

**National Mental Health Commission**  
March 2022

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# Submission on the Inquiry into the financial administration of homelessness services in Western Australia



**Australian Government**  
**National Mental Health Commission**

# National Mental Health Commission's response to the Inquiry into the financial administration of homelessness services in Western Australia

The National Mental Health Commission supports the prevention of homelessness as a key policy aim. The National Mental Health Commission recommends the West Australian Government implement in full the relevant recommendations from the Productivity Commission Inquiry report into Mental Health, and scale up existing successful programs with a focus on groups with particular vulnerability to homelessness.

## Introduction

The National Mental Health Commission (the Commission) welcomes the opportunity to respond to the inquiry into the financial administration of homelessness services in Western Australia.

The Commission provides cross-sectoral leadership on policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia. There are three main strands to the Commission's work: monitoring and reporting on Australia's mental health and suicide prevention systems; providing independent advice to government and the community; and acting as a catalyst for change.

The focus of this inquiry aligns with the Commission's Contributing Life Framework, which acknowledges the social determinants of good mental health, and the ambition that individuals can lead 'contributing lives'. The framework recognises that a fulfilling life requires more than just access to health care services. It means that people with experience of mental illness and suicidality can expect the same rights, opportunities, physical and mental health outcomes as the wider community.

Should you wish to discuss this submission in further detail, please contact Dr Alex Hains, Executive Director, Policy at [alex.hains@mentalhealthcommission.gov.au](mailto:alex.hains@mentalhealthcommission.gov.au).

## Key points

People living with mental illness and suicidality are more likely to experience a range of adverse social, economic and health outcomes, including experiencing homelessness. People experiencing adverse social, economic and health outcomes are also more likely to experience mental illness or suicidality. Given this reciprocal relationship, we recognise that Australia's mental health and suicide prevention efforts are impacted by (and require) investments and policy reforms from outside the health sector.

The experience of mental ill health and suicidality, as well as related stigma and discrimination, can act as a barrier to secure housing and is a risk factor for homelessness. Limited access to safe and appropriate housing is a key factor in homelessness and constrains effective mental health and suicide prevention service delivery. Homelessness directly impacts on the capacity of people living with severe mental illness to attend clinic appointments, increasing barriers for them to engage in treatment, care and support. Safe, affordable and secure housing is a key protective factor against mental ill health, and can be a first step in promoting long term recovery for people with mental illness. Having a place to call home is fundamental for preventing early distress escalating into suicidal crisis and for helping those who have experienced suicidality to stay safe in future. There are some groups that can be particularly vulnerable to homelessness. Taking into account their unique circumstances and needs is important when it comes to both addressing homelessness and supporting mental health.

The Commission supports the prevention of homelessness as a key policy aim, and recommends the West Australian Government implement in full the relevant recommendations from the Productivity Commission Inquiry report into Mental Health<sup>1</sup>, including:

- Committing to no exits into homelessness for people with mental illness who are discharged from hospitals, correctional facilities or institutional care;
- Ensuring people with mental illness who are discharged from hospitals, correctional facilities or institutional care receive a comprehensive mental health discharge plan, and have ready access to transitional housing, while services have the capacity to meet their needs. These programs should integrate care coordination and access to accommodation;
- Monitoring and reporting on discharging into homelessness;
- Addressing the shortfall in the number of supported housing places for people with severe mental illness by providing a combination of long-term housing options for people with severe mental illness who require integrated housing and mental health supports;
- Addressing the gap in homelessness services for people with mental illness, including scaling up longer term housing options such as Housing First programs; and,
- Increasing the quantum of funding for housing and homelessness services, with particular attention to expanding provision of housing and homelessness services for people with mental illness.

The Commission further recommends the West Australian Government invest in scaling up existing successful programs, such as the Royal Perth Hospital Homelessness Team, with a focus on groups with particular vulnerability to homelessness. The West Australian Government may find it useful to draw on other examples of successful models in the delivery of consumer and recovery oriented housing detailed in *Housing, homelessness and mental health: towards system change*<sup>2</sup> (Attached).

## Background

### Addressing social determinants of mental health has a greater impact on outcomes than health care alone.

In 2021, the National Mental Health Commission (the Commission) engaged Nous Group (Nous), an independent management consulting firm, to explore Australian and international evidence on social determinants of mental health through a review of local and international literature, and regression analysis of the Australian Bureau of Statistics (ABS) linked datasets.

