family

According to participants, the family plays a huge role in all aspects of Pacific life, including mental illness. Pacific peoples who experience mental illness mostly live with their families and it is important to acknowledge this support. Families themselves also require support, which is currently lacking. Not all Pacific peoples accept the symptoms of what is clinically diagnosed as mental illness, as actual illness. Pacific consumers/tangata whai ora and providers commented that any support provided must recognise this.

Family values of respect and honour are especially important in Pacific cultures. Some Pacific participants described the difficulties these values placed on them in a Palagi society with different priorities and expectations.

You go to school and in order to get ahead you're meant to be assertive - but PI have different values. You can't talk back to your elders. You pay respect. You're never told why you should shut up. And it goes from oldest to youngest [so the older siblings can tell the younger siblings what to do]. But each family is different (Pacific consumer, Auckland).

This cultural norm is the basis of other social differences that are specific to Pacific peoples, such as the expectation that all family members will provide financial assistance to other family members in the Pacific Islands. This cultural expectation diminishes available income for Pacific consumers, who are mostly beneficiaries, narrowing their options for affordable housing. Some of the younger Pacific consumers challenged this practice, and further comment is provided in the section on homelessness below.

One of the other concerns I have with one of my clients who lives in supported accommodation, he gets $80 and of this he has to give $50 to his family, that only leaves him $30 to buy smokes etc (Pacific mental health service provider, Auckland).

In general, however, the value of living with family is accepted.

Many Pacific mental health service providers advocate for consumers living with family. Non-Pacific mental health service providers also believe the Pacific cultural model of living together has value. Pacific

consumers also cited some advantages, including 'that it's cheap, [and] you get good cooking' (Pacific consumer, Auckland).

Some of the advantages for clients who do live with families is having support and feeling safe and comfortable, it helps you heal a lot better (Pacific consumer, Auckland).

Pacific participants in the group interviews also commented that there are some difficulties for Pacific families trying to support their family member experiencing mental illness, because of their lack of knowledge and/or misunderstanding about mental illness. Participants reported that in order to support consumers Pacific families require education about the nature and experience of mental illness.

For a lot of people in hospital, we would normally recommend to support the family, as families just need to be educated. They just need to understand the person hasn't changed. Before I came to work in mental health, I thought that once a person was [mentally unwell], I thought they couldn't look after themselves and could be a bit funny. We just need to break down the barriers person by person, through education (Pacific mental health service provider, Auckland).

People say 'you need to heal'. The people that really need to heal are my family. They need to come to terms with it. Once they [the family] come in behind, then the person can begin to heal (Pacific consumer, Auckland).

Homelessness

According to participants there are Pacific consumers who are homeless for a number of reasons including not knowing how to access finance, but also because they had become isolated from their families because of family problems.

Sometimes family problems - they have major family problems, and so become isolated from their family and end up on the streets (Pacific mental health service provider, Auckland).

Several people commented that some choose this lifestyle to avoid cultural commitments of financial support. Several Pacific consumers and mental health service providers reported that in some instances, money was being taken from consumers against their will. This contributed to consumers 'choosing' homelessness as an alternative. Some participants commented that some Pacific consumers prefer or become accustomed to the homeless lifestyle.

A lot of PI [who] I deal with, families want to take money off them and they rebel because they don't want to give money to their families - so they move on. Quite a few young ones in the City Mission were in this case. They become friends with others like this and they become their family. On the streets they're accepted for who they are, whereas in the family you're judged according to what a normal person should be (Pacific mental health service provider, Auckland).

Families are the first ones to isolate them from others. Sometimes they take all the benefit and put them on the street. Sometimes the families use the benefit, and use the person with mental illness. Sometimes

they're better off in supported accommodation. It's abuse really (Pacific consumer, Auckland).

Participants also reported the low usage and inaccessibility of some mainstream services for Pacific consumers as contributing factors to homelessness amongst Pacific populations. Language barriers, stigma and discrimination and inappropriate systems of sharing information often leave Pacific consumers (and their families) without access to essential information and knowledge about existing supports and services.

Culturally appropriate service provision

Pacific mental health service providers see a need for a Pacific-focused mental health service to assist with homeless Pacific consumers, that incorporates by-Pacific for-Pacific services.

Language difficulties were reported to be a barrier in accessing services and supports for some Pacific consumers, particularly older Pacific peoples. Pacific consumers described difficulties articulating their case and filling in forms without the assistance of a community support worker able to interpret for them. Pacific mental health service providers also commented that 'clinicians tend to deal with terminology that we don't understand'.

Language is a problem. You find it difficult to communicate so you may not be able to communicate with different organisations (Pacific consumer, Auckland).

Pacific mental health service providers expressed frustration at not being consulted adequately by other mental health professionals, particularly clinicians, about decisions that affect the housing choices of Pacific consumers. They report that regional co-ordination services consult with the clinicians as part of the needs assessments process to decide what level of accommodation a person needs but providers say: "we know, as the ones working with them, what is best" (Pacific mental health provider, Auckland).

They're mainly there [in residential mental health services] because the clinicians said they should be looked after. Sometimes we want to push people out, but the clinicians say 'No, they need to prove to us [that they are well enough to leave]' - but in our view, they're ready (Pacific mental health service provider, Auckland).

I think the case-workers have a fair idea of which level we should be at. But clinicians won't move [a woman I look after] from Level 4 so she can learn life skills. Why? She's quite capable of cleaning, cooking etc, she just needs to know why she's trembling and why she needs to take medication. She's living in a totally strange environment [in residential care] and everything is strange to her (Matua, Auckland).

8. Rural

Consumers/tangata whai ora who live in rural areas of the country were identified by both consumers/tangata whai ora and mental health service providers as another group with serious housing needs. There are differences between rural areas in different parts of the country, however, and the comments

discussed in this report reflect mainly those issues that were raised by consumers/tangata whai ora living in the areas that were visited during the group interviews.

Interview participants reported increasing numbers of consumers/tangata whai ora returning to rural communities, either to move closer to family/whānau support or to access cheaper housing. Participants also commented that some consumers/tangata whai ora prefer to live in rural areas because of the distance from larger towns and cities, and that they welcome the relative peace and quiet of rural living. Rural living was reported to have a therapeutic value for some consumers/tangata whai ora.

Several mental health service providers commented that housing was not necessarily the top priority for consumers/tangata whai ora living in rural isolated communities who face additional barriers such as access to supports and services. Participants commented that many consumers/tangata whai ora living in rural communities are affected by a range of problems including geographic and social isolation, distance from mental health and community services, increasing costs of transport and some goods and services, high unemployment and high levels of poverty. In addition, there are reports of a limited supply of affordable, adequate and suitable housing.

> *Housing, in terms of priorities, isn't the highest priority for us here. First is food, personal health and safety is second, housing comes about fourth on the list. Employment is about last, because people have accepted here that they're never gonna get a job up here (Māori mental health service provider, Northland).*

> *I am concerned with some of the questions that you ask. In rural areas we deal more with clients unable to access services and support groups than accommodation. If accommodation is available, they are financially unable to afford it [because of] living expenses, travel, power, food, maintenance etc (Mental health service provider survey respondent).*

Affordability in rural areas

The cost of housing in rural communities differs vastly around the country, and depends on a range of factors. Participants reported that the affordability of housing is a significant problem for consumers/tangata whai ora in rural communities, as many were living on a benefit. The comment was made that the cost of housing in some rural localities was not significantly cheaper than the cost of similar housing in the larger urban cities. For example, housing in some parts of Northland was reported to cost the equivalent of housing in some parts of Auckland.

Consumers/tangata whai ora in rural communities discussed facing increased transport costs owing to their greater distance from community services, mental health services and social supports. They also face additional costs relating to the higher price of some goods and services in rural areas. Employment, training and educational opportunities can be more difficult to access in some rural communities, adding to the difficulties that consumers/tangata whai ora face in trying to improve their income and resources.

