

Australian Government: Department of Social Services
Developing the National Housing and Homelessness Plan – Issues Paper

October 2023

Advocacy and collaboration to improve access and equity

Royal Australian and New Zealand College of Psychiatrists submission

Developing the National Housing and Homelessness Plan – Issues Paper

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 8000 members, including around 5800 qualified psychiatrists.

Introduction

The RANZCP welcomes the opportunity to contribute to the Department of Social Services' (DSS's) Developing the National Housing and Homelessness Plan – Issues Paper (Issues Paper). The recommendations contained within this submission are based on consultation with a number of RANZCP Committees which are made up of psychiatrists and community members.

Housing and homelessness are of particular interest to psychiatrists because people who experience mental health conditions, particularly severe and long-term mental health conditions, also experience homelessness at an increased rate. Due to the depth and breadth of psychiatry training, they have particular responsibility for the management of people with complex and severe psychiatric conditions.[1]

New data from the Australian Institute of Health and Welfare says that in 2021-22, 31% of clients aged 10 and over who accessed specialist homelessness services in Australia had a current mental health issue. This is 4% higher than five years ago, and 12% higher than ten years ago.[2] About half of people who experience both homelessness and mental illness develop the mental illness *after* becoming homeless, and half have mental illness prior. The two groups also have many risk factors in common.[2]

Safe, stable and needs-appropriate housing is a foundation of recovery for mental health consumers. Recovery is 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues', as described in the Australian Health Ministers' Advisory Council's [National framework for recovery-oriented mental health services](#) and the RANZCP's [Position statement 86: Recovery and the psychiatrist](#).

Housing is needed for social inclusion, because social inclusion requires excluded groups to participate in the use of mainstream social, economic, educational, recreational and cultural resources. Social inclusion is key to reduce the social stigma associated with mental ill health. Reducing stigma is a priority of the RANZCP, described in [Position statement 73: Mental health for the community](#).

RANZCP key messages for the development of the National Housing and Homelessness Plan

- Homelessness and mental ill health are strongly related.
- People experiencing mental health conditions need more safe, secure and appropriate housing.
- Particular vulnerable groups with higher risk of homelessness and co-occurring mental health conditions need tailored support.
- People cannot maintain housing without adequate income. People with mental health conditions require appropriate income support levels and easier administration of funding programs.

Detailed responses to focus questions in the Issues Paper

3.1 Homelessness

1. *What are the different challenges for people experiencing homelessness in urban, regional, and rural areas?*

Access to mental health services is much lower for people in rural and remote areas, leaving them at higher risk of mental illness going untreated. Research shows the rate of homelessness is increasing in remote areas.[3] The prevalence of mental illness is broadly similar in rural and urban Australia, but the suicide rate is considerably higher in rural areas, particularly among younger men, elderly men, and Indigenous people.[4-6]

Workforce shortage is a major cause of this lack of access. There is a severe shortage of psychiatrists in rural and remote locations, through a combination of urban–rural maldistribution and an overall undersupply of psychiatrists in Australia, as identified in the 2022-2032 [National Mental Health Workforce Strategy](#). This is also true of the other professions that make up the mental health workforce, whom psychiatrists rely on to be effective.

The RANZCP recommends that the National Housing and Homelessness Plan (the Plan) address workforce development for the mental health sector as an urgent priority.

2. *What short, medium, and long-term actions can governments take to help prevent homelessness or to support people who may be at risk of becoming homeless?*
3. *How can the homelessness system more effectively respond to those at risk of, or already experiencing homelessness?*
 - a. *How can the homelessness system ensure those at risk of homelessness or in crisis receive appropriate support to avoid homelessness or so they are less likely to fall back into homelessness?*
 - b. *What actions can governments take to facilitate early intervention and preventative responses?*

To prevent and disrupt the cycle between homelessness and mental ill health, housing and mental health supports need to be integrated (see the [RANZCP response to the Productivity Commission Inquiry into Mental Health in Australia Draft Report](#)). People who require these services often also need alcohol and other drug (AOD) services or general health services, and these should also be integrated. Services should align with the Housing First model, which prescribes fast access to permanent, affordable and safe housing that is not conditional on individuals becoming housing ready or engaging with services.[8]

The RANZCP also highlights our concerns regarding the serious issue of individuals with mental health conditions being discharged from inpatient units and prisons into homelessness or inadequate housing – discussed further below.

