

**Mental Health
Australia**

National Housing and Homelessness Agreement Review

Submission to Australian Government Productivity Commission
in response to Issues Paper

22 February 2022



Mentally healthy people,
mentally healthy communities

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Contents

Summary	1
Introduction	2
The purpose of the NHHA	3
Outcomes of the agreement	4
Priority homelessness cohorts	4
The roles and responsibilities of governments under the Agreement	6
How does the NHHA align with other policy areas?	7
Issues across the housing spectrum	8
Homelessness	8
Housing outcomes for Aboriginal and Torres Strait Islander People	9
Conclusion	10



Summary

Mental health and wellbeing are inextricably linked with access to safe, secure, appropriate and affordable housing. Unfortunately, people experiencing mental ill-health are at higher risk of homelessness than the general population, and Australia's housing and homelessness systems are falling far short of meeting the level of need.

Mental Health Australia calls on the Australian Government, in collaboration with State and Territory Governments, to improve the National Housing and Homelessness Agreement (NHHA) by setting ambitious targets with clear accountability, to ensure all Australians have access to affordable housing. In particular, Mental Health Australia recommends:

- a national housing and homelessness strategy should be developed alongside, or integrated with, the next NHHA
- the next NHHA should acknowledge experience of mental ill-health as a vulnerability factor across all the priority cohorts, and support integrated service responses to complex needs
- the next NHHA should expand supported housing programs to address the shortfall for people experiencing severe and ongoing mental ill-health
- government roles and responsibilities should be more clearly defined in the next NHHA, with increased Australian Government investment and accountability to address unmet need for social and affordable housing (with diverse options to suit different community needs)
- ensure the outcomes and targets of the next NHHA are aligned with those of the National Mental Health and Suicide Prevention Agreement
- consider the role of the NDIS in providing housing related supports for people with disability, and support for coordination of NDIS and housing services through the next NHHA
- governments work in partnership with Aboriginal and Torres Strait Islander organisations to develop aspects of the next NHHA related to improving Aboriginal and Torres Strait Islander peoples housing experiences and outcomes.



Introduction

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector. Mental Health Australia members include national organisations representing people with lived experience of mental ill-health and/or caring for someone with mental ill-health, service providers, health professional associations, researchers and state/territory community mental health peak bodies.

Mental Health Australia thanks the members and individuals with lived and learned expertise who contributed to the development of this submission.

Nearly 30 years ago, the Human Rights and Equal Opportunity Commissioner Brian Burdekin found that:

One of the biggest obstacles in the lives of people with a mental illness is the absence of adequate, affordable and secure accommodation. Living with a mental illness – or recovering from it – is difficult even in the best circumstances. Without a decent place to live it is virtually impossible.¹

Unfortunately, despite successful interventions in some areas, little progress has been made in addressing this obstacle overall.

As acknowledged in the Productivity Commission Issues Paper, experience of homelessness in Australia increased between 2001 and 2016, particularly with people living in severely crowded dwellings and temporary accommodation.²

As one Mental Health Australia member put it,

I think when [state housing service] are directing extremely vulnerable people to accommodation places like caravan parks and boarding houses where there is widely known criminal behaviour, violence and prevalent drug use, and people can't escape Domestic Family Violence because there is nowhere to go, the system is failing.

The proportion of people seeking assistance from Specialist Homelessness Services who have an identified mental health issue has also increased overtime, to 32% in 2020-21.³

Mental ill-health and housing insecurity are closely interrelated. Research with people sleeping rough across Australia has found the majority of people surveyed report living with a diagnosed mental health condition and experience of trauma, at rates far above the general population.⁴ In this research, over two-thirds of people sleeping rough reported diagnosis of depression or anxiety, two in five reported living with post-traumatic stress disorder, and one in five reported living with bipolar disorder, psychosis or schizophrenia – with many respondents having multiple diagnoses. These are in line with high rates of mental ill-health found amongst people accessing Specialist Homelessness Services in

¹ Human Rights and Equal Opportunity Commission (HREOC), *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness* (Canberra: HREOC, 1993)

² Australian Bureau of Statistics, *Census of Population and Housing: Estimating Homelessness* (2016) as cited by Productivity Commission, *National Housing and Homelessness Agreement Review: Issues Paper* (2021), p15, <https://www.pc.gov.au/inquiries/current/housing-homelessness/issues/housing-homelessness-issues.pdf>