Adequacy and suitability

The supply of adequate and suitable housing was reported to be a significant issue for consumers/tangata whai ora who lived in rural areas such as the East Coast of the North Island, and in Northland. The level of substandard housing was reported to be high, and many homes had limited access to water and power supplies. There was a reported lack of suitable housing choices for consumers/tangata whai ora, and existing choices were reported to be further compromised by competition for limited resources, as well as by discrimination.

> *The whānau up here are very, very resource rich but cash strapped - so when you try and set up a housing programme for them - the tangata whai ora are always the first ones off and last to get on - they get pushed to the back of the pecking order (Mental health service provider, Northland).*

Participants reported that many consumers/tangata whai ora are living with family/whānau in rural communities. In some cases this is a living arrangement of choice, but is more likely to be a consequence of limited affordability and a lack of alternative housing options. Overcrowding and burn-out of family/whānau relationships were reported to be significant issues in these situations, particularly as consumers/tangata whai ora in rural communities often had nowhere else to go.

Poor-quality housing appears to be a problem in rural areas, especially with private rental housing. Providers reported distressing examples of substandard housing compounded by problems of isolation and transport difficulties.

The incidence of homelessness and transience in rural communities was reported to be exacerbated by the general lack of adequate housing but also by the lack of emergency housing, social isolation and the distance from mental health and community services. Difficulties were compounded by relationship burn-out in whānau/families, and by the lack of employment opportunities. Mental health service providers reported that many consumers/tangata whai ora moved constantly among family/whānau members or went backwards and forwards between rural communities and urban/provincial cities, in order to access mental health services or social/employment opportunities. This meant that it became increasingly difficult for some consumers/tangata whai ora to establish continuity with their support relationships, or to establish the resources to sustain housing.

Māori

Some of the housing issues for Māori have been previously discussed in section 6 of this report. According to the research participants, however, the problems associated with rural dwelling are particularly pertinent to tangata whai ora, because of the high number of Māori who live rurally, particularly in Northland and on the East Coast of the North Island.

> *We have a chronic long-term problem with housing for tangata whai ora up the East Coast (Māori mental health service provider and tangata whai ora, Te Puia Springs).*

Interview participants reported that Māori rural housing need generally is at a critical level. Housing problems are not limited to tangata whai ora but affect

the wider community. Housing problems of Māori in rural areas were reported to include substandard housing, but isolation, lack of transport, lack of employment, high dependency on income support, overcrowding and a serious lack of basic amenities such as power and water supplies all make matters worse for rural tangata whai ora.

> *The tangata whai ora up here are poor ... isolated ... we have a sparse population ... [they are living in] substandard conditions ... [housing is] really inadequate ... Two of our clients are living on mud floors ... with long drops… no sanitation ... One [client] was squatting in the sales yard quarters. He had no running water ... when they [farmers] came to sell stock, he'd move out (Māori mental health service provider, East Coast).*

> *We have a Mum who's in need of major help. She has a two-year-old baby - they live in a little bach. They have no kitchen facilities, no toilet facilities, no washing facilities, no water. They're hooked up [for electricity] to her Uncle's house next door. Heating is from an old coil 'disaster-waiting-to-happen' heater - they have no driveway. The bach is divided by a wall which directly opens on to grass. Cooking is done in another rotting bach, with no windows - on a gas cooker. They have no toilets. She's having to buy transport [a vehicle] 'cause the last one broke down (Māori mental health service provider, Ruatoki).*

Rural tangata whai ora and their whānau also face particular problems with overcrowding. Housing inadequacy due to overcrowding is reported to be a particular issue for Māori because of both the size of many whānau and the deficit in housing supply in rural localities where many Māori live. Interview participants reported that many tangata whai ora lived with whānau - some due to choice, but many because of the lack of alternative housing options.

> *40 per cent [of the East Coast tangata whai ora] live with whānau. Overcrowding is a big issue up here (Māori mental health service provider, Te Puia Springs).*

Providers commented that in many instances, the whānau themselves were reluctant to live with tangata whai ora but felt they had no option, as they felt an obligation to care for their own. Living with tangata whai ora or whānau 24 hours a day without access to adequate support was reported to be a major problem for tangata whai ora and whānau living in rural communities. Several participants also commented that sometimes whānau were reliant on the income of tangata whai ora, and placed pressure on them not to move to independent housing.

> *The majority are still living with whānau. When you're very sick, you wear out your welcome. There are a lot that want to move out into their own homes but they are needed by families to help pay rent (Māori mental health service provider, Gisborne).*

Support needs of rural consumers/tangata whai ora

Gaps in mental health services and housing services were reported to be a key problem in rural areas, in particular there is a lack of emergency accommodation, respite care and day centres.

> *There is no emergency accommodation in Levin, Foxton or Shannon. This issue affects us about every three months. Tangata whai ora have to look at moving to Palmerston North for accommodation, or whānau are forced to take them in (Mental health service provider survey respondent).*

Day centres and respite care facilities were reported to be especially important in rural areas where many consumers/tangata whai ora were living 24 hours a day with their family/whānau. Access to services that provide consumers/tangata whai ora and whānau /family with a break from each other is vital.

> *There are 45 tangata whai ora with this service and six waiting to come on to the books. They're referred through mainstream clinicians and the client load is growing all the time. Those we find that have become well will maybe just need a visit once a month but 90 per cent of them are in housing need. Quite a number of them are at home, but there's not enough places like day centres to give them a break, and they're at home because there's nowhere else for them to go. We try to go to their homes to find out how the family are doing, but there's nowhere for people to go, to give them a break, like planned programmes and activities, just to give homes a break (Māori mental health service provider, Northland).*

Mental health providers in rural communities commented that the provision of home- based supports for both the tangata whai ora and their whānau is particularly crucial but difficult to manage. The difficulties relate to geographic isolation, travel distances, the inaccessibility of some homes, the lack of telephones and additional transport costs. These problems become acute in times of crisis or emergency.

Participants identified the need for specific home-based supports for consumers/tangata whai ora and their whānau, particularly for personal contact with mental health and community support workers who offer personal support and provide information. Practical assistance with household tasks and home maintenance, assistance with transport and shopping, and assistance liaising with government services such as WINZ were also identified as important support needs.

> *Our people are isolated. Quite often you have to cross two rivers that, when they flood, you can't cross at all - so if you have a whānau in need you just have to roll up your skirts (Māori mental health service provider and tangata whai ora, Te Puia Springs).*
>
> *We're isolated - we feel alone and we're sometimes quite scared. It's hard to access any meaningful help (Consumer/tangata whai ora, Northland).*

A concern raised by a number of rural consumers/tangata whai ora and providers was that service provision is often concentrated in the provincial towns. This means that consumers/tangata whai ora living in the smaller or more isolated rural areas still have difficulty accessing services. Both consumers/tangata whai ora and providers reported that delays in accessing services, the extra financial burden of travel costs and the increased isolation are

significant issues facing people who experience mental illness in rural communities.

> *Gisborne has got all the facilities - you want to come up the coast [to see the extent of the problem] (Māori mental health service provider, Te Puia Springs).*
>
> *It's not a one-size-fits-all, and people [i.e. the Government] need to know these outposts past Whangarei are very different. The tentacles, in terms of the money, don't stretch up - don't stretch past Whangarei. It's the same as Whangarei feels in relation to Auckland (Māori mental health service provider, Northland).*

The need to travel, or to move closer to towns in order to access housing and clinical services, increases the disruption and isolation that those consumers/tangata whai ora experience, because of leaving behind established sources of personal support and also needing to adjust to unfamiliar surroundings.

