Australian Government
National Mental Health Commission

Committee Secretary
House of Representatives Standing Committee on Social Policy and Legal Affairs
PO Box 6021
Parliament House
Canberra ACT 2600
spla.reps@aph.gov.au

Dear Committee Secretary

National Mental Health Commission - Submission to the Inquiry into homelessness in Australia

Please find attached the National Mental Health Commission submission to the Parliamentary Inquiry into Homelessness in Australia. There is no confidential material presented.

It is particularly timely that this inquiry reflect on the COVID-19 pandemic and how it is impacting the community's health and economic wellbeing. The economic impact of job losses and the flow on implications on stable housing for many impacted by COVID-19 may lead to an increase in homelessness. Early intervention and prevention strategies are required to support people at risk falling into homelessness. Yet the emergency response to COVID-19 saw up to 7000 homeless people placed into short term accommodation in hotels, providing people with a safe place to stay and the opportunity to work with support services to plan for their future. The NMHC considers that the Parliamentary Inquiry needs to consider how the learnings from this approach can be incorporated into governments' policies addressing homelessness.

Should you require clarification, or would like to discuss this submission in further detail, please contact Catherine Brown at catherine.brown@mentalhealthcommission.gov.au or on 0418 530 574.

Yours sincerely

Lyndall Soper
Deputy, Monitoring and Reform
National Mental Health Commission

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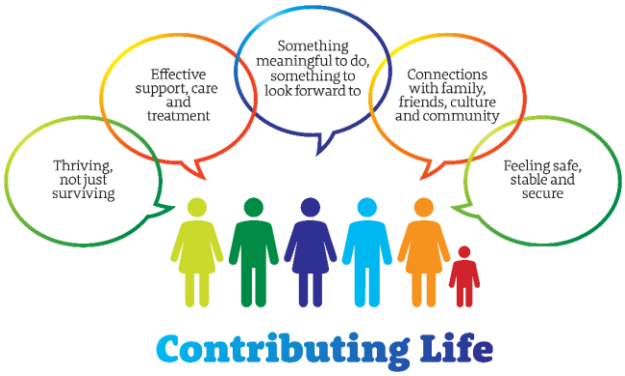
Introduction

The National Mental Health Commission (the NMHC), established in 2012, has a national remit to provide insight, advice and evidence in ways to continuously improve Australia's mental health and suicide prevention system and act as a catalyst for change to achieve system improvements. The NMHC also has a mandate to work across all areas that impact on mental health, including education, housing, employment, human services and social support. There are three main strands to the NMHC'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 NMHC'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 can expect the same rights, opportunities, physical and mental health outcomes as the wider community.



In this submission, the NMHC uses the Australian Bureau of Statistics definition of homelessness that states when a person does not have suitable accommodation alternatives, they are considered homeless if their current arrangement:

- is in a dwelling that is inadequate or
- has no tenure, or if their initial tenure is short and not extendable, or
- does not allow them to take control of and access to a space for social relations, or provide a sense of security, safety and privacy.

Background

Since its first national *2012 Report Card*, the NMHC 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 NMHC's *Contributing Life Framework*. This work is a priority for the NMHC 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 NMHC notes that during COVID-19 pandemic that some of the most powerful root causes of inequalities in mental health are exacerbating the social conditions in which people are born, grow, work, live and age, as well as the systems that shape the conditions of daily life. People living with mental illness are also more likely to experience a range of adverse social, economic and health outcomes, including experiencing homelessness, being unemployed, being incarcerated and dying prematurely. This reciprocal relationship between mental illness and other social, economic and health factors means that many investments and policy reforms that have the potential to improve the mental health of Australians may come from outside the health sector and vice versa.

To better understanding the complex relationship between housing, homelessness and mental health, the NMHC undertook two discrete projects in 2017 and 2018. The NMHC consulted widely across the housing and homeless sector and the mental health sector through jurisdictional workshops and an online public survey. 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. The key finding of the NMHC's work highlighted that the prevention of homelessness should be a key policy aim for governments.

The NMHC's Response to Terms of Reference

The NMHC's submission will focus on the following terms of reference:

4. opportunities for early intervention and prevention of homelessness
6. support and services for people at particular risk of homelessness
8. examples of best-practice approaches in Australia and internationally for preventing and addressing homelessness.

