



Mental illness, housing instability and homelessness often share much common ground. An understanding of the relationships between these experiences is essential if accommodation problems are to be tackled.

The relationship between mental health and homelessness¹

Results from a Commonwealth Government review show that homeless people appear to have a higher prevalence of severe mental illness than the wider population.²

Barriers to achieving and maintaining stable housing

People experiencing mental illness, particularly episodic mental illness, face a range of difficulties in maintaining stable housing. This in turn can have adverse effects on a person's mental health. These barriers are numerous and involve many different situations, such as:

Housing affordability

Housing payment problems can have significant effects on wellbeing.

Insecurity of tenure

Insecurity of tenure may cause significant stress and other health problems.

Housing conditions

Housing must be of an adequate quality, as various conditions and features within a dwelling can have significant negative impact on health and wellbeing.

Safety and security

Feelings of safety and security in a dwelling are also essential to maintaining mental health and wellbeing, and may be affected by fear of threats and crime, as well as exposure to and fears of violence, including domestic violence.

Location factors

A home's location can also affect a person's mental health.

Administrative barriers

Complexities of applying for public and private housing often create difficulties for applicants.

Behavioural and social issues

Some people with a mental illness may exhibit behaviours of symptoms when they are unwell that may threaten their housing stability.

Stigma and discrimination

This is a key factor affecting a person's ability to find housing.

What must be done?

1. A national homelessness strategy must recognise mental illness.
2. Increase access to mental health care.
3. Invest in innovative home-based programs.
4. Housing must be a mental health priority for COAG.
5. Treatment must be available in the community and at home.
6. Housing must be set aside for people with mental illness.
7. Community services must respond to issues of mental illness and homelessness.
8. Properly resourced and monitored discharge planning must be implemented.
9. Housing and mental health programs must be regularly evaluated.
10. Research must be a priority.

¹ Mental Health Council of Australia. (2009). *Home Truths: Mental health, housing and homelessness in Australia*. Canberra: MHCA Housing and Homelessness Working Group.

² St Vincent's Mental Health Service & Craze Lateral Solutions. (2005). *Homelessness and mental health linkages: Review of national and international literature*. Canberra: Author.

