

# Housing, Homelessness and Mental Health

## Outcomes from the National Mental Health Commission's consultation in 2017

Across all regions and demographic groups, two overwhelming demands dominated – the need for more and better housing, and the need for more and better services.



**Australian Government**

**National Mental Health Commission**

# Foreword



## Housing is a critical foundation for an individual's journey to recovery

This report is the outcome of the national consultation conducted by the National Mental Health Commission in 2017 with the housing and mental health sectors to build a better understanding of the connection between housing, homelessness and mental health.

We support and endorse four priority directions which emerged from the consultation:

1. Advocate for change
2. Support data collection and data linkage
3. Invest in research
4. Set standards for service delivery and service integration

The findings from the national consultation have led the Commission to invest in research to inform policy options to achieve the goals of more and better housing, and more and better services in relation to mental health.

Approximately 400 people from across health and community sectors, peak bodies, government departments, state mental health commissions and consumers, carers, families and support people generously participated in our national consultation through jurisdictional workshops or an online survey.

On behalf of the Commission, we would like to thank everyone who participated in the national consultation.

I would also like to acknowledge the work of Dr Chris Maylea and Kumano Consulting in the analysis of the outcomes of the consultation process, and in the writing and development of this paper.



**Dr Peggy Brown AO**  
Chief Executive Officer  
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National Mental Health Commission

# Contents

<b>Executive Summary</b>	<b>4</b>
<b>Consultation Background</b>	<b>5</b>
Why we consulted	5
National workshops	5
Online consultation	6
<b>Consultation Findings</b>	<b>7</b>
1. Housing initiatives	7
2. Housing supply, preferences and choice	9
3. Research and monitoring	11
4. Future policy directions	12
<b>Recommendations</b>	<b>13</b>
<b>Next Steps</b>	<b>15</b>

# Executive Summary

The National Mental Health Commission (the Commission) is pleased to present the outcomes of a national consultation, conducted to better understand the complex relationship between housing, homelessness and mental health.

Our consultation included:

- Stakeholder workshops held in each capital city across Australia (March – May 2017) attended by 192 invited stakeholders
- An anonymous online consultation (March – April 2017) which drew 205 respondents representing consumers, carers, family members and support people



Participants were asked what worked well with services in their areas; what would increase housing supply, preferences and choice; and what future policy and research directions they would prioritise.

Participants and respondents collectively identified:

- Safe and secure housing as necessary for good mental health, and good mental health as necessary for maintaining successful tenancy and home ownership
- A need for housing to be linked to an individual's recovery, a strong preference for both [Housing First](#) type initiatives as well as supported accommodation and supportive ongoing outreach
- Safe and secure housing with accommodation features such as gardens, access to services, good neighbours and well-maintained properties contributing to mental wellbeing

Service integration and transition support were identified as key to the success of housing and support initiatives. Priorities for increasing housing supply were:

- Further investment in housing and mental health services
- Opportunities to leverage more investment and development
- Flexible services
- Specific services for specific groups
- An increased focus on early intervention

Research priorities corresponded with the service priorities outlined above, focusing on data sharing, linkage and integration, targeted research, identifying best practice, adopting a consumer perspective, and undertaking a cost benefit analysis.

Going forward, engagement with both direct and indirect causative factors of homelessness and mental ill health is critical. This involves a need to:

- Respond appropriately to the National Disability Insurance Scheme
- Promote home ownership
- Improve governance and oversight
- Work to bring about cultural, social and community changes particularly in reducing stigma and discrimination

