



Mental Health Australia

National Housing and Homelessness Plan

Submission to the Australian Government Department of
Social Services consultation

20 October 2023

Mentally healthy people,
mentally healthy communities

mhaustralia.org

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Housing is a critical foundation for mental health

Mental Health Australia welcomes the Australian Government's development of a National Housing and Homelessness Plan (the Plan), to "help more Australians access safe and affordable housing".

Australia is in a housing crisis – it's impacting our mental health and people living with mental health conditions disproportionately experience housing instability.

Mental health and housing are inherently interlinked. While experience of mental health issues can mean someone is more likely to experience housing insecurity, experience of housing insecurity can make someone more likely to experience, or perpetuate, mental health issues.

In 2023, nearly half (45%) of a representative sample of people in Australia said that housing costs are having a big impact on their mental health.¹ People living in less secure housing are more likely to experience high levels of psychological distress.² People with a diagnosed mental health condition are 39% more likely to have had to move house over the last year (because of an eviction, relationship breakdown, property becoming unavailable etc.),³ and people who have experienced a diagnosed mental health condition are more than twice as likely to have experienced homelessness (25% compared to 10%).⁴

Appropriate housing is a critical foundation for people to recover and maintain mental health, and can prevent further deterioration of mental ill-health and reliance on other services.

Recognising this inter-relationship, and that an integrated response to mental health, housing insecurity and homelessness is most effective, **the Plan should include specific consideration of people with mental health conditions and psychosocial disability as a priority population.**

Mental Health Australia acknowledges the Australian Government's intention for the Plan to provide a shared vision – with short, medium and longer term reforms, and strategies for how all levels of government, the private sector and community sector can work together to better support people experiencing homelessness and housing insecurity. **This must include action across government portfolios to tackle the fundamental drivers of homelessness**, including income support deficiencies, family and domestic violence, and lack of social and affordable housing.

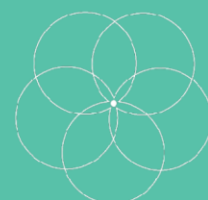
The Plan must be delivered with funding commitments and with clear roles and responsibilities. Governments must establish strong accountability mechanisms, including people with lived experience (including carers and family members) being involved in governance arrangements for delivery of the Plan, with clear and public tracking of progress and outcomes.

¹ Mental Health Australia and Ipsos, *Report to the Nation 2023*, <https://mhaustralia.org/report/2023-report-nation>

² ABS National Health Survey 2017-18, as cited in Productivity Commission *Mental Health* (2020), www.pc.gov.au/inquiries/completed/mental-health/report 969

³ Brackertz, N., Borrowman, L. (2020) *Trajectories: the interplay between mental health and housing pathways. Quantitative evidence on the relationship between mental health and housing*, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>.

⁴ Australian Bureau of Statistics (2016) *Mental health and experiences of homelessness*, <https://www.abs.gov.au/statistics/health/mental-health/mental-health-and-experiences-homelessness/latest-release>



Mental Health Australia is pleased to contribute the following specific responses to questions raised in the **Issues Paper**. Mental Health Australia's response is based on substantive research,⁵ previous consultations with members,⁶ and a specific consultation on the Plan with representatives from 24 service provider and lived experience organisations. . This response focuses on supports for people experiencing significant mental health challenges – as the area Mental Health Australia can best contribute and our members have extensive expertise, while also emphasising the importance of addressing all housing insecurity to support mental health.

About us

Mental Health Australia 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. As the independent peak, Mental Health Australia represents the full spectrum of mental health stakeholders and issues. Mental Health Australia's 133 members include national organisations representing people with lived experience of mental ill-health and carers, clinical service providers, professional bodies, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

Recommendations

- Adopt a holistic approach to preventing and responding to homelessness, recognising relational and contextual factors
- Improve coordination between housing and mental health systems
- Adopt a nationally consistent formal policy of 'no exits into homelessness' from institutional care, backed by increased transitional support and supply of social and affordable housing
- Close the gap in the availability of housing with integrated mental health support, by expanding existing models that have shown to be effective
- Ensure access to health services for people experiencing homelessness
- Boost mental health training for social housing workers
- Improve social housing policies to recognise the realities of mental ill-health
- Increase access to tenant support for people with mental ill-health in private rentals

⁵ Brackertz, N. (2021) Trajectories: the interplay between mental health and housing pathways. Policy priorities for better access to housing and mental health support for people with lived experience of mental ill health and housing insecurity, Australian Housing and Urban Research Institute Limited for Mental Health Australia and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>.

