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# National Building Code Consultation

Submission to the ABCB C-RIS on  
minimal building standards for  
accessible housing

## **Mental Health Community Coalition ACT**

Peak Body in the ACT for the Community Mental Health Sector

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## About MHCC ACT

The Mental Health Community Coalition of the ACT (MHCC ACT) is a membership-based organisation which was established in 2004 as a peak agency. It provides vital advocacy, representational and capacity building roles for the Not for Profit (NFP) community-managed mental health sector in the ACT. This sector covers the range of non-government organisations (NGO) that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness. The MHCC ACT vision is to be the voice for quality mental health services shaped by lived experience. Our purpose is to foster the capacity of ACT community managed mental health services to support people to live a meaningful and dignified life.

Our strategic goals are:

- To support providers to deliver quality, sustainable, recovery-oriented services
- To represent our members and provide advice that is valued and respected
- To showcase the role of community-managed services in supporting peoples' recovery
- To ensure MHCC ACT is well-governed, ethical and has good employment practices.

*“the built environment can indirectly impact mental health by altering psychosocial processes with known mental health consequences.” (Evans,2003)*

## Introduction

MHCC ACT’s submission will focus on why and how people with psychosocial disabilities should be included when discussing housing accessibility. The submission will also address the benefits of well designed and constructed housing on the wellbeing and mental health of the general population.

MHCC ACT defers to the submission<sup>1</sup> of the Australian Network for Universal Housing Design (ANUHD) for a detailed commentary on the suggested minimal accessible building standards for the National Building Code.

MHCC ACT supports the highest possible standard of accessibility. Specifically we support Option 2 as the option which best provides the minimum accessibility standard that Australians want – a home where they feel safe and included and where they can age in place. Housing built to high accessibility standards will also be far easier to retrofit to meet specific personal accessibility or disability support needs.

We hold that the higher build costs will be offset many times over by the consequent lower societal costs of reduced preventable hospitalisations, residential aged care admissions, direct disability support, public housing, etc. We also hold that the health and wellbeing benefits to all Australians of well-designed housing would be very substantial, regardless of disability status.

MHCC ACT would strongly encourage the Australian Building Code Board (ABCB) to use a mental health and wellbeing lens when deciding on minimal accessible building standards regardless of what option gets approved.

## The objective of the consultation

MHCC ACT endorses the objective of the Regulatory Impact Statement (RIS) with the addition of the word [all]:

**to ensure that [all] new housing is designed to meet the needs of the community including older Australians and others with mobility limitations.**

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<sup>1</sup> [Final submission](#) ANUHD

However, MHCC ACT sees a missed opportunity by not including a focus on mental health impacts of housing design and on people with mental health issues and psychosocial disability in discussing accessibility in building standards.

ABCB<sup>2</sup> define 'accessible housing' as any housing that includes features that enable use by people either with a disability or transitioning through life stages.

The RIS acknowledges the need for accessible housing for people with disabilities and refers to the general principles of the Convention on the Rights of Persons with Disabilities (set out in Article 3) that are relevant to housing include:

- full and effective participation and inclusion in society
- respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- equality of opportunity
- accessibility.

Persons with disabilities include people with psychosocial disability, therefore MHCC ACT would like to make a strong argument to make sure the new building codes take their needs into account as well.

The Building Ministers Forum agreed the analysis would take into consideration the relevant policy objectives, such as the National Disability Strategy (NDS), enabling ageing in place, reducing social exclusion and any reduction in providing specialist accommodation, on persons with disabilities. MHCC ACT wants to point out that people with psychosocial disabilities fit squarely in these policy objectives. Therefore they should be included in consideration of the new building code.

The benefits of allowing adjustments for people with psychosocial disability are the same as those for people with physical impairments, including:

- reduced costs associated with falls
- reduced carer needs
- reduced cost of home modifications
- reduced stays in hospital and transition care
- reduced costs associated with social isolation and loneliness

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<sup>2</sup> ABCB 2018, Accessible Housing: Options Paper, September 2018, p. 4.

