



Mental Health
Council of Australia

SUBMISSION ON HOUSING AFFORDABILITY

Senate Standing Committee on
Economics Inquiry into Housing
Affordability

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Mentally healthy people, mentally healthy communities

Phone: (02) 6285 3100 | Fax: (02) 6285 2166

Email: admin@mhca.org.au | Website: www.mhca.org.au

Address: Level 1, 9-11 Napier Close, Deakin, ACT 2600 | ABN: 67 592 218 493

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SUMMARY OF RECOMMENDATIONS

RECOMMENDATION 1

The National Partnership Agreement be re-funded for a further five years with the provision of homelessness services and ongoing housing and support packages for people with lived experience of mental illness incorporated into a new agreement as a core output with clear targets.

RECOMMENDATION 2

The Australian Government should recognise that the provision of affordable housing with security of tenure is paramount to enabling people with mental illness to recover and lead contributing lives.

RECOMMENDATION 3

The Australian Government should use its funding levers to ensure that housing allocations by State and Territory Governments are proportionate to the need of mental health consumers unable to make it in the private market.

RECOMMENDATION 4

That the Australian Government continues to require a commitment to 'no exits into homelessness' from mental health services, correctional settings and hospitals.

RECOMMENDATION 5

The Australian Government should require states and territories to provide data demonstrating improved practices in this area.

RECOMMENDATION 6

The Australian Government should continue to pursue and support strategies aimed at growing the community/not for profit housing sector with a view to expanding the number of housing allocations to people with lived experience of mental illness and psychosocial disability.

RECOMMENDATION 7

Community housing providers specialising in providing housing for people with mental illness or that have a demonstrated capacity to partner with community managed mental health services are supported to grow their pool of housing stock and are recognised as integral partners in the overall national mental health response.

RECOMMENDATION 8

That the Australian Government include in COAG level agreements covering funding for the provision of affordable and social housing, quotas or targets quarantining a proportion of housing allocations for people with lived experience of mental illness and psychosocial disability.

ABOUT US

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. It was established in 1997 as the first independent peak body in Australia to truly represent the full spectrum of mental health stakeholders and issues. MHCA members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

The MHCA aims to promote mentally healthy communities, educate Australians on mental health issues, influence mental health reform so that government policies address all contemporary mental health issues, conduct research on mental health issues, and carry out regular consultation to represent the best interests of our members, partners and the community. These endeavours in education and policy reform are matched by our commitment to researching more innovative approaches to the provision of mental health care. In addition, the MHCA continues to focus on the human rights of people with a mental illness.

Mental health issues affect one in every five Australians. We cannot afford to be complacent in our efforts to achieve changes to our mental health care system when we consider the impact of mental health on our community.

UNLOCKING THE DOOR TO RECOVERY: HOUSING AND MENTAL HEALTH

The Mental Health Council of Australia consults broadly with mental health consumers and carers and other stakeholders across the mental health and allied sectors. The need for better access to stable accommodation and affordable housing is consistently raised as a leading issue by our stakeholders in forums and surveys.

There is good evidence that demonstrates that having a safe and secure place to call home provides a solid foundation upon which good mental health and wellbeing can be built. An affordable and safe place to call home provides a base for the establishment of connections to community offers a sanctuary from external stressors and enables individuals to develop a sense of attachment, belonging and identity with a place.

For too many people with lived experience of mental illness and psychosocial disability however, achieving and maintaining safe and stables homes can prove difficult.

While prevalence estimates vary¹, it is widely accepted that the prevalence of mental illness, in particular, severe and persistent mental illness amongst people experiencing homelessness and people living in marginal housing tenures is significantly higher than for the general population.

People with lived experience of mental illness can face a plethora of barriers in their attempts to achieve and maintain stable housing. These include; housing affordability, stigma and discrimination within the housing market, histories of homelessness and insecure tenure, poor housing conditions, financial struggles, behavioural and social issues and a lack of adequate support and treatment.

