Housing, Homelessness and Mental Health Workshops

27 March–7 April 2017

Hobart, Melbourne, Canberra, Brisbane, Perth, Darwin, Adelaide, Sydney

Australian Government
National Mental Health Commission

The national and international evidence indicates the importance of having a home for an individual's ability to lead a contributing life. We know that generally, for people who are living with a mental health difficulty, getting and keeping their own home is hard to achieve compared to the general community.

Agenda

Opening remarks
Professor Allan Fels, Chair, National Mental Health Commission (by video)

Housing, homelessness and mental health: Setting the scene
Australian Housing and Urban Research Institute

Topic 1

How do the structure and dynamics of Australia's housing system affect housing and health outcomes for people living with mental illness?

Group Discussion

- In this jurisdiction – what policy and program initiatives addressing housing and mental health do you have and have they worked, and what factors have contributed to success?

Topic 2

What do we know about the housing experiences of people living with mental illness?

Group Discussion

- What strategies could be effective in increasing housing supply for people living with mental illness?
- It is important to recognise that people living with mental illness have diverse housing needs – in this context, how do we (at a systemic level) address consumer preference and choice?

Topic 3

How can service systems improve the housing experiences of people living with mental illness?

Group Discussion

- What data will enable monitoring and reporting to ensure that housing outcomes for people living with mental illness improve due to policy initiatives? How should the data be collected?

The Way Forward

- What are the key policy issues and key research areas that the National Mental Health Commission could progress?
- What can the Commission add at a national level? At a jurisdictional level?

Closing remarks
National Mental Health Commission

Note: Lunch will be provided for all workshop sessions

Foreword

Having a home – it is much more than four walls and a roof

One of the five domains in the National Mental Health Commission's (the Commission) *Contributing Life Framework* is "feeling safe, stable and secure". In 2017, the Commission is working to build a better understanding of this domain and the connections between housing, homelessness and mental health, and in particular, the complex relationship between individual and structural factors and housing experiences. It is essential that mental health issues are a part of any discussion on homelessness and housing.

> Having a quality home provides a personal place for people to feel safe, stable and secure – safe from poorly maintained and impersonal accommodation; in stable housing where fears of being moved on or evicted no longer exist; to have somewhere to live independently and affordably, to socialise, enjoy privacy, have a pet or enjoy a calm haven from the world.
>
> *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*

The national and international evidence indicates the importance of having a home for an individual's ability to lead a contributing life. We know that generally, for people who are living with a mental health difficulty, getting and keeping their own home is hard to achieve compared to the general community – fewer own their own home, or are paying off a mortgage, more people rent their homes and their need for housing support is growing. For the most vulnerable and unwell, cycles of homelessness, unstable housing and poor mental health can become their total life experience. Housing is a critical foundation for an individual's journey to recovery.

Holding workshops in each jurisdiction will assist the Commission to develop a national view of housing issues in relation to mental health and hear examples of local initiatives. The workshops will provide an opportunity to identify key issues and gaps to inform future policy, practice and research priorities. These workshops reflect a cross-sectoral, collaborative approach at both a national and a jurisdictional level, bringing together a diverse range of stakeholders, such as, community sector, people with lived experience, peak bodies, government departments and state mental health commissions.

We would like to acknowledge the contribution of Australian Housing and Urban Research Institute (AHURI) in the writing and development of this focus paper.

On behalf of the Commission, we would like to thank you for participating in what we hope will be a meaningful and productive contribution to this important initiative.

Professor Allan Fels AO
Chair
National Mental Health Commission

Dr Peggy Brown
Chief Executive Officer & Commissioner
National Mental Health Commission

Presenters and facilitators

The National Mental Health Commission welcomes the following presenters and facilitators and thanks them for their contribution to these workshops.

Professor Allan Fels AO
Chair, National Mental Health Commission

Professor Allan Fels is also Chair of the Haven Foundation, which seeks to provide accommodation and support for the long-term mentally ill.

In the field of mental health Professor Fels serves or has served on a number of government advisory boards. He also is patron of many mental health networks. He was a member of the Bayside Health Board for a number of years. Professor Fels is a long-term advocate of mental health policy reform and a carer for his daughter.

Dr Peggy Brown
CEO, National Mental Health Commission

Dr Peggy Brown commenced as Chief Executive Officer of the National Mental Health Commission in October 2016. Involved in mental health leadership and advocacy roles for 30 years, Peggy has a deep understanding of the many challenges of meeting the social and health needs of people with mental health and substance use issues.

Prior to her appointment with the Commission, Peggy was Chief Psychiatrist with the Northern Territory Department of Health, and previously Director-General of ACT Health.

