POLICY EVIDENCE SUMMARY July 2021

Connecting housing, health and social supports for people leaving rehab

Based on AHURI Final Report No. 359: Leaving rehab: enhancing transitions into stable housing

What this research is about

This research presents policy and practice recommendations to enhance the coordination of housing, health and social care supports for individuals leaving residential treatment for mental health or substance use problems.

The context of this research

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.

Being admitted to psychiatric inpatient care or enrolment in residential treatment for substance use problems typically involves a significant risk of housing insecurity. More than three-quarters of Australians who exit residential treatment return to treatment at least once in their lifetime.

Roughly 260,250 Australians underwent a mental health-related hospital separation for one or more nights in 2017–2018, with 63.6 per cent of these admissions involving specialised psychiatric care. Mental health-related hospitalisations are increasing, with a 3.5 per cent increase per year in the five years to 2017–2018.

The key 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.

This research strongly endorses the 'housing first' model, which emphasises the centrality of stable housing, 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.

> "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"

Impacts on younger people leaving mental health treatment

People who experience contact with a support service, particularly younger individuals with complex health, housing and social care needs, tend also to experience disrupted housing trajectories. This relationship is bidirectional, in that frequency of service contact is 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 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.

In Victoria, young people with a mental health issue use services at a much higher rate than the comparable population. Those with a mental health issue have more than seven times the rate of hospital admissions compared to all Victorians aged 15–24 (140.5 admissions per 100 person year (PY) as compared to 18.6 admissions per 100 PYs); have more than six times the rate of emergency department presentations (163.0 presentations per 100 PYs as compared to 26.4 per 100 PYs); and are much more likely to use alcohol and drug treatment (26.9 per 100 PYs as compared to 1.8 per 100 PYs). Similarly, 13.3 per cent of those in the mental health cohort accessed homelessness services in the same time period, compared with 1.8 per cent of young Victorians.

In the 30 days after leaving hospital, 18 per cent of individuals with a mental health admission were re-admitted into hospital, with mental health the most common reason (9%). After 12 months, over half (55%) the cohort had been re-admitted to hospital with over a quarter of the cohort (29%) admitted for a mental health reason. After 4 years from their reference event, over three-quarters (78%) had been re-admitted to hospital. Mental health reasons were the most common reason for readmission (42%), but a substantial minority of people were also readmitted for self-harm and alcohol/drugs issues (28%).

Indigenous Australians had higher proportions of service access in almost all service use types, apart from mental health-related hospitalisations, outpatient clinical mental health services and youth justice custodial services.

> "In Victoria, young people with a mental health issue use services at a much higher rate than the comparable population."

Young people accessing affordable housing

Critical access to social housing is difficult for young people with experiences of health and social problems. They appear to be insufficiently profitable for Community Housing Providers to support given issues of income insecurity (lower Centrelink payment rates etc). At the same time, public housing may be unattractive given how it tends to lock young people into a particular public housing tenancy in a particular location, when they may prefer to be more geographically mobile. For this reason, it may be worth considering a more portable type of housing assistance for young people along the lines of a targeted Housing First style model.

Income support is also an issue, with many young people unlikely to be eligible for a disability support pension (DSP) unless they are assessed as having severe needs, so many young people are left with very low levels of income support if they can't work.

There is a strong need for enhanced supports for individuals with experience of multiple hospitalisations. Frequency of hospitalisations is strongly linked to later contact with specialist homelessness services. This typically follows from the disruptions to individual housing arrangements associated with periods of either voluntary or involuntary inpatient admissions to psychiatric care. This can happen for example when an individual enters hospital from private rental accommodation, which is then placed at risk if an individual stays in hospital for longer than anticipated.