These barriers mean that when there is a shortage of affordable housing such as is described in the paragraphs above, people with lived experience of mental illness and psychosocial disability find themselves at even greater disadvantage within the housing market than many other groups.

We know that the experiences of homelessness and housing insecurity can be incredibly stressful for people and exacerbate mental illness. Similarly the dual problem of economic disadvantage and exclusion and mental illness can lead to homelessness, especially in a housing market characterized by low vacancy rates, high rental process and an overall housing shortage.

Conversely, having the ability to access and sustain affordable, safe, secure and stable housing can be a crucial building block of the recovery process.

The process of deinstitutionalisation that has been ongoing in Australia over the past three decades or more has demonstrated that with the right support and access to community based services and affordable housing, people with lived experience of mental illness can successfully live independently in the community and lead their own journeys toward recovery.

That said, too often people with lived experience of mental illness, particularly that which is severe and persistent have been discharged into unstable and/or inappropriate accommodation or worse, situations of rough sleeping, with inadequate follow-up support and little or no access to community based support services.

It is vital that affordable, safe and secure housing (with support services wrapped around a tenant as appropriate) is viewed and funded as a vital component of our overall mental health response.

¹ Estimates of the prevalence of mental illness amongst people experiencing homelessness vary depending on the cohort of people we are talking about, the length of time spent in situations of homelessness, the factors that led to homelessness and the homelessness situation in which people find themselves (i.e. Boarding house, sleeping rough, homelessness service or temporarily with friends/relatives). While the prevalence amongst people staying specialist homelessness services is quite low – 20% - (a likely underestimate given that the question used to ascertain whether or not clients have ‘a current mental health issue’ only asks about main reasons for seeking assistance) to 63% of people sleeping rough surveyed by the Australian Common Ground Alliance during registry week, to as high as 80% of boarding house residents surveyed in a study conducted in inner-city Sydney.

Statistics indicate that as many as one in five Australian adults (3.2 million people) will experience mental illness in a given year and 45.5% (7.3 million people), will do so at some point in their lives².

The vast majority of people with lived experience of mental illness are living in stable housing with many already home owners or on the path to home ownership.

Other people, in particular people with severe and persistent mental illness will need support 'wrapped around' them in order to assist them to sustain their tenancies. For some people this support will be low level, while for others it will be more intensive. As mental illness is typically episodic, the intensity of supports needed may indeed fluctuate across time.

The high prevalence of mental illness within the community and the broad spectrum and intensity of symptoms and resulting impairments that can result mean that there is a need for a diverse range of housing models and housing options to be made available to people in order to meet demand.

In this submission, our intention is to focus on those sectors within the housing market over which we believe that Government has the most levers at its disposal to exert sufficient influence to ensure that there is an expansion in both the diversity and number of affordable or very affordable housing options for people with mental illness and psychosocial disability.

We will therefore confine our focus to addressing the following two terms of reference:

- The impact of Commonwealth, state and territory government policies and programs on homelessness; and
- The role and contribution of the community housing sector in delivering social and affordable rental housing.

² Australian Bureau of Statistics, National Survey of Mental Health and Wellbeing 2007, ABS, Canberra, 2009, p.7.

INTRODUCTION: THE LINKS BETWEEN HOMELESSNESS AND UNSTABLE HOUSING AND MENTAL ILL HEALTH

The relationship between the experiences of homelessness and mental illness is well understood and has been documented in a number of Inquiries and reports over the past 25 years since the Australian Human Rights and Equal Opportunities Commission delivered two damning reports on Australia's homeless children and the human rights of people with mental illness³.