³ Australian Institute of Health and Welfare, *Specialist homelessness services annual report 2020–21* (2021) <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-with-a-current-mental-health-issue>

⁴ Flatau, P., Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C. and Callis, Z. "Ending homelessness in Australia: An evidence and policy deep dive." (Perth: Centre for Social Impact, 2021) The University of Western Australia and the University of New South Wales, p94, DOI: 10.25916/ntba-f006



Perth, where analysis of medical records demonstrated 67.5% had at least one mental health condition, nearly half (47.8%) had a dual diagnosis of mental health and alcohol and other drug (AOD) use issues, and over a third (38.1%) had tri-morbid mental health, AOD and physical health conditions.⁵

Recent research found a diagnosed mental health condition increases the likelihood that people will be forced to move from their home within one year by 39%, with people experiencing psychological distress having an 89% likelihood of financial hardship in the following year.⁶ While experience of mental ill-health increases risk of homelessness, experience of homelessness can also precipitate or exacerbate experience of mental ill-health.⁷

Australia's current housing and homelessness system is falling short. In its inquiry into mental health, the Productivity Commission found that 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, and over 2,000 people are stuck in institutional care because other accommodation is not available.⁸

While individual programs have been very successful in supporting people with experience of mental ill health and housing insecurity into stable accommodation, clearly there is much more to do systemically. Appropriate housing is the foundation for people to participate in our society, contribute economically, and recover and maintain mental health.

The next National Housing and Homelessness Agreement (NHHA) must outline clear shared goals, accountability mechanisms and increased investment (particularly from the Australian Government) in order to support access to appropriate housing for all Australians.

Given the necessity of appropriate housing for mental health and wellbeing, and the particular risks people experiencing mental ill health face in accessing and maintaining housing, Mental Health Australia is pleased to contribute to the Productivity Commission's review of the NHHA.

The purpose of the NHHA

The Productivity Commission's Issues Paper raises questions about whether the next NHHA should incorporate policy rather than just funding agreements, and what the benefits and costs of a national housing strategy might be.

Mental Health Australia supports the ongoing calls from the housing and homelessness sector for a national housing and homelessness strategy. As raised in the Issues Paper and this submission, the current NHHA has not achieved enough progress in increasing access to affordable housing. While there are complex reasons for this, a national housing and homelessness strategy could address fundamental constraints in cooperation and accountability across jurisdictions.

⁵ Vallesi, Shannen, Matthew Tuson, Andrew Davies, and Lisa Wood. 2021. "Multimorbidity among People Experiencing Homelessness—Insights from Primary Care Data" *International Journal of Environmental Research and Public Health* 18, no. 12: 6498. <https://doi.org/10.3390/ijerph18126498>

⁶ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. "Trajectories: the interplay between mental health and housing pathways." (Melbourne: Australian Housing and Urban Research Institute Limited and Mind Australia, 2021) <https://www.ahuri.edu.au/research/trajectories>

⁷ Chamberlain, C., Johnson, G. and Theobald, J., *Homelessness in Melbourne: Confronting the Challenge*, RMIT Publishing, Melbourne, 2007.

⁸ Productivity Commission. *Mental Health: Productivity Commission Inquiry Report*. (Canberra: 2020). pp.1001-2, <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>



An agreed national strategy would better coordinate efforts between state and territory governments and the Australian Government in improving access to affordable housing. Further, the Australian Government has responsibility for many policies and programs which significantly influence Australians' access to affordable housing, which currently sit outside the NHHA. A national housing and homelessness strategy could provide a framework for coordination across government portfolios, as well as between jurisdictions, towards ensuring access to affordable housing for all Australians.

A lack of consistency in Australian Government homelessness policy over recent years has “impacted the ability of the homelessness service system to plan, invest, and innovate in line with national and international evidence.”⁹ A medium-to-long term national housing and homelessness policy would provide a stable policy foundation for State and Territory Governments, the housing and homelessness sectors and investors to effectively operate and innovate within.