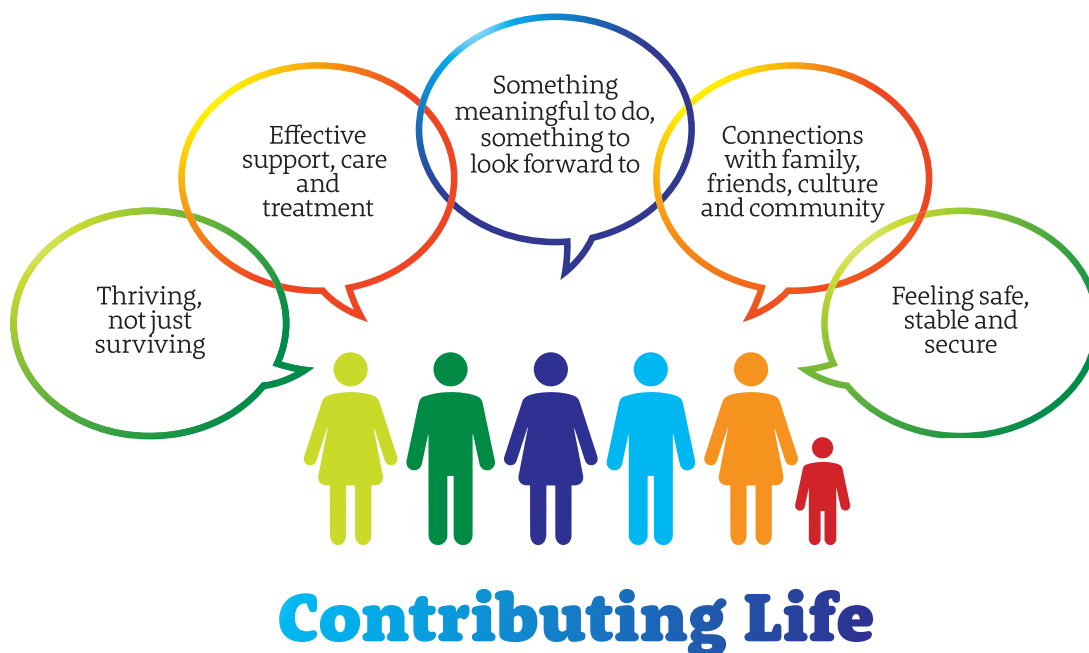
**Our Recommendations and Next Steps are on pages 13-15**

# Consultation Background

Since its first national *2012 Report Card*, the Commission has recognised the importance of having a home on an individual's ability to lead a contributing life. That is why 'feeling safe, stable and secure' is one of the five domains in the Commission's *Contributing Life Framework*.

This work is a priority for the Commission because:

- Generally for people with lived experience of mental illness, getting and keeping their own home is harder to achieve compared to the general community
- For the most vulnerable and unwell, cycles of homelessness, unstable housing and mental ill health can become their typical life experience



The *2012 Report Card* identified several areas in housing and mental health that could be strengthened, such as the need to explore the experiences which contributed to people with lived experience of mental illness becoming homeless, and vice versa.

The Commission sought to build a better understanding of the connections between housing, homelessness and mental health by undertaking a national consultation process from March to May 2017.

## Why we consulted

The purpose of our national consultation was to inform future policy options by hearing examples of local initiatives supporting housing for people with lived experience of mental illness, and developing a national view of housing issues in relation to mental health.

In association with the Australian Housing and Urban Research Institute (AHURI), the Commission developed a [focused issues paper](#) with key questions for discussion at the national workshops and included in an online survey.

## National workshops

Feedback was gathered from stakeholders through workshops about key issues and the gaps experienced by people with lived experience of mental illness when they attempt to secure housing. The workshops were facilitated by Bevan Bessen, from *Tuna Blue Facilitation*.

Participants shared their viewpoints on:

- The success factors of existing effective programs
- How to increase housing supply for people with lived experience of mental illness
- How to provide more housing choice
- What data should be collected to monitor the effectiveness of systems which help people with lived experience of mental illness find housing
- Key focus areas including key policy issues and research which need to be addressed

The workshops brought together a diverse range of stakeholders, including community sector organisations, people with lived experience, peak bodies, government departments, and state and territory mental health commissions.

## Online consultation

The Commission also conducted an online consultation, promoted through established networks and social media. Consumers, carers, families and support people were invited to share housing and homelessness experiences in relation to mental health (see Table 1 for participant summary).