- reduced premature and unnecessary entry into residential aged care or other institutional care
- reduced costs associated with moving
- societal benefits.

## Stating the problem

At any given time, one in five Australians suffers from a mental health disorder. Nearly half of us will experience a mental health issue during our lifetime.<sup>3</sup> It might not be immediately apparent, but the quality of a person's home has a profound impact on their wellbeing. For people with mental health issues, a well-designed house can enormously enhance their ability to live independently. Well designed, quality housing is to the benefit of everyone and leads to long term cost savings.

The WHO published guidelines on housing and health in 2018.<sup>4</sup> The impetus for the guidelines is that improved housing conditions can save lives, prevent disease, increase quality of life, reduce poverty, and help mitigate climate change. Poor accessibility to their house puts disabled and elderly people at risk of injury, stress and isolation. The guidelines take a comprehensive, intersectoral perspective on the issue of housing and health and highlight co-benefits of interventions addressing several risk factors at the same time. Areas addressed in the guidelines are:

- quality of sleep
- housing and mental health
- the challenge of ageing populations
- home safety and accidents
- construction and home materials
- indoor air quality and indoor comfort

The guidelines provide policy-makers, housing, and public health professionals with a better knowledge of (a) their housing policy choices, (b) the health-related consequences, and (c) the economic and health-related effects. The WHO Housing and health guidelines are further relevant in the daily activities of implementing actors who are directly involved in the construction, maintenance and demolition of housing in ways that influence human health and safety.

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<sup>3</sup> Australina insitute for Health and Welbeing ([AIHW](#))

<sup>4</sup> [WHO housing and health guidelines](#), 2018

## Design for Mental Health

One of the most basic needs of every person is to live in a suitable home. For people with severe mental health conditions, meeting this basic need has presented particular challenges. One of the most significant barriers to independent living is difficulties with specific cognitive skills. These difficulties can compromise some people's ability to carry out their daily activities effectively.

Design for mental health<sup>5</sup> is a guide on how to create a living environment that maximises functional abilities and minimise barriers through the provision of good design for people with mental illness. The guide is based on the following concepts:

- **Environmental press** - draws attention to the interaction between the person and their environment. It suggests that a person's ability to adapt to their environment or deal with the challenge presented by particular activities is influenced by both the demands of the environment (environmental press) and the person's own capabilities. The 'environmental press' will have a greater demand as the competence of the individual decreases.
- **Affordance and person-centred design** - describes the characteristics of an object that allows its use, for example, a knob affords twisting and perhaps pushing, while a cord affords pulling. The user must discover the physical characteristic and act accordingly. When an object's use is unclear, this can lead to mistakes and inefficiencies
- **Person-centred design** - a design that focuses on the needs of the user, outlining many aspects of user-centred design such as simplifying the structure of tasks, making things visible, getting the mapping right, and designing for error.
- **Mental models** - the models people have of themselves, others, the environment and the things with which they interact. They shape behaviour and set an approach to solving problems and doing tasks.
- **System image** is defined as the information conveyed by the physical product itself. When the system image of a device is incomplete, contradictory, incoherent or inappropriate, the user cannot easily use the device.

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<sup>5</sup> [Designing for mental health](#), housing design guidelines to promote independent living and mental health recovery

The cognitive difficulties that many people with mental health conditions frequently experience mean that objects do not stimulate the actions they ‘afford’ as easily as with the general population. Also, models of objects or situations may not be formed as efficiently. Hence they find poorly designed doors, light switches, taps etc. more demanding, frustrating and disabling than the general population.

The guide is divided into three sections: the type of home, spaces within the home and design details. Each section describes in detail barriers for people with psychosocial disabilities and how to overcome them. It addresses issues like location, type of dwelling, space, lighting, heating, ventilation, sounds, assistive technology, colour contrast and surface finishes. Appendix B gives an example of cognitive and sensory aspects of schizophrenia and how design and materials can reduce the impact of difficulties. For example, a person with schizophrenia experiencing hallucinations might find external noises very stressful and overloading. In order to suppress unwanted noise interior space noise control measures should be put in place to limit sound transmission from apartment to apartment or from room to room.