> *There's no secondary care and no emergency accommodation in Kaitaia. If there's an emergency in Te Hapua, it takes one and a half hours to get from there to anywhere where you could get any type of support. And then it's another one and a half hours to get from Kaitaia to Whangarei. Because of the size of the families, and having no transport, the whānau can't go with the person to support them in this situation either, they can't move* en masse *(Māori mental health service provider, Kaitaia).*

Access to government agencies is also difficult in some rural areas and contributes to further delays in accessing benefit support and housing assistance. Interview participants reported that in some parts of the country WINZ has set up mobile offices on particular days each week to counter the transport difficulties beneficiaries face in getting to the main offices. Initiatives such as these were acknowledged as particularly helpful for consumers/tangata whai ora in rural communities.

9. Other groups

There were a number of other groups in serious housing need identified in the interviews who require targeted intervention, including custodial and non-custodial parents; forensic consumers/tangata whai ora; older people; and youth. Particular issues such as gender and dual diagnosis (mental illness and alcohol and drug dependency) were also identified.

Custodial and non-custodial parents

Consumers/tangata whai ora with children reported finding it particularly difficult to access affordable housing large enough to accommodate their family, and also suitable for both themselves and their children. Consumers/tangata whai ora and providers commented that suitable housing for parents and their children needs to be of a sufficient size, located near schools, buses and community facilities, and close to personal and social supports and clinical supports. It also needs to be safe for children and located in neighbourhoods that feel safe.

Finding affordable housing of sufficient size to accommodate large families [is difficult] … It's important to be located near to transport for shopping, schooling, general access …[and to have] safe play areas for children where parents can see them - flats where they can feel safe i.e. free from frightening behaviours from other residents through drug and alcohol problems, fire alarms, fights etc (Mental health survey respondent).

Consumers/tangata whai ora with children (custodial and non-custodial) also reported facing additional living expenses with the costs of child care and child support payments, which further compromise their ability to afford good housing. The comment was made that parents do their best for their children and try to protect them from some of the stigma and discrimination that surround mental illness. Decent housing is a significant element of providing that protection.

Parents work extra hard to provide a good life for their children. The risk of losing their children is very real and having good housing in a good neighbourhood really helps - it helps self-esteem. Parents are really conscious of trying to protect their children from some of the stigma that surrounds mental illness. Giving their children the best in life is very hard, and finding affordable housing is extremely difficult - but so important on lots of levels (Mental health service provider/housing provider, Wellington).

Several participants reported that housing difficulties had contributed to some consumers/tangata whai ora losing the full-time care of their children, sometimes owing to the instability or loss of their housing. Housing difficulties were also reported to contribute to problems for consumers/tangata whai ora who had already lost custody of their children, who were trying to regain access or the full-time care of their children.

Women with children, 80 per cent of the ones I work with - they don't have their children and part of it's their housing (Iwi support worker, Auckland).

Parents with children often have issues with Child, Youth and Family with children in care. Getting a home and a stable place to stay will help to get their kids back, but if you're living with other people or moving from place to place, then you won't get your kids back (Mental health service provider, Auckland).

Non-custodial parents reported the difficulties of finding affordable accommodation that could accommodate visits from their children on regular occasions. Non-custodial parents living on a single person's benefit or single living allowance could often only afford a one-bedroom flat/house and commented that they either struggled to accommodate their children in that small space, or compromised their daily living expenses by renting larger houses.

Access to children is a big issue if you can only afford a little flat but you have children during school holidays. Parents compromise by getting a bigger flat, paying more over the year to make room for kids

for one weekend a month but then have a lot less money to live on (Consumer/tangata whai ora, Whangarei).

Consumers/tangata whai ora who live in housing such as boarding houses, hostels and caravan parks also commented that those housing arrangements are particularly unsuitable for children. Maintaining relationships or gaining access to children in those environments is more difficult. This was reported to be a particular problem for male consumers/tangata whai ora who were non-custodial parents.

The retention of housing during periods of illness or crisis for consumers/tangata whai ora who are custodial parents was raised in the interviews as a significant issue, particularly as the loss or retention of the family home also affects the children. The potential loss of their home adds stress for parents, as the subsequent upheaval would create the potential for custody loss. Parents who required periods of hospitalisation or time in respite care services raised their concerns about the lack of access to home-based care for their children during periods of hospitalisation, and commented that the potential removal of children from their family home created further stress for their children.

Participants also reported a significant gap in the provision of supported accommodation and respite care services for consumers/tangata whai ora with children, and a shortage of safe and appropriate emergency accommodation for consumers/tangata whai ora with children. A lack of home-based support for both consumers/tangata whai ora and their children was reported to increase the need for supported accommodation and respite care services for this group.

Forensic

Forensic consumers/tangata whai ora released from prison directly into the community were identified by interview participants as another group with serious housing needs. The stigma and discrimination faced by people who experience mental illness are even more pronounced for forensic consumers/tangata whai ora, making obtaining housing especially difficult. Forensic consumers/tangata whai ora find it especially difficult to find adequate housing because of the discrimination, and their level of alienation from society. Many are reported to end up homeless or transient.

What happens in forensic is nobody wants them. It keeps them out of all doors and they end up at the City Mission. Our job [as a provider] while they're at the City Mission, is to find them somewhere, and mostly they end up in boarding houses (Māori mental health service provider, Christchurch).

The forensic group is a very transient group and the fact that most have come out of prison means that they are less likely to be wanted in rental accommodation (Mental health service provider survey respondent).

Participants considered that triple discrimination is an issue for Māori and Pacific forensic consumers/tangata whai ora, and impacts particularly on their ability to access housing. They have the hardest time finding housing, because of the added discrimination and/or racism levelled at them.

For Māori, Pacific Islanders, prisoners and mental illness, it's a triple whammy of stigma (Māori mental health service provider, Christchurch).

They're discriminated against for being Māori and sometimes for having gang affiliations and mental health [problems]. They are asked questions like 'Are you going to have all these people coming around to this place?' (Māori mental health service provider, Christchurch).

For forensic consumers/tangata whai ora, family/whānau support on release from prison may be especially limited. For forensic tangata whai ora in particular, this may be tougher to deal with because of the cultural expectation of whānaungatanga and the fact that many forensic consumers/tangata whai ora are geographically isolated from their family/whānau.

10, 12 and 15 years ago there was a push from our people to go out, pick them up [from prison] and welcome them back home, to go back to whānau. But the majority of forensic [tangata whai ora] are not from here [South Island] - they're all from up North. Our [provider] work is looking for their whānau - and they've probably worn their welcome out (Māori mental health service provider, Christchurch).

The lack of after-prison accommodation and ongoing support available to forensic consumers/tangata whai ora was cause for concern for many mental health service providers. On release from prison, forensic consumers/tangata whai ora get given a sum of money from WINZ to aid them in re-establishing themselves in the community. However, there is no monitoring of how this money is spent. Some mental health service providers reported that it was not being spent on board and housing as intended.

Gender issues

The interview respondents provided insights into the effects of gender differences for consumers/tangata whai ora. Women and men both have particular and different vulnerabilities in the community.

Particular issues for women often related to a sense of lack of personal safety in certain kinds of areas. Boarding houses, hostels, caravan parks and cluster-housing in close proximity to other consumers/tangata whai ora were all noted as areas where women consumers/tangata whai ora did not always feel safe. Areas with high levels of alcohol and drug use and unemployment were also perceived to be unsafe by some.

Gaps were also identified in service provision for women, including the lack of appropriate and safe emergency accommodation for women, and the lack of appropriate emergency housing for women with children. A shortage of supported accommodation and residential care services for women with children was also reported as a significant gap.

The incidence of homelessness amongst women consumers/tangata whai ora was reported to be largely hidden, because women were more likely to be in short-term housing arrangements such as staying with family or friends.