Maureen Lewis
Deputy CEO, National Mental Health Commission

Maureen has extensive experience in the mental health sector, both in front line service delivery and strategic policy development and planning. She holds a Masters of Nursing and has held a number of senior executive positions in the mental health system in Western Australia. Maureen was Director of Acute Services for the child and adolescent mental health service, and has worked across state-wide, metropolitan and rural and remote areas.

Dr Ian Winter
Executive Director, AHURI

Ian is a housing and urban specialist who has conducted and published research on a wide range of matters for over 25 years. Now focussing on evidence-informed policy development, he regularly advises Ministers and senior public servants on the policy implications arising from AHURI research and is a regular conference speaker, media commentator and expert facilitator.

Dr Michael Fotheringham
Deputy Executive Director, Head of Research Services Group, AHURI

Michael is a research and policy development specialist with experience in a wide range of areas including public health, social policy, housing and homelessness. Michael has expertise in building research programs and evidence-based policy reform, as well as engagement and collaboration across not-for-profit, government and academic sectors.

Bevan Bessen
Workshop facilitator, Tuna Blue

Bevan was introduced to stakeholder engagement in 1990 and this participatory discipline has been the foundation of his work from that time. Since then he has worked across diverse sectors including health, agriculture, environment, education, Local Government, corporate, Indigenous, and community settings.

Topic 1

How do the structure and dynamics of Australia's housing system affect housing and health outcomes for people living with mental illness?

Overview

Appropriate housing that is stable, affordable, accessible, secure and located where people want to live, is a fundamental condition for social and economic participation and wellbeing.

Understanding the issues around housing, mental health and homelessness requires an understanding of the long-run structural factors and dynamics driving Australia's housing system. This will enable development of policy responses that go to the heart of the issues rather than relying on reactive initiatives that may not solve the problem in the long term.

While it appears on the surface that the housing system has been static for a long time, this is a superficial view. Underneath the apparent picture of stability is a story of significant change.

The key trends in the Australian housing system are:

- Fewer people are housed in the most secure tenures of home ownership and public housing.
- Rates of home ownership are falling, especially among those aged 25–34 years, and more households (22%) are falling out of home ownership.[1]
- There is a lack of affordable housing for low income households.[2]
- There has been an increase in the proportion private renters, both short term and longer term renters.
- Housing affordability stress is higher amongst renters than amongst other tenures.
- Homelessness is increasing. These increases are linked to crowding, not rough sleeping.
- Social housing stock numbers are declining in most states, except Queensland and Tasmania. Nationally, only 4.5 per cent of all households are in social housing, with a further 200,000 on public housing waiting lists. This particularly impacts on those who are more disadvantaged, including Aboriginal and Torres Strait Islander people.

Housing circumstances have been identified as a major factor affecting the health and wellbeing of Aboriginal and Torres Strait Islander people. Compared to the general population, Aboriginal and Torres Strait Islander people are more likely to experience insecure housing; more likely to rent but have shorter tenancies; less likely to own their own home; more likely to live in overcrowded dwellings; more likely to be homeless; and more likely to experience intergenerational homelessness.

Issues for consideration

This session will consider how the Australian housing context is changing and what the implications of this are for the ability of people living with a mental illness to obtain stable and secure housing. Differences between housing experiences in rural and urban environments will be discussed. Some types of housing, such as social housing, have changed significantly—where once it served to provide a safety net and reduce inequality, it now reinforces disadvantage.

Key discussion points in considering the impact of the housing system for people living with mental illness include:

• Impact of rising house prices and rents, tight rental market and reductions in social housing stock.

• Social housing – should percentages be allocated to certain populations, for example, people living with mental illness.

• Strategies to address stigma and discrimination that impacts on the housing experiences for people living with mental illness, and other populations such as Aboriginal and Torres Strait Islander people.

• Access to appropriate housing promotes physical and mental wellbeing, particularly for vulnerable populations, including Aboriginal and Torres Strait Islander people and people with a disability.

• A failure to achieve appropriate housing can lead to excessive mobility and homelessness, and result in dislocation from family and community.

Question for consideration

• In this jurisdiction – what policy and program initiatives addressing housing and mental health do you have and have they worked, and what factors have contributed to success?

1. Wood, G, Smith, SJ, Ong, R & Cigdem, M (2013) *The edges of home ownership*, AHURI Final Report No. 216, Australian Housing and Urban Research Institute, Melbourne.

2. Hulse, K, Reynolds, M, Stone, W & Yates, J (2015) *Supply shortages and affordability outcomes in the private rental sector: Short and longer term trends*, AHURI Final Report No. 241, Australian Housing and Urban Research Institute, Melbourne; Hulse, K, Reynolds, M & Yates, J (2014) *Changes in the supply of affordable housing in the private rental sector for lower income households, 2006-11*, AHURI Final Report 235, Australian Housing and Urban Research Institute, Melbourne.

Topic 2

What do we know about the housing experiences of people living with mental illness?

