

# Cycles of homelessness

PEOPLE WITH A MENTAL ILLNESS CAN EXPERIENCE CYCLES OR ITERATIONS OF HOMELESSNESS WHERE THEY MOVE CHAOTICALLY THROUGH VARIOUS FORMS OF TENUOUS HOUSING AND PERIODS OF LIVING ON THE STREET. THEY DO NOT UNDERGO A STEADY PATHWAY OR CAREER FROM A MORE STABLE TO A LESS STABLE HOUSING SITUATION.

## KEY POINTS

- People with mental disorders who are homeless experience wide-ranging disadvantage. Not only do these people lack accommodation but they are also likely to have limited education, poor general health and extremely low income.
- The term *iterative homelessness* best describes the experience of people who experience unstable, and often unsafe, housing characterised by constant movement through many different forms of accommodation.
- Many participants in the study commenced or resumed an iteration of homelessness after a period of imprisonment or after leaving hospital, where they were being treated for their mental illness.
- Traumatic experiences such as domestic violence, relationship breakdown, deaths of friends and family members, incest, abuse, assault and accidents, are often repeated throughout the life courses of homeless people with a mental illness, and have severe and negative impacts on their mental health management and housing status.
- Any attempt to respond to the needs and vulnerabilities of people with a mental illness who experience iterative homelessness must consider addressing underlying issues of trauma as well as the development of targeted supported accommodation options.

*Based on research by Catherine Robinson, AHURI UNSW-UWS Research Centre.*

*The researcher used interviews and surveys with homeless people who reported they had a mental illness to gain an understanding of their experience of homelessness.*

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## BACKGROUND

It is believed that one in five Australians suffer a significant mental illness. Australians with mental disorders may constitute up to three quarters of the homeless population in some areas. So why do some people with a mental illness become homeless? Why are some people with a mental illness trapped in cycles of iterative or repeated homelessness, moving from one form of inadequate accommodation to the next?

This bulletin outlines some of the key connections between the experiences of mental illness and iterative homelessness.

## FINDINGS

### COMPOUNDED DISADVANTAGE

Participants in the study had low education levels, general health problems and mental health issues which underpinned a high unemployment rate and widespread need for income support. Some three quarters of survey respondents had a weekly income of less than \$228 and close to 55% received a Disability Support Pension. There was also a high rate of Hepatitis C infection. Insufficient finances were nominated by 44% of participants as the main barrier to stable accommodation.

### DEINSTITUTIONALISATION

**Prison:** Just under half of those surveyed (46%) had been in prison or juvenile detention, with 27% of these people re-offending once or more within three years. Of all participants, 60% of men and 26% of women had been imprisoned. Only half of these people said they received help with their mental health while in prison. Of those who had been in prison, 62% said that towards the end of their sentence, prison staff did not discuss their post-release housing options with them. At the completion of their last sentence, 20% went straight onto the streets at discharge, and were most likely to move to inner-city areas.

**Hospital:** A common theme in discussions of mental health care by participants was the perception of a systematic incapacity to give clients

the care and support needed to maintain more stable health. Accommodation and support service staff were seen to offer the most support for mental health issues. Sixty-five per cent of participants had been admitted to hospital because of their mental health and 38% had experienced more than one stay in hospital. Fifty-two per cent said that towards the end of their last stay in hospital, hospital staff did not talk to them about where they were going to be staying. After their last stay in hospital, 13% of participants went straight onto the streets, with most moving to inner-city areas.

### FLUCTUATING MENTAL HEALTH: VULNERABILITY, RESILIENCE AND CHAOS

Schizophrenia, depression and major or manic depression were reported as the most common diagnosed mental disorders. Needing someone to talk to at length about their mental health, feeling isolated and stigmatised, and feeling as though they could not settle in any one place, were all key issues for study participants.