**Table 1:** Number of participants by state and territory

State/Territory	Online survey	Workshop	Written submission	Total
New South Wales	76	32	—	108
Victoria	47	20	—	67
Queensland	29	30	—	59
Western Australia	27	28	—	55
South Australia	9	25	—	34
Northern Territory	4	21	3	28
Tasmania	3	16	—	19
Australian Capital Territory	1	20	—	21
Not identified	9	—	—	9
<b>TOTAL</b>	<b>205</b>	<b>192</b>	<b>3</b>	<b>400</b>

# Consultation Findings

Questions common to both the workshops and the online consultation are listed below, along with the key themes evident in the responses to the consultation.

## 1. Housing initiatives

We asked about local housing initiatives:

1. What initiatives are there in your area that address housing for people with lived experience of mental illness?
2. From the initiatives you mentioned, please tell us which of these work well and what makes them work well.

### 1.1 Housing initiatives available

Of the 205 online respondents:

- 50% responded that they were aware of housing initiatives
- 38% were not aware
- 12% were not sure

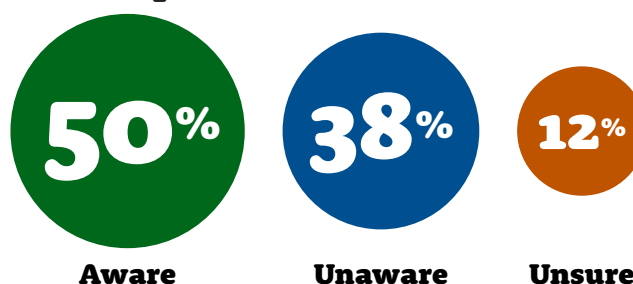
Online responses identified a full range of services, with non-government organisation (NGO) mental health programs identified as the most likely to be available. However, consumers were much more likely to identify NGO mental health programs, while carers were much more likely to identify public mental health services.

All groups identified the need for more services. Carers and family members consistently reported that services were not effective, and while some consumers identified this, other support people (who are assumed to be mostly service providers) did not raise this as an issue at all.

Workshop participants were sector stakeholders with a high level of understanding of the housing and homelessness initiatives available, which was reflected in their responses. This group's main focus was on using the resources currently in the system to greater effect.

Other groups identified increased integration between housing, homelessness and mental health services, and flexibility of services and housing as areas needing improvement. This was also reflected in the online responses, although it should be noted that for consumers, service integration and flexibility were seen as being of little use if the housing and services were not available.

### Awareness of initiatives that address housing for people with lived experience of mental illness



## 1.2 Service integration

Service integration was identified as crucial at two levels:

1. Housing should have integrated support services, such as in traditional supported accommodation
2. At the level of service coordination

This included coordination between housing, support and clinical services, such as:

- [Housing and Accommodation Support Initiative \(HASI\)](#), a partnership between NSW Health, Housing NSW and various NGOs – this featured prominently (45 mentions)
- [Common Ground](#) (37 mentions)
- [Housing First](#) (45 mentions)

### **Housing and Accommodation Support Initiative (HASI)**



**45 mentions**

### **Common Ground**



**37 mentions**

### **Housing First**



**45 mentions**

The models mentioned above were identified as examples of integration which worked well and could be replicated elsewhere.

Participants also identified a need to integrate a wider range of stakeholders into service provision, including real estate agents, landlords, neighbourhoods and local communities. The need for policy integration, vertically and horizontally, across levels of government and state/territory boundaries was also identified.

## 1.3 Transition support

All groups identified the importance of support during key transitions, such as leaving hospital, care or corrections, as a key contributing factor in the link between homelessness and mental ill health. The need for transition support across the life span, and consistency along the recovery journey was also raised with a suggestion to address this by the development of a set of guidelines, including monitoring functions, for transition and discharge planning.



## 2. Housing supply, preferences and choice

Two questions were posed in relation to housing supply, preferences and choice:

1. What strategies could be effective in increasing housing supply for people with lived experience of mental illness?
2. What could be done to increase housing preferences and choices for people with lived experience of mental illness in your area, recognising their diverse housing needs?

As increasing the supply of social housing and increasing choice were seen as synonymous, these questions were analysed together.

