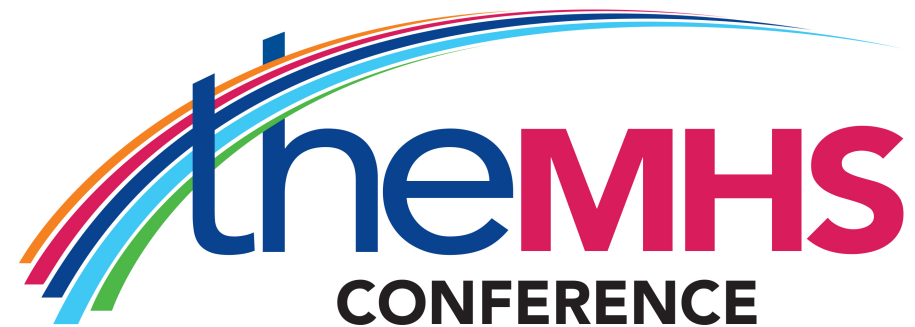




# Unpacking Solutions to the Challenge of Obtaining and Sustaining Housing for People Experiencing Mental Ill-Health

Adele Beasley   Priscilla Ennals   Beth Fogerty  
Shane Jakupec



# Housing, homelessness and mental health: can feel like a grim picture



Rental affordability  
Australia August 2020  
(with jobseeker/jobkeeper supplements)  
**1%** of houses affordable

Predicted to be **0%** in Dec 2020  
Or **13/77,000 listings** are affordable

But there are some good things happening.....



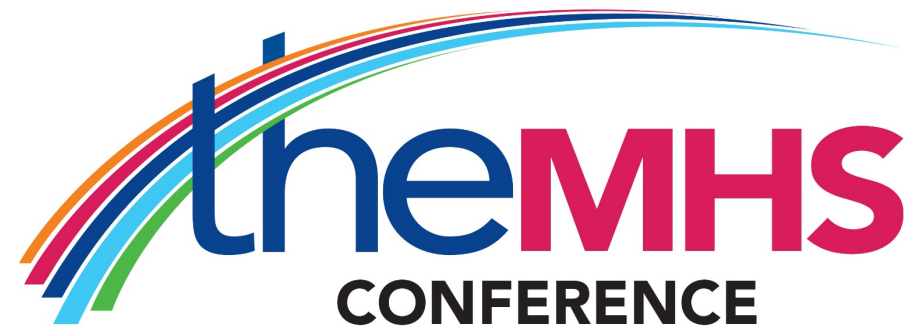
## Symposium structure:

1. the interplay between mental health and housing
2. things that are working
  - Better understanding street homelessness
  - Private rental solutions
  - NDIS and housing
  - Housing and support
3. panel discussion and audience questions
  - what is working and what do we want to see more of?

# Unpacking Solutions to the Challenge of Obtaining and Sustaining Housing for People Experiencing Mental Ill-Health

## **Trajectories: The interplay between mental health and housing pathways**

Adele Beasley, Mind Australia Manager Policy and Campaigns



## Trajectories research aims

- A multi-year research project aimed to develop an applied understanding of:
  - the housing and mental health pathways of people with lived experience of mental health issues,
  - the interaction of these pathways, and
  - potential points of intervention

<https://www.ahuri.edu.au/housing/trajectories>



## Research program overview

- **Evidence review:** Australian and international data
- **Quantitative analysis** of data from HILDA and Journeys Home datasets (RMIT/AHURI)
- Eight **service provider focus groups**, one in each state and territory capital, with participants from the mental health and housing sectors (AHURI)
- **Community interviews** with 130 consumers, families and carers across Australia (Mind)
- Synthesis of findings across all research streams
- Final report launched on 19 February 2020
- **Policy development paper to be launched**



## Overall findings

1. Housing is the foundation for mental health recovery.
2. Mental health, housing and homelessness are interrelated.
3. Mediating factors can reduce the likelihood of housing instability.
4. Non-linear trajectories for recovery



# Data analysis

Analysis of HILDA data show that poor and deteriorating mental health directly impact housing stability:

- People experiencing severe psychological distress have an 89 per cent increased likelihood of experiencing financial hardship in the following year
- People with a diagnosed mental health condition have a 39 per cent increased likelihood of a forced move within one year
- Financial hardship in the past 12 and 24 months elevates the likelihood that a person will experience deteriorating mental health



# Non-linear trajectories for recovery

1

## Excluded from help required

Characterised by a lack of access to housing or mental health care.