Male consumers/tangata whai ora were generally reported to be more likely than women to be living in the most inadequate and unsuitable housing, such as

boarding houses and caravan parks, and also more likely to be homeless or transient.

Consumers/tangata whai ora and providers identified a significant gap in the supply of affordable single accommodation for men, and also a gap in emergency accommodation providing transitional support to access long-term housing.

Consumers/tangata whai ora also reported that the housing needs of men who were custodial or non-custodial parents are not recognised.

Alcohol and drug problems

Dual diagnosis (mental illness plus alcohol and drug addictions) is a serious issue for many consumers/tangata whai ora, diminishing their ability to access and retain suitable housing. Discrimination from housing providers and support services was greater if a consumer/tangata whai ora had an alcohol or drug problem. Some services indicated they preferred not to accept people with alcohol and drug addictions.

Coming out of rehabilitation into independent housing is extremely difficult for consumers/tangata whai ora with alcohol and drug addictions. The chances of relapse are high without access to home-based practical, personal and clinical supports. Consumers/tangata whai ora with alcohol and drug problems commented that it was important that their housing was not situated too far away from established clinical and rehabilitation support services and newly established support relationships, as ongoing contact was a significant element of their recovery.

In addition, consumers/tangata whai ora with alcohol and drug addictions have often relocated to areas away from their home base, in order to access drug and alcohol rehabilitation support services. These people often need to distance themselves from their previous community because the chances of release are higher if they return to familiar social networks. This requires them to re-establish housing, community and social networks in unfamiliar surroundings.

Alcohol and drug addiction was raised in the interviews as a contributing factor to homelessness, and also as a factor that increased the risks and vulnerabilities to which homeless consumers/tangata whai ora were exposed. For example, consumers/tangata whai ora reported that sometimes people who were homeless (and consequently without a benefit) resorted to selling drugs for an income, or in some cases sold their medications in order to buy drugs and alcohol.

Older people

Interview participants raised a number of issues relating to the independent housing needs of older consumers/tangata whai ora, including the social isolation and loneliness that exist for older consumers/tangata whai ora currently living alone in independent housing. There is also an increased likelihood that this age group would have a combination of psychological and physical health problems requiring access to a range of types of home-based support services that can respond to those different needs.

The housing needs of older tangata whai ora who have been institutionalised for a large part of their lives were also raised. Several participants commented that what is missing now is a ‘homes for life’ concept, that provides secure and

sustainable housing with appropriate, comprehensive and ongoing levels of support. The establishment of a Kaumātua whare in Gisborne provided one example of a 'home for life' concept that has been developed to suit the needs of older tangata whai ora in the area.

> *The concept of a 'home for life' - this doesn't exist any more. People have a right to supported accommodation, particularly people who have been in institutions for many years, for much of their lives (Mental health service provider, Auckland).*

Several participants commented that they believed a number of older consumers/tangata whai ora currently live in rest homes, but knew little about their needs or experiences.

Youth

Consumers/tangata whai ora and providers all over the country reported gaps in both mental health and housing service provision for youth. It was reported that there is currently no appropriate respite care or emergency accommodation for young consumers/tangata whai ora.

Family/whānau support was also known to be limited for some young consumers/tangata whai ora because of relationship difficulties and conflict. The reported increase in the incidence of homelessness amongst young people has been previously noted, but service providers were not always clear about the incidence of mental illness amongst that general population group. It was reported that young homeless people are more at risk of alcohol and drug problems, abuse and ending up in prison.

Community service providers commented that there was often a small window of opportunity with young homeless people to 'turn their lives around' before they became more entrenched in the 'homeless lifestyle' and developed more serious mental health problems.

10. A range of solutions

Consumers/tangata whai ora and providers offered a range of ideas and suggestions about what could work in terms of housing solutions and support services. There was no clear consensus, but most agreed that there needed to be a range of solutions to meet the different needs of individuals and particular groups of people.

Some examples of initiatives and practices that have worked for some consumers/tangata whai ora have been reported throughout this report. The following section provides a summary of some of the key ideas and includes some specific suggestions and ideas that were offered by consumers/tangata whai ora and some providers during the group interviews.

Support services

- It is important that there is a *range* of housing options and support services, including improved access to both mental health and mainstream services.

- Partnerships between policy makers, consumers/tangata whai ora and service providers need to be encouraged and developed, to ensure that any new initiatives will be responsive to the needs of consumers/tangata whai ora.
- There is a need for housing facilitation services to assist consumers/ tangata whai ora to access and sustain housing. It would be useful to have access to a service that focuses particularly on housing, and offers a range of housing services within the one agency.
- The capacity of existing mental health services and community organisations should be increased to provide housing facilitation services, including the provision of ongoing home-based practical and personal support over the long term.
- Supported accommodation/residential services should place more emphasis on assisting consumers/tangata whai ora to develop the skills to move on to independent housing, and also provide increased transitional support and access to home-based support to sustain independent housing.
- There needs to be increased choice from a range of support services that fit with individual and cultural needs and increased flexibility in type, level and availability of support, whatever the housing arrangement or wherever consumers/tangata whai ora chose to live. In particular:
    - separation of landlord and support roles, so that housing and support are not tied together; and
    - 'wrap-around-support' (i.e. funding being attached to the consumer/tangata whai ora rather than particular types of housing or service provision) so that support services can move with the person, effectively increasing the housing options (with support) available to consumers/tangata whai ora, as well as ensuring that support would be available over the long term.
- Building the base of landlords who are supportive and understanding of the particular needs of consumers/tangata whai ora would improve the accessibility and sustainability of housing for consumers/tangata whai ora. In particular:
    - supporting liaison/alliances between mental health service providers, consumers/tangata whai ora and housing providers; and
    - developing a register of supportive landlords and quality housing options to inform consumers/tangata whai ora and mental health service providers about the existence of accessible and suitable housing.
- The systems for assessing the current housing status and housing needs of consumers/tangata whai ora should be improved, including identifying the skills, resources and supports required to retain existing housing or to re-establish and sustain independent housing. This would include an assessment of the independent housing needs

of consumers/tangata whai ora during stays in hospital, residential care and supported accommodation.

Information sharing and support from government agencies

There is a need for improved accessibility of information for consumers/tangata whai ora about the supports and services that are available to assist them, particularly information about benefit entitlements to assist in the establishment or retention of housing. Consumers/tangata whai ora and some providers made the following suggestions about direct pathways of action that could improve service delivery and the accessibility of information for consumers/tangata whai ora:

- A greater level of inter-agency coordination between the various government agencies, mental health services, general health services, housing agencies and community agencies which provide services to consumers/tangata whai ora.
- An increase in destigmatisation programmes (i.e. more programmes that promote education, understanding and awareness of mental illness) for government personnel who are likely to be working in front-line provision of services to consumers/tangata whai ora. Educational anti-discrimination programmes, such as the Ministry of Health's *Like Minds, Like Mine* project and the Mental Health Commission's *Hearing Voices* project were identified as valuable resources (see Ministry of Health, 2001b).
- Allocation of personnel within government agencies who have the skills, qualities and sensitivity to work/communicate with consumers/tangata whai ora.
- Improving service delivery and access to support within government agencies and mainstream services by addressing language barriers for Pacific consumers, refugees and other new immigrant groups, by ensuring there are people available who can interpret or communicate effectively with those different groups.
- Improving the transparency, clarity and consistency of information about benefit availability and benefit entitlements through WINZ and allocation criteria for housing from HNZ. This would improve knowledge and understanding, and also combat the perception of discretion and discrimination that currently exists.
- Encouraging flexibility in the delivery of services. It was suggested this would decrease service duplication; decrease the stress and confusion experienced by consumers/tangata whai ora in dealing with government agencies; improve access to services for consumers/tangata whai ora living in rural communities; and increase the sensitivity of overnment agencies to the needs of consumers/tangata whai ora. Particular suggestions included:
    - developing a 'one-stop-shop' approach that would allow consumers/tangata whai ora to deal with government services

such as WINZ and HNZ, and education and health services at the one time/place; and

- agencies, such as WINZ and HNZ, taking their business to homeless centres, mental health services, community centres, drop-in centres or people's homes instead of requiring people to come to them.

