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Housing and infrastructure for Aboriginal Peoples living with mental illness and/or psychosocial disability.

Submission to the Parliament of South Australia's Social Development Committee Inquiry into the provision of services for people with mental illness under the transition to the National Disability Insurance Scheme (NDIS)

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Cover Image: Aboriginal person in the South Australian Prison system after self-harm incident. From exhibition: *No More Than What You See* by Ricky Maynard.

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NOTE ON TERMINOLOGY

In this submission, the term 'Aboriginal' and 'Indigenous' are used inclusively to refer to Aboriginal and Torres Strait Islander peoples.

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About the authors

Dr Elizabeth Grant is an architectural anthropologist, criminologist and academic with a distinguished record in the field of Indigenous Architecture. She holds an adjunct Professorship at the University of Canberra an adjunct Associate Professorship at the University of Queensland, and is a visiting scholar to Cambridge University.

Elizabeth is an international expert in humane court, police and custodial design and housing for Indigenous peoples living with disability. A Churchill Fellow, among other awards she was honoured with the International Prison and Correctional Association (ICPA) Excellence in Research Award for her pioneering research. In 2017, she was invited to submit to three Government inquiries and appointed as an expert witness and participant for closed forums for the *Royal Commission into the Protection and Detention of Children in the Northern Territory*. In 2018, she presented to the NDIS Ministerial Taskforce and appeared before the *Senate Joint Standing Committee on the National Disability Insurance Scheme* to discuss the housing needs of Indigenous peoples living with disability, and was appointed as an international expert to Aotearoa New Zealand's *Hāpaitia te Oranga Tangata Criminal Justice Summit*.

Elizabeth was the lead researcher on an Australian Housing and Urban Research Institute (AHURI) (2014-2017) study entitled: *Housing and Indigenous people living with a disability: lived experiences of housing and community infrastructure* using Yalata (SA), Point Pearce (SA) and Geelong (Vic) as remote, rural and urban case studies. The housing and community infrastructure needs of this population group had not been previously studied, and the research shed much needed light on the nexus between lived experiences of disability and housing among Indigenous Australians in order to inform how the NDIS could best meet the needs of this overlooked group within the population.

She has published four books and over 70 papers and is the lead editor of the *International Handbook of Contemporary Indigenous Architecture* (Springer 2018). The handbook provides the first comprehensive international overview of contemporary Indigenous architecture, practice, and discourse, showcasing established and emerging authors and practitioners from Australia, Aotearoa New Zealand, the Pacific Islands, Canada, USA and other countries.

Elizabeth is an elected member of Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), a member of the International Association for People-Environment Studies (IAPS), the Environmental Design Research Association (EDRA), the Architectural Humanities Research Association (AHRA), the Native American and Indigenous Studies Association (NAISA), the Australian New Zealand Society of Criminology (ANZSOC), the Australia and New Zealand Chapter of the Association of Critical Heritage Studies and the Expert Panel of the International Corrections and Prisons Association (ICPA).

Dr Scott Heyes is an Associate Professor and Convener of Landscape Architecture in the School of Design and Built Environment, Faculty of Arts and Design at the University of Canberra, Australia. He holds prestigious research associate positions at the Smithsonian Institution's Arctic Studies Center in Washington D.C., and at Trent University's Frost Centre for Canadian and Indigenous Studies in Canada. His research and teaching interests centre on Indigenous knowledge systems and Indigenous heritage issues in Indigenous Australia, Fiji, and the Inuit homelands of Arctic Canada.

Scott's research, teaching and engagement activities have centred on several collaborative projects with Indigenous communities and industry partners spanning more than fifteen years. The projects have been carried out in Australia, the Arctic and the Pacific using ethnographic and participatory methods. These projects have led to traditional research outputs in the form of co-publications and conference papers with research partners, as well more creative outputs in the form of short films, design studios, design works, maps, and major exhibitions.

