



Mind Australia Limited

Submission on the National Housing and Homelessness Issues Paper

October 2023

About Mind Australia

Mind Australia has supported people experiencing mental health and wellbeing challenges to find help, hope and purpose in their lives for more than 45 years. We provide individualised, evidence-based and recovery focussed support to more than 11,000 people experiencing mental health and wellbeing concerns in Australia every year, including many with dual-disabilities. Mind is a registered NDIS provider, entrusted to deliver federal and state government funded services across Australia at scale.

Since 2017, we have invested significant organisational resources into an integrated research, data analysis, and applied public policy function. Our recent research expertise has included partnering with (and funding) the Australian Housing and Urban Research Institute to undertake research and policy development into [the interplay between mental health and housing pathways](#).

We routinely partner with health, community, and government organisations across Australia to provide holistic support and a safe environment for people experiencing mental health and wellbeing challenges to live in the community.

We are:

- One of the largest providers of community-managed psychosocial services in Australia with a range of residential, mobile outreach, centre-based and online services;
- A leading employer of people with lived experience of mental ill-health, recognising their unique ability to connect with and motivate clients and guide recovery;
- One of the leading specialist community housing providers in Australia for people experiencing a psychosocial disability.

We provide specialised and individualised Home and Living supports where people with significant mental health and wellbeing challenges can live independently while receiving support from qualified mental health workers – typically funded by the NDIS. Residents learn life skills, like confidence and connection with others, to help build a healthy lifestyle.

The Haven Foundation

The Haven Foundation is a not-for-profit community housing provider, providing long-term social housing for people who have significant mental health and wellbeing concerns. We are a subsidiary of Mind Australia which provides the 24/7 onsite support to residents from their qualified mental health workers.

Together, we provide long-term social housing with integrated NDIS funded psychosocial support for people with significant mental health and wellbeing challenges. In partnership, we support residents to learn life skills, like confidence and connection with others, to help build a healthy lifestyle.

[Find out more about Mind's Housing with support here.](#)

1. Introduction: Making mental health a priority in the next Housing and Homelessness Plan

Mind Australia and The Haven Foundation welcome the opportunity to provide feedback on the Federal Government's National Housing and Homelessness Plan Issues Paper. We are encouraged the new Plan will set out a 10-year national vision across the responsibilities of different levels of government, guide future housing and homelessness policy, and consider the full spectrum of housing and homelessness challenges.

There are multiple barriers to accessing safe and affordable housing, with these often compounded for people experiencing mental ill-health and psychosocial disability. There are structural barriers in the housing system, including declining stocks of social and affordable housing, especially that which is appropriate and comes with support. There are also financial barriers, with income support being inadequate to sustain a tenancy. A lack of integration in policy, funding and programs relating to housing and homelessness also leaves cracks for people to fall into, especially those vulnerable to housing stress.

We have briefly outlined some key facts on the relationship between housing and mental health, along with recommendations. Our key recommendation is **that the Plan include mental health as a focus area and people experiencing mental health challenges a priority group**. Following this, we have attached evidence from our research, and information on The Haven Foundation as an example of a program which integrates housing and support. The Haven Foundation provide stable, secure, and supported housing for people experiencing psychosocial disability – a disability arising from mental health challenges.

2. People experiencing mental health challenges are at greater risk of experiencing housing insecurity and homelessness

Our *Trajectories*¹ research indicated a diagnosed mental health condition increases the likelihood that people will be forced to move from their home within one year by 39%, with people experiencing psychological distress having an 89% likelihood of financial hardship in the following year. Having poor mental health increases the likelihood of experiencing substandard housing, with poor housing also exacerbating mental health problems.

In the last six years, the number of people with a current mental health issue accessing Specialist Housing Services has increased by around 25 per cent². The combination of limited service availability and affordable housing is a contributing factor to people staying in hospital for long periods, or frequently attending acute or crisis services due to a lack of alternative options to support their recovery.³ This opens people up to exploitation by privately run operations such as Supported Residential Services (SRS). A significant proportion of people living in SRSs in Victoria are NDIS

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

² Australian Institute of Health and Welfare (AIHW; 2023). *Specialist Homelessness Services: monthly data* (Last updated: 05 September 2023) <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data>

³ State of Victoria. (2021). *Royal Commission into Victoria's Mental Health System: Final Report*.

participants living with psychosocial and intellectual disabilities. The Disability Royal Commission⁴ and the Mental Health Legal Centre⁵ have both noted a trend of inappropriate and unsafe accommodation being provided at some SRSs.