### 2.1 More and better housing, more and better services

The consensus from the online consultation was consumers need to be supported to achieve housing equivalent to that enjoyed by the rest of the population. Participants described their basic needs going unmet by feeling very unsafe in their housing, and many participants commented on the need for consumers to be provided housing which supported their recovery. Housing needs to be flexible and responsive to individuals' needs, and include access to services, transport and the broader community.

Online participants also highlighted the need for more community and public housing, and better services – the top two areas of focus across all of the four categories of online participants. There was a clear consensus that the current state of housing and service delivery is not satisfactory.

Online respondents saw it as the responsibility of governments to provide adequate housing and services, while workshop participants sought to better use existing resources, and to leverage private and philanthropic investment in housing. Service integration was raised as a solution to increasing preferences, choice and supply, particularly as integration was perceived to provide opportunities for earlier intervention and tenancy support when required.

### 2.2 Leveraging more investment

Market based solutions to a lack of housing supply and choices were raised, particularly that new housing developments should include an allocated percentage of social or affordable housing. Other suggestions included: reforms to negative gearing and capital gains tax, and support for rental subsidies and bond assistance.

Participants identified the value of engaging with private rental real estate agents and landlords as an option to increase housing supply and to prevent homelessness and housing stress. There were also calls for greater protections for people in housing, longer leases, anti-discrimination measures and access to legal aid.

[Social impact bonds](#) were recommended as a way of introducing private capital into the sector, and [bond aggregator models](#) as an option for reducing financing costs for community housing providers.

Government provision of rental subsidies and bond assistance received wide support as an alternative to reducing overall market prices and allowing people to access the private rental market, but also as a way of stimulating the market to make housing available to people receiving mental health services.

### **2.3 Flexible housing and support services, responsive to need and choice**

The need for housing and services to be flexible and responsive for consumers was repeatedly raised with the idea that for services to work, and for housing solutions to be sustainable, they need to be responsive to the person.

It is noted that there appears to be a popular conception of homelessness services, that 'anything is better than nothing' with some consultation participants suggesting that people should be housed in 'tiny houses', shipping containers or other temporary dwellings.

Tension between services and supports which promote recovery and those which respond to resource constraints was evident in responses to this question, with many identifying the value of a stepped care approach and more flexibility in leases for social housing. Also proposed was the option of providing a suite of services to individuals at different points in their recovery journey and life cycle, noting that what would be ideal for one person may be untenable for another.

### **2.4 Specific services for specific groups**

Services delivered for specific populations must be responsive to their needs, particularly in regard to housing and services for Aboriginal and Torres Strait Islander communities, youth, rural and remote, older people and the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) community. A small number of respondents supported tailored services for people from culturally and linguistically diverse (CALD) backgrounds including refugee groups, as well as veterans, people undergoing drug and alcohol treatment, people experiencing family violence, and women.

Three Northern Territory Aboriginal organisations strongly supported the need for mental health and housing services for Aboriginal people to be provided by properly resourced Aboriginal controlled organisations, which operate based on a trauma informed and social and emotional wellbeing approach delivered in a culturally appropriate manner. They indicated that social and cultural determinants of health should be prioritised in policy and service design, and that long term planning was required to reduce stigma and discrimination.

### **2.5 Early intervention and prevention**

Early and appropriate support was raised as a way to improve housing choice and preferences, often linked to flexibility of service and housing provision, and to quality of housing and services. This demonstrates the way in which participants viewed the interrelated nature of mental health and stable housing.

### 3. Research and monitoring

The questions posed to participants were:

1. What are the key issues to inform future policy and research in relation to housing experiences for people with lived experience of mental illness?
2. What data will enable monitoring and reporting to ensure that housing outcomes for people with lived experience of mental illness improve due to policy initiatives? How should the data be collected?

Priorities for research and monitoring differed significantly between online and workshop consultations. The few online respondents who directly addressed the question recommended that research be undertaken, and successful strategies should be supported in the future. The need to consult and engage with consumers to inform policy and practice was identified, contrasting the call for basic housing and services which dominated feedback from consumers in the online consultation. This shows the need to engage consumers in service and policy processes as consumers do not see the value in research of issues they are already across.