(4) Opportunities for early intervention and prevention of homelessness

Despite early intervention and prevention being key concepts in homelessness policy and service delivery, the Australian Housing and Urban Research Institute noted in its report commissioned by the NMHC that research, policy and program literatures offers no consistent definition. While the terms are frequently used together, or interchangeably, they are not the same thing. Prevention strategies operate at the structural level and occur before a person has become homeless. Whereas early intervention strategies are targeted at individuals who have recently become homeless and aim to ensure that short periods of homelessness do not become chronic[1].

The NMHC believes that early intervention and prevention of homelessness are essential for better housing and mental health outcomes. This was demonstrated in the response to the current COVID-19 pandemic. Prevention and early intervention strategies aim to re-orientate the service system away from crisis management and include offering post-crisis support where necessary. They also aim to ensure successful transitions for people exiting institutional settings such as psychiatric care facilities and prisons. The national and international evidence base has firmly established that the longer someone is homeless, the more difficult it is to assist them to stabilise their life. The responses and resources required are therefore substantively different for someone who is homeless compared to someone at risk of homelessness.

Recommendation
The NMHC recommends the prevention and early intervention strategies include providing tenancy support by expanding access to housing services for people in the private housing market living with mental ill health.

An example of an early intervention program is the Community of Schools and Services (COSS) model, which 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

[1] Australian Housing and Urban Research Institute Limited 2. *Housing, homelessness and mental health: towards systems change.* 2018

school leavers, and a 50% reduction in disengagement levels for at-risk young people. [2]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[3]. 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.[4]

The emergency response to COVID-19 supported homeless people accessing temporary accommodation. The positive impact of this response was that it supported homeless people to engage with services to access support services and plan for their future. The NMHC considers that the Parliamentary Inquiry needs to consider how the learnings from this approach can be incorporate into governments' policies addressing homelessness.

Recommendation
The NMHC recommends that the Parliamentary Inquiry address in its final report how the learnings from this approach can be incorporate into governments' policies addressing homelessness.

(6) Support and services for people at particular risk of homelessness –

a. women and children affected by family and domestic violence
b. children and young people
c. Indigenous Australians
d. people experiencing repeat homelessness
e. people exiting institutions and other care arrangements
f. people aged 55 or older
g. people living with disability
h. people living with mental illness

.**Youth**

The *Victorian Royal Commission into Mental Health's Interim Report* noted that evidence indicates that 53 per cent of homeless youth in Australia reported having been diagnosed with at least one mental health condition in their lifetime (twice the rate of the general youth population).
[5]And that young people who are experiencing homelessness often struggle to access and afford mental health services, especially when they are required to move for temporary accommodation as moving may put them beyond the reach or catchment area of their service provider.

[2] MacKenzie D. Interim Report. The Geelong Project 2016-2017. 2018.
[3] University of Technology S. Ending homelessness Report. 2016
[4] Jewish House 2017 Ending Homelessness Report
[5] *Victorian Royal Commission into Mental Health's Interim Report* 2019

Aboriginal and Torres Strait Islander peoples

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.

Three Northern Territory Aboriginal organisations that participated in the NMHC's consultation in 2017, 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.

People living with mental illness

The NMHC report on the outcomes of our consultation analysed responses to the following questions - 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. In addition, participants overwhelmingly cited as priorities for increasing housing supply the following:

- 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.

As the next stage after the consultation, the NMHC funded the Australian Housing and Urban Research Institute (AHURI) to conduct in-depth review of housing, homelessness and mental health. The resulting AHURI report sets out the findings as well as policy options to improve support for people with mental illness and their housing needs. This work, as well as drawing on insights from previous consultations and investigative panels, involved an extensive review of the published evidence. The resulting report on this research (the AHURI report) is provided as an attachment to the NMHC's submission, it sets out 19 policy options to improve support for people with mental illness and their housing needs. (Attachment A).[6]

[6] AHURI 2018

Recommendation
The NMHC recommends that the Parliamentary Inquiry draw on the work undertaken by the NMHC and AHURI for guidance on improvements to housing and mental health.

Support needs to focus and be accessible during key transitions, such as leaving hospital, care or corrections, as such periods are 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.

Recommendation
The NMHC recommends that implementation and monitoring of "no discharge into homelessness" policies across sectors in all jurisdictions are developed to address the vulnerable transition points from institutional care, particularly in health and justice settings.

There is a two-way relationship here. Unmet demand for mental health services might increase a person's need for or use of other services delivered by government. In turn, unmet demand in these aligned services systems can increase demand on the mental health system. Homelessness services exemplify this relationship. A study of more than 4,000 homeless people in Melbourne found that 15 per cent were experiencing mental illness before becoming homeless, and a further 16 per cent had developed a mental illness since experiencing homelessness[7].