Finally, and perhaps most importantly, a national strategy to end homelessness and increase access to affordable housing should be accompanied by the appropriate resources to implement it. As consistently highlighted, increased Australian Government investment in housing is essential to achieve the aspirational target of ending homelessness. As Flatau and colleagues express, “Australian Government leadership is a prerequisite for ending homelessness in Australia, as it is at this level that a national vision can be articulated and funded.”¹⁰ Adequate investment in affordable housing would also have broader economic benefits, for example with every dollar invested in social housing estimated to boost GDP by up to \$1.30.¹¹

The Australian Government has already recognised the imperative for a national housing and homelessness strategy, with the House of Representatives Standing Committee on Social Policy and Legal Affairs 2021 Inquiry into Homelessness in Australia recommending the establishment of a ten-year national strategy on homelessness.¹²

Recommendation: A national housing and homelessness strategy should be developed alongside, or integrated with, the next NHHA.

Outcomes of the agreement

Priority homelessness cohorts

The NHHA has six “aspirational, overarching national outcomes”, the first of which is “a well-functioning social housing system that operates efficiently, sustainably and is effective in assisting low income households and priority homelessness cohorts to manage their needs”.¹³ States and Territories must address the needs of these priority cohorts in their homelessness strategies – though their mainstream homelessness initiatives can meet this requirement if the needs of priority cohorts have been considered. The priority cohorts listed

⁹ Flatau et al, “Ending homelessness in Australia: An evidence and policy deep dive”, p161

¹⁰ Flatau et al, “Ending homelessness in Australia: An evidence and policy deep dive”, p162

¹¹ Anglicare Australia. *Rental Affordability Snapshot (2021)*. <https://www.anglicare.asn.au/wp-content/uploads/2021/05/rentalaffordability-snapshot-national-report.pdf>

¹² House of Representatives Standing Committee on Social Policy and Legal Affairs. (2021). Final report- inquiry. Parliament of the Commonwealth of Australia. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/024522/toc_pdf/Finalreport.pdf;fileType=application%2Fpdf

¹³ National Housing and Homelessness Agreement, p3,

https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-07/NHHA_Final.pdf



in the NHHA are: women and children affected by family and domestic violence; children and young people; Indigenous Australians; people experiencing repeat homelessness; people exiting institutions and care into homelessness; and older people.

As outlined above, and acknowledged by the Productivity Commission in its Issues Paper,¹⁴ people experiencing mental ill-health are at increased risk of homelessness, and people experiencing homelessness have far higher rates of diagnosed mental illness than the general population. Mental Health Australia members providing homelessness services have highlighted the need to respond to intersecting and complex needs where people may be experiencing homelessness, trauma, untreated mental illness and a range of other health and social challenges. Across the existing identified priority population groups, experience of mental ill-health (with onset either prior to or related to homelessness) can contribute to greater vulnerability.

Considering experience of different risks or vulnerabilities, including mental ill-health, is important both in determining appropriate responses and early intervention points. Mental ill-health could be a primary concern for individuals experiencing homelessness, or co-occur amongst any of the needs already identified amongst priority cohorts. Given mental ill-health is associated with greater risk of homelessness, the high rate of mental ill-health amongst people experiencing homelessness, and the additional complexity in responding to co-occurring homelessness and mental ill-health - mental ill-health should be considered as a vulnerability factor across the range of all priority cohorts increasing the need for integrated services responses.

Recommendation: The next NHHA should acknowledge experience of mental ill-health as a vulnerability factor across the all priority cohorts, and support integrated service responses to complex needs.

Mental Health Australia members emphasised that for people experiencing severe and ongoing mental ill-health and homelessness, other supports are needed alongside access to housing to ensure sustained exit from homelessness and enable social and economic participation. Supported housing integrates stable housing, tenancy support and access to health services. There are different models of supported housing, which can be based in social or community housing, private rental or a combination. There is strong evidence that provision of supported housing is effective in ending homelessness and supporting people with complex needs to a better quality of life and independence, while also being less costly for governments than provision of emergency, health and justice services to the same population experiencing homelessness.¹⁵

The Productivity Commission inquiry into mental health found that most states and territories have or are trialling supported housing initiatives for people experiencing homelessness and mental illness, with evaluations showing high rates of sustained housing, improvements in participants' mental health, reduction in hospital usage and some improvement in employment participation.¹⁶ However the Productivity Commission also found that the number of supported housing places for people with mental illness falls short of need by an estimated 9,000 – 12,500 places nationally. Mental Health Australia strongly supports the

¹⁴ Productivity Commission, *National Housing and Homelessness Agreement Review: Issues Paper*, p16

¹⁵ 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

¹⁶ Productivity Commission, *Mental Health*, p985



Productivity Commission’s recommendation that State and Territory Governments, supported by the Australian Government, address this shortfall.¹⁷

The Productivity Commission previously recommended “As part of the next negotiation of the National Housing and Homelessness Agreement, governments should increase 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”.¹⁸

Recommendation: The next NHHA should expand supported housing programs to address the shortfall for people experiencing severe and ongoing mental ill-health.