## Stuck without adequate support

Trapped in inappropriate housing, institutions or services due to lack of options, choice, and/or long-term pathways.

2

3

## Cycling

This trajectory is marked by a downward spiral in which people enter into and drop out of supports repeatedly, which progressively erodes their resources.



## Stabilising

Access to secure, safe, appropriate and affordable housing, ongoing mental health support, help to facilitate meaningful social connections, and financial stability.

4

5

## Well supported

People on this trajectory have the type of housing and level of care that aligns with their individual capacity and needs.



## 1. Excluded

*I've lived out of a suitcase for seven years. I just want somewhere where I can unpack and not have to pack back up again. (c)*

*Public housing has said to me 'Come back when you're homeless. We can't help you.'  
That's their rule. (c)*

*People have to get to a point of being very unwell, where they can go to a hospital for admission, to get any care. That's a really scary situation, particularly for our support workers, because they can't get the support to prevent [people] becoming acute. (sp)*

## 2. Stuck

*It's like, beggars can't be choosers (c)*

*[Psychologists and psychiatrists always ask] 'Have you been taking your medication? Have you been on this medication? Try this medication. Try this one. Try this one.' I'm just, like, it's not what I want, it's not what I need. I need coping mechanisms, I need you to teach me how to deal with it without medication. (c)*

*System navigation is time-consuming work. Traditionally, it was the realm of social work. They were trained in that particular skillset, but the system is changing so rapidly at the moment that it's a big investment for an organisation to have tenancy officers or skilled staff that can keep abreast of the massive changes that are occurring in terms of who's providing what in what area, what pilot program. (sp)*

### 3. Cycling

*You've had this place, at the time, over three months, and they've got other people to come in there. Then you're going to be homeless. Just extra stress: 'Oh God, I've got something else to worry about.'* (c)

*Three days later they [the inpatient unit] threw him out on the street without telling us or giving us any information. [He had] no shoes. He walked all the way back to this flat he was living in, on the other side of Perth, and had bleeding feet. They didn't follow him up, which is against the law; so we were apologised to in the end.* (carer)

*The constant churn of people going into housing, not sustaining their tenancy, becoming homeless, back in. The constant churning because the services aren't there for long enough in order to help people build capacity and to be able to sustain their tenancy, which takes a lot of time.* (sp)

## 4. Stabilising

*It was a new house, that's the house I felt more comfortable in. That's when I resigned myself to my illness. I stopped hiding it from myself. (c)*

*Housing was the biggest issue for DHS to [let me] have the kids back. Having secure housing has meant that I have had them returned. (c)*