Increasing access to appropriate housing and integrated mental health and housing supports is the key to tackling this problem – as is building an understanding in the service system of the inter-linked challenges of homelessness and mental illness.[8]

Recommendation
The NMHC recommends that the Parliamentary Inquiry explicitly address the need to integrate housing and homelessness policies with mental health policies.

(8) Examples of best-practice approaches in Australia and internationally for preventing and addressing homelessness

The NMHC considers that approaches to address homelessness need to be integrated with mental health policy as the key to achieving better outcomes. The AHURI report identifies that a lack of policy integration, pooled funding, and cross-sector accountability mechanisms between the housing, homelessness and mental health sectors impedes the development of integrated solutions. Changing these factors requires collaborative leadership across all levels of governments and across sectors. The UK's joint commissioning model for housing and healthcare could be considered as a new model for Australia, particularly as a way of harnessing pooled funding.

The NMHC's report on its consultation outcomes noted that 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.

[7] Victorian Royal Commission Interim Report 2019

[8] National Mental Health Commission. *Submission on Draft Report - Productivity Commission inquiry into the Social and Economic Benefits of Improving Mental Health*. Sydney 2020.

Internationally, the "housing first" model has been used to great effect. This model provides immediate access to housing, with no readiness conditions, on the basis that housing is fundamental to recovery.[9] The AHURI report identifies that while there are "housing first" programs in Australia, most don't practice all of the key principles found in the overseas models. The model should be considered for further implementation in Australia.

Summary

Homelessness and mental illness pose reciprocal risks. Mental health is a risk factor for homelessness due to uncoordinated services, poor support networks, social isolation and stigmatisation – one third of those who are homeless have severe mental illness. The instability of homelessness exacerbates mental illness. Limited access to safe and appropriate housing is a key factor in homelessness and constrains effective mental health service delivery. Homelessness directly impacts on people living with severe mental illness capacity to attend clinic appointments and therefore are more difficult to engage in treatment, care and support.

The NMHC supports the prevention of homelessness as a key policy aim, and recommends the Parliamentary Inquiry explicitly address the need for policy integration with mental health policy. Lack of policy integration, pooled funding, and cross-sector accountability mechanisms between the housing, homelessness and mental health sectors impedes the development of integrated solutions. Changing these factors requires collaborative leadership across all levels of governments and across sectors. This includes national monitoring, evaluation and reporting on the implementation of "no discharge into homelessness" policies across sectors (justice and health) in all jurisdictions.

Recommendations

The NMHC recommends that:

1. Prevention and early intervention strategies include providing tenancy support by expanding access to housing services for people in the private housing market living with mental ill health.
2. The Parliamentary Inquiry address in its final report how the learnings from the approach, used as a response to COVID-19, can be incorporate into governments' policies addressing homelessness.
3. The Parliamentary Inquiry draw on the work undertaken by the NMHC and AHURI for guidance on improvements to housing and mental health.
4. Implementation and monitoring of "no discharge into homelessness" policies across sectors in all jurisdictions are developed to address the vulnerable transition points from institutional care, particularly in health and justice settings.
5. The Parliamentary Inquiry explicitly address the need to integrate housing and homelessness policies with mental health policies.

Attachments:

Housing, homelessness and mental health: towards systems change
Housing, homelessness and mental health: outcomes from consultation

[9] National Mental Health Commission**.** *Submission - Productivity Commission inquiry into the Social and Economic Benefits of Improving Mental Health.* Sydney 2019.

References

Australian Housing and Urban Research Institute *Housing, homelessness and mental health: towards systems change.* 2018. (Attachment)

Jewish House *2017 Ending Homelessness Report*

MacKenzie D. Interim Report. *The Geelong Project 2016-2017.* 2018.

National Mental Health Commission. *NMHC Submission - Productivity Commission inquiry into the Social and Economic Benefits of Improving Mental Health*. Sydney 2019.

National Mental Health Commission Housing, Homelessness and Mental health: outcomes from consultation Sydney, 2017. (Attachment)

National Mental Health Commission. *Submission on Draft Report - Productivity Commission inquiry into the Social and Economic Benefits of Improving Mental Health*. Sydney 2020.
Available at https://www.mentalhealthcommission.gov.au/getmedia/e4c0f6d3-2339-4719-a94d-06c21a73fd5f/NMHC-Submission-to-PC-Draft-report-into-Mental-Health-January-2020.pdf

Victorian Royal Commission into Mental Health *Interim Report 2019*
Available at: https://rcvmhs.vic.gov.au/interim-report