⁶ Mental Health Australia (2022) Housing and mental health position statement, <https://mhaustralia.org/general/mental-health-australia-position-statement-housing-and-mental-health>



Homelessness

Issues Paper questions:

2. What short, medium, and long-term actions can governments take to help prevent homelessness or to support people who may be at risk of becoming homeless?
3. How can the homelessness system more effectively respond to those at risk of, or already experiencing homelessness?
 - a. How can the homelessness system ensure those at risk of homelessness or in crisis receive appropriate support to avoid homelessness or so they are less likely to fall back into homelessness?
 - b. What actions can governments take to facilitate early intervention and preventative responses?

Adopt a holistic approach

Mental Health Australia members and people with lived experience of mental illness and homelessness emphasised that a holistic, relational approach to preventing and responding to homelessness is needed. This approach acknowledges the broader context and drivers of homelessness, and that anyone can experience homelessness – including families and children – not just single adults. The experience of mental ill-health and homelessness can often be preceded by relationship issues, including family and domestic violence, or relationship changes such as separation or divorce. Relationships are also what protects people from experiencing homelessness.

Better coordinate housing and mental health systems

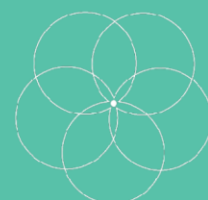
Continuity of care and coordination between supports is an essential component of early intervention and prevention. The separation between housing, homelessness and mental health systems contributes to poorer outcomes and perpetuation or risk of homelessness for people experiencing mental ill-health.⁷

These gaps are due to factors such as: government silos and lack of integration across the clinical, community mental health, housing and homelessness systems; crisis-driven and reactionary mental health and housing systems that do not adequately promote preventative support; a focus on time-limited, fee-paying support rather than ongoing support; expertise and workforce gaps; lack of flexibility in the system to consider the individual economic, social and health circumstances of people; and

Service silos within mental health and across portfolios (e.g. housing, justice, employment) remain a large barrier to the better coordination of services. Political commitment is needed to break through these silos.⁸

⁷ Brackertz, N., Wilkinson, A. and Davison, J. (2018) Housing, homelessness and mental health: towards systems change, AHURI Professional Services, Australian Housing and Urban Research Institute, Melbourne, <https://www.ahuri.edu.au/research/research-papers/housing-homelessness-and-mental-health-towards-systems-change>.

⁸ Consultation participant cited in Brackertz, N. (2021) *Trajectories: Policy priorities*



inpatient treatment and private psychology not providing continuity of care (where services often end abruptly, leading to premature discharge from care and a lack of follow-up support).⁹

While there are examples of service integration at the local level, there is a need for high level policies, guidelines and MOUs for service coordination, including joined up funding and agreed outcomes linked to KPIs. Implementation could be based on geographical areas, with collaboration between hospital networks and Primary Health Networks. At the service level, coordination needs to be properly resourced through dedicated staff time, platforms and systems that support sharing of data for planning purposes (e.g. vacancies, location of stock, client information), including addressing privacy and consent considerations.

There are also examples of degrees of system integration across different jurisdictions which should be learned from, including the 2011 Housing and Mental Health Agreement between NSW Health and NSW Department of Family and Community Services (now Department of Communities and Justice), and 2012 MOU between Housing SA and SA Health, Mental Health and Substance Abuse.

Mental Health Australia members noted that improved coordination between mental health and housing services is imperative, but must be built on a foundation of increased social and affordable housing supply – otherwise there is little to coordinate between.

