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Leaving rehab: enhancing transitions into stable housing

From the AHURI Inquiry: Inquiry into enhancing the coordination of housing supports for individuals leaving institutional settings

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Executive summary

- This report outlines policy and practice recommendations for enhancing the coordination of housing, health and social care supports for individuals leaving residential treatment for mental health or substance use problems.

- In contexts of growing service complexity and fragmentation, discharge and transition planning arrangements are becoming more complex and uncertain across the housing, mental health and substance use treatment sectors.

- Admission to psychiatric inpatient care and/or enrolment in residential treatment for substance use problems, typically involves significant risks of housing insecurity, particularly for individuals with unstable housing histories.

- There is considerable variation in the ways housing issues are managed within mental health and substance use treatment services in New South Wales and Victoria, and significant discrepancies in the quality of support offered to those in care.

- We identified important instances of 'best practice' along with opportunities for significant improvements to the management of housing insecurity among individuals undertaking mental health and/or substance use treatment.

- There is scope for enhanced discharge planning arrangements in psychiatric inpatient settings that focus on the provision of tailored housing supports for vulnerable individuals, particularly those with histories of multiple admissions.

- There is scope for enhanced focus on housing transitions in 'after-care' and 'exit' planning in residential substance use treatment settings. This planning ought to commence at admission for individuals identified at risk of housing insecurity.

This project responds to the Inquiry question: 'What are the most effective ways of tailoring and delivering housing supports for individuals exiting institutional settings?'. The project focusses on individuals leaving residential treatment for mental health and/or substance use problems within a sample of institutional settings in either Victoria or New South Wales. Our goals are to identify models of best practice in discharge and transition planning, and to propose strategies for enhancing coordination between residential treatment providers and key social and housing support services to mitigate the risk of homelessness for individuals leaving these settings. On the basis of our investigations, this report features innovative recommendations for improving service coordination and enhancing transition planning across residential treatment settings.

The study: aims, design and methods

The project employed a mixed methods study design to investigate our key research questions. This involved secondary analysis of linked administrative data collected in Victoria, and original qualitative research conducted in New South Wales and Victoria among samples of service providers and individuals with lived experience of residential treatment for either mental health and/or substance use disorders. Our formal research questions were as follows:

- **RQ1:** What models of best practice may be derived from the available literature to enhance transition planning and service integration for individuals leaving residential treatment?

- **RQ2:** How does residential treatment affect individual housing careers over time?

- **RQ3:** How can post-exit support packages be tailored and delivered to individuals leaving residential treatment who are most at risk of homelessness?

- **RQ4:** How effective is existing service integration between housing and other sectors in transition planning and post-exit support for individuals leaving residential treatment? What opportunities exist for service improvement and enhanced coordination?

Extending the analysis of linked administrative data conducted by the Inquiry Program, this report details the findings of our analysis of a linked administrative dataset maintained by the then Victorian Department of Health and Human Service (DHHS). Access to this dataset enabled analysis at person-level of service use patterns of a cohort of individuals across health and mental health services, family and justice services, and housing services, the latter viewed through housing applications and tenancy information from the Speciality Homeless Information Platform.

The analysis of this data (presented in Chapter 2) explores the complexity of pathways into and out of treatment, and how service contacts mediate housing outcomes over time. By analysing service use patterns following treatment exits we have been able to clarify risk factors for housing instability for different cohorts, along with policy recommendations to reduce these risks.

Subsequent chapters detail the findings of reviews of the international research and policy literature designed to identify models of best practice in care coordination (Chapter 1), along with thematic analysis of interviews and focus groups with service providers and recent service users conducted in Victoria and New South Wales (Chapters 3–5). Our qualitative research offers significant new insights into effective models of post-exit support and discharge planning for individuals leaving residential settings for mental health and/or substance use disorders. This research has enabled us to identify and analyse: key barriers to successful reintegration into stable housing; relevant risk and protective factors mediating pathways into stable housing; and the role of formal service supports and informal social and family supports in retaining housing.

Key research findings

Failure to adequately plan for and support safe transitions from residential treatment into secure and affordable housing can have catastrophic consequences for individuals leaving care, with strong impacts on their housing security, their health and wellbeing, and their economic and social participation in the community. By canvassing options for improving discharge and transition planning in mental health and substance use treatment settings across New South Wales and Victoria, this report identifies significant opportunities to reform transition planning to enhance housing security and support the health and wellbeing of individuals leaving these settings.

Our research provides strong endorsement of the 'housing first' model as a guide to enhance the coordination and integration of diverse housing, health and social care supports for individuals transitioning out of residential treatment settings for mental health and/or substance use problems. 'Housing readiness' approaches provide supported housing arrangements according to a so-called 'staircase' model based on assessments of an individual's capacity (or 'readiness') to maintain stable housing. In contrast, 'housing first' emphasises the centrality of stable housing for individuals living with complex and persistent mental health and/or substance use problems.

