1. Introduction

A common factor among people with experience of mental illness is that they face lifelong barriers to their full participation in New Zealand society. The New Zealand Disability Strategy suggests that attitudes are the major barrier operating in the general population against people who have impairments. These attitudes and ignorance manifest themselves as stigma and prejudice and result in discrimination.

This paper discusses the issue of housing discrimination against people with experience of mental illness. It is largely informed by the Ministry of Social Development’s (MSD) recent research into Mental Health and Independent Housing Needs.

2. Mental Health and Independent Housing Needs

The MSD’s research was undertaken between July 2000 and September 2001, and it collected information from a range of sources, including:

- a review of relevant literature
- a one-day workshop with 23 consumers/tangata whai ora from around the country
- a national survey of 800 mental health service providers about their perceptions of housing need, and
- 15 nationwide focus group discussions with 190 consumers/tangata whai ora and providers.

The research concluded that housing difficulties, homelessness and transience are significant problems amongst consumers/tangata whai ora.

It was impossible to obtain precise figures indicating the level of housing need among consumers/tangata whai ora within the scope of the MSD study. The Mental Health Commission estimates that perhaps only half those with ongoing and disabling mental illness serious enough to warrant specialist treatment actually do use mental health services, which means that the findings of this research are certain to be conservative.

Instead, a rough estimate of the size of the problem and a more detailed understanding about the nature of the difficulties faced by consumers/tangata whai ora was gained through mixed methods, both quantitative and qualitative.
It was estimated that around 8000 (17%) consumers/tangata whai ora using mental health services from District Health Boards (DHBs) experienced housing difficulties, while the number of literally homeless consumers/tangata whai ora or those living in temporary or emergency accommodation could be as many as 2000 (4%). A further 8000 (17%) consumers/tangata whai ora were estimated to be living in circumstances which may involve a heightened risk of homelessness, such as boarding houses, hostels, hotels, motels, bed and breakfast houses and caravan parks.

These rough estimates were based on the group of people receiving services from DHBs. Perhaps more important are the findings of the research about the nature of the housing difficulties that are faced by consumers/tangata whai ora. The principal areas of difficulty identified related to:

- cost and affordability of housing
- lack of choice in housing options, and
- discrimination.

Discrimination was considered a significant issue by consumers/tangata whai ora in every one of the focus group discussions held around the country, and was the third most highly ranked housing difficulty that providers noted.

### 3. Discrimination

Discrimination, both passive and active, are central concerns for consumers/tangata whai ora that affect all aspects of their lives, including their mental health recovery and maintenance of well-being. Discrimination affects their ability to use and sustain housing, supports and services, employment and community participation.

Dual and triple discrimination affect specific groups of consumers/tangata whai ora, including Māori, Pacific peoples, users of forensic services, and consumers/tangata whai ora with alcohol and drug addictions.

Consumers/tangata whai ora report experiencing discrimination from many different sources, including the labour market, financial institutions, health providers, and the housing market, as well as from government agencies that consumers/tangata whai ora interact with.

“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/tangata whai ora, Auckland)

Reports of discrimination against people with experience of mental illness were not restricted to public and private institutions. Consumers/tangata whai ora also reported experiences of discrimination from family/whānau, friends and acquaintances, flatmates, neighbours and communities, and the general public.

Consumers/tangata whai ora are often shut out of social networks and full participation in community activities, because people are ignorant or fearful of behaviour they perceive as different.

The Human Rights Act is not being used effectively to challenge discrimination against people with mental health problems, especially in housing and employment.
4. Housing discrimination

Discrimination directly limits the ability of consumers/tangata whai ora to get good housing and to stay in it, if they ever do get good housing. In the MSD Mental Health and Housing study consumers/tangata whai ora and providers identified discrimination as both a barrier to independent living and as a factor that exacerbated their distress. Consumers/tangata whai ora noted several particular facets of discrimination that affected their housing options:

- Fear of discrimination inhibits consumers/tangata whai ora from using support and entitlements from state agencies and public services, but they are also prevented from using entitlements and supports because of bureaucratic processes and systems that create barriers.
- Discrimination from flatmates, neighbours and the local community impacts on housing options. Paine (1998) refers to this community response as the NIMBY (Not In My Back Yard) Syndrome.
- Discrimination that leads many consumers/tangata whai ora to accept unsuitable housing in caravan parks, boarding houses and ‘poor’ neighbourhoods where housing may be substandard and unsafe.