When services are integrated, workers need to be trained so they are confident in supporting clients who may fit into multiple vulnerable population groups.

4. *How can governments capture better evidence on ‘hidden’ or ‘invisible’ homelessness (e.g. couch surfing, living in a car and overcrowding)?*
5. *Is the Canadian National Occupancy Standard measure of overcrowding, and the way it is applied in Australia to define homelessness, suitable for the Australian context?*

The RANZCP has no feedback on questions 4–5 at this time.

3.2 Homelessness services

1. *What are the main challenges in addressing chronic and repeat homelessness?*
2. *What housing or dwelling models may need to be considered to provide appropriate options for people experiencing chronic and repeat homelessness?*
3. *What are the medium and longer-term steps that can be taken to ensure we have a more consistent and coordinated service system to support people who are experiencing or at risk of homelessness?*
4. *What are the best specific early intervention approaches to prevent someone becoming homeless?*
5. *In what areas of the homelessness service response are people who are experiencing or at risk of homelessness not getting the support they need?*

Homelessness support services should align with the Housing First model which prescribes fast access to permanent, affordable and safe housing that is not conditional on individuals becoming housing ready or engaging with services.[8]

The [Haven Foundation in Victoria](#), a subsidiary of Mind Australia, provides long-term serviced social housing for people with mental health conditions. The [Habilis Project in NSW](#) is developing non-profit private housing with care delivered on site for people with mental health conditions who are chronically homeless, based on the model of the successful [Y Foundation in Finland](#).

The Doorway Program supports people with mental health conditions in Victoria to secure and sustain a home in the private rental market. An independent evaluation of the program found that one-third of participants experienced improvements in their mental health to the extent that they no longer required case management.[9]

People experiencing mental ill health who belong to vulnerable population groups require housing supports that are tailored to them. The RANZCP makes the following recommendations:

- People with severe and enduring mental health conditions:

This population struggles with housing due to their vulnerability and the high risk involved in supporting them. They may not fit into voluntary housing support models due to possible threat to staff and the community and may not be able to comply with program requirements. Where an individual has committed a criminal act, prison is often inappropriate due to the nature of their mental illness.[9] They may be admitted to inpatient units, but their mental health condition is often permanent or long-term and does not fit into a treatment and recovery model.

A new model of tailored mental health care and housing support should be developed, focussed on long-term case management, support and supervision in a therapeutic setting to manage challenges while maximising their opportunities to engage in rewarding activities.

- Aboriginal and Torres Strait Islander peoples:

It is recognised that Aboriginal and Torres Strait Islander peoples have a high prevalence of living in severely overcrowded housing, which can cause stress.[10] It is important to improve Aboriginal and Torres Strait Islander peoples' access to safe, affordable, sustainable and quality housing.

All solutions should be culturally safe, localised and community-controlled. Mental health and housing services should be integrated. Programs and services should be developed and implemented in close

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consultation and partnership with local Aboriginal and Torres Strait Islander communities, with a strong element of participatory ownership and control.

- Culturally and Linguistically Diverse (CALD) peoples:

Newly arrived migrants, asylum seekers and refugees are particularly vulnerable to homelessness. CALD peoples face many barriers when seeking housing support, including limited access to information, language barriers and culturally unsafe services.[11]

The Plan should address the particular needs of CALD peoples, and the Government should raise awareness of housing and homelessness supports amongst CALD communities, ensuring services are culturally safe and linguistically appropriate.

- Children and young people:

In 2020-21, 14% of people presenting alone to homelessness services were children and young people aged up to 24 years old. Family violence and family breakdown are common factors.[12] Effective early intervention is needed where there is a risk of family breakdown.