The roles and responsibilities of governments under the Agreement

The roles and responsibilities of governments outlined in the NHHA are too broad, not tied to outcome measures and not ambitious enough to create accountability for delivering the housing and homelessness system Australia needs. While investment from the Australian Government is necessary to increasing supply of affordable housing, under the current NHHA the Australian Government has divested much responsibility to State and Territory Governments. Broadly, the NHHA outlines that the Australian Government is responsible for “providing a financial contribution”, and State and Territory Governments are responsible for the delivery of social housing and homelessness services. Without clear goals and targets, this arrangement has allowed the proportion of social and affordable housing to remain underfunded, and fall well below the level of need.

As outlined in the Issues Paper, the proportion of social housing (public and community housing) compared to overall households has steadily declined since 2012. The net increase of social housing stock since the NHHA commenced in 2018 is only 120 dwellings.¹⁹ However, the need for social and affordable housing remains high. Of the 109,207 people who presented to specialist homelessness services in 2019-20 with an identified need for long-term housing, 70% did not have this need met (with only 3% receiving this service from the provider and only 27% referred). Similarly, 56% of people presenting with an identified need for medium term/transitional housing neither received this service nor were referred. A much higher proportion of people received short term or emergency accommodation, reflecting the lack of long-term housing options.

Service providers report ongoing frustration at the shortage of options for people in need of housing, with anecdotal feedback of clients moving into tents or caravan parks because there are simply no housing available. Further, service providers are not able to expand effective homelessness and housing support programs due to insufficient housing stock.

Additional Australian Government investment is required to address this gap. Many State Governments have recently announced significant investment to increase the supply of social housing,²⁰ however this still will not meet the extent of the need, with an estimated

¹⁷ Productivity Commission, *Mental Health*, p986;1010

¹⁸ Productivity Commission, *Mental Health*, p1010

¹⁹ Productivity Commission, *National Housing and Homelessness Agreement Review: Issues Paper*, p18

²⁰ See “Box 2 – Recent social housing investments by state and territory governments” in Flatau et al, *Ending homelessness in Australia: An evidence and policy deep dive*, p166



650,000 more social and affordable homes needed to meet demand by 2036.²¹ Modelling developed for the Australian Housing and Urban Research Institute (AHURI) has found that needs based capital investment, supplemented by efficient financing, would be the most cost-effective approach for Australian Governments to address this gap.²² As recommended by the Royal Commission into Victoria's mental health system, social and affordable housing needs to be provided in a range of configurations and appropriate locations to suit the needs of people living with mental illness and support access to services and community participation.²³

While further social housing stock is required (particularly in communities with existing low infrastructure), a range of affordable housing options are needed. Governments could make better use of private rental properties to address the gap in affordable housing. For example, a program providing rental subsidies along with tenancy and service access support has been found to successfully support many people with mental illness at risk of homelessness to stable housing.²⁴ Such options can provide greater choice for people experiencing homelessness or housing insecurity, and support integration with the wider community. Multiple options are needed to address the needs of the diversity of people and communities experiencing housing insecurity.

Recommendation: Government roles and responsibilities should be more clearly defined in the next NHHA, with increased Australian Government investment and accountability to address unmet need for social and affordable housing (with diverse options to suit different community needs).

How does the NHHA align with other policy areas?

Housing and mental health operate as separate policy systems with little integration, and this contributes to poor housing and health outcomes for people with lived experience of mental ill-health.²⁵ While it is recognised that greater integration and coordination is needed between homelessness and housing, mental health and health services, national policy settings do not provide guidance as to what the housing system, mental health system and mainstream health system are responsible for addressing in regards to this.²⁶ Integration of housing/homelessness and mental health systems across Australia are inconsistent, often dependent on local resourcing and leadership.