Although surveys in Auckland and Wellington show little evidence of discrimination by housing providers, there is strong evidence that these surveys are not revealing the whole story. Mental health service providers agree that there is active discrimination against people who have experience of mental illness by property managers and landlords, both public (HNZC) and private sector landlords.

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

Discrimination from landlords is common and is a barrier to consumers/tangata whai ora using and sustaining housing. The MSD Mental Health and Housing study reports greater levels of discrimination in the private sector.

There is a strong tendency for people who have experience of mental illness to seek houses from sources that are believed to be sympathetic or supportive instead, such as Housing New Zealand (HNZC) and local authorities. Not all consumers/tangata whai ora regard HNZC as supportive, however.

“There’s a lot of discrimination in the public sector ... discrimination if people know [you are a consumer] ... It’s difficult to prove ... They [landlords] look at you and say ‘there’s nothing available today’ ... the rent world is very overt in their discrimination.”(Consumer/tangata whai ora, Hamilton)

Consumers/tangata whai ora also report being discriminated against by landlords and other tenants who use stand-over tactics to deprive consumers/tangata whai ora of their tenancy rights - to space and to a safe environment. The lack of protection for some consumers/tangata whai ora is highlighted by the example of a consumer who moved into a flat using his non-recoverable needs grant from WINZ (re-establishment money) to buy furniture, only to have someone else move into his room, appropriate the use of his belongings, and leave him on the couch.
5. Narrowed choices/options

Discrimination in the housing sector is not restricted to people’s access to housing. It also affects the quality of housing consumers/tangata whai ora can rent. One interview subject said that consumers/tangata whai ora sometimes approach less than desirable accommodation (such as boarding houses or caravan parks) or use housing in less desirable areas because they see those options as being less discriminatory in some respects. Several participants also commented that discrimination still occurred in ‘less desirable’ housing that they say was not necessarily more accessible. Further, some people were still at risk of losing their house if landlords and other tenants discovered they had experience of mental illness.

Mental health service providers and consumers/tangata whai ora report that in some areas HNZC and local councils narrow the housing choices of people who have experience of mental illness. They do this by:

- offering them less desirable housing
- offering housing in less desirable areas, or
- by keeping them on the waiting list for relatively longer periods of time.

The discrimination described by some consumers/tangata whai ora and mental health service providers is not peculiar to people who have experience of mental illness, but generic for people on low incomes or beneficiaries.

6. Disclosure

Many consumers/tangata whai ora choose not to disclose the fact that they experience mental illness because they fear discrimination. When they have disclosed mental health information about themselves in the past, they have been discriminated against by landlords (both private and public) or flatmates.

Consumers/tangata whai ora who have disclosed mental health information about themselves describe the resultant overt discrimination.

“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)11

Mental illness is also treated less well than other illnesses. The associated stigma contributes to non-disclosure of mental illness by consumers/tangata whai ora.

“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... sweet. If then ... ‘Oh, he’s a weirdo’ ... then, no.” (Pacific consumer/tangata whai ora, Auckland)12

“Stigma alone is a huge thing – once it’s accepted that [mental illness] is the same as being a cancer victim, treated as equal, then it [will] be different.” (Uri haumate, Whakatane)13
The difficulty of living in an environment characterised by the stigma that mental illness attracts can be reinforced by the actions of the mental health sector. Several consumers/tangata whai ora in the MSD Mental Health and Housing study 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 home or in their workplaces. These visits alerted flatmates, neighbours and workmates to their consumer/tangata whai ora status, placing their housing (and employment) status at risk.

In an attempt to counter discrimination due to mental illness, some mental health service providers have made changes, including taking magnetised logos that identify mental health services, off the side of company cars whenever visiting in the community.

One consumer/tangata whai ora interviewed in the MSD Mental Health and Housing study, who lived in a rental flat with people who did not experience mental illness, testified to “working hard to hide her mental illness”. She reported that although some of her flatmates pried about the identity of support people who visited her, she chose not to disclose this information because of the stigma and the unfounded concern they may then express. She said, “I hate people knowing my private business” (Consumer/tangata whai ora, Dunedin).

The unfortunate flip-side to non-disclosure is that the effort put in to maintain privacy can also eventuate in 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, deeply depressed. People find it difficult. I gave up looking for flats ... flatmates would think I was a little too vague, poor, distant.” (Consumer/tangata whai ora, Wellington)

### 7. NIMBY – Not In My Back Yard

Like disabled people, people who have experience of mental illness often have reduced housing options through factors such as discrimination when neighbours object to supported houses being established in their area. Consumers/tangata whai ora and providers report NIMBY syndrome as a common discriminatory feature of New Zealand society.