The evidence provided to the Disability Royal Commission at Hearing 26 clearly underscores concerns for the safety and unmet needs of people living in private congregate care settings (PCC), especially those residing in SRSs in Victoria. The evidence highlights the inadequacies of current regulatory and safeguarding systems. Along with the Private Congregate Care Alliance, we support urgent substantial reform to enable pathways out of private congregate care. As the Honourable John Ryan, Disability Royal Commissioner, stated in Hearing 26 when speaking about SRSs: “it looks to me this is a broken model which needs to be either significantly reformed or abolished all together.”⁶

3. Housing is essential for mental health recovery and has economic benefits

There is evidence that safe supported housing for people experiencing mental health concerns and psychosocial disability reduces healthcare costs,^{7,8} increases wellbeing⁸, and increases social inclusion.⁹ Despite the significant benefits of stable accommodation for the recovery of people experiencing mental challenges, this cohort continue to face significant barriers accessing housing and related supports. In particular, there is an unmet demand for specialised long-term housing for people experiencing mental health challenges and psychosocial disability, as well as a need for short-to-medium term residential rehabilitation programs to assist people to rebuild their confidence and capacity to live in the community.

The Haven Foundation is an example of a program delivering specialist supported housing for people experiencing mental health challenges with positive outcomes. People’s recovery, ability to live and be included in the community, along with the effectiveness of mental health and other services is in jeopardy when people do not have a safe and stable place to call home. The integrated housing and support provided at The Haven Foundation residences is evidenced to improve participant’s self-confidence and skills for independent living, as well as their sense of connection, empowerment and hope. Further, there is also a general trend of Haven Foundation residents reducing their use of acute care. The average cost per night of the Haven model is approximately \$302, compared to the \$1306 per night cost of hospital-based mental health services.¹⁰ Taken together, this evidence indicates how models, such as The Haven Foundation, represent potential savings to state and

⁴ Commonwealth of Australia. (2023). Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Executive Summary, Our vision for an inclusive Australia and Recommendations.

⁵ Young, E., & Campanella, N. (2023, 19 May). NDIS participants 'kidnapped' and financially abused in boarding homes for people with disability, report finds. ABC News. <https://www.abc.net.au/news/2023-05-19/ndis-abuse-in-boarding-homes-revealed/102368182>

⁶ Disability Royal Commission. (2022). Public hearing 26: Homelessness, including experience in boarding houses, hostels and other arrangements. Transcript Day 5 – Public hearing 26, Parramatta (2 September 2022), p. 404

⁷ McPherson, P., Krotofil, J., & Killaspy, H. (2018a). Mental health supported accommodation services: a systematic review of mental health and psychosocial outcomes. *BMC psychiatry*, 18(1), 1-15.

Tsai, J. (2020). Is the housing first model effective? Different evidence for different outcomes. *American Journal of Public Health*, 110(9), 1376.

⁸ Kyle, T., & Dunn, J. R. (2008). Effects of housing circumstances on health, quality of life and healthcare use for people with severe mental illness: a review. *Health & social care in the community*, 16(1), 1-15.

⁹ Lee, S., Giling, J., Kulur, B., & Duff, C. (2013). *Exploring the impact of housing security on recovery in people with severe mental illness: Summary Report*

¹⁰ AIHW. (2023). Cost per patient per day for public sector specialist mental health hospital services during 2020-21. Public sector specialised mental health hospital services. <https://www.aihw.gov.au/mental-health/topic-areas/expenditure>

territory health services, as well as the NDIS, via lowering the use of and need for acute services and reducing the likelihood of participants requiring increased funding for supports.

Breaking the cycle of insecure housing and homelessness requires integrated mental health and housing supports. There is currently no specific plan which covers the housing and support needs of people experiencing mental health challenges and psychosocial disability. Further, without mental health included as a priority cohort, the Plan will miss the opportunity for prevention and intervention, given poor housing is well-evidenced to contribute to and exacerbate mental health concerns.

We believe the Plan should acknowledge and specifically address the housing needs of people who experience mental health challenges. We understand the Issues Paper does not comprehensively cover specific cohorts due to many priority cohorts being broad and with a large degree of intersectionality. However, given the Issues Paper itself identifies that almost half of rough sleepers who sought assistance from specialist homelessness services had mental health issues, we contend mental health should be a priority area for the next Plan.

There should also be a focus on cohorts who have overlapping experiences of adversity alongside mental health challenges, which compound their risk of homelessness. This includes, but is not limited to, LGBTQIA+ folk, Aboriginal and Torres Strait Islanders, Culturally and Linguistically Diverse communities, and young people. Our *Report from Aboriginal and Torres Strait Islander consultations*¹¹ highlights the complex and intersecting relationships between housing and mental health, with forced moves and removal from country negatively impacting the mental health of Aboriginal and Torres Strait Islander people. This report also provides recommendations for reform to improve the housing and mental health outcomes of Aboriginal and Torres Strait Islander people which we recommend are reviewed when developing the Plan.