Knowing people helps, it means having some empathy for people - it should be part of the training for government services and agencies, some kind of intensive training - would help if workers came down here and served the coffee, helped out, or set up shop here for a day. It's about humanising people (Community service provider, Auckland).

- Setting up mobile offices in some parts of the country, particularly in rural communities to contend with the transport difficulties beneficiaries face in getting to the main offices. DWI has already done this in some parts of the country, for example, in the Hokianga.
- Greater flexibility in policies to align them with the particular needs and difficulties of people who experience mental illness. The following specific suggestions were made:
  - flexibility with DWI policies to assist with housing establishment grants or bond payments (especially in relation to 'once-a-year' allocations) and in relation to Assignment of Benefit rules;
  - flexibility in the allocation of HNZ housing might also be possible. One provider reported that she had been able to secure a two-bedroom unit for a client who lived alone but who needed a caregiver to stay with her on regular occasions. This flexibility in HNZ policy allowed this particular person to sustain independent housing when otherwise it would have been more difficult;
  - greater flexibility in the allocation of HNZ and local council housing to recognise the housing needs of non-custodial parents who have their children to stay on a regular basis.

People with mental illness need some kind of special consideration, chances are that there will be problems, policies need to be built on an understanding of mental health issues (Mental health service provider, Auckland).

Material support: housing supply

- Allocation of a percentage of government-funded affordable housing specifically for mental health consumers/tangata whai ora (i.e. through HNZ and local council housing).

I think Government should allocate state housing for tangata whai ora. They should earmark so many percentage of the houses for tangata whai ora, and have someone to monitor them (Mental health service provider, Auckland).

- Adaptations or reconfigurations of existing housing options to meet the specific needs of people who experience mental illness (just as houses are adapted for people with physical disabilities). Where consumers/tangata whai ora choose to (or through necessity) live with family/whānau, that these family/whānau homes be extended to ease overcrowding.
- Reconfiguration of government and local government supply of housing to create more choice in the type of housing that is available, such as mingling HNZ housing around a wider range of neighbourhoods.
- Increasing the housing choices available to consumers/tangata whai ora by generating a supply of housing specifically for consumers/tangata whai ora through community housing trusts/associations that offer affordable, supportive landlords and secure and sustainable independent housing of a range of types and in a range of localities.
- Recognition that boarding house and hostel-type accommodation may suit the needs of some consumers/tangata whai ora who prefer some independence in a communal environment. Improvements in the monitoring of standards, regulations and quality within boarding houses, encouraging supportive landlords/managers sensitive to the needs of people who experience mental illness and maintaining an affordable environment, would increase the suitability of those environments for consumers/tangata whai ora.
- Increasing the supply of affordable housing of a larger size to suit the needs of consumers/tangata whai ora with children and those who live with family/whānau, and to suit the needs of Māori and Pacific consumers/tangata whai ora and their whānau/families, who may need access to bigger houses for larger families.
- Improving access to home ownership as a secure and viable housing option for consumers/tangata whai ora. This could include increasing knowledge and education about the processes involved in house buying, a return to low-deposit/low-interest loans such as Māori affairs loans, and loans to build on Papakainga land.

Support needs of particular groups

Several gaps were noted in the provision of services to meet the needs of particular groups, and participants made several suggestions regarding improvements to the delivery of services to those groups.

- Greater recognition of the support needs of caregivers and the family/whānau of consumers/tangata whai ora, particularly for those who are living with consumers/tangata whai ora and those living in isolated rural communities;
- Improved access to mental health services and housing services for consumers/tangata whai ora living in rural communities, in particular improved access to home-based supports, respite care facilities and

day centres. These are especially important when consumers/tangata whai ora live 24 hours a day with family/whānau;

- Improvements to the responsiveness of mainstream services to the needs of Māori and Pacific peoples, and the development of specific services for Māori and Pacific peoples over and above those initiatives that are currently in place. Some specific suggestions offered by consumers/tangata whai ora and some providers included:
  - supported accommodation services for Māori;
  - whānau rooms at hospitals and in residential accommodation services for whānau coming to visit tangata whai ora who are from out of the area;
  - employing Māori in the prisons to teach forensic tangata whai ora how to reintegrate into the community;
  - short-term housing for forensic tangata whai ora on release from prison that provides transitional support to access and sustain independent housing;
  - supported accommodation services for Pacific peoples; and
  - emergency accommodation specifically for Pacific people who are homeless.

    I also think there should be a government-run accommodation for PI homeless people and somewhere that caters for the transient nature of consumers who prefer that lifestyle - a fale [house] for PI. Something that people could come and go from really regularly and was nation-wide, but not necessarily specific for mental illness, otherwise there's stigma attached (Pacific consumer, Auckland).
- Supporting the capacity of Pacific services to include education for Pacific families about mental health and housing options, rather than provision by mainstream mental health and accommodation service providers;
- Developing better policies and practices for refugees and new immigrants who are consumers/tangata whai ora;
- Improving access to home-based supports for custodial parents, and improving systems to ensure the retention of the family home. Putting home supports in place to care for children during stays in hospital or respite care; and
- Improving discharge planning from prison services so it involves a focus on establishing the housing needs and preferences of consumers/tangata whai ora, and also identifies the community to which they would prefer to return, so that housing needs and support networks are established prior to release.

Homelessness and transience

Participants in the interviews commented that there is a need for both short-term and long-term solutions to the housing difficulties facing homeless and transient consumers/tangata whai ora. The following suggestions were raised in the

discussion groups of support services that could constitute direct paths of action to assist homeless and transient consumers/tangata whai ora in their current housing difficulties.

- Increasing the supply of safe, affordable and accessible emergency accommodation to fit the needs of particular groups, for example youth, families/whānau, women/men with children, Pacific peoples, and Māori. Increasing the supply of safe, affordable, emergency accommodation to fit the needs of particular localities, for example rural communities;
- Provision of easy-access emergency housing that offers short-term easy-access housing without the barriers of rent-in-advance and bond payments, or of mental health needs assessment. Such 'easy-in-easy-out' housing options include hostels or shelters for emergency accommodation that consumers/tangata whai ora can come to and go from as needed. Aspects of easy-access emergency housing that interview participants identified would work well include:
  - a supportive management structure;
  - affordable short-term payment systems;
  - centrally located to supports and services;
  - safe (i.e. separate) environments for women, youth, and consumers/tangata whai ora with children;
  - non-clinical and non-coercive environments; and
  - access to information/links to mental health and general health services, and easy access to government agencies and housing services if they are required.
- Provision of transitional emergency housing that offers short-term tenancies while people are supported/assisted to identify long-term housing options and are assisted into independent housing options. Participants suggested this could be a form of 'easy-access' housing with non-existent or low bonds, weekly rent payments and low tenancy numbers, that is tailored to suit particular needs: for example, youth, consumers/tangata whai ora with children, women on their own, single men, or whole families/whānau.
- Provision of needs assessment facilities. Participants suggested that there is a need for non-institutional type facilities for consumers/tangata whai ora who are homeless or transient. Such places could be used as a base for establishing relationships with mental health workers and support people and could also be used for assessment and needs identification, information sharing and referrals to appropriate services. It would provide a non-clinical, less threatening and non-coercive setting.