In the MSD Mental Health and Housing study, both consumers/tangata whai ora and providers 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 have experience of mental illness. Some groups 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 consumers/tangata whai ora, even in a temporary sense.

### 8. Home ownership

Many consumers/tangata whai ora express the desire to own their own home one day. According to the MSD survey, twice as many consumers/tangata whai ora are living in rental accommodation compared with the general population. Actual home ownership figures for tangata whai ora are not known. Discrimination directly affects the capacity of consumers/tangata whai ora to sustain their housing arrangements however. Many have at some time in their lives been home owners but through acute mental illness have lost their homes. This experience can reinforce the stigma experienced by consumers/tangata whai ora and the discrimination of mortgage lenders.
9. Multiple discrimination

For some, discrimination is experienced on two or more fronts. Multiple discrimination can be severe for Māori and Pacific consumers/tangata whai ora, who not only report being discriminated against because of their experience of mental illness but also because of their ethnicity. Young, male Māori and Pacific consumers/tangata whai ora can experience compounded discrimination on the basis of their age, sex, ethnic background and mental illness and consequently find it very difficult to access suitable housing:

Similarly, ex-prisoners and sole parents (especially mothers) report discrimination due to not having the same opportunities as others. Other mental health service providers support this allegation. For some consumers/tangata whai ora this discrimination is three-fold.

Discrimination is particularly high if a consumer/tangata whai ora has an alcohol or drug addiction, with some services indicating a preference not to accept such consumers/tangata whai ora.

10. Ethnic discrimination

Ethnic discrimination or racism is reported by both consumers/tangata whai ora and mental health service providers, although this is not always specific to mental health.

Disparity between Māori and non-Māori is attributable, in part, to discrimination and racism experienced by Māori consumers/tangata whai ora, one of whom who described themselves in the MSD survey as feeling “second class” (Consumer/tangata whai ora, Kaitaia).

Discrimination connected with mental illness is not just specific to housing, but the compounded effect reduces the housing options for Māori consumers/tangata whai ora. For example, Māori mental health service providers and consumers/tangata whai ora commented on an apparent disparity in medication prescribed for Māori and non-Māori consumers/tangata whai ora. Inequalities were recognised by consumers/tangata whai ora, particularly in relation to the more severe side effects of cheaper drugs. Māori consumers/tangata whai ora suggested that non-Māori consumers/tangata whai ora 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 consumers/tangata whai ora the side effect of tardive dyskinesia$^{17}$ is particularly distressing.

Māori consumers/tangata whai ora report frequently having problems obtaining housing, citing examples such as “being Māori and covered in tattoos means that nice houses are declined to me” (Consumer/tangata whai ora, Dunedin). They report being offered less desirable accommodation than non-Māori consumers/tangata whai ora.

One of the main issues raised by Pacific consumers/tangata whai ora who participated in the focus group discussions was the impact of 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/tangata whai ora and providers reported covert discrimination in their experiences of approaching various agencies, community services and landlords.
11. **Media responsibility**

Part of the Like Minds, Like Mine project has been to promote acceptance of mental illness through the media. This has most prominently been through primetime television advertisements featuring famous New Zealanders who have experience of mental illness. This approach by the Like Minds, Like Mine project was acknowledged in the MSD Mental Health and Housing focus group discussions as being helpful. However, consumers/tangata whai ora noted that media reporting about the effects of mental illness frequently encouraged negative and discriminatory community attitudes to mental illness.

The pervasive level of discrimination associated with mental illness is perpetuated by sensationalist reporting in the news media that exaggerates the level of danger to the public that mental illness presents. Consumers/tangata whai ora interviewed for the study referred to the public perception of consumers/tangata whai ora as posing a high risk to the safety of others. They reported facing the effects of this discrimination when dealing with the frustrations of bureaucracies, particularly DSW and HNZC. The lack of flexibility of these organisations can lead consumers to feel extreme frustration, and any manifestation of that is likely to be considered to be in relation to their mental illness, reinforcing the stereotype of violent mental health consumers/tangata whai ora. This misconception is highlighted by consumers/tangata whai ora as discrimination.