Children and young people experiencing homelessness are at high risk of anxiety, depression and fear; and of experiencing abuse, exploitation and neglect. Interruption to normal childhood experiences and exposure to trauma is associated with alterations in adult brain structure, and also with mental illness. Children who experience homelessness often develop early conduct problems.[13-15]

The Plan should address children and young people experiencing homelessness as a priority population and include measures to ensure young people can access rental properties so that they can develop a secure base, a healthy identity and a sense of belonging to society.

- Women and children experiencing family violence:

Family violence often leads to homelessness, or unsafe or unstable housing, for women and their children.[16] There is a strong and complex association between family violence and mental health. People living with and leaving family violence will need help with psychological as well as physical safety.[17]

Homelessness impacts child development and makes it difficult for parents to meet their child's developmental needs. This may be compounded by mental health issues arising from the experience of family violence.[18]

The Plan should address family violence, homelessness and mental health supports, ensuring they are coordinated and timely. Services should be trauma-informed, as described in our [Position statement 100: Trauma-informed practice](#). Our [Position statement 102: Family violence and mental health](#) provides more information about service requirements.

- People with intellectual and developmental disabilities:

This population has a higher rate of both mental and physical health challenges and is overrepresented in the homelessness population.[19] They experience difficulty in getting their health needs met due to failure to consider their specific needs when services are funded, designed and provided. Stigma and discrimination also play a role.[20]

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People with intellectual and developmental disabilities need a larger supply of affordable, high-quality and supportive housing. The Plan should take an integrated housing, homelessness, mental health and disability support approach, which includes assistance with employment and training. Screening tools are needed to ensure those with mild intellectual and developmental disabilities receive appropriate supports. All services should take a person-centred approach, and mental health professionals should have specific training in assessment and management of people with intellectual disabilities, as described in our [Position statement 109: Intellectual disabilities \(ID\): Addressing the mental health needs of people with ID](#).

- People interacting with the justice system:

There is a strong and complex relationship between mental health conditions, substance use disorders, justice system involvement, housing instability and homelessness. Incarceration disrupts housing stability, exacerbating mental illness and re-offending in the immediate post release period.[21]

The Plan should include the development of strategies to optimise retention of housing upon incarceration, early identification of housing needs during incarceration, and significant improvement in transitional housing support upon return to the community. This should include increased coordination of culturally safe and high-quality care for those with serious mental illness, and be particularly focussed on those groups worst affected. This need is particularly critical for Aboriginal and Torres Strait Islander peoples who are significantly overrepresented in Australia's justice system, due to myriad factors relating to structural disadvantage, including being more often homeless.[22]

- Individuals with mental health conditions being discharged from inpatient units and prisons:

Evidence including our members' reports shows these individuals are being discharged into homelessness or inadequate housing.[23] The Plan should address the provision of purpose-built accommodation for this group, including access to direct care and rehabilitative programs for people with mental health conditions who are at risk of homelessness. Programs should be based on Housing First principles.

- People living in regional, rural and remote areas:

Please refer to 3.1(1) above.

- Australian defence veterans:

This group experiences homelessness at a significantly higher rate than the general population. From 2001 to 2018, the rate of homelessness for Australian defence veterans was 5.3% compared to the general population rate of 1.9%. Research suggests there are cultural issues that dissuade veterans from seeking assistance from services.[24]

The Plan should address the needs of this group, including increased supports (including outreach support) that recognise the unique occupational risks associated with military roles and the mental health challenges that may be faced, consistent with our [Position statement 99: The mental health of veterans and defence force service members](#).

- Older adults:

This group is increasingly at risk of homelessness, with the number of older adults (aged 55 and over) accessing homelessness services increasing by 40% since 2013-14.[25] Lack of stable housing may lead to premature ageing and the accompanying onset of mental and physical health conditions.[23] The Plan should address how a wider range of appropriate housing options can be provided for older adults, as well as how they can be better supported to live independently in their homes.

6. *How can the availability of accessible (particularly in relation to the physical environment) crisis and/or transitional accommodation be increased in the short to medium-term?*

The RANZCP has no further feedback at this time.

7. *What strategies can be used to build awareness of available services and supports for people who are at risk of homelessness or experiencing homelessness?*

The integration of community services for people experiencing homelessness, including mental health, AOD, general health and housing, as discussed at 3.1(3), may help to achieve this.

