

HOMELESSNESS IN THE VETERAN COMMUNITY

A roof over your head is something most of us take for granted and we worry only about paying the bills to keep it there. Everyone, however, is not so blessed and veterans are not immune to the problems of homelessness or the near threat of it. A recent series of events has caused many of us concern as they appear not to be isolated and steps are currently being taken to try to solve the problem of homelessness and create better households for those in difficulty.

The aetiology of this problem is multifactorial and often a combination of these factors. Broadly they can be placed in the following groupings: drug habituation of one variety or another, prolonged unemployment with the concurrent loss of skills and therefore earning power, and thirdly mental illness, mental arrested development in all its forms or cerebral disease/pathology. More than one of these problems per person makes life doubly difficult. So the origins of homelessness are not simple in diagnosis or easy to treat. Successive governments have not always helped the situation in the past. Specifically, the fashion to close so many psychiatric units through-out the Nation in the middle late eighties exacerbated the problem to a very large extent as one of the recognized causal factors was significantly increased when these former in-patients were forced to cope on their own.

So, apart from providing sufficient finance for public housing, there will need to be extra prongs to this attack to reduce the number of homeless on our streets. These additional approaches must include improved mental health facilities both at an in-patient and out-patient clinical level. Our country must be prepared to spend much more than it currently does on drug addiction rehabilitation and education. We have seen the marked reduction in nicotine use over the last ten years, through the prolonged educational efforts of State Departments of Health and there is no reason why the same cannot occur with other more rapidly lethal drug consumption. The widespread use of a variety of "recreational" drugs is relatively new in this country so the phenomenon is not traditional or ingrained in anyway, so the moment the young believe it to be unfashionable or un-cool the percentage of usage will drop significantly. The success of this approach lies with our health officials.

In the mean time, as ex-service organisations, we must come to grips with our own and provide what we can to help. The figures are sketchy at best but a rule of thumb approach will suggest the extent of the task. Depending on whom you approach or read as an authority it would be reasonable to guess that there are 12,000 people in this country without a roof of their own to sleep under tonight. Of this number we believe 8 to 10% would be veterans, giving us a figure of 1000 to 1200 nation wide or several hundred per state if averaged out. Now as the eastern sea board has the lion's share of the population we can expect to have more than our share of this number. These figures do not mean that all these individuals are necessarily sleeping in the streets at any one time. The figures do mean that the accommodation is temporary and people must be moving on; be it from church, family, charity or unoccupied premises. Our best efforts must be focused on bringing this cycle of movement to and end, as quickly as we can, where possible.

A young Gulf War veteran in 2000 developed a significant brain lesion requiring surgery and long term care post operatively. Once discharged, he found himself unemployable because of his difficult to control epilepsy, despite medication and on a very limited pension income. His wife and one child were initially unsupportive and he was by definition, "on his own." Problem solved you might think. Visit your friendly neighbourhood Ex Service Organisation and all will be sorted.

Well he did and it wasn't !!

This late thirty year old man visited no less than six sub-branch offices in our state before moving to Victoria to gain the assistance he so desperately needed. I do not know the fine details of each visit to each organisation nor would that knowledge serve any purpose but to underscore the rigidity in some of our approaches to veteran community members. Common replies he received to requests for assistance were, "You aren't a Vietnam Vet. Can't help" or "You're not old enough for that type of assistance" and "Your problem is not service related"

I feel the point is made that there are still people in our own organisations who are not offering

resources advice in a manner designed to assist veterans. If you claim to be a pensions or welfare officer you are obliged to keep abreast of the veteran services available in your community on a day to day basis. Otherwise we are not maintaining the standard of help we loudly claim to provide.

As a result of this man's trials and tribulations he and I have put together an initial ex-service accommodation provider plan with the following outline.

A company called SCV GROUP LIMITED based in Maroochydore, Queensland is the manager of five thousand seniors independent living accommodation units throughout Australia. I was invited to address the Managing Director and senior executives on their recent visit to Sydney and have subsequently retained contact with their National Business Manager Mr Ian Minett. While the units are principally designed for seniors there is the potential to integrate other age groups into the communities. There are no entry fees with the accommodation being offered inclusive of meals and a heavy laundry service in regional locations for less than \$290 per week. The exact figure for this rental will vary a little depending on the site and the accommodation options offered at each community.

These rentals will be made available on a case by case interview basis and the ex-service person will require some income, plus or minus rental

assistance if necessary. So it will on occasions prove a testing task for those assisting the veteran. What is so very significant about what has been done here? The company is one with an Australia wide approach so we are not dealing with many groups with different policies in place. There is no particular age restrictions when people are more suited to a village atmosphere accommodation. Individuals are encouraged to belong to the groups they find themselves in and not retain their isolation. The tolerance of varying medical conditions is found to be acceptably high. Purposefully disruptive behaviour is obviously not tolerated. Tenants are able to move about the Groups holdings when accommodation becomes available.

Now this SCV facility has been made available to veterans throughout the whole country, it is timely that our community should commence using it. The need is there and part of the solution is now provided; it is up to us to match the veteran with the available accommodation site and allow these men and women to get on with the rest of their lives under their own roof.

PLEASE RING THE SCV GROUP ON 1800 356 544 FOR THE ASSISTANCE YOU MAY REQUIRE.

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