The forthcoming National Mental Health and Suicide Prevention Agreement is expected to outline overarching outcomes and roles and responsibilities of the Australian and State/Territory Governments in delivering a holistic mental health system. The NHHA and

²¹ Troy, L., van den Nouweland, R., & Randolph, B. *Estimating need and costs of social and affordable housing delivery*. (City Futures Research Centre, 2019). https://communityhousing.org.au/wp-content/uploads/2019/03/Modelling_costs_of_housing_provision_FINAL.pdf

²² Lawson, J., Denham, T., Dodson, D., Flanagan, K., Jacobs, K., Martin, C., Van den Nouweland, R., Pawson, H. and Troy, L. (2019). Social housing as infrastructure: rationale, prioritisation and investment pathway, AHURI Final Report No. 315, Australian Housing and Urban Research Institute Limited, Melbourne. <https://doi.org/10.18408/ahuri-5314001>

²³ Victoria State Government Department of Health, "Recommendation 25: Supported housing for adults and young people living with mental illness". (2021) <https://www.mhrv.vic.gov.au/recommendation-25-supported-housing-adults-and-young-people-living-mental-illness>

²⁴ Dunt DR, Day SE, Collister L, et al. Evaluation of a Housing First programme for people from the public mental health sector with severe and persistent mental illnesses and precarious housing: Housing, health and service use outcomes. *Australian & New Zealand Journal of Psychiatry*. May 2021. doi:10.1177/00048674211011702

²⁵ Brackertz, N., Wilkinson, A. and Davison, J. (2018) Housing, homelessness and mental health: towards systems change, Final Report prepared by AHURI Professional Services for the National Mental Health Commission, Australian Housing and Urban Research Institute Limited, Melbourne. https://www.ahuri.edu.au/__data/assets/pdf_file/0023/29381/Housing-homelessness-and-mental-health-towards-systems-change.pdf.

²⁶ Brackertz, et al. "Trajectories: the interplay between mental health and housing pathways." p13



National Mental Health and Suicide Prevention Agreement should be aligned in targets and outcomes for housing security for people with mental ill-health, to support integration of efforts from this highest level of policy direction. Further resourcing to support integration of service delivery at a local level is also required, as discussed below.

Recommendation: Ensure the outcomes and targets of the next National Housing and Homelessness Agreement are aligned with those of the National Mental Health and Suicide Prevention Agreement.

Establishment of the National Disability Insurance Scheme (NDIS) has changed the way housing and associated supports are provided for people with disability, including people with psychosocial disability. Mental Health Australia members providing supports for participants with psychosocial disability through the NDIS are concerned that the NDIA is not funding Supported Independent Living for people with psychosocial disability as needed, with recent reductions in this funding. This in turn has a significant impact on people with psychosocial disability who are ready to be discharged from hospital or mental health facilities, but do not have suitable accommodation to be discharged to. People exiting institutions and care into homelessness are a key priority group identified in the current NHHA, and Productivity Commission Inquiry into Mental Health.

Further, an identified 9,450 NDIS participants sought support from Specialist Homelessness Services in 2020-21.²⁷ Appropriately funded NDIS supports are essential in ensuring many people with disability can maintain appropriate accommodation in independent living, or in a family home. Mental Health Australia has previously raised concerns about the lack of integration between NDIS and housing services.²⁸ Despite the significant housing-related supports provided through the NDIS, the Scheme is not mentioned in the Productivity Commission's Issues Paper.

Recommendation: The Productivity Commission should consider the role of the NDIS in providing housing related supports for people with disability, and support for coordination of NDIS and housing services through the next NHHA.

Issues across the housing spectrum

Homelessness

The Productivity Commission Issues Paper raises a number of questions regarding improvements that need to be made to Australia's homelessness system. Mental Health Australia members advised that as the system is currently so under-resourced, people experiencing homelessness are often moved around between time-limited supports, rather than supported *out* of homelessness. As discussed above, the shift to exiting people from the homelessness system will require increased options for stable housing.