12. **Combating discrimination**

Combating discrimination of consumers/tangata whai ora requires education and sharing of knowledge about the perception and understanding of mental illness by community support workers, local government and service agencies. This action is supported by the *New Zealand Disability Strategy*, which has an objective to encourage and educate for a non-disabling society. The *New Zealand Disability Strategy* identifies the need for an “inclusive society” that is non-disabling, that works to reduce barriers to participation and that ensures the rights and opportunities of disabled people.

Māori and Pacific mental health service providers believe ethnic-specific services are needed to address the ethnic-specific discrimination experienced by Māori and Pacific consumers/tangata whai ora.

More advocacy to help consumers/tangata whai ora deal with discrimination is also needed. Mental health service providers suggest government agencies allocate a staff member who has the communication skills to work with consumers/tangata whai ora – someone who has knowledge of mental health issues, including discrimination associated with mental illness. Consumers/tangata whai ora believe this person should have personal experience of mental illness. This idea has been implemented in some parts of the country with the Department of Work and Income but is lacking in most areas.

13. **Conclusion**

This paper is based on a summary of the Ministry of Social Development survey on housing issues for consumers/tangata whai ora. The issues covered in this paper reflect those covered by the survey. They therefore focus on the private and public housing market and do not address issues to do with supported housing for people with experience of mental illness. The issues surrounding supported housing should be addressed alongside other mental health service issues, and will be pursued separately.
The Ministry of Social Development survey has shown the difficulties that consumers/tangata whai ora face when it comes to finding permanent, affordable and secure housing. Discrimination is a major contributing factor to these difficulties. This includes discrimination as a result of mental illness as well as other forms of discrimination, especially that faced by Māori and Pacific consumers/tangata whai ora.

The report concentrates on identifying the issues associated with discrimination, but does not focus on providing solutions. Now the issues are well defined, it is important to concentrate on developing policy-focused solutions which are able to tackle both the causes and the results of discrimination in housing.

The issues associated with finding and keeping quality housing can only be tackled in partnership with others. Working with Housing New Zealand and local authorities is one option. Creating awareness of discrimination and other housing issues with these major landlords is essential if consumers/tangata whai ora experiences are to be improved. It is also important that Tenancy Services and the Tenancy Tribunal have access and make use of anti-discrimination training. Private landlords are more important to reach. The Like Minds mass media campaign’s messages and strategy need to bear this audience in mind.

An intersectoral approach is needed to address discrimination and other housing issues, led by the Ministry of Social Development (due to them initiating this research) and combining the resources of Housing New Zealand, Ministry of Health, members of the non-government sector and consumer/tangata whai ora groups. One of the issues that this group needs to address is poverty, which is an underlying issue when it comes to focusing on housing issues for people with experience of mental illness.

It is essential that this intersectoral work explores the development of new innovative solutions to current housing problems. This includes alternatives such as tenant-run or owned-housing cooperatives or consumer-run housing associations which provide the benefits of affordability, security, control, and freedom from discrimination.

**Where to From Here?**

1. The Like Minds Government Policy Project will lobby for and participate in an intersectoral working group. It will also join forces with other groups who share the same objectives as far as housing discrimination is concerned (for example Platform and Kites).

2. The Like Minds providers need to work with government agencies, particularly at a local level, to address housing and discrimination issues for people with experience of mental illness.

3. There needs to be a rights-based approach when it comes to housing and discrimination. An emphasis on informing people about their rights is necessary, and so is encouraging people to lay complaints about housing discrimination. We are aware that to enforce rights, accessible advocacy services are needed as well. This is not always available so there is a need to lobby for increased advocacy services and funding.
References


2 During a workshop with consumers of mental health services facilitated by the Ministry of Social Development (MSD) in 2000, a preference was expressed for the term ‘consumers/tangata whai ora’ being used when referring to people who have experience of mental illness. This inclusive term, which refers to both Māori and non-Māori (including Pacific) people who have experience of mental illness, is used throughout the remainder of this paper.

3 In June 2000 the [now disestablished] Ad Hoc Cabinet Committee on Mental Health established a work programme for the Ministries of Housing, Health and Social Policy to address housing needs of consumers/tangata whai ora. The overall work programme was managed by Housing New Zealand (HNZC), with a substantial research component being the responsibility of MSD. [After the research was commissioned the Housing Policy group from the Ministry of Social Policy (MSP) moved to become part of HNZC and MSP was incorporated into MSD.] MSD were asked 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 Kokiri to ensure a Māori perspective is fully considered (CAB (00) M 20/6 refers).


17 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 person 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.