Trajectories: the interplay between housing and mental health pathways

Final research report - Executive summary

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Available at https://www.ahuri.edu.au/research/trajectories

Executive summary

Mind Australia in collaboration with the Australian Housing and Urban Research Institute (AHURI) have conducted a national study, *Trajectories: the interplay between mental health and housing pathways*, to develop a clearer understanding of the housing and mental health pathways of people with lived experience of mental ill-health. The research project aimed to identify typical housing and mental health pathways, the intersection of these pathways, and potential points of intervention.

This report presents the final analysis and findings of the Trajectories research project, which consisted of four streams of investigation:

- an evidence review of academic and grey literature

- a quantitative analysis of the Household, Income and Labour Dynamics in Australia (HILDA) Survey and the Journeys Home: Longitudinal Study of Factors Affecting Housing Stability (JH) datasets in Australia

- interviews and focus groups with carers and people with lived experience of mental ill-health

- focus groups with housing and mental health service providers.

Trajectories is a companion project to the recent AHURI research commissioned by the National Mental Health Commission (NMHC), which examined the issues and policy levers required to provide more and better housing for people with lived experience of mental ill-health (Brackertz, Wilkinson et al. 2018).

Key findings

Housing is the foundation for mental health recovery

Safe, secure, appropriate and affordable housing is critical for recovery from mental ill-health and for being able to access appropriate support services. Yet, there is a shortage of appropriate housing options for people with lived experience of mental ill-health. Key issues are: decreasing housing affordability, social housing shortages, and a lack of supported housing. The housing, homelessness and mental health policy systems are crisis-driven and are not well integrated, which means that many people struggle to access the supports they need when they need them.

Mental health, housing and homelessness are interrelated

The quantitative analysis showed that poor and deteriorating mental health directly impact housing stability (as measured by forced moves and financial hardship). People who experienced severe psychological distress had an 89 per cent increased likelihood of financial hardship in the following year and a 96 per cent increased likelihood of financial hardship within two years. People with a diagnosed mental health condition had a 39 per cent increased likelihood of experiencing a forced move within one year. Most people within the general population experienced only relatively short periods of mental ill-health: 66 per cent recovered within a year and 89 per cent recovered within three years.

Mediating factors can reduce the likelihood of housing instability

The quantitative analysis showed that mediating factors, such as social support, good general health, and accessing mental health and other health services, can reduce the likelihood of housing instability and shorten the length of time a person experiences mental ill-health. Conversely, an absence of mediating factors and experience of negative life events can amplify the relationship between housing instability and mental ill-health.

People who had deteriorating mental health (to the point where they experienced symptoms of anxiety, depression and mental distress) and who did not access health services were 58 per cent more likely to experience a forced move within the next two years, and were 35 per cent more likely to experience financial hardship within one year.

Social support reduced the likelihood that a person would experience deteriorating mental health to the point where a they had symptoms by 33 per cent.

Non-linear trajectories for recovery

Housing and mental health policies use 'ideal pathways' to conceptualise how people travel through systems. Contrary to the ideal social housing pathway circumscribed by policy, actual social housing pathways are rarely linear and are shaped primarily by eligibility criteria, a need to ration social housing and target it to those most in need, and the way in which social housing policies are operationalised. Similarly, mental health policies do not accurately reflect the real-life trajectories of many people with mental ill-health. Rather, people experience non-linear trajectories.

The research identified five overarching trajectories: excluded from help required, stuck without adequate support, cycling, stabilising, and well supported.

- The **excluded from help required trajectory** is characterised by a lack of access to housing or mental health care. People may be excluded from housing and mental health care because: they do not meet eligibility criteria; they lack financial resources; housing and supports are not available, inappropriate or difficult to access; the system is crisis-driven, fragmented and difficult to navigate.

- People on the **stuck without adequate support trajectory** are trapped in inappropriate housing, institutions or services due to a lack of options, choice and/or long-term pathways.

- The **cycling trajectory** is marked by a downward spiral in which people enter into and drop out of supports repeatedly, which

progressively erodes their resources. Cycling is due to: inadequate transitions between services and different parts of the system; lack of clarity about which services or parts of the system are responsible for providing support; the episodic nature of mental ill-health; lack of continuity; and the preponderance of short-term supports.