Adopt a nationally consistent formal policy of ‘no exits into homelessness’ from institutional care, backed by increased transitional support and supply of social and affordable housing

Transitions from institutional care, such as hospitals, mental health institutions or prisons, are points at which people are at high risk of ‘falling through the cracks’ in the system and pose significant risks for mental health and housing security.¹⁰ People may become either stuck within the system; be discharged into homelessness; or lack adequate intensity and continuity of mental health supports, leading them to experience a relapse.

Research has found that people may be discharged from hospital into unstable housing and homelessness because of difficulties identifying people who are homeless or at risk of homelessness; constraints on hospital capacity and time pressures affecting discharge assessments, leading to patients being discharged too quickly; delays or lack of follow up after discharge; follow up only being possible if the consumer has been discharged to a stable address; difficulty accessing housing and community mental health services after discharge; and lack of coordination across sectors.¹¹

Addressing these issues requires a commitment to a nationally consistent formal policy of no exits into homelessness from institutional care. This will need to be backed by adequate availability of social housing and supported housing, and resourcing to develop and fulfil comprehensive mental health discharge plans.

There is scope to expand existing effective programs that provide housing support to people exiting institutions, such as those that provide time limited transitional housing, and programs that provide discharge planning and support. For example, the Transitional

⁹ Brackertz, N., Borrowman, L., Roggenbuck, C., Pollock, S. and Davis, E. (2020) Trajectories: the interplay between housing and mental health pathways. Final research report, AHURI Professional Services, Australian Housing and Urban Research Institute, Melbourne, <https://www.ahuri.edu.au/research/research-papers/trajectories-report>.

¹⁰ Brackertz et al. 2018

¹¹ Brackertz et al. 2018



Housing Team in Queensland was established to reduce homelessness amongst people with mental illness by providing housing and intensive living skills training support for people also receiving clinical case management. The program was found to significantly improve living conditions for participants and reduce the number of days in psychiatric inpatient care compared to a control group, more than offsetting the cost of delivery.¹² Similarly, a Royal Perth Hospital Homeless Team in Western Australia provides GP care, care coordination and discharge planning for patients experiencing homelessness, and the service provides a 9:1 return on investment.¹³

There are also effective models of community mental health organisations partnering with jurisdictional health services to support people with experience of mental health challenges exiting hospital to find stable accommodation. Models in WA and the ACT provide transitional housing for people with experience of mental health challenges likely to be discharged into homelessness or unstable accommodation, and support people to find longer term accommodation across private or community housing. Through our consultation process, providers noted the value of psychosocial supports and peer workers through these services to help people “get their life back on track” at a precarious time. For one provider, most clients they saw had been in some form of accommodation prior to entering hospital for mental health reasons, but were at risk of homelessness upon discharge because of breakdown in relationship with a partner, family or previous house mates.

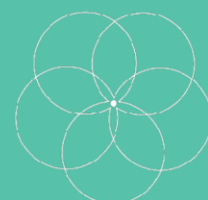
While these models have been very successful in preventing homelessness, providers also noted that outcomes depend on availability of suitable long-term accommodation. Mental Health Australia members are extremely concerned about people becoming ‘stuck’ in transitional housing, without appropriate long-term options.

Mental Health Australia calls for governments to commit to fulfilling the Productivity Commissions recommendation that: “As a priority, State and Territory Governments should, with support from the Australian Government, 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. People with mental illness who exit hospitals, correctional facilities or institutional care should receive a comprehensive mental health discharge plan and have ready access to transitional housing.”¹⁴ This should include expansion of transition support services already shown to be effective, and must be supported by increased supply of social and affordable housing.

¹² Siskind, D., Harris, M., Kisely, S., Siskind, V., Brogan, J., Pirkis, J., Crompton, D. and Whiteford, H. (2014) ‘A retrospective quasi-experimental study of a transitional housing program for patients with severe and persistent mental illness’, *Community Mental Health Journal*, vol. 50, no. 5, pp. 538–547

¹³ Gazey, A., Vallesi, S., Cumming, C. and Wood, L. (2018) *Royal Perth Hospital Homeless Team: A report on the first 18 months of operation*, School of Population and Global Health, UWA, <http://homelesshealthcare.org.au/wp-content/uploads/2018/07/Royal-Perth-Hospital-Homeless-Team-FINAL-report-June-2018.pdf>

¹⁴ Productivity Commission (2020), *Mental Health*, 966



Homelessness Services

Issues Paper questions:

2. What housing or dwelling models may need to be considered to provide appropriate options for people experiencing chronic and repeat homelessness?
3. What are the medium and longer-term steps that can be taken to ensure we have a more consistent and coordinated service system to support people who are experiencing or at risk of homelessness?
4. What are the best specific early intervention approaches to prevent someone becoming homeless?
5. In what areas of the homelessness service response are people who are experiencing or at risk of homelessness not getting the support they need?