Overview

The nexus between individual and structural factors surrounding housing and mental health is an emerging priority for research.

We need to understand the housing experiences of people living with mental illness and challenge the mistaken perception that, in the context of housing, mental health is often conceptualised as an individual problem. The structural factors – mental health system, labour and housing markets – are linked with individual factors.

Firstly, we need to understand the housing careers and aspirations of people living with mental illness, in order to develop effective strategies and programs to address their housing needs. However, limited research has been undertaken on this matter. What we do know indicates that like most Australians, people with mental illness prefer housing that provides for independence and choice, is safe, secure and comfortable, provides privacy and social opportunity and is located close to transport and services and close to the person's preferred location.[3]

- Housing appears to have a much greater impact on self-reported mental health than physical health or other wellbeing measures.[4]

- The episodic nature of much mental illness results in periods in and out of employment, as well as significant transitions through the housing market. Compared to other disabilities, people with a mental illness are more likely to report periods of homelessness and incidences of living in caravan parks or other insecure accommodation, with a high probability of eviction and ongoing transition from one tenure to the next.[5]

- Insecure tenure and precarious housing affect mental health and wellbeing. Aboriginal and Torres Strait Islander people have higher levels of precarious housing compared to non-Indigenous people.[6]

- Secure tenure can create benefits through stability, which lessens mental stress and allows for consistent access to health care. Secure tenure also bestows ontological security, meaning a sense of security and control[7] which, in turn, has positive flow-on effects for mental health and wellbeing.[8]

- Homelessness and mental illness pose reciprocal risks.[9]

  - Mental health is a risk factor for homelessness due to uncoordinated services, poor support networks, social isolation and stigmatisation – one third homeless have severe mental illness.

  - The instability of homelessness exacerbates mental illness.

- The maintenance of stable housing is critical for youth in recovery; a key aspect of housing security is the confidence that comes with the security of tenure and feelings of safety.[10]

- The housing preferences of people living with a mental illness are similar to most Australians: home ownership is the most preferred option, followed by public housing, private rental, boarding houses, with unsupervised group homes being the least preferred option.[11]

Issues for consideration

This session will consider what we know about the housing experiences of people living with mental illness. We need to have a willingness to engage directly with consumers and their carers and families to ensure their housing needs are being met.

- As the housing careers of people living with mental illness are typically unstable (frequent moves, insecure housing and inadequate accommodation), are there transition points or triggers that require targeted consideration?

- What housing interventions could be most effective to ensure affordable and stable housing for people living with mental illness?

- How do different forms of mental illness shape people's housing experiences?

- What aspects of housing (physical adequacy of the dwelling, security and stability of occupation, housing costs) have the most significant effects on mental health?

- What are the potential cost benefits of supportive stable housing for people living with mental illness (e.g. increased likelihood of employment, reduced need for shelters, hospitals and prisons)?

- How can services and programs for housing and mental health be tailored to meet the specific needs of Aboriginal and Torres Strait Islander people?

Questions for consideration

- What strategies could be effective in increasing housing supply for people living with mental illness?

- It is important to recognise that people living with mental illness have diverse housing needs – in this context, how do we (at a systemic level) address consumer preference and choice?

3. Edwards, R, Fisher, K, Tannous, K & Robinson, S (2009) *Housing and associated support for people with mental illness or psychiatric disability*, SPRC Report 04/09, UNSW, Social Policy Research Centre, Sydney.

4. Beer, A, Baker, E, Wood, G and Raftery, P (2011) 'Housing policy, housing assistance and the wellbeing dividend: Developing an evidence base for post-GFC economies', *Housing Studies,* vol. 26, no. 7-8, pp. 1171–1192.

5. Beer, A & Faulkner, D (2008) *The housing careers of people with a disability and carers of people with a disability*, Research Paper, Australian Housing and Urban Research Institute, Melbourne.

6. Foster, G, Gronda, H, Mallet, S & Bentley, R (2011) *Precarious housing and health: Research synthesis*, AHURI Research Synthesis Report, Australian Housing and Urban Research Institute, Hanover Welfare Services, University of Melbourne, University of Adelaide, Melbourne Citymission, Melbourne.

7. Shaw, M (2004) 'Housing and public health', *Annual Review of Public Health,* no. 25, pp. 397–418.

8. Bailie, RS & Wayte, KJ (2006) 'Housing and health in Indigenous communities: Key issues for housing and health improvement in remote Aboriginal and Torres Strait Islander communities', *Australian Journal of Rural Health,* vol. 14, no. 5, pp. 178–183.

9. Costello, L, Thomson, M & Jones, K (2013) *Mental health and homelessness.* AHURI Research Synthesis Report, Australian Housing and Urban Research Institute for the Mental Health Commission of NSW, Melbourne; Robinson, C (2005) 'Grieving home', *Social and Cultural Geography,* vol. 6, no. 1, pp. 4–-60.