In the latter approach, there are no behavioural or treatment prerequisites that must be met before an individual is provided with suitable and appropriate accommodation. Despite these differences, each approach provides key insights into the most effective support practices and services models to support enhanced discharge and transition planning for individuals exiting complex care settings. Both approaches suggest that housing is an indispensable condition of effective 'post-exit' care across the provision of mental health and substance use treatment and support.

Our linked data analysis, along with qualitative data collected via interviews with service providers working in mental health care and/or substance use treatment settings, and individuals with recent experiences of these settings, highlights points of interception where care coordination can be significantly improved. Focussing attention and effort at these points can improve health and housing outcomes for individuals accessing services, while reducing costs. Linked data analysis indicates a strong correlation between the volume and frequency of service useage across mental health and substance use treatment settings and the risk of housing insecurity among diverse service user cohorts. This finding is consistent with national and international research, which has consistently found that frequency and volume of service useage, particularly for mental health, housing and/or substance use services, strongly predicts housing insecurity over the lifecourse.

Equally, our linked data analysis confirms that service transitions have a significant impact on housing trajectories, particularly for younger individuals with complex health, housing and social care needs. This relationship is bi-directional in that frequency of service contact is obviously an indication of service demand and the complexity of individual's health care needs. Yet it is also the case that service contacts, particularly service experiences that involve periods of residential treatment (for example in mental health and/or substance use treatment settings) can themselves disrupt individual's housing arrangements. For example, periods of residential care may disrupt what were formerly relatively stable housing arrangements, such as when individuals enter residential treatment from private rental accommodation. On the other hand, individuals may decide, perhaps as a result of their treatment, that they wish to alter their housing arrangements post treatment, for example in favor of other accommodation in a different location.

In further exploring the effects of service contact on housing trajectories, our qualitative research has revealed inconsistent and sometimes ineffective discharge planning arrangements between diverse mental health and/or substance use treatment providers across Victoria and New South Wales. Housing, mental health and substance use treatment sectors in both New South Wales and Victoria *remain largely separate service systems with little formal integration* and coordination. There is significant scope, therefore, to enhance the integration of housing, mental health and/or substance use treatment services, along with other health and social care supports as needed, through more formal and systemic organisational and governance arrangements.

Poor integration and a lack of coordination result in significant unmet demand across each sector resulting in higher rates of inpatient care, increased need for substance use treatment services, and greater pressure on specialist housing support services following an individual's discharge from care. Indeed, individuals entering and exiting mental health and/or substance use treatment settings typically have complex ongoing health and social care needs, requiring significant 'post-care' coordination between diverse health and social care providers. However, we discovered a significant gap between how care and service coordination is supposed to work in practice and what is commonly experienced by individuals exiting institutional spaces. Certainly, we identified instances of best practice in service delivery, but also many instances of poor transition planning.

Our findings suggest grounds for enhancing the design of post-exit support packages in order to more effectively meet the health and social care needs of individuals exiting institutional settings. Transition packages ought to be designed and delivered on the basis of what they enable an individual to do in their everyday life following their exit from care. Transitional services and supports ought to be tailored to individual needs in relation to *material infrastructures* such as housing, employment, education and finances, *social infrastructures* including community integration and belonging, and *affective infrastructures* such as intimate and social relationships, identity, social inclusion and hopes for the future. Furnishing the infrastructures central to the experience of a 'liveable life' ought to be the key focus of transition planning for individuals exiting mental health or substance use treatment settings, taking in their formal and informal housing, health and social care needs. Such a focus shifts the design of transition planning beyond the immediate goals of a specific organisation to emphasise an individual's unique support needs.

Policy development options and recommendations

Our research makes a compelling case for the more formal integration of specialist housing services into both inpatient psychiatric and substance use treatment settings, given the significant risks of housing insecurity that many individuals experience in these settings, including all too common experiences of homelessness. There are several instances of good practice to guide these efforts, including examples derived from innovative housing and social justice programs like 'Journeys to Social Inclusion' and 'Green Light' in Victoria, and the Housing and Accommodation Support Initiative (HASI) in New South Wales.

These programs clearly indicate the benefits of more formal integration of housing, health and social supports, demonstrating that long-term stable housing can be sustained for individuals regardless of the complexity of their health, housing and social support needs. In this respect, we already have clear models of effective care coordination and successful service integration to guide the provision of stable housing for all Australians. The task now is to scale up these endeavours to ensure that all Australians who need such support receive it, regardless of their circumstances. Equally critical is the need to increase funding support for the provision of new social housing to guarantee access to safe and secure housing for all Australians who require it.