3.3 Aboriginal and Torres Strait Islander housing

1. *What are the main cultural, social and economic factors that must be considered by governments and providers (including ATSI CCHOs) when considering how to improve housing outcomes for Aboriginal and Torres Strait Islander people? How can governments best work with communities and the Aboriginal community controlled housing sector to support better housing outcomes for Aboriginal and Torres Strait Islander people, including embedding the Priority Reforms of the National Agreement on Closing the Gap and promoting self-determination?*
2. *How can governments best work with communities and the Aboriginal community controlled housing sector to support better housing outcomes for Aboriginal and Torres Strait Islander people, including embedding the Priority Reforms of the National Agreement on Closing the Gap and promoting self-determination?*

The practical operation of these programs is outside the RANZCP's scope of expertise. However, we note that:

- Research in 2018–19 found that 24% of Indigenous Australians reported having a diagnosed mental health or behavioural condition and 31% of Indigenous adults reported 'high or very high' levels of psychological distress. From 2016–2020, the rate of suicide of Indigenous Australians was almost twice the rate of that non-Indigenous Australians.[26]
- Aboriginal and Torres Strait Islander people may have been exposed to a range of potentially traumatic stressors, as the result of historical trauma associated with colonisation; such as dispossession, displacement, disease, genocide, cultural assimilation and the disruption of kinship systems. They may also be exposed to ongoing trauma, stemming from collective trauma, economic deprivation, social marginalisation, discrimination, incarceration and other forms of racism.[27]

The RANZCP makes the broad recommendations that:

- All programs and services be localised, and developed and implemented in close consultation and partnership with local Aboriginal and Torres Strait Islander communities, with a strong element of participatory ownership and control.
- All services engaging with Aboriginal and Torres Strait Islander people be trauma-informed and culturally safe, as described in the RANZCP's [Position statement 100: Trauma-informed practice](#) and [Position statement 105: Cultural Safety](#).

3. *How can governments ensure diverse Aboriginal and Torres Strait Islander voices are included in the development of housing and homelessness policies and programs?*
4. *What are the ideal short, medium and long-term policies and programs government can pursue to improve the supply of housing for Aboriginal and Torres Strait Islander people, including increasing the capacity and capability of ATSI CCHOs?*

The RANZCP has no further feedback at this time.

3.4 Social housing

1. *What is the role of social housing for low-income Australians?*

For low-income Australians experiencing mental ill-health, social housing can provide stable housing where the private rental market cannot, which is a foundation of mental health recovery.

2. *What factors should state governments and housing organisations consider when allocating social housing?*

The following groups have increased vulnerability to housing instability and should be a priority:

- People with severe and enduring mental health conditions
- Aboriginal and Torres Strait Islander peoples
- Culturally and linguistically diverse (CALD) peoples
- Children and young people
- Women and children experiencing domestic and family violence
- People with intellectual and developmental disabilities
- People interacting with the justice system
- People with mental health conditions being discharged from inpatient units and prisons
- People transitioning from in-patient care
- People living in regional, rural and remote areas
- Australian defence veterans
- Older adults.

3. *How can governments ensure social housing is built in the right location (including close to amenities, environmental, socio economic, current and future hazard risk and cultural factors) and will meet current and future needs of social housing tenants and the broader community?*

Access to necessary mental health services is important for the location of social housing. If social housing is to deliver a safe, healthy, dignified and socially integrated life for tenants, it must be high quality and well-maintained. The Issues Paper identifies that providers face cost-benefit-based disincentives to maintain or upgrade social housing. The Australian Government should consider ongoing intervention in this cost-benefit ratio, such as through economic incentives, to motivate continuing improvement works into the future.

4. *What are the key short-term and/or long-term social and economic issues in social housing?*
5. *What changes can be made to the current social housing system to improve outcomes for tenants and/or improve the efficiency and effectiveness of the social housing sector?*
6. *What are the most-effective wrap-around supports required to support Australians in social housing to maintain their tenancies? Are there existing effective models that could be scaled up?*

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Social housing for people with identified vulnerabilities (listed above) should be coordinated as part of a service package addressing whole-of-life needs such as mental health, AOD, disability support, physical health, education, employment and other needs.