Scott has championed Indigenous issues on campus by leading student field trips to Indigenous communities in South Australia, Queensland, NSW and Fiji, and by advocating for expanded teaching of Indigenous knowledge across the disciplines of design. He teaches across the disciplines of landscape architecture and cultural heritage, with the subject content being drawn directly from his research projects, and with Indigenous community support. In recognition of the significant impact of his activities with Indigenous partners, Scott was awarded a University of Canberra's Vice-Chancellor's Excellence Award for Research in 2015, and a Vice-Chancellor's Excellence Award for Equity and Diversity in 2014

Scott has presented his research to a range of audiences in Africa, North America, Europe, Pacific countries, and throughout Australia. He serves annually as an international reviewer for the Canadian Government's Social Science and Humanities Research Council, and has served on the University of Canberra's Human Research Ethics Committee since 2012. He is a member of anthropology and geography associations in Australia, Canada, and the USA. He currently serves as a peer reviewer for seventeen international journals in the disciplines of landscape architecture, Indigenous studies, geography, heritage, political science, and anthropology. Scott is an external advisor for the ARC Linkage project Creative Barkly, led by Griffith University and he serves as an expert advisor for the Kokoda Track Military Heritage Plan, by appointment from the PNG National Museum and Art Gallery. He is actively involved in designing environmental history projects with Rural Communities Australia his capacity as an Advisory Board Member.

Introduction

This submission is made on the call by the Parliament of South Australia's Social Development Committee Inquiry into the provision of services for people with mental illness under the transition to the National Disability Insurance Scheme (NDIS) and address the terms of reference which state:

The Committee inquire into, and report on the provision of services for people with mental illness under the transition to the National Disability Insurance Scheme (NDIS) with particular reference to:

1. The gap between the Federal Government's predicted and realised percentages of mental health clients receiving NDIS support;
2. The reduction in funding to the Personal Helpers and Mentors program and Mental Health Respite Carer Support program and the impact this will have on people with mental illness;
3. The ongoing requirements for block funded mental health services provided by the State Government after the NDIS transition;
4. The effects on South Australians with mental health issues who are deemed ineligible to receive NDIS funding;
5. The sufficiency of services provided to people with mental illness who are accepted into the NDIS;
6. The effects on South Australians with mental health issues undertaking the application process for the NDIS;
7. Any other relevant matters.

This submission draws on research conducted in an Australian Housing and Urban Research Institute (AHURI) longitudinal study entitled: *Housing and Indigenous people living with a disability: lived experiences of housing and community infrastructure* (attached as appendices 1 & 2), and other work by the authors.

Underreporting of Indigenous disability

The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) noted that 65% of the Aboriginal and Torres Strait Islander population reported having a long-term health condition, including 29% who reported a diagnosed mental health condition (25% of males and 34% of females). This is likely to constitute an undercount. Underreporting or non-reporting of disability within the Indigenous population appears common due to historical, cultural and linguistic factors. Much of the literature indicates that Australian Bureau of Statistics (ABS) figures are the 'tip of the iceberg.' The National People with Disabilities and Carer Council (NPDC), the Australian Productivity Commission, the First Nations Disability Network and the Australian Institute of Health and Welfare (AIHW) have all questioned the accuracy of the current data on the prevalence of disability within the Indigenous population (Grant et al. 2017).

Reporting of disability among Indigenous people is influenced by cultural factors. Some Indigenous Australians find the concept of disability difficult to understand or irrelevant, thus reducing the likelihood that the surveys accurately record the prevalence of mental illness and/or psychosocial disability. In some Aboriginal communities there are diverse and complicated understandings of the emergence and presence of disability. There is some evidence that because of fear of stigmatisation or discrimination some Indigenous people

choose not to identify as having a disability. There may be a stigma attached to the terms ‘mental illness’ and ‘disability’, or mental illness or psychosocial disability may be considered a result of ‘married wrong way’ or magic or sorcery. Other Aboriginal communities accept behaviours related to a mental illness or psychosocial disability as inherent traits of the individual. Many Aboriginal people understand disability from a Western scientific medical standpoint, focussing on physical or visible types of impairments and failing to recognise mental illness or cognitive deficiencies as a type of disability.

All of these factors can result in serious non or underreporting of mental illness or psychosocial disability in Aboriginal populations. While Indigenous people may choose not to identify as living with a disability, there is evidence that Indigenous people are living with high levels of distress as a result of their circumstances and health conditions. ABS data reports some 30 per cent of Aboriginal and Torres Strait Islander adults report levels of high or very high distress while only 11 per cent of non-Indigenous adults report the same (2016).