Close the gap in the availability of housing with integrated mental health support, by expanding existing models that have shown to be effective

Integrated housing and mental health support has been found to be extremely effective in improving outcomes for participants and cost-efficient for government funders, however there is a significant shortfall in available services.

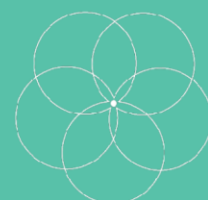
Supported housing models provide stable housing integrated with mental health supports for people experiencing severe mental ill-health and homelessness or housing instability. Evaluations have shown that supported housing models are effective in assisting people to recover from mental ill-health, sustain tenancies and decrease hospital usage, while also being cost effective to deliver.¹⁶

For example, the Housing and Accommodation Support Initiative Plus (HASI Plus) in NSW has been found to achieve positive outcomes for participants, reduce costly mental health hospital admissions, and support transition to more stable housing arrangements.¹⁷ HASI Plus integrates clinical and intensive psychosocial support that is available up to 16 or 24 hours per day, 7 days per week, with stable, community-based accommodation. Evaluation found consumers and families reported a range of positive experiences and overwhelming support for the housing component of the service model. Similarly, supported housing programs in other states and territories have also been found to promote sustained housing,

*We commonly have people in a cycle between hospital, the streets, short-term accommodation, prison, so round and round. We find some of the options—such as Elizabeth Street Common Ground, for example—those work really well for a lot of people. They provide the benefit of long-term accommodation and a reasonable level of support, plus a mental health service that can assist as well. We've had a number of people there that were in that cycle who have gone out of that cycle because of it. There are very few other options like that.*¹⁵

¹⁵ Service Provider cited in Brackertz, N. (2021) *Trajectories: Policy priorities*

¹⁶ Bruce et al. 2012; Meehan et al. 2010; SA Health 2013; Smith 2015; Parsell et al. 2016 as cited in Brackertz *Trajectories: Policy priorities* 2021, 11



improved mental health, decreased hospital usage and increased employment and training participation amongst participants.¹⁸ Research has shown provision of supported housing can be more than offset by savings in reduced use of other state government services, compared to service use when participants were homeless.¹⁹ Based on such health system savings, the Resolve Social Benefit Bond has been established as Australia's first mental health focused social impact investment. The program is designed to provide a residential service integrated with psychosocial, medical and mental health support; while providing a return to investors.²⁰

Despite the clear effectiveness and efficiency of housing programs integrated with mental health supports, current programs are falling far short of demand. The Productivity Commission found in 2017-18 there were only 4,600 supported housing places compared to estimated need for 14,000-17,000 – a gap of 9,000 to 12,500 places.²¹

The shortage in social housing is a key barrier to expansion of these programs, as many are delivered through social housing. As the Australian Government has recognised in the Plan Consultation Issues Paper, significant work is required to increase the range of social and affordable housing options for people in Australia. This is fundamental to improving access to housing and support for this particular cohort of people experiencing severe mental illness.