The [Haven Foundation in Victoria](#), a subsidiary of Mind Australia, provides long-term serviced social housing for people with mental health conditions. The Doorway Program, described at 3.2(5) above, which supports people with mental health conditions in Victoria to secure and sustain a home in the private rental market, provides a model that could also be adopted for social housing.[9]

7. *What future role should the community housing sector play in Australia and what initiatives and funding mechanisms would support this?*
 - a. *Are there any capacity and capability constraints impacting on future growth of the community housing sector?*
8. *What changes to community housing regulation could improve outcomes for tenants, the community housing sector, governments and investors?*
9. *Do current regulatory approaches support future growth in the community housing sector?*
10. *How can governments and their partners best grow social housing stock?*

The RANZCP has no feedback on questions 7–10 at this time.

11. *How can social housing providers better support people with complex needs (such as people with disability, people from culturally diverse backgrounds and people with mental health, alcohol and other drug issues)?*

Our general recommendation is to integrate housing support into a whole-of-life service package, as described at 3.4(4-6) above.

For recommendations relating to specific vulnerable population groups, please refer to our comments 3.2(1–5) above.

12. *In a multi-provider system which includes public and community housing, how can governments and housing organisations ensure that people in most housing need or with complex needs can access housing?*
13. *What significant issues within the social housing sector lack sufficient quality data to inform decision-making?*

The RANZCP has no feedback on questions 12–13 at this time.

3.5 Housing costs, home ownership and the rental market in Australia

1. *What should the most important (long-term) and/or immediate (short-term) housing market policy focus be, across all levels of government, over the next 10 years?*
2. *How can the utilisation of existing properties be improved? How can governments incentivise improved utilisation of existing properties?*
3. *How do supply, demand and affordability challenges differ in urban and regional/remote areas? How could these differences be taken into account when designing policy?*

Home ownership

4. *How can the use and release of land encourage residential growth in well located areas (i.e. close to infrastructure, jobs and services, and resilient to natural hazards) in the short, medium and long-term?*

5. *Are there ways to improve supply chain issues to support more efficient housing supply and reduce building costs?*
6. *What role can housing by design play in improving housing supply and affordability?*

The RANZCP has no feedback on questions 1–6 at this time.

Rental Properties

7. *How can flexibility, accessibility (particularly in the physical environment), affordability and security be improved in the rental private market, particularly for low-income earners?*
8. *Are further wrap-around supports required to support vulnerable Australians in the private rental market to maintain their tenancies? Are there any examples of effective models that could be scaled up?*

A specific support service to help maintain private rental tenancy can assist people with identified vulnerabilities including mental health conditions. An example is the Doorway Program in Victoria, described at 3.2(5) above.

Inadequacy of income creates housing instability and poor mental health regardless of other vulnerabilities. People with mental illness experience more financial disadvantage compared with the general population, having lower-than-average incomes, largely due to the difficulties of obtaining and keeping a job while managing the symptoms of a mental illness.[28] The system of social support payments for people with mental illness is complex, fragmented and challenging to access.

The RANZCP recommends:

- Improvements to the administration of the National Disability Insurance Scheme (NDIS) in line with our [submissions to the NDIS Review of January and September 2023](#).
- A review of the current system to clarify eligibility requirements and remove barriers to access for people with mental health conditions. In addition, income support and social services should be integrated into an individual's mental health care pathway. This applies to the variety of government-funded payments and supports available, including Newstart, Commonwealth Rent Assistance, the Disability Support Pension and the NDIS.
- Increasing minimum income support payments such as the Disability Support Pension (DSP), Age Pension and Carer's Payment.