Workshop attendees focussed on the need for further research, improved data collection and service quality measures. Several key priorities were identified including data sharing, linkage and integration, research with specific groups, the need to identify best practice, the need to research from a consumer perspective and the value of cost benefit analyses.

#### 3.1 Data sharing, linkage and integration

There is a need to unite the various data sets maintained by various sectors. This comes from the focus on service and policy integration, with shared data seen as a necessary prerequisite for collaboration.

Potential data sharing solutions included revision of privacy and confidentiality legislation, e-health records and the development of a single shared database. The myGov, Specialist Homelessness Information Platform (SHIP), Household Income and Labour Dynamics in Australia (HILDA) and the Western Australian Data Linkage projects were proposed as data linkage options.

#### 3.2 Research with specific groups

Workshop participants identified Aboriginal and Torres Strait Islander communities as the priority group for further research. Other identified groups were CALD communities, Centrelink recipients, and people in regional and rural areas.

#### 3.3 Best practice

Participants raised the need for best practice models to be implemented. This was commonly linked to ideas of data and research sharing and integration, and broader policy approaches which might be more effective than current local responses. [Choice Based Letting](#), [the Trieste model](#), [At Home/Chez Soi](#) and [Making Every Adult Matter](#) were raised as models which had been successful overseas and could be explored in Australia.

#### 3.4 Consumer perspective

Workshop participants prioritised research on service quality and success from a consumer perspective. This included development of measures of service and housing quality, and a focus on qualitative measures, in addition to quantitative approaches.

#### 3.5 Cost benefit analysis

A proposal for a cost benefit analysis examining the health, social and economic costs which could be saved via early intervention received significant endorsement. Participants identified more social and affordable housing, rental subsidies and nursing support as areas for investment with savings expected from decreased hospitalisations and reduced use of other health, justice and crisis services. This can be linked to [social benefit bonds](#), a potential area for further investigation.

## 4. Future policy directions

Participants were asked:

1. What are the key issues to inform future policy and research in relation to housing experiences for people with lived experience of mental illness?
2. Please tell us anything else the Commission could do in relation to housing, homelessness and mental health.
3. What are the key policy issues and key research areas that the National Mental Health Commission could progress?

Online participants provided general feedback on how mental health, housing and homelessness services should be run, while workshop participants focussed on the role of the Commission. Although questions were analysed separately to distinguish initiatives specific to the Commission's role, responses were similar across the board.

### 4.1 More and better housing, more and better services

The main priorities for future policy directions were building more and better housing, and providing more and better services, with 75% of online responses focused on these two issues. Safe and secure housing were identified as necessary for good mental health, and a priority for the Commission.

Workshop participants favoured more pragmatic and sophisticated policy directions, with many highlighting specific opportunities for the Commission such as providing policy input to redesign the National Disability Insurance Scheme (NDIS) service guidelines.

### 4.2 The National Disability Insurance Scheme

The NDIS was a key concern in the workshops with participants concerned that ineligible recipients would be left without support. Others looked to the person-centred funding model of the NDIS as potentially ensuring service sustainability over the course of a person's recovery journey. Confusion and concern expressed by participants regarding the NDIS lends to the suggestion the Commission should monitor the implementation of the NDIS and its impacts on recipients.

### 4.3 Promote home ownership

Participants strongly suggested the Commission support home ownership, rather than access to welfare and public housing. This included rent-to-buy models, shared equity, and low cost loans or cooperative owned housing. It is thought this would increase housing choice and stability, which aligns with the notion that people who receive mental health services should be able to achieve the same life goals and outcomes as the rest of the population.

### 4.4 Governance and oversight

Both the online and workshop participants expressed a desire for the Commission to take a role in improving governance, oversight and policy coordination. The need for a set of national standards or guidelines was raised in relation to discharge planning, research, stepped care, and inpatient wards, with a strong desire for the Commission to lead change in the sector.