Some supported housing programs also rely on alternate models for access to housing, including private rental and headleasing. For example, the Doorway program funded by the Victorian Government supports people affected by mental ill-health, and who are homeless or at risk of homelessness, to access housing in the private rental market, as well as mental health recovery support and tenancy skill building. Evaluation of the program found the majority of participants achieved stable and secure private rental accommodation (often for the first time in their life), accompanied by significant mental health improvements and reduced used of other health services.²²

Evidence shows common elements across successful models, including effective mechanisms for coordination at the state and local levels, cross sector collaboration and partnerships, immediate access to housing (social housing or private rental), and integrated person centred support.²³

Some people living with severe and persistent mental illness need ongoing support. This may include long term housing, mental health care, tenancy support and/or support with daily living activities that is available 24/7. The Haven Foundation model is an example of this kind of specialist housing, which provides long term housing and associated psychosocial support. The model provides residents with their own self-contained apartment with private kitchen and bathroom facilities, located within a block of units that also offers shared communal facilities to provide spaces for social interaction. Onsite psychosocial support is also available 24/7, funded through participant's NDIS packages. Residents enter

¹⁸ Productivity Commission (2020), *Mental Health*, , 985

¹⁹ 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

²⁰ Social Ventures Australia (2023) *Resolve Social Benefit Bond*, <https://www.socialventures.com.au/work/resolve-sbb/>

²¹ Productivity Commission (2020), *Mental Health*, 986

²² Nous group (2014) *Doorway – Summative Evaluation – November 2013*, <https://nousgroup.com/wp-content/uploads/2018/02/Doorway-Summative-Evaluation-Report.pdf>
https://nousgroup.com/wp-content/uploads/2023-07/Housing_with_Support_NDIS_Review.pdf



into an open-ended lease with the foundation (cost is 25% of the Disability Support Pension plus 100% of Commonwealth Rental Assistance).

Evaluation of an initial Haven location found the initiative improved outcomes for residents including tenancy stability, social connectedness, a sense of belonging and hope for the future and contributed to managing mental health issues.²⁴ The average cost of Haven accommodation is \$100,000 per year per person, far below the annual recurrent cost of 24-hour staffed residential mental healthcare (\$210,000) and hospitals (\$510,000).²⁵ Expansion of these programs, already shown to be effective and efficient, must be a key action of the National Housing and Homelessness Plan.

While the National Disability Insurance Scheme also provides some accommodation support for people with disability with complex needs and housing needs, in practice, very few participants with psychosocial disability receive accommodation support through the NDIS and the funding model is almost incompatible with best-practice integrated mental health and housing supports.²⁶ Significant changes are required to improve equity and sustainability of NDIS Supported Independent Living.

Mental Health Australia also strongly supports the recommendations of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability that people with disability be included as a priority cohort in the National Housing and Homelessness Plan, as well as the specific actions the Royal Commission outlined to increase access to accessible housing.

Mental Health Australia members also pointed to the need for prevention – services that can provide support when someone first becomes unwell and prevent a spiral into homelessness. For example, a number of jurisdictions previously provided home based outreach or other psychosocial support services which facilitated access to suitable housing and mainstream community opportunities, as part of mental health recovery-oriented supports. Members emphasised that with broad eligibility criteria (eg. no mandatory requirement for people to be connected with clinical services) and flexibility in service models, these programs were able to provide early intervention support to prevent homelessness. However transition to the NDIS has fundamentally altered the landscape of community psychosocial services, and many of these programs are no longer available.

The Australian, State and Territory Governments are currently undertaking an unmet needs analysis to scope the gap in psychosocial supports outside the NDIS. In addressing this gap, governments must consider this crucial function of psychosocial supports in preventing homelessness.

²⁴ Lee, S., Giling, J., Kulur, B. and Duff, C. (2013) Exploring the impact of housing security on recovery in people with severe mental illness. Summary Report, The Haven Foundation, https://www.mindaustralia.org.au/sites/default/files/Exploring_the_impact_summary_report.pdf

²⁵ Productivity Commission (2020), *Mental Health*, 992

²⁶ Mind Australia, *Housing with Support: Submission to the NDIS Review* (2023), https://www.mindaustralia.org.au/sites/default/files/2023-07/Housing_with_Support_NDIS_Review.pdf



Ensure access to health services for people experiencing homelessness

People who have experienced chronic rough sleeping have a 30 year lower life expectancy than other Australians, and far higher rates of physical (78% vs 37%) and mental health conditions (44% vs 23%) compared to the general population.²⁷ Mental Health Australia supports the recommendations of the Australian Health, Housing and Homelessness Network for Development of a National Homelessness, Housing and Health Equity Policy, and establishment of ongoing dedicated block funding through Primary Health Networks to better address the urgent healthcare needs of people experiencing homelessness. Funding for existing programs should be incorporated with funding for new initiatives to better meet demand.