11. Summary and conclusions

The complexity of the issues facing people who experience mental illness makes it difficult to identify the factors related to housing that pre-eminently impact upon wellbeing. Six main groups of issues arising from the group interviews with consumers/ tangata whai ora and service providers have been identified, along with some additional issues.

Poverty and affordability

Consumers/tangata whai ora noted that most housing that would be suitable for them is also unaffordable. Housing that is in adequate physical condition, as well as being individually suited to the recovery needs, costs too much in relation to the income most consumers/tangata whai ora receive. The result is that very many consumers/tangata whai ora have no choice of housing. They live in housing that is substandard and/or are faced with accepting housing that does not contribute to their mental health recovery.

Poverty, as measured in terms of income, emerged as one of the main issues affecting the lives of consumers/tangata whai ora. The majority of people who experience mental illness rely on benefit income or receive low and/or sporadic incomes from paid employment. Māori experience a higher degree of poverty than non-Māori.

Choice and range of housing options

A range of housing options and solutions is required to meet the individual needs of people who experience mental illness. There is currently a lack of good-quality, affordable housing suitable for their needs. Some consumers/tangata whai ora in the group interviews reported a lack of basic utilities such as electricity, running water and telephone in the houses they were able to afford.

There is a notable gap in the supply of affordable single accommodation, and affordable housing for consumers/tangata whai ora with children, as well as for those living as adult members of their original families/whānau. There is also a lack of emergency accommodation, as well as an inadequate supply of suitable rural housing.

Some of the existing affordable housing options are not physically adequate as houses, and are also particularly unsuitable to the recovery and maintenance of wellbeing of consumers/tangata whai ora. The lack of choice in housing options was noted as a problem by many consumers/tangata whai ora, and is partly derived from the cost of suitable housing, relative to income, as well as from gaps in housing supply. The effects of the financial constraints imposed by long-term reliance on benefit-level income were also discussed at length in the group interviews.

In these circumstances, most consumers/tangata whai ora do not find it possible to accumulate savings, and any large bill presents problems. Even small costs can have a large impact. Consumers/tangata whai ora often have insufficient money for basic needs as well as additional costs associated with the experience of mental illness, such as medication, extra doctor's visits and transport costs. Although grants are available to assist with advance payments of housing bonds

and rent at the beginning of a tenancy, repayment requirements can easily precipitate DWI debt. Outstanding debt then closes the opportunity to access this form of funding to establish a new housing arrangement. The episodic nature of some mental illness can lead to frequent changes in housing circumstances. The limit on the frequency of the availability of grants to set up new housing arrangements can put the expense of moving to independent living completely beyond the available resources of some consumers/tangata whai ora.

Stigma and discrimination

Stigma, which is the passive form of discrimination, and active discrimination are major concerns of consumers/tangata whai ora, affecting all aspects of their lives. They affect their ability to access housing, supports and services and employment and to maintain community participation. Stigma and discrimination also affect the ability of consumers/tangata whai ora to sustain housing and to maintain their sense of worth, and can exacerbate their illness. Multiple discrimination affects specific groups of consumers/tangata whai ora, including tangata whai ora Māori and Pacific consumers, forensic consumers/tangata whai ora, and consumers/tangata whai ora who have alcohol and drug addictions.

Discrimination was discussed as a significant issue in *every* group interview. It was reported as being experienced in the housing market, the labour market, from flatmates, acquaintances, and also from some employees of the government agencies with which consumers/tangata whai ora need to interact. Consumers/tangata whai ora reported that problems of multiple discrimination can be severe for Māori and Pacific peoples.

The *Like Minds, Like Mine* and *Hearing Voices* programmes were acknowledged in the group interviews as being helpful. However, consumers/tangata whai ora noted that media reporting about the effects of mental illness was frequently inappropriate, encouraging negative and discriminatory community attitudes to mental illness.

In the group interviews, respondents expressed concern about the pressures being put on local councils by residents to have laws and by-laws changed in ways that would facilitate further discrimination against people who experience mental illness. Some groups currently lobbying for change to the Resource Management Act were cited as a particularly worrying example. Such pressure means that group housing, for example, may not be an effective solution for housing people with mental health problems, even in a temporary sense.

Government policies and processes affecting mental illness

Interviewees reported difficulty in accessing information from government agencies. Particular note was made about information relating to the range and complexity of assistance available, kinds of entitlement and eligibility to entitlements, assistance while a person is in hospital, rent or mortgage payment assistance, and whether the new 'social allocation' housing model would give priority to consumers/tangata whai ora.

Consumers/tangata whai ora reported difficulty understanding how administrative systems and rules applied to their own circumstances. For those people living in rural areas, the sheer difficulty and expense of making repeated visits to town to see government officials one at a time while unwell brought a

strong call for more coordination and the establishment of small but comprehensive government service centres in rural areas.

Housing transitions: practical and personal support needed

The transition from residential to independent housing settings is a time of major difficulty for consumers/tangata whai ora, as it involves a transfer of service providers and types of service provision, as well as the move to being responsible for their own accommodation. Conversely, a move into clinical service accommodation can, without support, result in the loss of an independent housing arrangement as well as loss of personal possessions. It was reported that consumers/tangata whai ora who live in supported accommodation cannot easily access the practical housing support services they need to find and set up a new flat. The plea was made for more integration, as well as for more emergency housing options to provide a safety net for these and other housing transitions.

Long-term support is needed

A further major message from the group interviews was that practical support, advocacy and personal support to build up social and other networks are likely to be needed on a long-term basis to sustain occupancy of independent housing. This would help to avert crises, a number of which may begin as problems with housing, but can quickly turn into serious deterioration in mental health.

Independent housing without long-term support was reported as insufficient to meet the sustainability-related needs of many consumers/tangata whai ora. Support that meets individual needs and preferences and has some degree of flexibility and choice is important. Access to support should be wider than mental health services, and include personal networks, social supports and mainstream services. Practical and ongoing support to access and sustain independent housing is identified as a gap, particularly after periods of time in hospital/supported accommodation and/or homelessness/transience.

Additional findings

In addition to the above six groups of issues, a number of other issues were identified in the group interviews. These include:

- service gaps in particular locations, especially rural areas, with the result that tangata whai ora (and other consumers) are sometimes compelled to choose between living with or near whānau, and being able to access support services;
- isolation resulting from distance, lack of phones and transport, and the decreased employment and educational opportunities, which all compound the poverty and housing issues facing consumers/tangata whai ora in rural communities;
- substandard housing in rural areas such as Northland and the East Coast of the North Island, which is reported to be at a critical level; and
- gaps in the provision of service resources designed for particular population groups: Māori, Pacific peoples, rural people, younger people - particularly young men, older people who may have

physical illnesses as well, women, single parents, and people discharged from forensic mental health services. It was reported that services designed to meet the needs of the average consumer/tangata whai ora are not sufficiently responsive to meet the needs of specific groups.

Overall, the group interviews highlighted a wide range of factors that compromise the capacity of consumers/tangata whai ora to sustain independent living. The most significant finding, however, is that it is a combination of factors rather than any one factor on its own that creates situations where consumers/tangata whai ora may not be able to manage living independently in a sustainable way.

The 'combination of things' that leads to housing difficulties and further mental health problems will need to be addressed, if independent living is going to be sustainable in the long term. The sustainability framework discussed in Part 3 of this series offers one way of conceptualising the inter-linked and complex factors that affect the lives of consumers/tangata whai ora. From this understanding, new styles of integrated policies and services may be developed that work to integrated goals, always focused on the full range of needs of the consumer/tangata whai ora rather than on isolated aspects of their lives.

