

31 March 2020

House of Representatives Standing Committee on Social Policy and Legal Affairs
Committee Secretariat
[Via Online Portal](#)

Inquiry into Homelessness in Australia

[SANE Australia](#) is a national mental health charity dedicated to making a real difference in the lives of people affected by complex mental health issues through support, research and advocacy. Founded in 1986 in Melbourne as the Schizophrenia Australia Foundation, SANE's focus is on supporting the four million Australians who identify as having a complex mental illness or an experience of complex trauma or very high levels of psychological distress. For every person affected by mental health issues, there is a network of additional people impacted, including carers, family, friends and colleagues who often play a critical role in supporting their recovery.

SANE's work includes promoting mental health literacy, destigmatising poorly understood mental health issues, online peer support and information, specialist helpline support, research and advocacy. Established twenty years ago in 1999, SANE Australia's StigmaWatch program pioneered stigma-reduction through tackling media representation of mental illness and suicide. The Dax Centre and the Anne Deveson Research Centre (ADRC) also form part of the SANE Australia group.

SANE welcomes the work currently underway through the federal Inquiry into Homelessness in Australia as we believe all Australians will benefit from a coordinated overarching approach to housing and homelessness, including people with complex mental health issues whom we exist to serve.

Safe and affordable housing is a fundamental ingredient for both reducing the risk of developing mental health issues and promoting recovery. It is also a basic human right. People who are experiencing homelessness can be at increased risk of poor mental health. People affected by complex mental health issues, furthermore, often face housing insecurity and homelessness, which can trigger or exacerbate their condition/s. There are many reasons for this, including the impact of deinstitutionalisation, lack of affordable housing stock, the unacceptably long waitlists for social and public housing, and other factors that contribute to stigma and discrimination for people with complex mental health issues.

A significant proportion of people who experience homelessness and access homelessness services are affected by mental health issues with the Australian Institute of Health and Welfare reporting that 17,772 people affected by mental health issues presented to homelessness services last year¹. In addition to the significant health and safety risks posed to people who are experiencing homelessness or who are unstably

¹ Australian Institute of Health and Welfare. (2018). Health and Welfare Services: Homelessness services. <https://www.aihw.gov.au/reports-data/health-welfare-services/homelessness-services/overview>

housed, more resources are required from our Emergency Departments and frontline emergency services.

SANE supports the work of Mind Australia in conjunction with the Australian Housing and Urban Research Institute (AHURI). The recently released [Trajectories report](#) finds that “poor and deteriorating mental health directly impact housing stability (as measured by forced moves and financial hardship). People who experienced severe psychological distress had an 89 per cent increased likelihood of financial hardship in the following year and a 96 per cent increased likelihood of financial hardship within two years”².

The Housing First model prioritises safe and permanent housing as the first step in securing multidisciplinary support³. Given the significant connections and intersections between homelessness and mental health issues, coordinating referral pathways and strengthening support between the two systems is critical. Investment in safe and affordable housing, and support to maintain that housing, is also an investment in mental healthcare.

As per our [joint submission](#) with sector partners Mind, Neami and Wellways to the Productivity Commission’s Inquiry into Mental Health, we recommend:

1. That the Federal Government work with all States and Territories to immediately increase social housing stock.
2. A greater focus on the design and configuration of services for people who need a medium-term intensive housing response that combines accommodation and support.
3. Dedicated funding to provide targeted outreach support where tenancies are at risk.
4. Homelessness and housing program commissioners allocate funding on evidence-based models, including but not limited to *Housing First*.
5. A federal housing policy is established to drive housing and homelessness service improvements across the health sector. This policy should articulate the importance of service collaboration and integration between all health-based services, and provide flexible responses for people experiencing homelessness, or risks to tenure.

As per [our submission](#) to the Royal Commission into Victoria’s Mental Health System, we recommend the Federal Government work with all states and territories to:

1. Increase availability of programs to support people affected by complex mental health issues to maintain stable housing, including access to the private rental market.

² Australian Housing and Urban Research Institute (AHURI). (2020). Trajectories: the interplay between housing and mental health pathways. <https://www.mindaustralia.org.au/sites/default/files/Final-Report-Trajectories-the-interplay-between-housing-and-mental-health-pathways.pdf>

³ Australian Housing and Urban Research Institute (AHURI). (2018). *Housing, homelessness and mental health: towards system change*. <https://www.mentalhealthcommission.gov.au/media/252441/Housing-homelessness-and-mental-health-towards-systems-change.pdf>

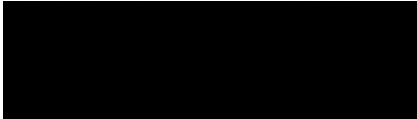
2. Increase social housing availability with increased triaging for people affected by complex mental health issues, as per the *Housing First* model.
3. Increase the number of people affected by complex mental health issues housed in social and public housing and actively monitor and reduce the waitlist.
4. Increase the number of supported housing placements for people affected by complex mental health issues.

SANE Australia is currently undertaking a National Stigma Report Card project, conducted in partnership with the Melbourne School of Psychological Sciences at the University of Melbourne, with the generous support of the Paul Ramsay Foundation.

The project includes the national '[Our Turn to Speak](#)' survey exploring the experiences of people affected by complex mental health issues across 14 different life domains, of which housing is one. Data collection for this national survey closed on 31 March 2020, and we hope that findings presented in the second half of the year can be used to inform the development of future strategies to improve housing outcomes for people affected by complex mental health issues in Australia.

We would welcome the opportunity to discuss this work with you further.

Kind regards,



Jack Heath
Chief Executive Officer
SANE Australia