3.6 Planning, zoning and development

1. *To what extent is the supply, affordability and diversity of houses affected by planning and zoning regulations and administrative processes?*
2. *How can planning and zoning regulations effectively increase the supply of land in well-located areas taking into consideration current and future hazard risk?*
3. *How can governments work together to be more responsive and flexible to housing demand pressures, both now and in the future?*
4. *What is the role of state and local governments in the improvement of speed and/or transparency of development assessment processes to help improve supply of housing and the affordability of homes?*

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5. *How can the development assessment process address community concerns, so the length of appeals processes is minimised, and developers have an efficient path to resolve issues and gain approval?*
6. *How can state and local governments improve accessibility (particular in the physical environment) through planning and zoning, for example, to ensure transport systems are accessible for the whole community?*
7. *What key short, medium and long-term planning and zoning reforms could be explored in the Plan?*
8. *What other reforms, beyond planning and zoning, can governments implement to improve the speed and efficiency of the supply of housing?*
9. *How can governments and other stakeholders (e.g. property developers) ensure that planning and housing decisions do not create or embed hazard risks?*

Our members who work with people experiencing complex and severe mental illness and chronic homelessness report that wide-scale decommissioning of boarding houses significantly reduces housing options for their clients.

3.7 The Impact of Climate change and Disasters on Housing Security, Sustainability and Health

1. *How can governments improve housing and accommodation service coordination to better support individuals affected by hazards?*

The RANZCP has no feedback on this question at this time.

2. *How can governments support hazard resilient housing and housing modifications for new and existing housing, in particular within rural and remote locations that are more likely to be impacted by extreme weather events?*
3. *How can governments better encourage the uptake of energy efficient housing modifications and design?*

The practical details of such programs are beyond our scope of expertise. However, we affirm that considerations of energy efficiency, greenhouse gas emissions and other environment impacts are imperative for all programs, because of the adverse impacts of climate change on human mental and physical health.[29, 30] Research shows that climate-change mitigation strategies can have a substantial human health co-benefit, with the potential for net cost savings for governments where programs are well-designed.[30, 31]

It seems likely that equitable distribution of the benefits of hazard-resilient and energy-efficient housing will require reducing or eliminating cost barriers for low-income and/or vulnerable populations.

4. *How can housing policies and programs support people who have been displaced due to climate disasters?*

People affected by natural disasters and climate-change-related weather events will need mental health support services. They may develop mental health disorders following exposure to a traumatic event, or may experience worsening of pre-existing mental health problems. Loss of housing as a result of such events will also bring mental health impacts, and restoration of secure housing will likely be a condition of recovery. More information is available from our [Position statement 106: The mental health impacts of climate change](#) and [Position statement 35: Addressing the mental health impacts of natural disasters and climate change-related weather events](#).

The general mental health impact of climate change on populations should be acknowledged, absent specific exposure to disaster events. Increased weather temperatures have been shown to increase

mortality and morbidity from mental illness.[32] Moderate to extreme anxiety and distress about climate change, in the absence of any current practical impacts, is an increasingly well-documented category of mental health distress.[29, 33] Additionally, climate change has negative effects on physical population health, which flow back into negative mental health impact.[29, 30]

Evidence shows that all negative mental health impacts of climate change are more pronounced in vulnerable communities such as young people, older adults, rural, regional and remote populations and Aboriginal and Torres Strait Islander peoples.[29, 33, 34]

For these reasons, we advocate for housing infrastructure and programs that minimise resource consumption, greenhouse gas emissions and environmental impact, from both construction and ongoing use.

5. *What options should be explored for improving the energy efficiency of rental properties?*
6. *How can hazard resilience and thermal performance of housing in regional and remote locations be improved?*

The practical details of such strategies are outside our scope of expertise. However, we observe that the lack of direct financial benefit to landlords of housing upgrades may mean regulatory or economic incentives are required. Equitable distribution of the benefits of improved hazard-resilience and thermal performance in housing will likely require reducing or eliminating cost barriers for low-income and/or vulnerable populations.

Conclusion

The RANZCP appreciates the opportunity to contribute to Department of Social Services' Developing the National Housing and Homelessness Plan – Issues Paper. If you have any questions or wish to discuss any details in this submission further, please contact Nicola Wright, Executive Manager, Policy, Practice, and Research via nicola.wright@ranzcp.org or on (03) 9236 9103.

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