Definitions of mental illness and/or psychosocial disability

Physical disability is comparatively well defined for Aboriginal peoples under the NDIS. However, chronic diseases, mental illness, psychosocial disability and other comorbidities need to be considered in NDIS assessments for Aboriginal peoples. Assessments need to be holistic and consider the interplay of other conditions, especially:

1. Complex health conditions
2. Drug psychosis
3. Cognitive function
4. Learning disabilities
5. Grief and loss issues
6. Depression and anxiety
7. Foetal Alcohol Syndrome

The cultural nature of mental illness and/or psychosocial disability is currently not covered under definitions contained within NDIS legislation and as a result many Aboriginal people are unable to assess services under the NDIS criteria.

It is imperative that the definition of mental illness and psychosocial disability be revised to consider the interplay of health and social issues, which impact on the psychological wellbeing Aboriginal peoples. A more holistic appreciation of these issues will enable great access to NDIS services.

The importance of appropriately designed, culturally appropriate housing

Having access to appropriate housing is integral to the physical and mental wellbeing of Indigenous people and people with disability (Grant et al. 2014). Imrie (2004: 745) explains this relationship:

A person’s mental and physical wellbeing is related to many circumstances, not the least of which is the quality of their dwelling and home environment. An important part of such quality is physical design and layout, and how far it enables the ease of people’s mobility and movement around the dwelling and the use of different rooms and their facilities.

There is a growing crisis in Aboriginal communities, evidenced by high and multiple levels of disadvantage, demonstrating the enormous disparities in the social determinants of Aboriginal health—housing, education and the availability of nutritional food, employment and health care. The Central Australian Aboriginal Congress (2011: 2) has noted that:

Put simply, the social gradient in terms of housing, education, employment, access to justice and empowerment are directly linked to the disastrous health outcomes we face. They are directly linked—also—to the ongoing effects of substance abuse, family violence and child neglect and abuse. If Aboriginal people are to achieve health outcomes equivalent to those of the broader Australian population, people's living conditions must be improved alongside access to health services (Southern Public Health Unit Network 2003).

Access to housing for Indigenous peoples living with mental illness and/or psychosocial disability

The Reform of the Federation White Paper Roles and Responsibilities in Housing and Homelessness (Department of Prime Minister and Cabinet 2014) also makes salient points in regard to housing and disability, notably:

...some groups—including Indigenous Australians, older people, young people, and people with mental illness or disability—are more likely than others to experience difficulty securing stable and affordable housing. This is complicated when individuals face multiple disadvantages and interact with multiple service systems (p.10).

For housing, disability and social supports it is noted that there are:

1. A lack of culturally- and disability-appropriate housing options and services (and other social services) for Aboriginal people living with a disability.
2. Under-use of mainstream disability and other social support services (including disability-related housing services) by Aboriginal people, generally.
3. Lack of awareness of disability-related housing needs (and available supports) among Aboriginal people living with disability, their families and some service providers.
4. Negative experiences with housing agencies, impacting on people's desires to interact with them.
5. Some service providers expressing occupation, health, safety and welfare concerns entering into sub-standard housing, impacting on the delivery of supports to some people.
6. Lack of Aboriginal specific accommodation services.
7. Desire for more Aboriginal-run services for people living with disabilities.
8. A high prevalence of sub-standard Aboriginal housing, especially in remote communities.
9. A high prevalence of housing and accommodation options that are physically inaccessible for Aboriginal people living with disabilities and health related issues.
10. Issues of nepotism in Aboriginal housing.
11. Cultural inappropriateness of much public housing, with available stock insufficient in terms of accessibility, size and number of bedrooms, and wet areas, as well as there being issues around tenancies because of overcrowding, mobility and 'visiting', kinship traditions et cetera.
12. Poor understanding of rights and responsibilities among public (social) housing tenants.
13. Challenges around accessing support for modifications to properties (to make them more culturally-appropriate), including in public (social) housing (Grant et al 2017).

For Aboriginal peoples accessing supported accommodation major issues arise in:

1. Highly limited uptake of supported accommodation options by Indigenous people living with disabilities (although no clear data on this).
2. Concerns over the location of such facilities, away from communities, country, significant events.
3. Unmet need for services, with a possible appetite for Aboriginal-run services (these must be culturally appropriate in terms of design, orientation, and operation, as well as being in appropriate locations).
4. Lack of support for 'group home' models of living (Grant et al. 2017).