More recently, the Mental Health Council of Australia's *Home Truths* report documented similar strong links between homelessness, poorer housing outcomes and mental illness and identified a series of ten home truths strategies that needed to be implemented in order to reduce high rates of homelessness and address the significant and multiple barriers to access to stable housing that people lived experience of mental illness face in Australia⁴. While some progress has been made towards the implementation of some of the ten strategies outlined in the document, the following are worth reconsideration by this committee:

- The inclusion of due recognition of the relationship between homelessness and mental illness in a national homelessness strategy.
- Homelessness prevention and access to affordable safe, secure and stable housing for people with lived experience of mental illness must remain a priority.
- Access to community based mental health care must increase.
- Housing supply must increase and housing must be set aside for people with lived experience of mental illness.
- Community services must respond to homelessness; and
- Properly resourced discharge planning must be implemented across Australia with zero tolerance for discharge from hospitals and mental health settings into homelessness or unstable accommodation⁵.

³ Burdekin, Brian, *Australia's Homeless Children: National Inquiry into Youth Homelessness*, Human Rights and Equal Opportunity Commission, 1989, p.238. Burdekin, Brian, *Human Rights and Mental Illness, Report of the National Inquiry into the Human Rights of People with Mental Illness*, Human Rights and Equal Opportunity Commission, Canberra, 1993, pp.337-340.

⁴ Mental Health Council of Australia, *Home Truths: Mental Health, Housing and Homelessness*, Canberra, 2009, pp.24 – 41.

⁵ Mental Health Council of Australia, 2009, *ibid*, pp.34-41.

These issues are re-visited and explored in this submission to highlight the need to ensure that the provision of adequate homelessness prevention and resolution services and affordable housing options for people with lived experience of mental illness and psychosocial disability are given due consideration by the Committee.

LOCKED OUT: THE GREAT AUSTRALIAN NIGHTMARE

The Impact of Government Policies and Programs on Homelessness

The links between the experiences of homelessness and housing instability and poorer mental health outcomes are well documented and well understood.

What appears to be less well understood is the important role that homelessness prevention and rapid re-housing can play in supporting people to recover from mental illness and sustain their recovery in the longer term.

While ending homelessness in Australia is arguably everyone's responsibility, the Mental Health Council of Australia believes that governments have a key role to play in this space.

The previous Australian Government set the nation the goals of halving overall homelessness and offering supported accommodation to all rough sleepers who need it by 2020⁶.

In order to measure progress towards these goals, a series of interim targets were also set, which were to have been achieved by the end of 2013. To support the achievement of these targets, a time-limited National Partnership Agreement on Homelessness (NPAH) was implemented by the Council of Australian Governments.

The original four year agreement (2009-2013) included \$800 million for 180 new homelessness and tenancy support services and \$300 million for the construction of 770⁷ social housing properties with 'wrap-around' funded support packages of at least 13 months duration.

It is precisely these kinds of holistic support packages with associated security of tenure that people with lived experience of mental illness and psychosocial disability need in order to support recovery from mental illness and make the connections to community that are necessary to live a contributing life.

⁶ Australian Government, The Road Home: A National Approach to Reducing Homelessness, Australian Government White Paper, 2008, p.18.

⁷ Gilbert, Travis Making the Grade: Homelessness Australia's White Paper Report Card, Homelessness Australia, Canberra, 2012, p.20.

A number of other homelessness responses funded by the National Partnership Agreement on Homelessness are already benefitting people with lived experience of mental illness. These include:

- Street to Home initiatives for people sleeping rough which provide assertive outreach and fast track access to social housing and support services.
- Permanent supported housing for people experiencing homelessness (many of whom experience severe and persistent mental illness and disability and have experienced homelessness long term); and
- Early intervention and prevention initiatives that support people who are at risk of eviction from social housing or private rental to address issues placing them at risk (including 'behavioural issues' that can be linked to mental illness⁸).

In addition, some jurisdictions implemented programs and strategies to contribute to prevent exits into homelessness, from alcohol and other drug, custodial, mental health and/or statutory care settings.

The success of the no exits policy will be critical if we are to continue to reduce the flow into homelessness of already vulnerable people in these settings. To date, data tracking where people are accommodated is patchy but a number of initiatives funded under the National Partnership Agreement on Mental Health Reform were aimed at achieving more sustainable accommodation outcomes for people exiting mental health services⁹.