Social Housing

Issues Paper questions:

11. How can social housing providers better support people with complex needs (such as people with disability, people from culturally diverse backgrounds and people with mental health, alcohol and other drug issues)?

Boost mental health training for housing workers

Social housing workers have an important role to play in assisting people to maintain their tenancies, and frontline workers are often in a position to identify tenants experiencing difficulties, detect when a crisis may be emerging and link tenants with the right supports to assist them to sustain their tenancy. However, due to high workloads, a lack of understanding and knowledge, and a lack of resources, housing workers can struggle to identify, monitor and appropriately respond to tenancy issues among people with lived experience of mental ill health.

An expert group facilitated by AHURI, Mind and Mental Health Australia identified developing and delivering training to grow the capacity of housing workers to sustain the tenancies of people with lived experience of mental ill health as a key priority.²⁸ The group called for development and delivery of mental health training for front line workers and managers in order to increase their capability to identify and respond to potential housing issues among people with lived experience of mental ill health.

Mental health first aid training is insufficient – as well as covering how to identify and respond to early warning signs of mental ill-health, the training should include trauma informed care and practice, managing difficult behaviours and how to link tenants with other supports and care coordination to address both their mental health and housing issues. The training could be backed by online resources available to workers to enable them to respond

²⁷ Australian Alliance to End Homelessness (2020) *Leaving No-one Behind: A National Policy for Health Equity, Housing and Homelessness*, https://aaeh.org.au/assets/docs/20200120-POLICY-PROPOSAL_Leaving-no-one-Behind.pdf

²⁸ Brackertz, N. (2021) *Trajectories: Policy priorities*, 18



swiftly and appropriately. The training could be part of broader training to support housing workers to effectively support people from a range of priority groups, including people with alcohol and other drug misuse, people with disability, and First Nations, CALD and LGBTQIA+ tenants.

A pilot program involving training for social housing workers in Queensland showed that with increased awareness and understanding of mental health and suicide among workers, there were fewer incidences of tenancy problems, decreased use of emergency departments and improved mental health outcomes.²⁹

Mental Health Australia members also pointed to the barriers social housing workers face in providing further support for tenants experiencing mental health issues or other crises, given their high case loads. Beyond training, housing workers must also be equipped with time and clear referral pathways to provide specific support to tenants experiencing mental health issues, to sustain their tenancy. For example, the NSW Together Home program aims to support people sleeping rough into stable accommodation, linked to wrap around support. The program includes a high needs support tier, where Community Housing Providers can make a referral to the High Needs Assessment Panel for participants to receive a High Needs package. This provides a clear referral pathway and further resources to support participants with very complex needs.³⁰

Improve social housing policies to recognise the realities of mental ill-health

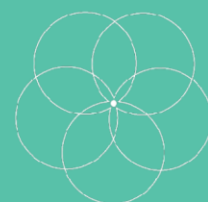
The Productivity Commission found that policies governing anti-social behaviour management and temporary absences can often be insensitive to the needs of people with mental illness, and that there is scope to improve social housing policies to better protect the housing of people with mental illness and reduce the likelihood of housing instability and eviction. As the Productivity Commission heard, people experiencing acute episodes may need to temporarily relocate to a mental health facility for intensive supports, but where housing policies do not allow longer absences, tenants may be evicted because of this absence to receive mental health care.³¹ This is entirely inappropriate and places individuals at further risk of escalating mental ill-health and homelessness.