### PARTICIPANTS' HOUSING EXPERIENCES WERE DIRECTLY AFFECTED BY FLUCTUATING MENTAL HEALTH

At times, people were able to work, care for children, and maintain the daily running of their household. At other times, people were debilitated by their illness, hospitalised, or were putting themselves at extreme risk through drug or alcohol use and self-harm. This vulnerability, and the associated loss of jobs, loss of accommodation, loss of children into care, or relationship breakdown, for example, could result in inadequate management of a mental illness and/or trigger periods of poor health.

Financially, emotionally and physically, fluctuating mental health made participants vulnerable to eviction, stand over tactics, abuse and assault. The chaos of the combination of extreme disadvantage and poor mental health was compounded in many people's lives by a range of survival strategies, such as transience, self-harm, drug and alcohol abuse – which in turn reinforced participants' entrapment in contexts of extreme risk.

## TRAUMA

Data collected on the five most recent periods of accommodation revealed that more women (48%) than men (11%) cited physical or sexual abuse or assault as a reason for leaving accommodation. In the fuller 'accommodation biographies' taken during the in-depth interviews, sexual abuse or assault was highlighted more clearly as an often-repeated experience. Further, in both surveys and in-depth interviews, extraordinary experiences of self-harm, overdose, suicide attempts, extreme violence, theft, rape, domestic violence, and abuse and assault (perpetrated by family members and also by strangers, neighbours, landlords, partners and friends) marked most participants' lives and had immediate and long term negative impacts on homelessness iterations and mental health.

## ACCOMMODATION HISTORIES: TRANSIENCE AND THE SEARCH FOR A POINT OF STABILITY

More than two thirds of respondents said that the last time they were housed, it was for less than six months. These data also show a pattern of movement from regional areas towards inner-city areas.

Also important in both surveys and in-depth interviews were the points of 'stability' identified by participants. These were generally connected with particular support and accommodation services that provided consistent support and/or medium-long term accommodation. Fundamental to the stability experienced was the holistic care and support offered by staff. This care was provided within a framework which aimed at: developing relationships with clients; addressing the core traumatic experiences that often underpinned poor mental health and tenancy breakdowns; and at clients' development of positive and appropriate coping mechanisms.

## METHODOLOGY AND CAVEATS

Working closely with staff in accommodation and support services for homeless men and women, fieldwork teams surveyed 185 people with a mental

illness and carried out 28 in-depth interviews focusing on more detailed individual accommodation biographies. Fieldwork took place during 2002 in both Sydney and Brisbane and included men (60%) and women (40%) aged from 14 to 63. The surveys and interviews focused on identifying the range of issues faced by homeless people with a mental illness, the supports people had, the different forms of accommodation they moved through, the positives and negatives of particular places, the reasons for leaving accommodation, and the main barriers perceived to stand in the way of more stable accommodation.

This research focused on a particularly vulnerable group of people with a mental illness who were already experiencing an iteration of homelessness and does not suggest that everyone with a mental illness will become homeless. Many people with a mental illness or psychiatric disability are able to achieve and sustain the tenancy of their choice, according to findings detailed in another AHURI research report: *Linkages between housing and support – what is important from the perspective of people living with a mental illness*.

## POLICY IMPLICATIONS

The research demonstrated that there is an important dimension to homelessness that is often ignored in favour of more static definitions of the concept. Iterations of homelessness were shown to be triggered by the repetition of traumatic experiences and the general chaos that was found to characterise the lives of this particular group of people with a mental illness.

Stable accommodation alone will not 'fix' the issue of iterative homelessness for those with a mental illness, as many participants in this study indicated that they had maintained secure accommodation in the past. A whole of government approach is needed to develop a linked system of accommodation, support, and mental health care with the capacity to form ongoing, case-based relationships with clients, and to respond to the destructive experiences layered under presenting disadvantage and distress.

## **FURTHER INFORMATION**

This bulletin is based on AHURI project 70072 *Understanding iterative homelessness – the case of people with a mental illness*. Reports from this project can be found on the AHURI website ([www.ahuri.edu.au](http://www.ahuri.edu.au)) by typing the project number into the search function. The following reports are available online.

- Positioning Paper
- Final Report

Project 50102 *Linkages between housing and support: what is important from the perspective of people with a mental illness*, is also available on the AHURI website

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