Nous found that the social determinants of mental health are interrelated and cumulative in their impact. They affect the whole population, but impact people differently based on their individual circumstances and experiences.<sup>3</sup> Evidence from Australia and internationally indicates a compelling case for action suggesting social determinants account for around 80 per cent of health (physical and mental) outcomes.<sup>4</sup> Further, evidence indicates addressing social determinants has a greater impact on mental health outcomes than health care alone, and can improve physical health as well as broader social, economic and wellbeing outcomes.<sup>56</sup>

This means that many investments and policy reforms that have the potential to improve the mental health and suicide risk of Australians may come from outside the health sector and vice versa.

### The prevention of homelessness should be a key policy aim for governments to address the strong association between housing status and mental health outcomes, and prevent suicide.

The Nous research identified a strong association between housing status and mental health outcomes. Homelessness and lack of affordable, secure and appropriate housing contributes to the onset and exacerbation of mental illness. Housing also impacts on people's ability to participate in education, employment and other aspects of life, and for people with mental illness, their ability to focus on treatment and recovery. Approximately 116,000 people were homeless in Australia in 2016, with many more living in insecure and poor quality housing.<sup>7</sup> Around 31 per cent of homeless people in Australia experience a mental illness and 15 per cent have reported having had a mental illness prior to becoming homeless.<sup>8</sup> Regression analysis of the ABS linked datasets found that the likelihood of having a mental health condition or experiencing psychological distress decreases with an increase in housing security.

The research undertaken by Nous builds on, and confirms, previous work undertaken by the Commission in 2017 and 2018 to better understand the complex relationship between housing, homelessness and mental health. The Commission consulted widely across the housing and homeless sector and the mental health sector through jurisdictional workshops and an online public survey to develop a national view of housing issues in relation to mental health and hear examples of local initiatives supporting housing for people with lived experience of mental illness.

This work culminated in a report delivered by the Australian Housing and Urban Research Institute, *Housing, homelessness and mental health: towards system change*, which was published in 2018.<sup>9</sup> This report made a number of suggested policy reforms for all levels of government, and the private sector. These included scaling up existing programs; focusing on early intervention and prevention; preventing failed discharge planning and exits into homelessness; improved policy integration; and greater involvement of the private sector. The report included several examples of successful programs that could be considered by governments.

For example, the Community of Schools and Services (COSS) model is a successful early intervention program that uses a local community of action approach to prevent and reduce youth homelessness and boost school retention rates, in turn reducing the costs to the health and justice systems caused by youth homelessness. The program involves universal screening for risk, and once a young person is identified as at risk or vulnerable, then support and intervention is proactively provided. The project has seen a 40% reduction in youth homelessness, a 20% reduction in the number of early school leavers, and a 50% reduction in disengagement levels for at-risk young people.<sup>10</sup> The model has been rigorously evaluated and is considered reproducible in other locations.

In addition, an independent analysis of outcomes for an early intervention program (HomeBase) run by Jewish House in Sydney, found that after three months of extended support, 81% of clients were in stable accommodation, rising to 93% after six months of ongoing support. Clients at Jewish House seeking temporary accommodation reflect the full range of complexities of people who become homeless including: victims of violence, anxiety, depression, illicit substance abuse and alcohol abuse, with nearly all unemployed. HomeBase is an evidence based model that provides post-crisis homelessness intervention and prevention by supporting people transitioning from crisis accommodation so that they don't return to homelessness by establishing independent living with appropriate ongoing psychosocial and medical support. In addition to improved housing outcomes, HomeBase has contributed to improved mental health and reduced illicit substances and alcohol abuse.

Another model that has been found successful locally and internationally is the Housing and Accommodation Support Initiative (HASI). HASI is a NSW State-wide program that supports people with a severe mental illness to live and recover in the community in the way that they want to. HASI provides psychosocial supports that help people build independence in daily life and contribute to recovery. The types of support people receive depends on their individual needs and own unique goals for what they want to achieve. People receiving HASI supports work with a support worker from a community organisation; a clinician of their choice or from a local mental health service; and their family or other important people in their life, to develop their own unique support plan. Support may include referral to mental and physical health services and support attending appointments; help with finding and keeping housing; participating in social, leisure or sporting activities; moving back into the community from a hospital or a prison or

accessing other supports like alcohol and other drugs services and the National Disability Insurance Scheme (NDIS). A comprehensive evaluation was conducted of the HASI program in 2012 by the Social Policy Research Centre (SPRC), University of New South Wales. It concluded that consumers receiving HASI support had:

- fewer and shorter mental health hospital admissions which translated to a potential cost saving of \$30 million per year (estimated in 2009/10 dollars) and/or an increased capacity for other patients
- an improved capacity to maintain their tenancies and use relevant mental and physical health services
- improved mental health outcomes, improved social contact with family and friends and increased participation in community activities, including engagement in work, education and training for some consumers.