The National Mental Health Commission also emphasised the importance of discharge planning giving consideration as to whether someone has a safe and stable place to live. In its 2013 Report Card it recommended that data be collected on housing status at the point of discharge and reported on three months later, linked to the discharge plan. The Mental Health Council of Australia supports this recommendation.

While this time-limited National Partnership was specifically designed to support mental health reforms announced in the 2011/12 Budget, the importance of ensuring that people with lived experience of mental illness, particular that which is severe and persistent have access to stable accommodation is ongoing.

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http://www.federalfinancialrelations.gov.au/content/npa/housing/homelessness_superseded/national_partnership_superseded.pdf

⁹ Federal Financial Relations, National Partnership Agreement on Mental Health Reform 2012-2016, Council of Australian Governments, 2012, p.22.

In addition, some jurisdictions have funded dedicated paid positions for liaison officers and/or accommodation and support initiatives for people with lived experience of mental illness to ensure people are not exited into insecure accommodation or situations of homelessness¹⁰.

The Mental Health Council of Australia supports the prevention of exits into homelessness from these settings, especially for people with lived experience of mental illness. We recognise that there are difficulties in tracking accommodation outcomes on every occasion. That said, States and Territories must come to the table and provide the data they do have to the Commonwealth. This data should be publicly available in order to enable stakeholders in the mental health and homelessness sectors to track whether progress is being made in this area.

In the event that time-series data does not show an improvement in stable accommodation outcomes following discharge from mental health settings, policy settings and service and system responses should be adjusted to ensure that people are not discharged into homelessness.

In order to allow for States and Territories to complete their evaluations of the NPAH, the original agreement was extended for a further twelve months in May 2013. The transitional NPAH provides almost \$159 million in Commonwealth funding, matched by jurisdictions to ensure the continued provision of important homelessness services and to tackle homelessness in 2013-14¹¹.

Unlike the other major source of homelessness funding, the National Affordable Housing Agreement (NAHA), the NPAH is a time-limited partnership that is not funded beyond 30 June 2014. The current uncertainty surrounding the future of the agreement which is currently funding more than 180 programmes and service models supporting as many as 80'000 people¹².

Given the high number of people currently being supported by programmes and services funded under the NPAH and given the detrimental impact on mental health that we know can result from homelessness, the Mental Health Council of Australia recommends that the agreement be re-funded for a further five years with the provision of homelessness services and housing and support packages for people with lived experience of mental illness incorporated into a new agreement as a core output.

¹⁰ See State and Territory Implementation Plans for the National Partnership Agreement on Homelessness, NSW, ACT and SA. Successful programmes are operating at St Vincent's Hospital in Sydney and the ACT Government's Mental Health, Housing and Support Initiative and the Royal Adelaide Hospital and Mental Health Unit Transitional Liaison Officers whose role is to ensure patients are discharged into sustainable accommodation and follow-up occurs.

¹¹

http://www.federalfinancialrelations.gov.au/content/npa/housing/homelessness_superseded/national_partnership.pdf

¹² Australian Council of Social Service and Mission Australia estimate that 80'000 people either experiencing or at risk of homelessness are supported by programmes and services funded under the National Partnership Agreement on Homelessness each year.

The NPAH has significantly improved Australia's ability to respond to people who are at risk of homelessness and to improve pathways to housing for people experiencing homelessness. It has increased the total number of organisations delivering homelessness services and providing opportunities for services to expand good programs and models of accommodation and support.

The services it is funding are bringing an increasing number of people into contact with both mainstream and specialist services including mental health services.

People experiencing severe and persistent mental illness who are excluded from housing and who are not receiving support are at a higher risk of experiencing a serious acute mental health episode that will trigger a potentially unnecessarily long stay in hospital¹³.