## The importance of design on people’s wellbeing

In the past, research on housing and health mainly focused on physical health. Despite the impact on people’s mental health by house type (e.g., high-rise), floor level, and housing quality (e.g. structural problems)<sup>6</sup>. What seems to be missing in the consultations around the new national building code is the relationship between good quality design and wellbeing and health for all. Data from a UK study<sup>7</sup> shows that an ongoing and persistent connection between poor housing and poor mental health should allow for the equal emphasis placed on mental health concerns when it comes to housing quality and safety.

MHCC ACT acknowledges that the relationship between housing and health is complicated. Still, it is becoming clear that the impact of housing design on wellbeing is not insignificant and getting it right can save money in other areas. For example, mental health accounts for more than A\$9 billion of public and private spending in Australia, and 4.2 million Australians received mental health-related prescriptions in 2017-18.<sup>8</sup> Good quality housing can improve people’s wellbeing and reduce the need for mental health support and or medication. A

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<sup>6</sup> Evans (2003), The built environment and mental health, Journal of Urban health, Dec; 80(4): 536–555.

<sup>7</sup> [Housing Conditions affect mental health](#), 2017 HCP live

<sup>8</sup> AIHW

recent systematic review<sup>9</sup> of quantitative studies assessing the impact of buildings on health showed that housing refurbishment and modifications, provision of adequate heating, improvements to ventilation and water supply were associated with improved respiratory outcomes, quality of life and mental health. Prioritisation of housing for vulnerable groups led to improved wellbeing.

Poor housing creates additional stress, anxiety and depression. Studies<sup>10</sup> have shown the influence of environmental factors such as pollution, level of noise and crowding on mental health, depression symptoms, and social wellbeing. Stressful housing conditions can aggravate pre-existing psychiatric pathologies. For example, the mental health of psychiatric patients has been linked to design elements that affect their ability to regulate social interaction.<sup>11</sup> Several properties of the physical environment are directly linked to recovery from cognitive fatigue and stress. For example, insufficient daylight is reliably associated with increased depressive symptoms.<sup>12</sup>

A literature review<sup>13</sup> of housing impact on health studies found that almost all studies on mental health showed that mental health improved one month to five years after the housing improvements were completed. This consistent pattern of improvements in mental health would suggest that improving housing would generate mental health gains leading to saving in mental health spending and subscription medicine use.

## Summary

MHCC ACT has tried to deliver two key messages in this submission:

1. When discussing accessibility for people with disabilities, people with psychosocial disabilities should part of that discussion.
2. ABCB should consider the impact of housing quality on the wellbeing and mental health of the wider community when deciding on the National Building Code.

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<sup>9</sup> Ige G et al, [The relationship between buildings and health](#): a systematic review , *Journal of Public Health*, Volume 41, Issue 2, June 2019, Pages e121–e132,

<sup>10</sup> Bonnefoy, X. (2007) 'Inadequate housing and health: an overview', *Int. J. Environment and Pollution*, Vol. 30, Nos. 3/4, pp.411–429.

<sup>11</sup> Evans (2003)

<sup>12</sup> *ibid*

<sup>13</sup> Thomson et al (2003) [Health impact assessment of housing improvements: incorporating research evidence](#), *Journal of Epidemiology and Community Health*



People with psychosocial disability experience functional impairments and will benefit from accessibility standards and good housing design. Their needs must be considered as part of this review. Any one of us can experience a mental health issue which causes short or long term functional impacts. Almost half of us will experience a diagnosable mental illness in our lifetime

However, improved accessibility standards and good housing design will also have significant benefits for the general population. Safe, comfortable and easy to navigate housing with access to green outdoor spaces will improve mental health and wellbeing for all.

More importantly, none of us remains fully physically or functionally fit through our entire lives. All of us will experience short or long term impairment, all of us can acquire a disability, and all of us will eventually age, with many wishing to age in place. Housing should be designed and built for the entire human lifecycle, for the benefit of all of us.

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