10. Duff, C, Loo, S & Murray, S (2012) *The role of informal community resources in supporting independent housing for young people recovering from mental illness: Key issues for housing policy-makers and practitioners*, AHURI Final Report No. 199, Australian Housing and Urban Research Institute, Melbourne.

11. Owen, C, Rutherford, V, Jones, M, Wright, C, Tennant, C & Smallman, A (1996) 'Housing accommodation preferences of people with psychiatric disabilities', *Psychiatric Services,* vol. 47, no. 6, pp. 628–32.

Topic 3

How can service systems improve the housing experiences of people living with mental illness?

Overview

A person's mental illness can contribute to education and employment disadvantage, lower incomes, higher social isolation and reduced physical health.

These factors can combine to further disadvantage people living with mental illness in keeping a home or can contribute to them becoming homeless. The Commission's *Contributing Life Framework* is a whole-of-person, whole-of-life approach to mental health and well-being. It recognises the importance of having a home and being free from financial stress and uncertainty.

People with a mental illness need to be able to fully participate in and contribute to society. This is not possible if they cannot aspire to recovery or if their lives are lived on the margins of communities, families, friends and support people, or if they are marginalised by health, mental health and support services.

Policy options for the provision of integrated mental health and housing services include multidimensional support, models combining housing and support, and linkages or partnerships.

- The range of housing related support that people require includes formal support services, peer support, responses to complex needs, early intervention and mainstream support.

- A multidimensional approach to support should be inclusive of people with complex needs, for example people living with mental illness who also have problems related to drug and alcohol use.

- A multidimensional approach to support is necessary when working with Indigenous communities, where health needs cannot be compartmentalised, as health is viewed within a holistic and community framework.[12]

- Effective service coordination needs to include housing.

Key features that sustain independent tenancies for people living with mental illness include:[13]

- Living in housing they find acceptable

- Having support, medication and/or treatments they trust, accept and find helpful

- Demonstrating a willingness and readiness to tackle, with support, challenges of living independently

- Having support to identify and address issues that place their tenancy at risk

- Providing linkages to health, social, counselling, drug and alcohol, financial services

- Linking permanent housing to intensive and integrated support

- Mental health services that take a population based approach (i.e. homeless first) in preference to a symptom/diagnosis approach

- Private rental brokerage that provides services such as references, bond assistance, relocation assistance, head-leasing, is critical.

Issues for consideration

This session will consider how service systems across the mental health and housing sectors can work together to ensure stable and secure housing for people living with mental illness.

- Service integration is critical to improving housing outcomes for people living with mental illness. This includes:
  - Coordination and collaboration between jurisdictions, across government departments, local service networks, and individual providers
  - Discharge planning, which is critical for housing—done well it is an effective prevention strategy that targets repeat moves through mainstream systems and institutions[14]
  - Early intervention referrals at first contact point (e.g. Centrelink, social housing provider, health clinic, welfare service, tenant service assess housing and mental health needs and make appropriate referrals) combined with follow up mechanisms from 'first contact' organisations
  - Shared and agreed referral protocols across agencies
  - One case manager[15]
  - Flexibility in support options.
- How can we be better understand the interactions between mental illness, the mental health service system and the housing assistance system and their contribution to the housing careers of people living with mental illness?
- How do we currently include housing/homelessness status into clinical assessment processes on presentation to health facilities?
- Is there a need to better integrate housing/homelessness status into clinical assessment processes on presentation to health facilities? What does this look like when it is done well/badly? Can the good aspects be replicated? What are the barriers/enablers to such replication?

Question for consideration

- What data will enable monitoring and reporting to ensure that housing outcomes for people living with mental illness improve due to policy initiatives? How should the data be collected?

The Way Forward

- What are the key policy issues and key research areas that the National Mental Health Commission could progress?
- What can the Commission add at a national level? At a jurisdictional level?

12. Edwards, R, Fisher, K, Tannous, K & Robinson, S (2009) *Housing and associated support for people with mental illness or psychiatric disability*, SPRC Report 04/09, UNSW, Social Policy Research Centre, Sydney.

13. O'Brien, A, Inglis, S, Herbert, T & Reynolds, A (2002) *Linkages between housing and support—what is important from the perspective of people living with a mental illness*, AHURI Final Report No. 25, Australian Housing and Urban Research Institute, Ecumenical Housing Inc., Melbourne.

14. Apicello, J (2010) 'A paradigm shift in housing and homeless services: Applying the population and high risk framework to preventing homelessness', *The Open Health Services and Policy Journal,* vol. 3, pp. 41–52.

15. Gronda, H. (2009) *What makes case management work for people experiencing homelessness? Evidence for practice*, AHURI Final Report No. 127, Australian Housing and Urban Research Institute, Melbourne.