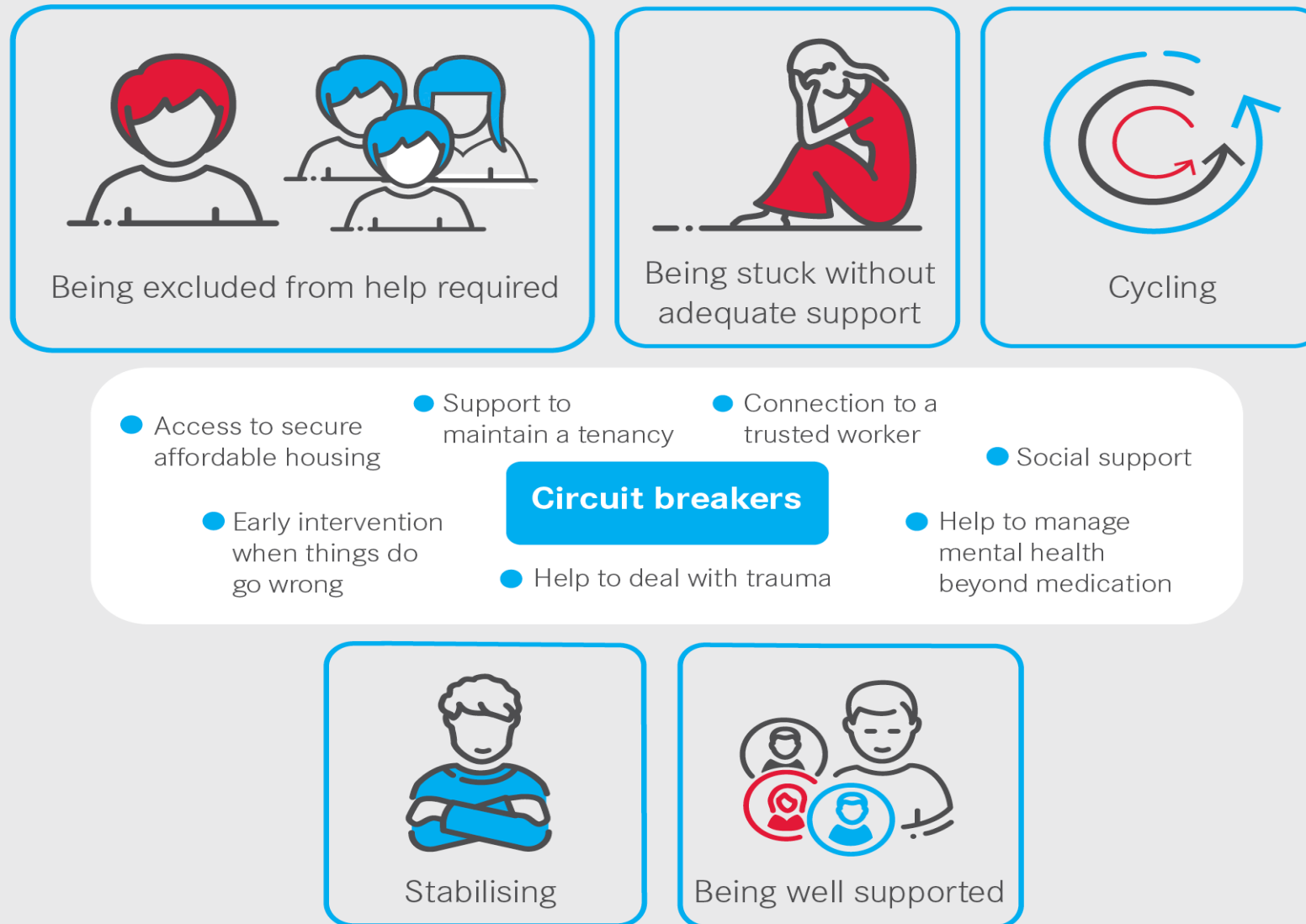
*Recovery is a non-linear process. It's a process of two steps forward, one step back. But to my clients, I describe recovery as living the best life you possibly can despite what your issues are. (sp)*

## 5. Well-supported

*As I've gotten older, because I had schizophrenia, where they've placed me now and the support program they have around, I'm finding life a bit more enjoyable. I have the doctors, my depo. I have the housing. I have counselling (c)*

*There is no perfect journey or path [...] Knowing or having knowledge of what to do and how to do it is all part of the pathway of getting the system to work for each person. Often, the individual's past experiences of the system pose a challenge that can be hard to overcome. Sometimes past experiences of the system have been traumatic. Many individuals harbour doubt and many have strong feelings of anxiety and guilt. It is important to recognise that the pathway is not what we think is viable or relevant, but is based on the individual's circumstances, their perspective and what they can cope with at a specific point in time, and/or what has priority or is relevant, despite any apparent or existing urgencies. (sp, paraphrased)*

Figure 3: Trajectories and circuit breakers



# Summary

Mental health, housing and homelessness are interrelated, and related to financial security

Mediating factors can reduce the likelihood of housing instability and shorten duration of mental ill-health

Non-linear pathways for recovery

A meaningful home is the foundation for mental health recovery

It is solvable!