The SPRC commenced a more recent evaluation of the HASI in 2018 which is yet to be completed.

Insecure housing is also linked to increased self-harm and suicide risk. A research review commissioned by Suicide Prevention Australia for the National Suicide Prevention Taskforce found that a lack of secure, appropriate and affordable housing is associated with increases in suicide. While the evidence base is still emerging, risk factors include prolonged financial stress due to unaffordable housing and the ontological insecurity arising from the threat of eviction and homelessness. The review also showed that young people experiencing homelessness have elevated risk of suicide now and later in life. Older adults, especially men, living in areas with high rental density also have an increased risk of suicide. While interventions for housing and suicide related issues are yet to be rigorously evaluated, models that integrate housing with mental health support, and that alleviate the financial stress of housing, hold potential for addressing these risk factors.<sup>11</sup>

## Responses should focus on groups that are particularly vulnerable to homelessness.

There are some groups that can be particularly vulnerable to homelessness. Taking into account their unique circumstances and needs is important when it comes to both addressing homelessness and supporting mental health.

For example:

- While Aboriginal and Torres Strait Islanders make up 3 per cent of the Australian population, they constituted 20 per cent (23,437) of all persons who were homeless on Census night in 2016.
- Culturally and Linguistically Diverse people are overrepresented in the homeless population. While 28.2% of people in Australia were born overseas, in 2016 they comprised 46% (53,606 people) of the homeless population, compared to 31% in 2011.
- Older women are the fastest growing group to experience homelessness in Australia. The 2016 Census reported that the number of women over 55 experiencing homelessness increased by 31% to 6,866 compared to 2011.
- Around 1 in 12 (8.1% or 23,400) people who use specialist homelessness services have disability (in 2017–18). Around 1 in 3 (34% or 7,900) of these have severe or profound disability.

## References

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<sup>1</sup> Productivity Commission, *Mental Health Inquiry Report* (2020) Available from: <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>

<sup>2</sup> Australian Housing and Urban Research Institute. Housing, homelessness and mental health: towards system change; 2018. Available from: <https://www.mentalhealthcommission.gov.au/getmedia/e1395547-292e-4236-be86-eaff9a4f1e92/Housing-homelessness-and-mental-health-towards-systems-change>

<sup>3</sup> Rai, S. S. et al. Intersectionality and health-related stigma: insights from experience of people living with stigmatized health conditions in Indonesia. *International Journal for Equity in Health*. 2020;19:206.

<sup>4</sup> Hood CM, Gennuso KP, Swain GR, Catlin BB. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. *Am J Prev Med*. 2016;50(2):129-135.

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<sup>5</sup> Productivity Commission. Mental Health Inquiry Report. Canberra: Productivity Commission;2020. Available from: <https://www.pc.gov.au/inquiries/completed/mental-health/report>

<sup>6</sup> Sederer L. The social determinants of mental health. *Psychiatric Services*. 2015;67(2):234-235.

<sup>7</sup> Australian Institute of Health and Welfare. Homelessness and homelessness services. Canberra: AIHW; 2020. Available from: <https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services>.

<sup>8</sup> Australian Housing and Urban Research Institute. Mental health and housing. Melbourne: AHURI; 2020. Available from: <https://www.ahuri.edu.au/housing/policy-analysis/mental-health-and-housing>.

<sup>9</sup> Australian Housing and Urban Research Institute. Housing, homelessness and mental health: towards system change; 2018. Available from: <https://www.mentalhealthcommission.gov.au/getmedia/e1395547-292e-4236-be86-eaff9a4f1e92/Housing-homelessness-and-mental-health-towards-systems-change>

<sup>10</sup> MacKenzie D. Interim Report. The Geelong Project 2016-2017. 2018.

<sup>11</sup> Brackertz, Nicola (2020) The role of housing insecurity and homelessness in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours: a review of the evidence, Evidence Check prepared by AHURI for the National Suicide Prevention Adviser and the National Suicide Prevention Taskforce, commissioned through the Suicide Prevention Research Fund, managed by Suicide Prevention Australia, Australian Housing and Urban Research Institute Limited, Melbourne