4. There is a need for cohesive national reforms across housing, homelessness and disability

The Final Report of the Disability Royal Commission, as well as outcomes from the forthcoming report of the independent review of the NDIS should be integrated into the 10-year National Housing and Homelessness Plan. With significant reform happening simultaneously across disability, housing, and homelessness, this is a once-in-a-generation opportunity to ensure the human rights of people with disability are met. This is particularly relevant to people with a psychosocial disability who often fall through the gaps when it comes to having their housing needs met. We know:

- 36% of NDIS participants with psychosocial disability have “Where I live” as a goal, compared to 18% of all NDIS participants.¹²
- Only 5% of NDIS participants have Supported Independent Living funding, of which 11% are participants with psychosocial disability.¹³

¹¹ Pollock, S., Davis E., Clifton, E., Davis V., Firebrace, S., Williams, G. (2020) Trajectories: the interplay between housing and mental health pathways. Report from Aboriginal and Torres Strait Islander consultations, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/research-papers/trajectories>

¹² NDIA. (2023). Quarterly Report Q1 2022-2023 (September 2022). <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

¹³ Ibid.

These two statistics are clear examples of why unified reform is required to ensure the housing needs of some of Australia's most vulnerable community members are met.

5. Recommendations

- I. Mental Health should be a focus area, and people experiencing mental health challenges should be a priority group in the next Housing and Homelessness Plan ("the Plan").
- II. Increase the supply of housing, including supported housing that is available to people with mental health challenges. Targets should be set at the state/territory jurisdictional level for increasing the supply of housing for this group, focusing on those most at risk of homelessness.
- III. The Plan, via the Housing Australia Future Fund, should value and preference integrated social housing and support models, like The Haven Foundation.
- IV. The Plan should incorporate findings from the Independent Review of the NDIS and the Final Report of the Disability Royal Commission.
- V. Increase investment in services that support people to find and maintain suitable housing, such as appropriate tenancy management services and other supports. Models of commissioning new social housing should include mechanisms to ensure appropriate tenancy support is included in order to maintain housing for vulnerable groups.
- VI. Ensure there is integration with housing and support that is provided under the NDIS.

Integrated Social Housing and Support

Stable, secure, and supported housing is essential for the recovery of people experiencing mental health challenges and psychosocial disability.

The Haven Foundation Model

The Haven Foundation (THF) provides a safe and secure home for NDIS participants who have psychosocial disability. Haven residences integrate social housing with support to provide long-term

and individualised homes, with 24/7 on-site support from Mind Australia staff. It is this combination of stable housing and integrated support which enables residents to thrive.

Haven service model



The Haven Residence: Social Housing



Mind Model: Recovery-oriented supports

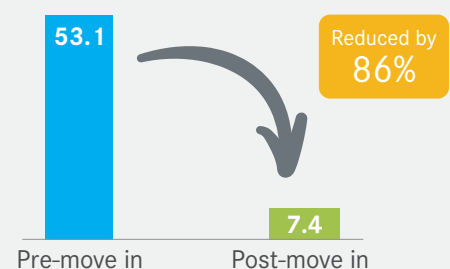


Outcomes and Evaluation

Progress Reports from a Five-Year Independent Evaluation of Haven by La Trobe University indicate participants experience:

- reduction in mental distress
- improved **self-confidence** and **skills for independent living**
- enhanced sense of **connection, empowerment, and hope**
- general trend towards reduction in **psychiatry-led care** to primary care management, with an **increase in GP-led care**

Average days hospitalised



Hospitalisations: Internal analysis of hospital length of stay in days 12 months prior, and 12 months after moving into Haven (n = 29)

Cost of Haven Foundation

The Haven Foundation model is cost effective due to the scale of shared supports. Average annual committed dollars for residents in Haven is less than half the national average NDIS package size for all participants who have SIL funding (NDIA, 2022).

The average cost per night of The Haven Foundation model (\$302) is also less than the cost of hospital-based mental health services (\$1306; AIHW, 2023).

Haven Foundation Pipeline

In total, THF will be providing 386 homes across 26 locations across Victoria by end of 2025. Plus, funding has been secured to expand into South Australia and New South Wales.

Participants require adequate NDIS funds to access Haven Foundation residences.

Barriers to housing with support

Participants with significant psychosocial disability have a right to SIL funding and housing with support.

Twice as many participants with psychosocial disability have 'Where I live' as a goal.