# Street homelessness: better understanding what is happening and getting people housed

## Building momentum across Australia

Australian Alliance to End  
Homelessness (AAEH)

<https://aaeh.org.au>

Brisbane

Adelaide

Sydney

Perth

Melbourne

Regional cities +++

## Advance to Zero approach: Principles

Collective impact

Person-centred – know people by name and need

ByName List

No wrong door

Transparent monitoring and tracking of progress

public dashboard

Housing First

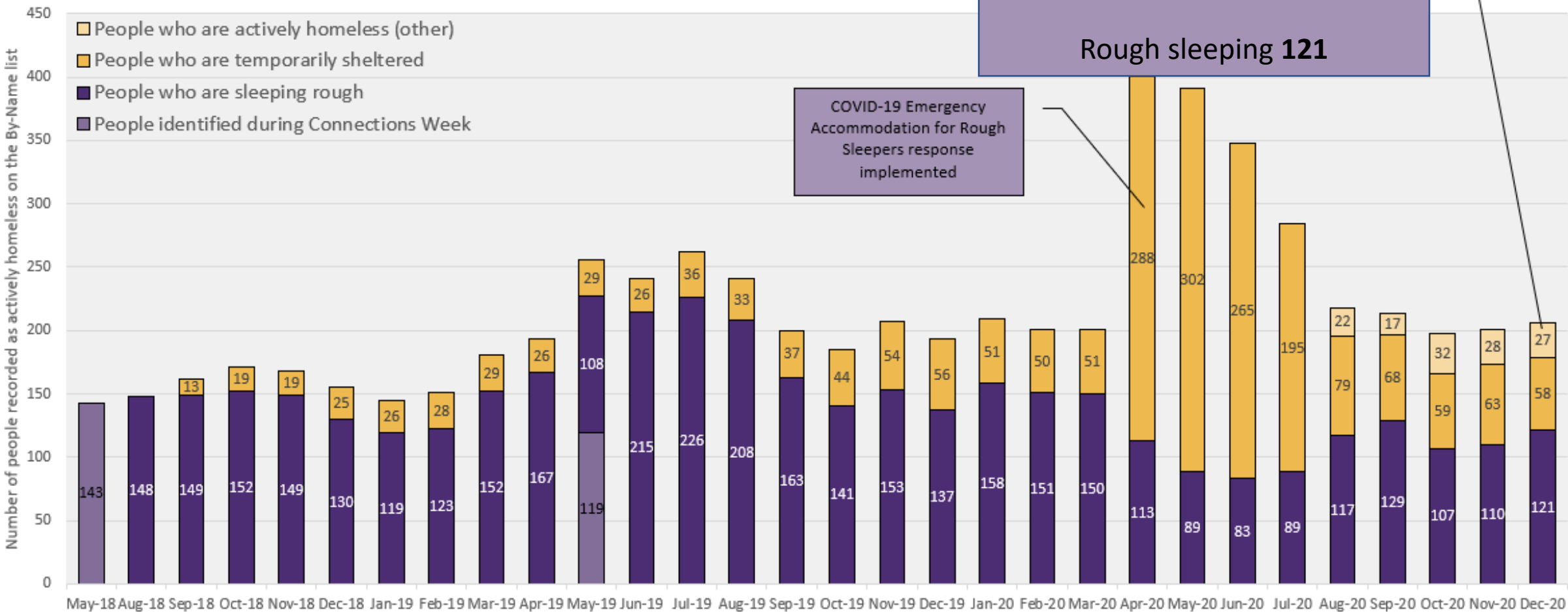
Continuous improvement

# Learnings from Adelaide

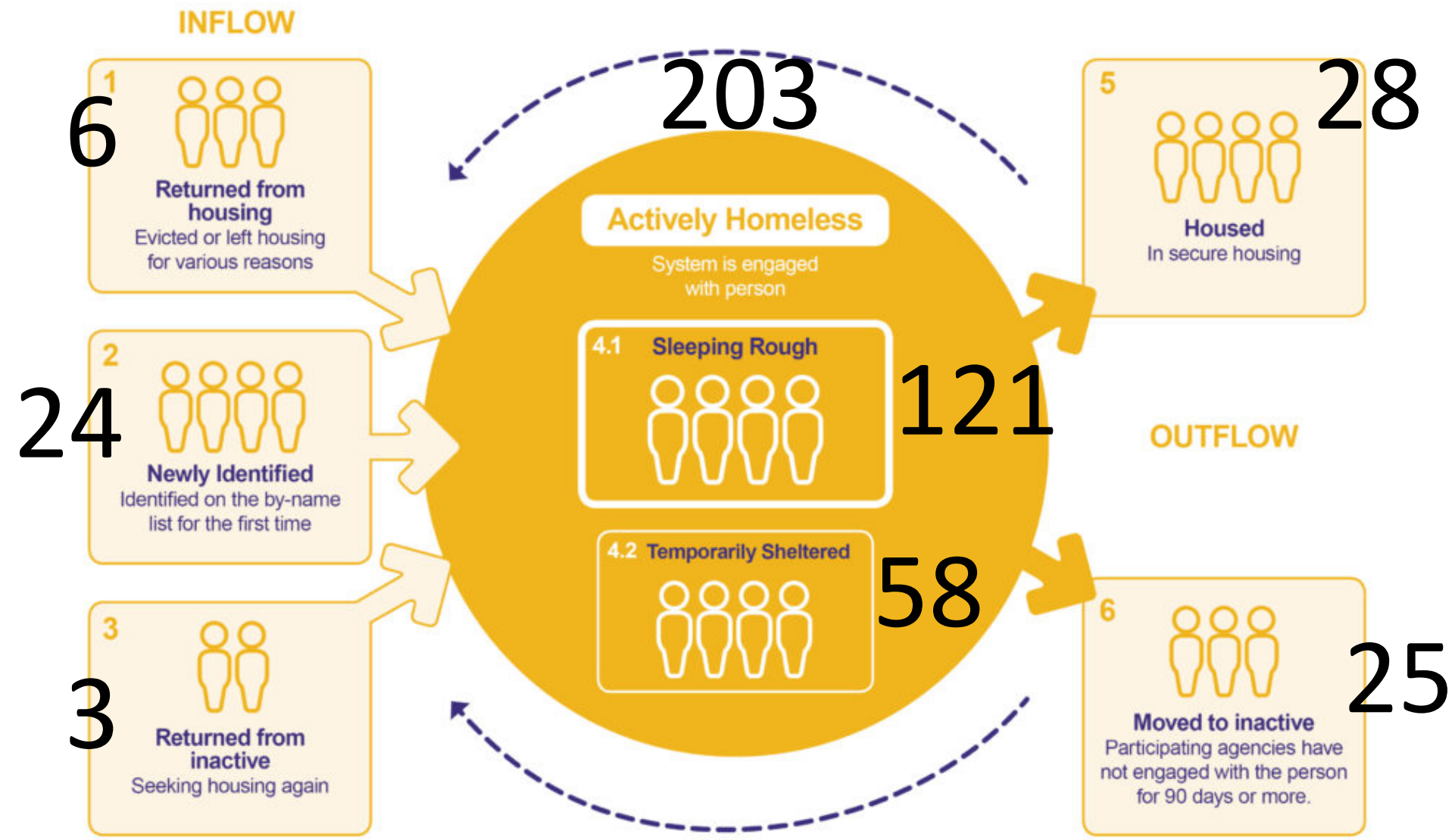


## Active Homelessness in Adelaide

Number of people on Adelaide Zero Project's By-Name List who are actively homeless in Adelaide's inner city



