

Safe and secure housing is essential for mental health recovery

- Secure, affordable and appropriate housing is key to mental health recovery and wellbeing, new AHURI research undertaken for the National Mental Health Commission has found.
- Poor integration between Australia's housing and mental health systems mean that people with lived experience of mental ill health often cannot access the housing and support they need.
- Systematic change is needed to increase the supply of affordable and appropriate housing, and to improve support and clinical services to help people access and sustain housing.
- Successful models that have delivered recovery oriented housing across Australia should be scaled up by governments ahead of investment in new pilot programs.

Secure, affordable and appropriate housing is key to mental health recovery and wellbeing, new AHURI research has found.

The report, ***Housing, homelessness and mental health: towards systems change***, was undertaken for the National Mental Health Commission by researchers from the Australian Housing and Urban Research Institute (AHURI). It examines the housing and mental health support systems in Australia and identifies the changes required to provide better housing and services for people with lived experience of mental ill-health.

'The number of Australians at risk of suffering an experience of mental ill health is huge, with around 45 per cent of Australians aged 16–85 years having a high prevalence mental health disorder, such as depression, anxiety, or a substance use disorder some time in their lifetime,' says lead author Dr Nicola Brackertz of AHURI. 'As a result, housing problems, including homelessness, for those experiencing a mental health issue are an important concern for governments and policy makers.'

Poor integration between the housing and mental health systems mean that people with lived experience of mental ill health often cannot access the housing and support they need. Too many people who exit mental health institutions and hospital settings do so into unstable housing and inconsistent supports. Indeed, a study analysing the characteristics of 2,388 people attending psychiatric clinics in inner Sydney homeless hostels found that the pathway to homelessness for 21 per cent of patients was discharge from psychiatric hospital. Other research has found that, at the time of discharge, approximately 42 per cent of surveyed psychiatric inpatients didn't recall discussing accommodation options with staff and 8 per cent reported that they had not been given any help and had nowhere to live in discharge.

Although post-hospital follow up of patients by a hospital discharge liaison officer is now common practice in Australia, in many cases there remain significant delays between discharge and follow up. Furthermore, follow up may only be possible if the consumer has been discharged to a fixed address rather than to the street. Having a home address is also a common prerequisite for a person to be able to access a community mental health service provision upon discharge.

The report has identified that systematic change is needed to increase the supply of affordable and appropriate housing, and to improve support and clinical services to help people access and sustain housing.

There are successful models that deliver recovery oriented housing, including the Housing and Accommodation Support Initiative (HASI) in NSW, which provides accommodation support and rehabilitation; the Victorian State Government initiative Doorway, which provides integrated housing and recover support designed to assist people with lived experience of persistent mental ill-health who are at risk of, or experiencing homelessness; and the Queensland Housing and Support Program (HASP).

'Our report proposes that, rather than investing in further demonstration and pilot programs, it is now appropriate to institutionalise what is known to work and scale up existing programs to meet demand. The evidence doesn't suggest that there is one particular program approach that is suitable for all circumstances or consumers, rather there are issues unique to each state or territory that may be more effectively addressed through small-scale, locally implemented programs,' says Dr Brackertz.

The report can be downloaded from the AHURI website at

<https://www.ahuri.edu.au/research/research-papers/housing-homelessness-and-mental-health-towards-systems-change>

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