Not only is this extremely damaging for the people involved, acute care settings are also among the most expensive in which people can be accommodated placing increased pressure on our health budgets.

The White Paper on Homelessness recognised that people with lived experience of mental illness were overrepresented in the population of people experiencing homelessness. In combination with economic disadvantage and/or poverty, mental illness itself can lead to homelessness.

The Mental Health Council of Australia believes that funding for programmes that prioritise the prevention of homelessness for people with lived experience of mental illness and the provision of housing led solutions with wrap-around support for people with mental illness must be front and centre of our overall response to homelessness going forward. This should include ensuring that people with lived experience of mental illness are included as a priority group in future COAG level housing and homelessness agreements.

While government has a direct role to play in funding homelessness services, maintaining people in a state of homelessness is expensive. The shortage of available affordable rental housing, in particular community and public housing dwellings makes it incredibly difficult for workers in homelessness services to transition people to independent living. There is good evidence from overseas that the provision of affordable housing with appropriate 'opt-in' support to people with lived experience of severe and persistent mental illness and co-occurring alcohol and other drug and/or chronic illnesses is more cost-effective than maintaining people in a state of homelessness.

Given the likelihood that large numbers of people with lived experience of mental illness, particularly that which is severe and persistent are likely to be reliant wholly on income support payments (typically the Disability Support Pension or the Newstart Allowance), social housing is most likely going to be the only affordable housing option for this group until overall affordability improves.

¹³ Mental Health Council of Australia, [Home Truths: Mental Health, Housing and Homelessness in Australia](#), Canberra, March 2009, p.15.

A THIRD PILLAR: GROWING THE NOT FOR PROFIT HOUSING SECTOR TO MEET DEMAND

Over the past two decades investment in public housing has declined in both absolute and real terms. Governments of both persuasions determined that it was more efficient to subsidise tenants in the private market through increasing the provision of Commonwealth Rent Assistance.

At the same time, the community, or not for profit housing sector has been growing, albeit at varying rates across each state and territory and has in recent years increased its role in the provision of housing to people on either fixed and low incomes.

In 2010, the Australian Government set in train the process of national regulation to facilitate the growth of the not for profit sector and make it easier for housing associations to expand and manage housing stock in multiple jurisdictions.

Concurrently, state and territory governments embarked on a process of accelerating 'stock transfers', that is either management or title transfers of lease agreements or both agreements and properties to community housing providers.

While the estimated proportion of overall public housing stock that states and territories have committed to transferring varies significantly across the jurisdictions (from almost zero in the ACT to up to 90% in Queensland over the next decade). The national trend is to significantly increase the role that community housing providers play in the provision of social housing in Australia.

Stock transfer (including title) is and will continue to be a critical element of any strategy aimed at growing the not for profit/community housing sector in Australia. It enables community housing providers to grow their pool of housing stock rapidly and by doing so leverage of their additional fixed asset base to access capital from lending institutions to finance the construction of new dwellings to further grow their pool of housing stock.

Given the parlous financial position of State and Territory housing authorities and the significant need for low cost housing that exists for people with lived experience of mental illness who are excluded from the labour market, it is essential for people with mental illness that community housing providers are supported to grow their stock by all levels of Government.

HOME SAFE AND WELL: A GOOD LANDLORD FOR PEOPLE WITH LIVED EXPERIENCE OF MENTAL ILLNESS

Community/not for profit housing providers have a strong track record in the provision of low cost housing to people on low or fixed incomes as well as partnering with providers of support services in the community to ensure their tenants can sustain their housing and participate in their communities.

In addition, there are a number of advantages for our client group that will flow from the expansion of the community housing sector. Community housing providers are renowned for offering greater opportunities for tenant participation in decision making about tenancy and property management and other housing related matters than either public housing or private rental.

Such opportunities could be incorporated into the recovery journeys of people with lived experience of mental illness, particular when coupled with the community development focus that many providers and the ability to partner with community based support services to assist tenants to manage issues in their lives.