# AZP December 2020



September 2020 – subset of ByName List

## The complexity of rough sleeping

Of people supported by Street to Home over the last six months:

**83%**

experienced  
mental health  
issues

**78%**

reported at least  
one medical  
condition

**62%**

reported  
problematic drug  
or alcohol use

**35%**

reported  
Trimorbidity\*

**35%**

reported having  
legal issues

**21%**

identified as  
Aboriginal or  
Torres Strait  
Islander

\*Trimorbidity includes physical health issues, mental health issues and drug or alcohol use

Anxiety/Depression 53%

Psychotic disorder 18%

PTSD 34%

Bipolar 15%

Borderline Personality 14%

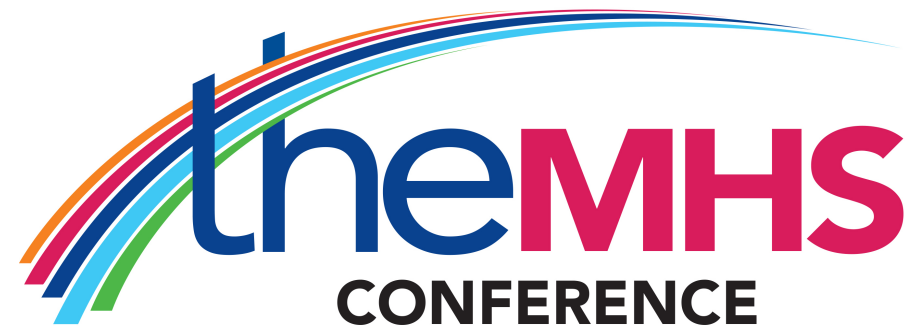
Eating Disorder 8%

31% hospitalised against their will  
41% visited A&E

# Unpacking Solutions to the Challenge of Obtaining and Sustaining Housing for People Experiencing Mental Ill-Health

## **Private Rental as a sustainable option**

Beth Fogerty, Wellways Australia  
Regional Manager, Gippsland



# Wellways Sustainable Tenancies Framework

- Housing risk and homelessness are high presenting needs in mental health services
- Housing First
- Mainstream housing market to align to community inclusion framework
- Partnerships between health, housing and community agencies to support housing and wellbeing outcomes
- Principles of Choice, Social Inclusion and Sustainability

## Doorway Program Model

- Subsidized Housing Model in Private Rental Market
- Property establishment paid by Wellways
- Lease in participants name- no head leasing
- Participant pays 30% income + 100% CRA to Real Estate Agent. Wellways pay rental gap for up to 18 months
- Risk mitigation: landlord insurance, guaranteed rent, surety fund
- Intensive support to participants by specialist care team