Our analysis also suggests a series of site-specific policy development and service design recommendations for the delivery of more effective transition planning supports for individuals leaving mental health and/or substance use treatment settings in New South Wales or Victoria.

In particular, we would recommend urgent attention to the more effective integration of housing supports within the delivery of mental health care, particularly in inpatient psychiatric settings, and within the delivery of community-based substance use treatment, particularly residential services.

We discovered significant discrepancies in the delivery of community-based mental health services, and considerable strain upon psychiatric services in hospital settings, particularly in Melbourne and Sydney's largest hospitals. We also identified significant gaps and problems in the integration of housing supports into mental health care, despite the obvious need for such coordination, particularly among more vulnerable cohorts. A similar picture emerges in our analysis of substance use treatment services, with similarly patchwork mixes of public and private care provision, and a great diversity of treatment models and pathways. Here too, the formal integration of housing supports into the delivery of substance use treatment services is mixed.

On the basis of analysis presented in this report, we identify the following key policy issues:

- Housing affordability, social housing shortages and lack of supported housing remain key challenges for individuals experiencing mental health and/or substance use challenges.

- Housing/homelessness, mental health and substance use treatment remain separate service systems across New South Wales and Victoria with only partial integration and coordination.

- Within these systems, there is significant unmet demand for housing support, as well as resource gaps and constraints on coordination between health and social care systems.

- Housing transition supports ought to be integrated more effectively into discharge planning in psychiatric inpatient care for individuals at risk of (or already experiencing) housing insecurity.

- There is scope to enhance the role of allied health staff and external community service providers in care conferencing and coordination in psychiatric inpatient care to improve the integration of housing support for individuals at risk of (or experiencing) housing insecurity.

- Individuals exiting mental health and/or substance use treatment services express strong preferences for greater choice and control over their housing transitions 'post-care'.

Addressing these outstanding policy and service design challenges will require significant service reforms. In particular, widespread emphasis across the mental health and substance use treatment sectors on bureaucratic and administrative processes over and above an individual's care needs must be reversed. All discharge planning must begin from the point of view of the individual in care in more 'person-centred' approaches to care coordination and service delivery.

Of added importance is the need to ensure that mental health, substance use treatment and specialised housing supports are more formally integrated through service and system design innovations. At a practical level, this could include the introduction of novel housing assessment tools to guide admissions and care-planning protocols in both psychiatric inpatient settings and residential substance use treatment. Improved screening and assessment protocols are a critical means of ensuring that individuals in need of housing support are identified at admission in these settings. Such assessments may then inform the design of tailored discharge planning arrangements in psychiatric inpatient settings, and more effective 'after care' and transition supports for individuals leaving residential treatment to more effectively support their housing needs. Peer workers and lived experience advisory groups working within housing, mental health and/or substance use treatment spaces are a significant source of knowledge and expertise that could be drawn on in the development of enhanced screening and assessment instruments.

The formal integration of housing assessments into screening protocols in each sector will enable formal assessment of individual's existing housing status including their housing preferences upon discharge, along with their risk of housing insecurity. Representatives of specialised housing services ought to be formally integrated into discharge planning processes in each service sector to reduce experiences of housing insecurity and homelessness for individuals following discharge from mental health and/or substance use treatment settings.

Within psychiatric inpatient settings, housing representatives could work more closely with clinical and allied health teams (particularly social workers) to enhance discharge and transition planning. Within residential substance use treatment settings, housing supports ought to be more formally integrated into transition planning from the point of intake. Our findings suggest that assertive case management is an effective means of supporting vulnerable individuals with complex care needs to access and maintain stable housing, while also reducing costs in the longer term.

Our research also has important implications for the organisation of social care services and supports—for example, in terms of work design issues, leadership and governance approaches, role descriptions and task allocations—across and between specialist housing services, mental health and substance use treatment services in Australia. Successive waves of policy reform involving changes to funding arrangements, policy priorities, performance indicators, work design matters and organisational structures within and across the broad community health and social care sector have had enormous impacts on the everyday work of delivering care in specialist housing services, mental health and substance use treatment services in Victoria and New South Wales. Unquestionably, the service system landscape is becoming more complex, more diffuse and fragmented, more competitive and more focussed on delivering short-term outcomes for vulnerable individuals. As a result, service pathways are becoming more complex with significant impacts on individual care 'trajectories' within and across specialist housing services, mental health and substance use treatment services in Victoria and New South Wales. Finding ways to assist vulnerable individuals to navigate these complex systems of care, perhaps via expanded support and 'way-finding' roles for peer workers in each sector, are strongly recommended.