

# Housing and mental health

Appropriate housing is the critical foundation for people to participate in our society, contribute economically, and recover and maintain mental health.

Responsibility for service provision and integration at the interface of mental health and housing must be included in both the National Mental Health and Suicide Prevention Agreement and next National Housing and Homelessness Agreement.

Many people with lived experience of mental ill-health do not have access to adequate housing.<sup>1</sup> At least 31,000 people across Australia living with mental ill-health are experiencing or at risk of homelessness, and have an unmet need for long-term housing.<sup>2</sup> Many more people with experience of mental illness are living in unsuitable accommodation, and over 2,000 people are stuck in institutional care because other accommodation is not available.<sup>3</sup>

*Trajectories* is a collaborative research project between Mind Australia (Mind) and the Australian Housing and Urban Research Institute (AHURI). The *Trajectories* research found that experience of poor mental health directly impacts housing stability, where people with lived experience of mental ill-health often face discrimination in the private rental market, a lack of affordable housing, insecure tenure and difficulty accessing supports. Housing insecurity is also associated with poor mental health and increased suicide risk.

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*“You feel worthless and you feel like you don’t belong anywhere.”*  
(Response from person with lived experience, *Trajectories* research)<sup>4</sup>

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Housing insecurity perpetuates high use of other costly government services including health and hospital care, emergency services, and interactions with the justice system.<sup>5</sup>

Provision of supported housing has been found to save \$13,100 per person annually in reduced use of overall government services, even while factoring in the cost of supported housing.<sup>6</sup>

The following priority reforms are based on *Trajectories: policy priorities* identified through the *Trajectories* research and further consultation with people with lived experience and other key stakeholders, supported by Mental Health Australia in partnership with Mind and AHURI.

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<sup>1</sup> Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020). *Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne*. Retrieved 13 April 2021 from <https://www.ahuri.edu.au/research/trajectories>

<sup>2</sup> Productivity Commission (2020). *Mental Health: Productivity Commission Inquiry Report: Volume 3*, Canberra, pp.1001-2, Retrieved 13 April 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

<sup>3</sup> Productivity Commission (2020). *Mental Health: Productivity Commission Inquiry Report: Volume 3*. Canberra, p.971, Retrieved 13 April 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

<sup>4</sup> Pollock, S., Davis E., Cocks N., Baumgartel G., Egan, R. (2020). *Trajectories: the interplay between mental health and housing pathways. Report for national consumer and carer consultations*. Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne. Retrieved 13 April 2021 from: [https://www.ahuri.edu.au/\\_data/assets/pdf\\_file/0025/58255/Consumer-Report-Trajectories-the-interplay-between-housing-and-mental-health-pathways.pdf](https://www.ahuri.edu.au/_data/assets/pdf_file/0025/58255/Consumer-Report-Trajectories-the-interplay-between-housing-and-mental-health-pathways.pdf)

<sup>5</sup> Parsell, C., Petersen, M. & Culhane, D. (2017). Cost Offsets of Supportive Housing: Evidence for social work. *British Journal of Social Work*, 47(5), pp.1534-1553

<sup>6</sup> Parsell, C., Petersen, M. & Culhane, D. (2017). Cost Offsets of Supportive Housing: Evidence for social work. *British Journal of Social Work*, 47(5), pp.1534-1553



## Priority reforms

Specific actions are required to improve access to appropriate housing for people with lived experience of mental illness, as outlined below.

### 1. Increase availability of housing options

Australia urgently requires increased housing options and supply to meet the diverse needs of people with lived experience of mental illness. Governments should invest effectively to address the spectrum of need by:

- 1.1 Developing more public, community and affordable housing either through direct capital investment or by addressing the gap between what it costs to build and manage social housing and what tenants can pay.
- 1.2 Closing the gap in the availability of housing with integrated mental health support, by expanding existing models that have shown to be effective.
- 1.3 Better utilising the private rental market to provide diverse housing options to suit a range of different needs, for example by expanding the use of programs that head lease properties from the private rental market.
- 1.4 Expanding the use of Housing First models for people experiencing persistent homelessness.

### 2. Support to sustain tenancies

Tenant support programs are effective and efficient, but don't currently meet the needs of people experiencing mental ill-health, and are largely unavailable for private tenants. Governments should:

- 2.1 Develop tailored tenant support programs that recognise the variable capacity and care needs of people experiencing both episodic and enduring mental ill-health.
- 2.2 Develop and deliver training and resources to grow the capacity of housing workers to sustain the tenancies of people with lived experience of mental ill-health.

### 3. Early intervention and prevention

The mental health and housing systems must be better integrated and have the capacity to respond quickly when a person becomes unwell or first experiences housing insecurity. Governments should:

- 3.1 Implement mechanisms and provide resourcing to facilitate better coordination between parts of the clinical and community mental health systems and the housing and homelessness systems.
- 3.2 Improve transitions out of institutional care ('no exits into homelessness').
- 3.3 Implement population-based screening to identify and support those at risk.
- 3.4 Ensure that people have rapid access to clinical and community based mental health services when and where they need it.

Australia's current mental health and housing systems are inadequate and crisis-driven, perpetuating instability for individuals and reliance on more costly services for governments.

We know the solutions, it is now time for governments to act.