Mental Health Australia's position statement on housing and homelessness, developed in close collaboration with lead researchers and mental health and housing providers, outlines

²⁷ Australian Institute of Health and Welfare, *Specialist homelessness services annual report 2020–21: Table CLIENTS.17: Clients by National Disability Insurance Scheme status and state/territory, 2020–21* (2021), <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/data>

²⁸ Mental Health Australia, *Submission to the Joint Standing Committee on the NDIS Inquiry into Current Scheme Implementation and Forecasting for the NDIS*, (2021), https://mhaustralia.org/sites/default/files/docs/policy_-_ndis_-_advocacy_-_menting_-_final_-_29_october_2021.pdf



actions to increase availability of housing options, sustain tenancies and increase early intervention and prevention to address homelessness.²⁹

Members have called for greater investment in prevention activities to stop people entering the homelessness system, for example through simple financial support to maintain an existing tenancy during a period of crisis, which has been successful overseas.³⁰ Mental Health Australia and our members have also long advocated for improved approaches to supporting people at risk of homelessness leaving institutional care (whether a hospital, mental health facility or justice system) to prevent discharge into homelessness. As previously recommended by the Productivity Commission, all Governments should commit to a nationally consistent policy of no exits into homelessness for people with mental illness who are discharged from institutional care, including hospitals and correctional facilities.³¹

Housing outcomes for Aboriginal and Torres Strait Islander People

First Nations peoples in Australia face both disproportionate rates of mental ill-health and homelessness, reflecting systemic issues in both service design and availability. Recent research on housing and mental health undertaken by Mind and the Australian Housing and Urban Research Institute with Aboriginal and Torres Strait Islander peoples highlighted a “misalignment between ‘white’ notions of mental health and housing stability and the meanings Aboriginal participants attached to their experiences of housing and wellbeing”.³² This research highlights the pressing need for meaningful and appropriate mental health and housing support which aligns with the principles and values of Aboriginal ways of being.

This research found that particular circuit-breakers enabled First Nation’s participants to find some stability in their housing and mental health, including “having support from family, moving away to a different area, having a secure safe house, having culturally appropriate tenancy support and having access to psychosocial support (e.g. practical and emotional assistance) and trauma counselling”.³³ Research participants identified changes that they wished to see, including “more housing, designed appropriately for how Aboriginal and Torres Strait Islander people live; housing that is well maintained by the public landlord; a greater emphasis on house and neighbourhood safety; improved tenancy support, particularly support that was culturally safe; improved mental health supports, including options beyond just medication; and better access to psychosocial support”.

Governments need to develop key policies and services in partnership with Aboriginal and Torres Strait Islander organisations and relevant housing and mental health service providers.

Recommendation: Governments work in partnership with Aboriginal and Torres Strait Islander organisations to develop aspects of the next NHA related to improving Aboriginal and Torres Strait Islander peoples housing experiences and outcomes.

²⁹ Mental Health Australia, *Housing and mental health*, (2021)

https://mhaustralia.org/sites/default/files/docs/22_1_mental_health_australia_position_statement_-_housing_and_mental_health_-_april_2021_-_final_-_references_updated_4_jan_2022.pdf

³⁰ For example, Community Solutions, *Montgomery County, Maryland, Working to Accelerate Reductions in Homelessness* (2021), <https://community.solutions/case-studies/montgomery-county-maryland-working-to-accelerate-reductions-in-homelessness/>

³¹ Productivity Commission, *Mental Health*, p1009

³² Pollock, S., Davis E., Clifton, E., Davis V., Firebrace, S., Williams, G. (2020) Trajectories: the interplay between housing and mental health pathways. Report from Aboriginal and Torres Strait Islander consultations, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/research-papers/trajectories>

³³ Pollock, S. et al, *Trajectories: the interplay between housing and mental health pathways. Report from Aboriginal and Torres Strait Islander consultations*



Conclusion

Australia's housing and homelessness systems are inadequate. Homelessness has risen and availability of social and affordable housing has fallen far below the level of need. Successful supported housing initiatives are under-resourced to scale up to meet demand. Access to safe, appropriate and affordable housing is fundamental to recovering and maintaining mental health and wellbeing, as well as social and economic participation.

While many state and territory governments have recently announced significant investments in social and affordable housing, this will not address existing demand issues and requires corresponding Australian Government investment.

Review of the NHHA is an opportunity to address these shortfalls. Ambitious commitment and accountability from the Australian Government, together with state and territory governments, to functionally end homelessness and support access to affordable, appropriate housing for all Australians is needed.

Mental Health Australia looks forward to continue working with the Productivity Commission over the course of its review, and with governments to consider and act on its findings.



Mental Health Australia



Mentally healthy people,
mentally healthy communities

Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

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