Many community housing providers have established relationships with community based mental health services. Housing managers tend to have closer relationships with their tenants than is the case in either public housing or the private market. In addition, many housing managers employed by community housing providers have an established relationship with workers who are providing support services to their tenants. This includes mental health workers.

Community housing also offers long term security of tenure. This is important because it affords tenants stability. Tenant participation and the enhancement of tenant rights are core business for community housing providers whilst eviction is seen as a very last resort when all other avenues of working with the tenant to address presenting issues have been exhausted.

Given the importance of housing stability to recovery from mental illness, this makes community housing an excellent choice for people with lived experience of mental illness and psychosocial disability.

We therefore welcome the commitment to expand the social housing sector and welcome the proposal to increase the proportion and number of social housing stock managed and owned by not for profit providers. We recommend that the Australian Government continue to use whatever leavers are at its disposal to facilitate the continued growth of this important housing sector.

At the same time, we would caution that it is essential that Government continues to exercise its responsibility to deliver public housing for all Australians who need it, including the hundreds of thousands of Australians with severe and persistent mental illness who are facing economic and social exclusion.

Governments must continue to invest in public housing which provides a vital safety net for people priced out of the private market.

For this reason it is vital that the current practice of consulting with public housing tenants and offering them a choice about who they want their landlord to be continues. It is important that consumers and carers are afforded some choice and control over their housing options.

CONCLUSION

The Mental Health Council of Australia consults broadly with a range of stakeholders in the mental health sector, including consumers and carers. The inability to access affordable housing that meets people's needs is consistently raised as a leading issue of concern by and for people with lived experience of mental illness and their carers.

The Standing Committee will no doubt have received a significant volume of evidence demonstrating that housing affordability has declined in Australia over the past decade or more and that there is a need for all levels of Government to act urgently to address the issue as a national priority.

The appendix attached to this submission contains a number of facts and figures that will potentially be replicated in other submissions that are included here to illustrate the impact of declining housing affordability in Australia over the past decade and a half.

In a housing market characterised by high median weekly private rental prices (that have continued to increase above the rates of the Consumer and Wage Price Indexes), low vacancy rates and declining investment in public housing, people with lived experience of mental illness face increased disadvantage in seeking to access and maintain affordable, safe and stable accommodation.

As a group already facing disadvantage in seeking to access the housing market, people with lived experience of mental illness, particularly that which is severe and persistent are further disadvantaged in a housing market with these characteristics.

It is vital then that Governments at all levels use whatever levers are at their disposal to ensure that people with mental illness and psychosocial disability have access to affordable, safe and secure housing that meets their needs.

Access to affordable, safe, secure and stable housing is vital to health and wellbeing and taking action to address Australia's housing affordability crisis will make an important contribution to helping the Mental Health Council of Australia realise our vision for mentally healthy people and mentally healthy communities.

The Mental Health Council of Australia urges the Standing Committee to give due consideration to the issues raised in our submission and the recommendations we have put forward.

APPENDIX: EVIDENCE OF DECLINING HOUSING AFFORDABILITY

Housing represents a cornerstone in the lives of Australians. Housing is a human right and access to amenable, safe and secure housing is fundamental to good health, emotional and social wellbeing.

Yet there is a reasonable body of evidence that demonstrates that both access to and the provision of affordable housing has declined in Australia over the past two decades, despite nearly two decades of continuous economic growth.

While there has been a series of positive initiatives over the past five years, the provision of an adequate supply of affordable housing remains a significant economic and social policy challenge in Australia.

Between 2001 and 2011, national house prices increased 147%—up from a median price of \$169,000 to a median of \$417,500 and median rental prices increased by more than 120% to \$280¹⁴ per week, while the percentage increase in major cities was much higher.

By contrast, annual median disposable incomes for households increased by 57% over the same period—from \$36,000 in 2001 to \$57,000, put simply, housing affordability declined relative to income in Australia.