wellways



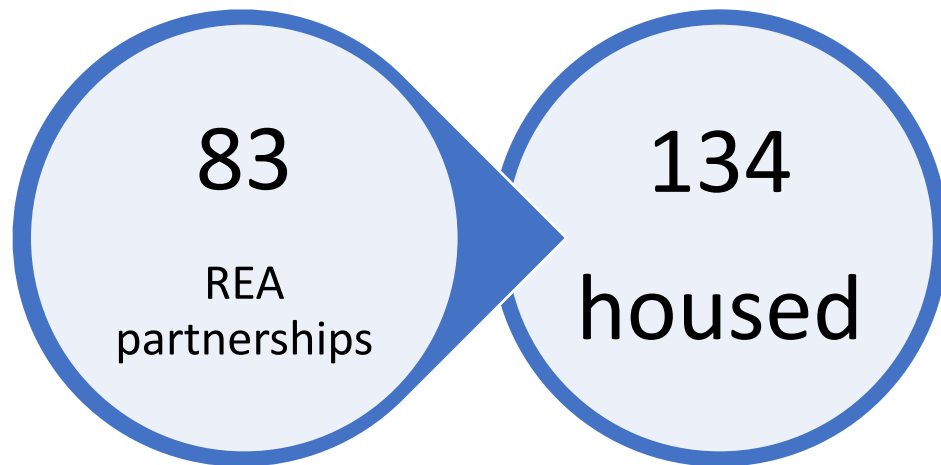
## Partnerships and Collaboration

- Advocate, facilitate, communicate
- Partnership at various levels: REIV, Real Estate Agents, Hospitals
- Transparency and communication- own it and learn from it
- ‘What’s the mutual benefit?’ conversation
- Quality assurance
- Resources to agents and landlords



# Outcomes

## Housing Outcomes



## Cost benefits

**\$67.00** per participant per day in Doorway

Preliminary analysis indicates cost benefit savings of **A\$8,369** when compared to Public Housing costs

Doorway increased housing tenure by **119** days per participant than people engaged in generalist housing support services

Analysis indicated cost saving of **A\$25,545** for those in high cost housing scenarios pre Doorway

## Learnings and possibilities

- Sector collaboration is vital to enable broader service responses
- Trends of increased demand on homelessness services, and likely 'first presentation' trend to increase since COVID-19
- Policy and service delivery that enables early intervention
- Must cost the 'support' component into any future housing programs to ensure sustainability
- Housing is a healthcare intervention
- Let's be 'socially aggressive'

# The mental health and specialist homelessness sectors

## Prevalence of Mental Ill Health

SHS Sector Nationally – **27%**<sup>1</sup>

Sydney Registry week 2015 (includes crisis accommodation) – **53%**

Connections Week Sydney 2019 (people sleeping rough and in TA) – **75%**

Adelaide Zero Project (people sleeping rough) - **81%**

**Incidence of reported Mental Ill Health are more prevalent the less secure your housing is**

1. Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing. Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>