### 4.5 Cultural, social and community change

A final priority of consultation participants was the need for cultural, social and community change, to address the primary causes of homelessness and housing stress. This included the need for the Commission to continue to work to reduce stigma and discrimination, build capacity in communities, eliminate poverty and work towards full social inclusion and social citizenship for consumers. Potential means to achieve this included community development projects, housing cooperatives, support to gain and maintain employment, and the inclusion of communities in the design, implementation and evaluation of mental health services and housing initiatives.

# Recommendations

**Four priority directions were identified from the consultations, consistent across participants and across consultation methods.**

## 1. Advocate for change

- 1.1. Advocate across all levels of government for more and better housing and mental health services.

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- 1.2. Advocate for policy reform which leverages private investment in housing to create more housing stock.

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- 1.3. Continue to advocate for cultural, social and community change to reduce stigma and discrimination, build capacity in communities, eliminate poverty and homelessness and work toward full social inclusion and social citizenship for people receiving mental health support.

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- 1.4. Support home buying schemes which provide subsidised rental and bond assistance to people excluded from the private rental market.

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- 1.5. Support schemes which assist people who are excluded from home ownership as a result of their mental health, to purchase their own homes.

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- 1.6. Support a policy and practice shift towards early intervention and homelessness prevention.

## 2. Support data collection

- 2.1. Support the integration of existing housing and homelessness data sets such as e-health records to bring mental health, hospital, and other health records together.

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- 2.2. Establish mechanisms for collecting longitudinal data across transition points and along stepped service provision to better understand the links between structural and individual contributors to housing stress, homelessness and recovery.

## 3. Invest in research

- 3.1. Fund co-produced research to better understand the links between homelessness and mental health for Aboriginal and Torres Strait Islander people.

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- 3.2. Develop models of best practice by funding a feasibility study to examine the potential for international models to be implemented in the Australian context and for successful local models to be expanded. This would include assessment of local models of service integration such as HASI, and internationally applied approaches such as Housing First.

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- 3.3. Commission a cost benefit/return on investment analysis to support the business case for investment in early intervention support and tenancy support for people receiving mental health services, including but not limited to those who live in social housing.

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- 3.4. Commission research and undertake consultations which engage consumers at a variety of points in their recovery journey and in various housing and homelessness settings.

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- 3.5. Develop a set of national guidelines for research in mental health which supports the inclusion of consumers and carers in all mental health, housing and homelessness research.

#### 4. Set standards for service delivery and service integration

- 4.1. Support and develop models of service integration, both between mental health services and with housing, homelessness and other service providers.

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- 4.2. Develop models of housing and service delivery which are responsive to need and choice.

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- 4.3. Support models of intervention and guidelines which maintain recovery during periods of housing and life transition.

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- 4.4. Monitor the implementation of the NDIS and its impact on people receiving mental health services, particularly with regard to changes in the provision of housing, tenancy support and in-home support services.

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# Next Steps

The Commission endorses the four priority directions which emerged from the consultation:

- 1. Advocate for change**
- 2. Support data collection and data linkage**
- 3. Invest in research**
- 4. Set standards for service delivery and service integration**

While most of the recommendations have implications for policy and programs across multiple levels of government, implementing the recommendations will require cross sectoral collaboration and engagement.

In line with the Commission's mandate to catalyse change, we have invested in research to identify policy levers to improve real world outcomes for people with lived experience of mental illness and housing insecurity. There is a need for better policy understandings of mental health, housing and homelessness. This includes shifting from a siloed perspective to more holistic whole of government responses.

This research will be delivered through AHURI by late 2018. This research project aims to provide evidence to inform policy options on how to achieve the goals of more and better housing, and more and better services in relation to mental health.

The Commission has also identified commonalities between this work and work by Mind Australia into the intersection between the actions and interventions of the mental health and housing systems at different stages of the recovery journey for people with lived experience of mental illness. Mind Australia and the Commission have agreed to work collaboratively to ensure that our respective research efforts are complementary. The outcomes of the Commission's work with AHURI will provide a strong platform for subsequent work from the service user perspective.



**For an individual summary of each workshop discussion visit the Commission's website.**