- People on the **stabilising trajectory** have access to secure, safe, appropriate and affordable housing, ongoing mental health support, help to facilitate meaningful social connections, and financial stability, which allow them to focus on recovery and rebuild their lives.

- People on the **well supported trajectory** have the type of housing and level of care that aligns with their individual capacity and needs, and which allows them to develop their independence and achieve their ambitions beyond housing and mental health.

Policy implications

The stabilising and well supported trajectories demonstrate the elements that need to be supported by policy to enable people to get well and stay well.

- **Access to safe, secure, affordable and appropriate housing** that allows for control of space; is in safe neighbourhoods with meaningful social support and connections (close to family and friends, good relationships with neighbours); and provides access to public transport, services, and opportunities for work, volunteering or study.

- **Connection to a trusted worker** with whom a respectful ongoing relationship can be established–someone who has the skills to assist in navigating services and who can provide advocacy and support when challenges arise.

- **Support coordination, and assistance and advocacy to navigate the system.**

- **Access to psychosocial support** to help with day-to-day tasks; maintaining tenancies, relationships and health; establishing and maintaining a routine; and undertaking meaningful activities.

- **Financial security,** either through employment or the Disability Support Pension (DSP).

- **Holistic support that meets the level of need.** The quantitative analysis offers strong evidence of the importance of holistic approaches that integrate housing and mental health support with social support, healthcare and financial support, and effective early intervention (i.e. mediating factors).

- **Timely access to support** when needed.

- **Trauma counselling** to enable people to better deal with the ongoing effects of trauma.

- **Culturally appropriate services.**[1]

The well supported trajectory evidences the elements of policies that would enable people to remain well and focus on aspects of their lives beyond housing and mental health recovery. There is no one specific outcome that classifies as 'well supported'; rather, a well supported trajectory aligns with a person's individual capacity and their needs in terms of housing and mental health. It means that a person has the necessary support to develop their independence and achieve their ambitions.

Housing that facilitates a well supported trajectory is affordable, safe and secure, and appropriate to the person's needs. This could be home ownership or social housing, or it could be living with family or carers where this is sustainable, appropriate and safe and there is support for the carer. Mental health support needs to be appropriate to the person's level of need and offer choice and flexibility to 'step up' or 'step down' as their needs change.

Key elements of being well supported are as follows.

- **Ability to navigate the system**, whether independently, with low-level support, with informal support (in a way that does not negatively affect relationships in the long term), or with long-term support. Consumers know what services are available and how to access them, and supports are continuously available to the person.

- **Feeling empowered to self-advocate to services**, to engage with the community as equals, to complain if there has been injustice, and to take risks.

- **Being financially secure**, able to pay rent and bills, and feeling in control of finances. Consumers have enough financial support to socialise and for recreation. They feel comfortable that they could survive financially even if they experienced a long period of ill-health.

- **Having appropriate, secure, safe and affordable housing** in the right location. Tenure is secure, regardless of how long a consumer may be absent from their tenancy due to mental health related issues (such as hospitalisation).

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[1] A separate report details the findings from the research project's consultations with Indigenous participants and will be available in mid-2020 from https://www.ahuri.edu.au/research/trajectories.

- **Participating in meaningful activities**, such as volunteering, employment or social activities, which provides a feeling that there is structure and purpose in life. Consumers have adequate formal support to maintain existing social relationships and build on them if needed.
- **Having an ongoing and appropriate level of support** that meets basic needs at a level to maintain wellness in the long term and having access to crisis support if needed.
- **Ability to focus on things beyond housing and mental health**–for example, returning to the workforce, studying, volunteering, or rebuilding relationships with friends or family.

The findings suggest that to be effective, policy responses must address housing and mental health issues, as well as mediating factors, and highlight the importance of holistic person–centred approaches that offer support coordination.

Further research is currently underway to develop viable policy options based on the research findings and it is expected that these will be available in mid-2020. All *Trajectories* research reports are available at http://www.ahuri.edu.au/research/trajectories.

Mind acknowledges that Aboriginal and Torres Strait Islander peoples are the Traditional Custodians of the lands on which we work and we pay our respects to Elders past, present and emerging. We recognise the intergenerational impact of the history of invasion, dispossession and colonisation and are committed to the recognition, respect, inclusion and wellbeing of Australia's First Peoples.

Mind values the experience and contribution of people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds. We are committed to inclusion for all our clients, families and carers, employees and volunteers.

A culture
of inclusion
for all.

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