# NSW Mental Health Sector and Specialist Homelessness Service Sector comparison

2000



2020

## MH Sector

Housing first with support

Furniture Brokerage

Housing support low-high

Peer Work

Focus on High complexity only

## SHS Sector

Housing without support

Focus on crisis responses

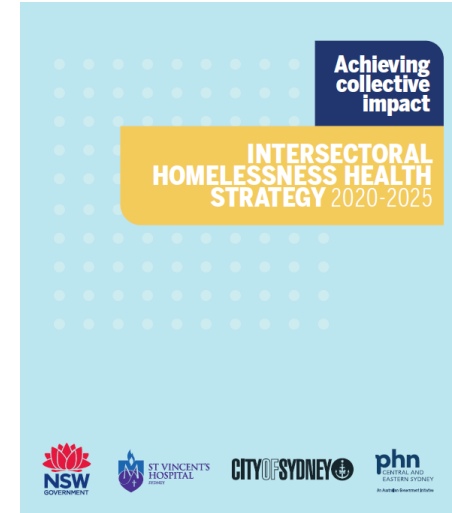
Furniture Brokerage

Housing with low support

Housing first with low – medium support

Shared collectives developing

Integrated strategies starting to develop



# SHS Good Practice Programs

## **Supported Transition Engagement Program (STEP)**

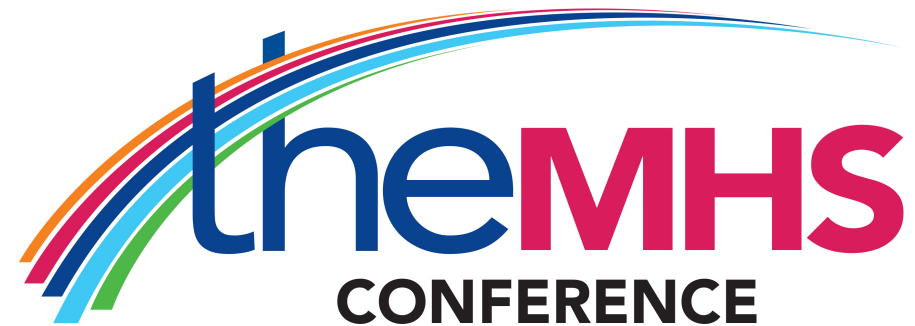
- Established in 2018 – 4years of funding
- 120 head leased properties with support for up to 3 years
  - Delivered by Neami National

### Key features that warrant adoption

- no need to be housing ready – housing first approach
- brokerage for furniture – supports homefullness
  - support up to three years
  - Includes metro & regional packages

### Limitations

- no capacity to scale up high support like HASI
- Needs to be scaled up



# Good Practice during & post Covid-19

## **STEP-Link**

DCJ Covid Homelessness response

Pop-up clinics in covid hotels

1891 people supported since April 2020

907 achieving a long-term housing outcome

### Key features that warrant adoption

- extensions to TA
- Dedicated teams internally in DCJ
- integrated support with health teams



## **Together Home**

800 CHP head lease packages with support

Post Covid response to ensure people in TA housed

### Key features that warrant adoption

- new investment Tranche 1 and 2 \$65mill
- mainstreaming focus
- longer term support (2 years)
- high support packages



## What we are missing

- Broader intersectoral engagement between Mental Health and Homelessness
- Need to move away from crisis support to early intervention and prevention
- Specialized teams that understand mental health, AOD and Homelessness
- Trauma informed training for all staff that interface with people seeking support
- More integrated supports across the client's life span – One Plan
- National By Name List
- More capital housing in areas with low rental availability



# The Haven Foundation

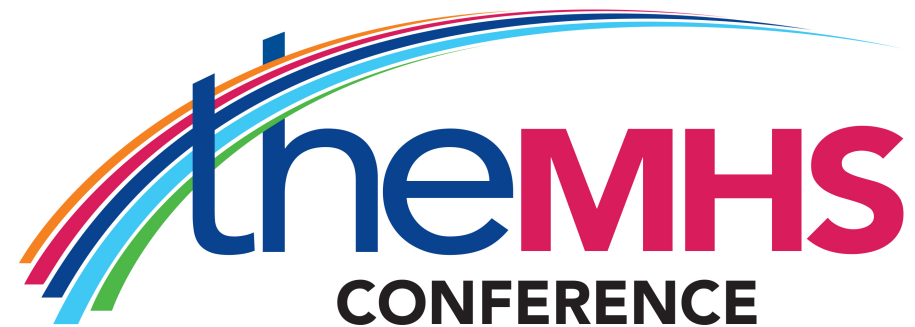




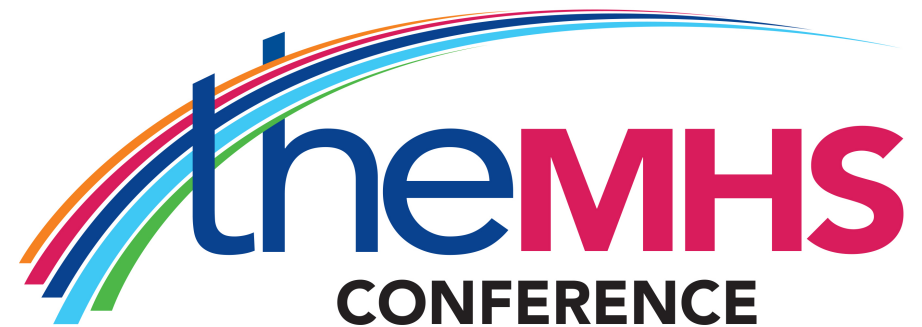


What do you see that is working or showing promise?

What are you excited about?



What would we like to see next?





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