There are very limited housing access and housing choices for Aboriginal people living with disabilities at every level; across all types of disability, degrees of disability, regionally and nationally. The lack of disability-friendly housing, culturally appropriate supported accommodation, disability services and transport in regional, rural and remote areas means people are often forced to leave their communities in order to access services and housing. Being “off Country” brings great distress to many people. Homelessness or imprisonment are often the only housing options available for Aboriginal peoples living with mental illness and/or psychosocial disability (Grant 2018: 2018b).

Housing design for Aboriginal peoples with mental illness and/or psychosocial disability.

The NDIS recognises that providing housing that is first and foremost ‘a home’, as opposed to a workplace or institution, is accepted as ‘best practice’ for all people with disability.

While there is a large body of knowledge on the cultural design of housing to meet Indigenous users’ socio-spatial needs, domiciliary behaviours, cultural values and aspirations, universally this states there is no one solution to providing and designing housing for Indigenous people and little knowledge on ‘best-practice’ housing design for Indigenous people living with a disability.

More general studies have shown the individual needs of non-Indigenous people living with disability are diverse and require case-by-case housing responses.

Some research suggests that key housing attributes for people with mental illness or psychosocial disability include security of tenure (stable housing), affordability and a suitable location. For example, it has been shown that people with an acquired brain injury, mental illness or psychosocial disability, for example, may find it difficult to maintain a residence or adequately meet the requirements of a tenancy.¹ At the same time very little is known about the attributes for design of housing for Aboriginal peoples with mental illness and/or psychosocial disability and the impacts of lack of housing or sub-standard housing on the individual, families and communities (especially as seen in social issues such as homelessness, rough sleeping, family violence, community dysfunction).

Summary and recommendations

The NDIS has been widely heralded as a watershed in the delivery of supports for people living with a disability; a transformational opportunity for those eligible for services under the scheme and a way to strongly influence governments, the community, mainstream and other specialist services to truly recognise and meet the needs of some of the most vulnerable and excluded within the community.

The reality is that Indigenous people living with mental illness is that there are layers of disadvantage and numerous barriers in terms of service access and delivery, with whole of life implications. In many instances, even basic services are not available to support community living for Indigenous people living with mental illness, let alone to let people thrive living with their families, communities and cultures. The end result is that South Australia’s prisons hold many Aboriginal people living with complex health issues, mental illness and psychosocial disability, drug and substance abuse issues, and unresolved trauma and grief.

¹ The episodic nature of such disabilities often requires people with psychiatric and cognitive disabilities to spend periods of time in care meaning that they may find it difficult to maintain a rental property. Inappropriate behaviour exhibited during psychiatric episodes may result in people being evicted for property damage or in response to complaints by neighbours.

Housing options for Indigenous people with mental illness and/or psychosocial disability are limited at every level and fail the key social mandate of an inclusive and responsive society.

Ongoing reform of the disability support sector offers potential for issues around housing to be brought to the policy fore. Continuing work in the area is imperative given the NDIS legislation and Australia's obligations as a signatory to the United Nations *Convention on the Rights of Persons with Disabilities*.

We recommend that the Social Development Committee consider the following:

1. A re-evaluation of the NDIS definition of indigenous psychosocial disability which includes cultural factors, mental illness, complex health issues, including drug psychosis, and other comorbidities to allow support services to be delivered within the framework of the NDIS.
2. An urgent response to the over incarceration of Aboriginal peoples living with mental illness and or psychosocial disability be made. The response may include:
 - Urgent consideration to alternatives to imprisonment for Aboriginal peoples living with mental illness and/or psychosocial disability.
 - Data be gathered on the numbers of people in the South Australian prisons with mental illness, the services available to them and their conditions of confinement.
 - Data be gathered on the numbers of people with mental illness in the South Australian prisons held as 'unfit to plea.'
 - Timely and culturally appropriate mental health assessment and access NDIS assessment, package and adequate supports for people in the criminal justice system.
3. An urgent response to Aboriginal people living with mental illness and/or psychosocial disability experiencing homelessness, or rough sleeping due to a lack of housing options.
4. Evidence-based research into 'best practice' accommodation planning and design for housing and supported accommodation for Aboriginal peoples living with mental illness and/or psychosocial disability be completed.
5. The Government commit to delivering culturally appropriate housing and supported accommodation to Aboriginal people living with mental illness and/or psychosocial disability.

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