Appendix 1: Methodology

In order to extend understanding of the range of issues and housing experiences of consumers/tangata whai ora, members of the research team conducted small group interviews with consumers/tangata whai ora and providers in 26 locations around the country. These interviews obtained the perspectives of different individuals and groups from Mangonui (Northland), Kaikohe, Whangarei, Auckland, Hamilton, Tokoroa, Whakatane, Ruatoki (Bay of Plenty), Gisborne, Te Puia Springs, Porirua, Lower Hutt, Wellington, Christchurch and Dunedin. Additional South Island locations were initially selected, but initial attempts to establish contacts on the West Coast and in Nelson/Marlborough could not be followed up within the time available.

Research questions:

- What are the most commonly cited accommodation related difficulties for people with mental illness and tangata whai ora in independent housing?
- Are there differences in the housing difficulties experienced by each of the special target groups (Māori, Pacific people, older people)?
- How do local incidence and types of accommodation related difficulties compare with the general incidence and types of accommodation related difficulties amongst the population nationally?
- What is the perceived extent of unmet independent housing need of people with mental illness and tangata whai ora accessing mental health services?
- What is the perceived extent of the particular impact of homelessness and transience on Māori, Pacific, and older people with mental illness?

Selection of group interview participants

Group constituencies were primarily determined through government priorities i.e. Māori, Pacific peoples, women and older people. Cabinet directives identified the additional need to focus on homeless and transient consumers/tangata whai ora.

Prior consultation with consumers/tangata whai ora identified those with alcohol and drug addictions, those with forensic histories, those with children, and youth as other priority consumer/tangata whai ora groups.

In terms of locations, consumer/tangata whai ora consultation identified rural and urban areas, and areas with high concentrations of de-institutionalised consumers/tangata whai ora from local mental health institutions, as priorities. Areas with high Māori, Pacific, homeless, and Invalids/Sickness beneficiary populations were also chosen to reflect government priorities and directives.

Taking into account all these requirements, and the spread of mental health services nationally, preferred group constituencies and locations were then decided.

Urban consumers/tangata whai ora other than Māori or Pacific peoples (including clients of alcohol and drug services)	Hamilton Wellington	Christchurch Dunedin
Urban service providers not specific to Māori or Pacific people (including alcohol and drug service providers)	Hamilton Wellington	Christchurch
Urban tangata whai ora (including clients of alcohol and drug services)	Whangarei Auckland Tokoroa*	Whakatane* Christchurch
Rural tangata whai ora (including clients of alcohol and drug services)	Mangonui Tokoroa*	Te Puia Springs
Urban Māori service providers (including alcohol and drug service providers)	Auckland Gisborne*	Christchurch
Rural Māori service providers (including alcohol and drug service providers)	Mangonui Ruatoki	Gisborne*
Urban Pacific consumers (including clients of alcohol and drug services)	Auckland	
Homeless service providers	Auckland	

* Provincial areas such as Tokoroa, Whakatane and Gisborne are not strictly rural or urban areas, but do have specific needs.

Two additional interviews were held with housing and community service providers who were not mental health service providers, in Christchurch and Kaikohe.

Groups were not exclusive and often included representatives from a number of constituencies. Lack of participation of younger and older consumers/tangata whai ora was an identified gap that was unable to be addressed within the limited timeframe and resources available.

To set up the small group interviews, key consumers/tangata whai ora and providers were contacted in each identified area through previously established networks, to act as the liaison people responsible for negotiating venues, dates, times, koha and food for participants. In some instances this was a remunerated role. Information about the research and the interviews was forwarded to these key contacts, who then organised interview participants from their particular areas. In some instances, these key contacts were consumers/tangata whai ora or providers who were to act as facilitators for the interviews. These facilitators were provided with a guide to interview questions.

The key contacts in each area advised participants of the purpose of the research, that the interviews would include about eight to ten people, would involve one to two hours of their time, and members of the research team would be present to assist with facilitation and/or to record the main issues. They used their discretion about the amount of additional information they gave to participants prior to the interviews.

The information sent out before the interviews

About this Research Project

The Ministry of Social Policy is currently involved in a research project that looks at the housing needs of people who experience mental illness (Consumers/tangata whai ora). The government has very little information about the current housing experiences and needs of consumers/tangata whai ora. This information is important in order to make good policy decisions about issues that impact on the lives of consumers/tangata whai ora.

We are currently planning to hold small group discussions with consumers/tangata whai ora around the country in order to provide a forum to identify and discuss their particular housing experiences, difficulties and needs. We are seeking expressions of interest from consumers/tangata whai ora who would like to participate in these discussions.

Preliminary Information about the discussion groups

We intend that the discussion groups will be specifically for consumer/tangata whai ora. Members of the Ministry of Social Policy Research Team will be present to assist with facilitating the discussion and also to record the main issues that arise. We are planning to conduct a discussion group in the Christchurch area and expect the group to include about 8-9 people and will involve 1-2 hours of time (date/times and venue to be arranged)..

People who choose to participate in the groups will be assured that the comments and issues they raise will remain anonymous.

Outline of topics for discussion

Following is a brief outline of the kinds of topics we would like to talk about in more depth in the discussion groups.

- *Reasons for being in current housing and the kinds of things that influence housing choices*
- *Pros and cons of current housing arrangements*
- *The aspects of housing that influence the recovery and maintenance of mental health*
- *Previous accommodation and reasons for moving*
- *Assistance with moving, and with maintaining the housing arrangement*
- *Homelessness and transience*

If you would like further information about the research or the discussion groups please contact: ... (name) ....

General discussion

The intention of the group interview methodology was for the groups to include consumers/tangata whai ora only. In some cases, however, a mix of consumers/tangata whai ora and providers resulted; either because of individuals having dual roles, or because the participants preferred to include providers who were known to them in the discussions. This latter scenario was particularly likely in the interviews with Pacific people and with tangata whai ora.

At the beginning of each interview all participants were provided with information sheets for consumers/tangata whai ora and providers, and consent forms, which were explained in detail by the research team members. Information sheets outlined the kinds of topics to be discussed in the interviews, explained how any information gained would be used by MSP in a report, identified who this report was for, and gave contact details for members of the research team.

Informed consent was gained after all information had been provided and explained, and after any queries had been answered. The importance and reasons for gaining consent were discussed, participants were assured of their rights to withdraw any or all information at any stage during the research process, and were told they would receive a copy of the written transcripts of the interviews, once completed. All participants were then given the opportunity to sign a consent form that stated the Ministry's responsibilities, and assured them of the confidentiality of their identity. Some consumers/tangata whai ora chose not to sign a consent form and instead gave verbal consent.

All participants were also given another form which enabled them to provide their contact details to receive a draft copy of the overall summaries from the research interviews, and/or a summary of the findings of the research. In addition, all consumer/tangata whai ora participants were asked to provide general demographic information about themselves (gender, age bracket, ethnic category) on another form, to assist in the reporting process.

Cultural differences meant variation in how interviews were established and conducted. For Māori and Pacific consumers/tangata whai ora in particular, the restriction of numbers was not always possible. In order to gain the best possible information whilst maintaining the safest environment for consumers/tangata whai ora, the research team was flexible in its approach. Interviews with Māori and Pacific consumers/tangata whai ora sometimes included Kaumātua, Kuia, or Matua.

Every effort was made to ensure risk was managed adequately by participation being organised through networks to which consumers/tangata whai ora felt connected, interviews being conducted in environments known to them, information being appropriate, available and understood, and cultural differences being recognised.

Data collection

The group interviews were held at venues arranged by intermediaries in each locality. The intermediaries had been identified either via the discussions at the One-Day Workshop, or through personal networks of the research staff, or other MSP staff. Most intermediaries were consumers/tangata whai ora themselves, or had dual or triple roles as mental health providers and/or ethnic group members and/or consumers/tangata whai ora. Where it was appropriate, the interviews began with a karakia or a prayer, and food and drink were provided.

