



ADVOCACY BRIEF

MENTAL HEALTH AND HOMELESSNESS

Background

Mental health and homelessness are strongly associated. There has consistently been a significantly higher rate of homeless people with mental health issues than the rate of mental illness among the general population. The number of homeless people with a current mental health issue is highest for 15–17-year-olds, followed by 18–24-year-olds.¹ Many of these are young people exiting the foster care/ child protection system at 18.² People with lived experience of mental ill health are also known to be more vulnerable to homelessness than other people in the community.

For many people experiencing mental health issues, achieving or maintaining stable homes can prove difficult, and they can easily find themselves in unstable housing or even homelessness. They are at risk of homelessness due to uncoordinated service systems; poor support networks, social isolation and high levels of stigmatisation both within the service system and in the community. They may also be subject to other common risk factors, such as domestic violence, alcohol and other drug use and unemployment.

Aboriginal and Torres Strait Islander people are over represented in the homeless population. They make up 3 per cent of the Australian population, yet the rate of homeless people with a mental health issue is more than 7 times as high for Aboriginal and Torres Strait Islander people than non-Indigenous Australians.³ The Northern Territory has the highest homelessness rate in the country.

Homelessness can also be a cause of mental ill-health. The bottom line is that people who are homeless or vulnerable to homelessness face many obstacles to participating in their communities and this can significantly impact on their health and wellbeing. Every night more than 116,427 people in Australia are homeless.⁴ The extent of the problem is hidden by the fact that most homeless people do not “sleep rough” (on the streets). They stay with relatives and friends until they wear out their welcome, or sleep in short-term and crisis accommodation, caravan parks, boarding houses and even cars. People who are homeless include men, women and children and are from all age groups and cultural backgrounds.

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Key Points

- Article 11 of the International Covenant on Economic, Social and Cultural Rights, to which Australia is a party, recognises the right of all people to adequate housing and commits state parties to take appropriate steps to ensure the realisation of that right.⁵ A stable, affordable and safe place to call home is a fundamental and essential human right. This includes the right of individuals to have a choice over where they live and to have their individual cultural



and social needs respected.

- It is widely recognised that 'safe, secure, appropriate and affordable housing allows people to focus their attention on mental health recovery and can improve mental health by facilitating independence, social relationships and networks.'⁶ Recovery requires a person to have a sense of self-direction, autonomy, independence and control of their own lives and resources. Essential to this is a stable, affordable and safe place to call home. Homelessness or rough sleeping undermines this fundamental principle and compromises recovery.
- Researchers Brackertz, Wilkinson & Davison's have pointed out that for Aboriginal and Torres Strait Islander people 'homelessness is not necessarily defined as a lack of accommodation. It can be defined as losing one's sense of control over or legitimacy in the place where one lives or an inability to access appropriate housing that caters to an individual's particular social and cultural needs.'⁷ This is something that could equally be applied to all people who are cycling through homelessness, especially those with mental health conditions who often feel marginalised and disempowered.
- Discharge from psychiatric facilities presents a significant risk for homelessness as does exit from prison (many of whom have a mental ill-health and deal with increased stigma). Many people present at homelessness services after leaving these institutions, despite the self-stated intention of most facilities not to discharge into homelessness. This further emphasises the lack of available, affordable, safe and appropriate housing for people with lived experience of mental ill health.
- People with lived experience of mental ill health are often assisted with housing by families/ carers who are unfunded or subsidised by government to do so. Families/ carers are therefore positioned as an unfunded back up system, in many cases stepping in - despite their own issues and situations - to provide the housing support that the official government funded system cannot provide.
- Co-occurring conditions may increase the likelihood of someone having unstable housing and needing long term housing support needs. It also increases the likelihood of becoming homeless.
- Lack of sustained community supports for people experiencing mental health issues places further strain –financially, emotionally and psychologically – on families/ carers and can result in relationship breakdown and isolation; which further increases the risk of homelessness.
- There is good evidence for many existing supported housing programs, including Housing First which 'is a philosophy of support provision based on the notion that secure and appropriate housing is fundamental to recovery and should be provided unconditionally to consumers.'⁸ However, these have limited capacity, or are pilot projects with time limited funding. There is a need to consolidate what works rather than delivering one-off projects and pilots. This includes greater provision of culturally appropriate services, urban, regional and remote, that support people to access and maintain their choice of where to live.



Recommendations

- Housing and mental health services need to work together to close the policy divide. Policy integration of housing and mental health will provide improved outcomes for our vulnerable populations.
- It is critical to ensure that no-one is discharged from hospitals, custodial care, or other mental health facilities into homelessness. This can be supported by the provision of more programs that support the timely transition to safe housing when exiting these facilities. In most cases the decision is made to discharge someone based on availability even where this is unsuitable – for example to a boarding house.
- There is a need to consolidate what works to support people to access housing which provides for unique cultural and social needs.
- Creative and innovative solutions to homelessness will assist in addressing the needs of people with mental health issues and must be supported. The input of consumers and families/ carers is essential to the process of developing solutions that meet their needs.

References

- ¹ AIHW (Australian Institute of Health and Welfare) (2019), [Specialist homelessness services annual report 2017–18](https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialist-homelessness-services), Canberra: AIHW, <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialist-homelessness-services>
- ² Jessica White & Noelle Hudson (2016), How do we identify and address barriers faced by young people leaving care? Ask them, *Parity*, Volume 29, Issue 1, (February), pp. 9–10, <https://create.org.au/wp-content/uploads/2017/03/WhiteHudson2016.pdf>
- ³ AIHW (Australian Institute of Health and Welfare) (2019), Op. cit.
- ⁴ Backpack bed for homeless, https://backpackbed.org/au/facts-about-homelessness?gclid=CjwKCAjwxev3BRBBEiwAiB_PWlcXEnpdSLO8mi8_z8hHjnbWwRrK6BL1fIClwwO0mjNcbtFWiMUC4BoCg-EQAvD_BwE
- ⁵ United Nations, Office of the High Commissioner for Human Rights, *International Covenant on Economic, Social and Cultural Rights*. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966, entry into force 3 January 1976, in accordance with article 27, <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>
- ⁶ Nicola Brackertz, Alex Wilkinson & Jim Davison (2018), *Housing, homelessness and mental health: towards systems change*, AHURI for the National Mental Health Commission, p. 11, https://www.ahuri.edu.au/_data/assets/pdf_file/0023/29381/Housing-homelessness-and-mental-health-towards-systems-change.pdf.
- ⁷ Nicola Brackertz, Alex Wilkinson & Jim Davison (2018), *Ibid.*, p. vii.
- ⁸ Nicola Brackertz, Alex Wilkinson & Jim Davison (2018), *Ibid.*, p. 21.

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