In the decade to 2012, both home purchase and median weekly private rental prices almost consistently increased well above both the Consumer and Wage Price indexes¹⁵.

This has led to an increase in the number of Australians in housing crisis (people in the bottom two income quintiles paying more than fifty percent of their net income on their mortgage or rent) and those in housing stress (in the bottom two quintiles and paying more than thirty percent of their net income on their rent or mortgage).

Compounding the problem, during the same periods as the costs of housing in the private market have escalated well above measures of inflation, the provision of public housing in Australia has also declined markedly over the past fifteen years. In 1996, public housing comprised 5.3% of total housing stock. By 2011 the proportion of Australian households living in public housing was less than 4%¹⁶. The proportion would have been even lower if not for the social housing initiative

¹⁴ Australian Bureau of Statistics, Census of Population and Housing 2011 – Key Indicators, Australia, Australian Government 2012.

¹⁵ Australian Bureau of Statistics, Census of Population and Housing 2011 – Key Indicators, Australia Government, 2012; National Housing Supply Council, 'Housing supply and affordability issues, 2012–13', 2013, p. 7.

¹⁶ Australian Institute of Health and Welfare, Housing Assistance in Australia 2013,

component of the economic stimulus package of measures introduced in an effort to sustain the construction sector in response to the global financial crisis.

In 2012, there were 402,516 social housing dwellings in Australia (including community housing and State Owned and Managed Indigenous Housing). In the same year, 224,876 applicants were languishing on social housing waiting lists, many of whom have been there in excess of a decade.

According to the National Housing Supply Council, the shortage of dwellings that are affordable and available to people in the bottom two income quintiles exceeded half a million in 2010¹⁷. This is projected to continue to increase over the next decade unless intervention occurs to alter the current demand and supply balance.

Included in this is a shortage of just under 100,000 social housing dwellings to meet the housing demand of so-called 'higher needs households' including people with lived experience of mental illness, people experiencing homelessness, people in housing crisis, single parents with children and in some cases people who fit all of the aforementioned categories.

At the pointiest end, data collected from Australia's specialist homelessness services indicates that the number of people supported and/or accommodated over the course of a year by the sector increased by more than 60% between 2002/03 and 2012/13¹⁸ from 151,400 people in 2002/03 to 244,176 people in 2012/13¹⁹.

While it is difficult to accurately measure the number of people who are experiencing homelessness on any given night, the Census remains Australia's most comprehensive enumeration tool. ABS data demonstrates that the number of people experiencing homelessness on Census night in Australia increased by 17% between 2006 and 2011, with 105,237 people lacking a safe and secure place to call home on the night that the last Census was conducted²⁰.

The Mental Health Council of Australia understands that there are a range of factors that are contributing to the housing affordability problem we are witnessing in Australia and that the problem has evolved over the past generation or so.

¹⁷ National Housing Supply Council, 'Housing Supply and Affordability – Key Indicators 2012', Australian Government, 2013, p.47. Atkinson, Rowland, Jacobs, Keith, 'Public Housing in Australia: Stigma, Home and Opportunity', Housing and Community Research Unit, University of Tasmania, 2008, p.4.

¹⁸ Australian Institute of Health and Welfare, 'Demand for SAAP Accommodation 2002/03', Australian Government, 2004, p.8;

¹⁹ Australian Institute of Health and Welfare, 'The Use of Government Funded Specialist Homelessness Services 2012/13', Australian Government, December 2013,

²⁰ Australian Bureau of Statistics, 'Census of Population and Housing 2011: Quick Stats', Australian Government 2012.

In our submission we decided not to propose solutions to overcoming issues exacerbating housing (un)affordability such as capacity constraints within our construction sector, land release and supply processes, land tax versus stamp duty debates or reforms that could be made to our taxation and transfer system to make access to the housing market fairer and more equitable.

These issues will be canvassed by bodies and individuals with greater expertise in this area.

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