Group size varied. Initially the intention was to interview groups of eight to ten participants, and sometimes this was achieved. Often, however, the participants determined that their participation relied on an inclusive atmosphere, and therefore rejected any restriction on group size. Choosing some participants over others for inclusion in the interview was not deemed appropriate. Some groups, therefore, were larger than the preferred size.

Each interview was attended by two researchers so that at any one time one researcher could facilitate/lead discussions, while the other took notes by hand. Although this method of data recording has its challenges, it was decided not to take tape recordings to avoid any anxiety or unease among the participants. Thus the time involved later on in transcribing tapes was also avoided, and the written notes provided a satisfactory source of recorded data. The average interview duration was between two and three hours, including the time for food and drink.

A schedule of topics for discussions was developed prior to the interviews and was sent out to the intermediaries beforehand. At the interviews not all participants were motivated to follow this schedule as a guide, but all efforts were made to canvass all topics to achieve consistency.

The schedule of topics for group interview discussions was as follows:

1. What are the reasons for being in your current accommodation and what are your reasons for moving from previous accommodation?
2. What are the pros and cons of your current housing situation?
3. What are some of the things about housing that affect mental health and wellbeing? Are there things about housing that improve mental health and wellbeing?
4. What kind of support or assistance is needed? What kind of support or assistance is available? What helps, what doesn't?
5. Do housing services and mental health services need to work together?
6. What about homelessness and transience?
7. What are the needs of particular groups (e.g. Māori, Pacific, families, parents of children, ex-prisoners, alcohol and drugs)?
8. What would help?

The interviewers also had a number of further prompts for each discussion topic. These were:

Reasons for being in current accommodation

- what kind of tenure
- is it permanent or temporary
- do you like it - is it OK or are there problems
- do you choose to be there, or did someone else organise it for you
- what was it that made it the choice – affordability, availability, location, near mental health services, the low/high number of people living there, behaviour of flatmates – re their illnesses, their alcohol and drug use, close to friends/supporters/family, the noise/lack of noise, something about the actual house e.g. space, sun, etc
- do you expect this arrangement to last long – do you want it to, or don't, or don't know/don't care much either way
- what would happen with your place in the house if your illness got a lot worse and you needed to go to hospital

Pros and cons of your current housing arrangement

- what do you like about where you are living
- are there things about housing that affect mental health and well-being, are there things about housing that improve mental health and well-being?
- are there services or assistance/help you can get to make it easier
- what is important to you about the services that you like – gender/ethnicity focus, location, etc
- what do you not like about it – is it the house (e.g. is it damp), the cost, the people (too many, their behaviour), the noise/sun, too close/not close enough to shops and services including mental health services, is it too close/not close enough to friends/family, is there enough to do in the daytime
- are there good things about it that compensate for the not so good things – are there trade-offs
- is it OK to be responsible for organising it all- what about when you are ill

Previous accommodation and reasons for moving

- what kind of tenure was it, or was it residential care/supported housing/hospital/prison
- how long had you been there
- did you want to move
- was the move something to do with: affordability, the location, the closeness to mental health. services or other services, something about the house itself, the people there (too many; their behaviour), made your illness worse for some other reason, couldn't accommodate your children etc

Sources and types of assistance with moving, and with maintaining the housing arrangement

- when you moved into your current house, did anyone help you organise it
- was it help from friends/family, or from some kind of support service
- if from a support service, was it one that focused on support with housing, or was it one that includes housing along with other kinds of support
- what did the help include – e.g. flat-hunting, negotiating with landlord, choosing furniture, organising rent payments, getting the phone put on etc, help with money management
- what did you like about the help you got
- what else would you have liked the help at that time to include
- what was not helpful

Homelessness and transience

- Do you consider yourself to be homeless at the moment – if so, how long for

- do you expect housing arrangements to be stable
- do you want stability with your housing arrangements
- how would you describe homelessness – is it lack of a roof/bed, or lack of a place to live that suits you
- have you ever been homeless – , what contributed to being 'homeless', how long did it last
- do you know other people now who have nowhere at all to go
- do you know people with no home but it's their choice – if so, what do they do: stay with friends/family, sleep rough, go to night shelters etc
- do you move house often
- do you think it's a problem if people move house all the time, or doesn't it matter to you

Needs of particular groups (e.g. Māori, Pacific, families, parents of children, ex-prisoners, alcohol and drug).

- Do housing services and mental health services need to work better together? (for example – HNZC, MHC)

Housing Solutions- What would help?

As soon as possible after the interview the two researchers recalled the discussions together, and wrote a collaborative record of the group interview based on their recall and on the notes taken.

Data analysis

When the transcripts of the group interviews had been completed, they were read through. A list of broad themes was compiled from this preliminary reading and a working list of key terms was identified. The transcripts were then entered into a specialist software database (Nud*ist)[12]. The themes under which the key terms were assembled (see rank order table 1 below) reflected some of the immediate concerns of the research – housing, temporary housing, homelessness, services etc. – but some, such as the 'states of being' stood out in the preliminary reading.

The frequency with which some of the terms appeared in the transcripts may appear to give some indication of the extent to which some issues were more pertinent to consumers/tangata whai ora than others. However, caution is needed in interpreting the significance of any of the frequencies. For example, as the interviews were specifically focused on housing and accommodation, it is no surprise that terms and concepts relating to housing should be prominent in the transcripts. Similarly, the respondents were asked to talk about their needs and about support services so it is to be expected that these terms receive many mentions.

Some of the concepts that were introduced into the discussions were not anticipated, however, and these are of interest – not in terms of how often they were raised but rather that they arose in the discussions at all. For example, the

[12] Nud*ist (Non-numerical Unstructured Data Indexing, Searching and Theory-building) is a software system for managing qualitative data. It was used in a very rudimentary way for this project (key word counting) but has the capacity to support more sophisticated analysis.

role of pets in the lives of some consumers/tangata whai ora was clearly articulated as were the problems of isolation in rural areas.

Apart from the key term analysis that was undertaken, the transcripts were intently read by three of the researchers and main ideas and concerns noted. These were discussed as matters in themselves and also in relation to how the report would be structured. A decision was made to present the transcript material thematically and, as much as possible, to complement the structure of the two other main aspects of the research – the literature review and the analysis of the national survey of providers.

Representative quotes from the body of transcript material were selected to highlight key issues. One of the drawbacks of this approach was that much of the poignant material from the interviews does not appear in this text. Each interview group was sent a copy of the transcript from their particular session but issues of confidentiality made it difficult to disseminate group-based transcripts. In all cases in the text of this report the quotes were identified in terms of the kind of person making the comment (provider, survey respondent, consumer/tangata whai ora) and in terms of the general area from which they came.

Interpretation of results

Once assembled thematically, interviews like these cease to be individual or specific group narratives. While care was taken not to lose the voices of the individuals who told us their stories, there has been an inevitable condensation of the texts. What was said by one consumer/tangata whai ora in one group interview was never exactly the same as what was said elsewhere, but there is an implicit assumption in the thematic approach that the comments from any one consumer/tangata whai ora are representative in some way.

What can be more reliably assumed from the group interview transcripts is that items that were repeated often and by different groups are likely to be the issues that are of widespread concern. It is those issues that are summarised at the end of the report, and those issues that contributed to the conceptualisation of the sustainability framework (see Part 3 of this series of reports).

Further interpretation of the results of the group interviews was made following the development of the sustainability framework, in which evidence to support the validity of the framework was located in the group interview results.

Rank order table of word counts under key themes derived from interview transcripts using Nud*ist software

Statutory agencies	
WINZ/HNZ/CYPFS/DWI	161
Council	29
Social worker	13
Housing Corp	10
Resource consent	2
Health	
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