> "it may be worth considering a more portable type of housing assistance for young people"

Enhanced housing assistance is required to sustain individual rental arrangements, for example, by subsidising rent payments for the duration of an individual's hospitalisation. There is scope to draw on Commonwealth housing and rental assistance support in these instances, or to access discretionary funding available at the psychiatric ward level (for example through brokerage funding available either through the Inpatient Unit Planning for Priority Discharge fund and/or the Psychiatric Illness and Intellectual Disabilities Donations Trust Fund) to support private rental payments to ensure individuals may be discharged to their existing rental accommodation without risk of eviction.

There is also value in adapting existing intake and admissions processes to include better screening instruments to assess levels of housing insecurity in individuals being admitted to inpatient settings who may be at risk of housing insecurity upon discharge. Individuals identified at risk of housing insecurity could then be referred to specialist housing services.

Access to support services

In the last decade, reforms to the delivery of housing and social support services around the country have typically emphasised the need for more carefully targeted services with strict eligibility criteria, often in carefully designated 'catchment areas'. As a result, increased service specialisation and diversification, combined with growing geographical fragmentation, have become hallmarks of housing, health and social care service responses across the country. Of particular relevance, housing support services in Victoria and New South Wales have become increasingly complex in recent decades, with greater service specialisation involving more targeted policy supports, typically calibrated to address the needs of increasingly diverse groups. As such they have become more complex, more specialised and almost inevitably more difficult to navigate for vulnerable individuals.

Service providers discussed the enduring impacts of service system silos, and the subsequent lack of coordination between services. For individuals with the most complex needs, effective coordination between different service sectors was thought to be critical to their recovery experiences, though most service providers indicated that instances of effective service integration and coordination were highly variable at best.

Ultimately, care coordination depends on strong local relationships of trust and reciprocity, grounded in established relationships, where the client's needs were central to all service planning. Participants often emphasised how effective service coordination typically requires informal 'work-arounds', creative solutions, negotiation and compromise. Finding ways to 'work the system', to make what have become highly rigid and bureaucratised service systems work for clients, have become critical 'on the job' skills for the coordination of effective and enduring health, housing and social outcomes for disadvantage clients.

Understanding lived experiences

Most service users described complex histories of insecure housing, with regular changes of accommodation and multiple points of contact with housing support and service providers in diverse geographical settings. On this basis, housing insecurity is experienced first and foremost as an existential condition of doubt, fear, insecurity and vulnerability that tends to pervade all aspects of daily life, compounding effects on one's physical and mental health, one's capacity to maintain stable employment, to cultivate lasting friendships and to plan for the future. Respondents emphasised how rising housing costs, and increasingly tight private rental markets and long waiting lists for social housing, affect vulnerable individuals on fixed incomes.

A key theme in interviews with service providers and service users was the absolute centrality of safe, stable and secure housing for mental health and wellbeing. For individuals with an experience of mental illness or distress, safe and secure housing was seen as an indispensable condition for recovery.

"There is also value in adapting existing intake and admissions processes to include better screening instruments to assess levels of housing insecurity in individuals"

Discharge planning

There are 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 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. Ideally, discharge planning provides an opportunity for clinical and allied health professionals to liaise with community health and housing service providers to address a patient's housing needs.

Appropriate housing situations

The issue of appropriate housing support for individuals leaving residential treatment was a strong focus, with many service users noting how attending residential drug or alcohol treatment was motivated by the desire to find some 'respite' from housing situations that they regarded as either unsafe or overly 'enabling' of their continuing substance use.

Given that while some people's housing might be secure (insofar as they have security of tenure), this does not necessarily make their housing 'safe' or appropriate in terms of their health or recovery (e.g. living close by to other drug users). Service users often indicated how these nuances were overlooked in care planning and transition discussions, where their existing housing was treated as 'good enough' despite misgivings about aspects of this housing (such as who they lived with, or who might live nearby).

What this research means for policy makers

The research identifies the following key policy issues:

- Housing affordability, social housing shortages and lack of supported housing remain key 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 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'.

Methodology

This research reviewed relevant international literature and administrative data and conducted interviews with service providers and individuals with lived experience of residential treatment in Victoria and New South Wales.

To cite the AHURI research, please refer to:

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