The Productivity Commission recommended “State and territory social housing authorities should review their policies relating to anti-social behaviour, temporary absences and information sharing between institutional care facilities and housing authorities to provide consideration for people with mental illness, to reduce the risk of eviction. The review of anti-social behaviour policies should take into account the episodic nature of mental illness and ensure a fair balance between the needs of the tenant experiencing mental illness and the needs of other tenants sharing a housing facility.”³²

²⁹ Walter, Z., Parsell, C. and Cheshire, L. 2017, Evidence for the Mental Health Demonstration Project: A Mixed Methods Study, Report for the Department of Housing and Public Works, November, Institute for Social Science Research, University of Queensland, Brisbane

³⁰ NSW Government, Communities and Justice (2022) <https://www.facs.nsw.gov.au/housing/help/ways/are-you-homeless/together-home>

³¹ Productivity Commission (2020), *Mental Health*, 977



Housing costs, home ownership and the rental market in Australia

Issues Paper questions:

1. Are further wrap-around supports required to support vulnerable Australians in the private rental market to maintain their tenancies? Are there any examples of effective models that could be scaled up?

Increase tenant support for people with mental ill-health in private rentals

Tenancy support services can intervene early and help people retain their tenancy through providing information, advice, referrals, financial management assistance and advocacy. Tenancy support services have been shown to be effective in stabilising tenancies, and cost effective for government to provide.³³ However, these programs are not specifically designed to meet the needs of people with mental ill-health, and there is significant unmet demand, and tenancy services are often restricted to people in social housing, which excludes people in private rental accommodation.

The Productivity Commission found that in 2018-19, about 15% of people who tried to access services to assist them to maintain their housing had their need unmet, and about 5,500 people in this group experienced mental ill-health.³⁴ It is unclear how many of these people were living in social or private rental housing.

Further, as around 70% of mental health carers live with the person they care for, in many cases the housing outcomes of the carer and person they care for are intrinsically linked.³⁵ Allowing carers to also access tenancy support programs could then improve housing stability for both cohorts.

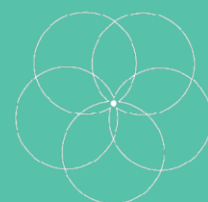
The Trajectories research recommended tenancy support programs should be developed with eligibility criteria around people's identified support needs, rather than the type of housing they live in, and recognise the variable capacity and care needs of people experiencing both episodic and enduring mental ill health. Some people with lived experience of mental ill health and housing insecurity can require ongoing and flexible support to sustain tenancies. Models that focus on care coordination integrated with housing, psychosocial and financial support are most likely to be successful, such as the previous Partners in Recovery program.³⁶ The intersection between housing support and community psychosocial services should be considered as part of governments response to the current unmet needs analysis.

³³ Zaretsky and Flatau 2015, as cited in Brackertz, N. (2021) *Trajectories: Policy priorities*, 16

³⁴ AIHW Specialist Homelessness Services Collection, as cited in Productivity Commission (2020), *Mental Health*, 981

³⁵ Carers NSW, as cited in Productivity Commission (2020), *Mental Health*, 981

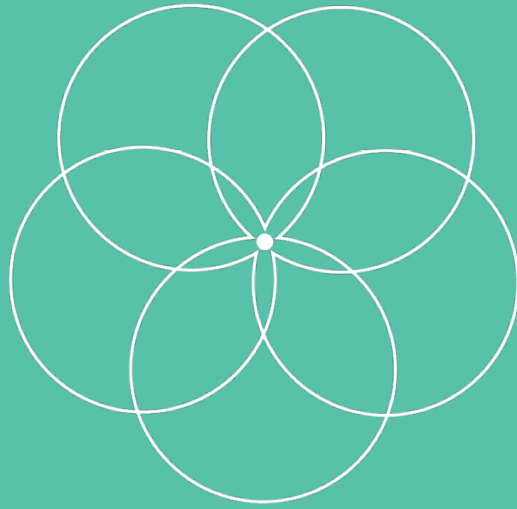
³⁶ See Mental Health Coordinating Council, *Partners in Recovery*, <https://mhcc.org.au/publication/partners-in-recovery/>



As the Productivity Commission recommended, “Each State and Territory Government, with support from the Australian Government, should ensure that tenants with mental illness who live in the private housing market have the same ready access to tenancy support services as those in social housing by meeting the unmet demand for these services.”³⁷

³⁷ Productivity Commission (2020), *Mental Health*, 983, Action 20.1





Mental Health Australia

Mentally healthy people,
mentally healthy communities

mhaustralia.org

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

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