Since changes to SIL eligibility in 2021 we have seen a dramatic decrease in participants with a psychosocial disability receiving SIL.

36%

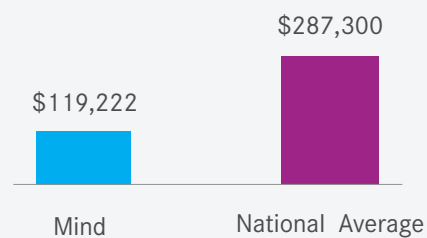
of participants with psychosocial disability have



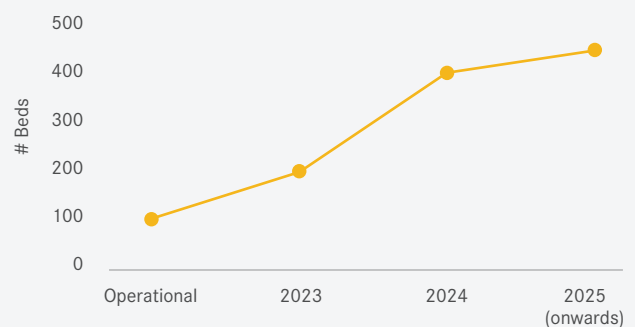
"Where I live" as a goal, compared to 18% of all NDIS participants.

(NDIA, Quarterly Report Q1 2022-2023)

Annual NDIS cost:
Mind v National Average



Growth in Haven Foundation Residences



Without an adequate funding model, specialist providers like Mind, which are delivering models with proven outcomes, will be missing from the market.

Our submission highlighted 10 recommendations for change in housing with support services that we want to see from the NDIS Review. Crucially, in order for the Haven model to work, funding needs to be **sufficient, predictable and stable. We also want to see providers being accountable to delivering outcomes.**

Further, we recommend implementation of a funding **model which allows recovery-focussed supports** to be delivered by a **workforce with expertise in psychosocial disability, including peer workers.**



NDIA. (2023). Figure 78: Numbers of participants and payments for years ending 31 March – participant sin SIL. Quarterly Report to disability ministers Q3 2022-23. March 2023.

AIHW. (2023). Cost per patient per day for public sector specialist mental health hospital services during 2020-21. *Public sector specialised mental health hospital services*. <https://www.aihw.gov.au/mental-health/topic-areas/expenditure>

Evidence from *Trajectories: the interplay between mental health and housing pathways*

Mind Australia in partnership with the Australian Housing and Urban Research Institute (AHURI) completed a two-year national study examining the relationship between the housing and mental health pathways of people with lived experience of mental ill-health.

The ground-breaking research confirms a direct relationship between housing and mental health. Among other key findings, the research shows that housing is the foundation for mental health recovery and that mental health, housing and homelessness are interrelated. The research identified five typical trajectories which capture people's experiences with mental health and housing services and systems, as well as potential points of practical intervention and key issues for system improvement. This includes a number of 'circuit breakers' which support people to move towards being well supported.

Key findings from the report include:

- The benefits of providing stable, long-term accommodation to those experiencing mental ill health are significant.
- Housing is essential for mental health recovery, with poor mental health directly impacting on housing stability.
- Safe, secure, appropriate and affordable housing is critical for recovery from mental ill-health, yet there is a shortage of appropriate housing options for people with lived experience of mental ill-health.
- Having poor mental health makes you more likely to experience homelessness or substandard housing, and poor housing creates or exacerbates mental health problems.
- *Trajectories* research indicated a diagnosed mental health condition increases the likelihood that people will be forced to move from their home within one year by 39%, with people experiencing psychological distress having an 89% likelihood of financial hardship in the following year.
- Mediating factors can reduce the likelihood of housing instability and shorten a period of mental ill-health. Mediating factors, such as social support, good general health, and accessing mental health and other health services, can reduce the likelihood of housing instability and shorten the length of time a person experiences mental ill-health.
- There is a need for timely and flexible supports, not just crisis responses.
- Overall, the evidence suggests that holistic approaches which integrate housing and mental health support with social support, healthcare, financial support, and effective early intervention are most likely to assist in recovery.
- These are 'circuit breakers' to the cycle of spiralling around, and in and out of service systems without ever really moving on to achieve a preferred and contributing life.

Relevant Trajectories Reports:

- [Final Research Report](#)
- [Policy priorities for better access to housing and mental health support for people with lived experience of mental ill-health and housing insecurity](#)
- [Report from national consumer and carer consultations](#)
- [Report from Aboriginal and Torres Strait Islander consultations](#)

A trusted provider of
community mental health
support services to people
and their families, friends and
carers for more than 45 years.



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