WAAMH

Western Australian Association for Mental Health

Western Australia Association for Mental Health:

Submission to the Estimates and Financial Operations Standing Committee Inquiry into the Financial Administration of Homelessness Funding in Western Australia.

25 March 2022

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Acknowledgement of Country and People with Lived Experience

The Western Australian Association for Mental Health (WAAMH) acknowledges the traditional custodians of country on which this submission was developed, the Whadjuk people of the Noongar Nation. We acknowledge their continuing and unbroken connection to land, sea and community. We pay our respect to their culture and their Elders, past and present and emerging and acknowledge their ongoing contribution to WA society and the community.

WAAMH also acknowledges the individual and collective expertise of people with a living or lived experience of mental health, alcohol and other drug issues, and the families and carers who provide support and have a lived/living experience. We recognise the vital contribution and value the courage of individuals who have shared their perspectives and personal experiences for the purpose of learning and growing together to a mental health system and a wider community that can achieve better outcomes for all.

> *When are the people who make decisions and the politicians going to realise this is a crisis? Not a 'shortfall' or 'lack of suitable options'- all those bureaucratic words- but a crisis which results in mentally ill people lying on concrete and hoping they don't get bashed. And then having to do it the next day. And the next day. How could that be good for anyone's mental health? (Carer)*

Overview and Summary

WAAMH acknowledges the significant progress that has been made in Western Australia in recent years to address issues of homelessness and mental health. This includes

- Significant investment by the WA Government in policy, funding and initiatives to respond to and end homelessness.
- The development of the *All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness 2020–2030* by the WA Government which is predicated upon a commitment to end homelessness and- implement Housing First approaches.
- The development and implementation by the Mental Health Commission *of A Safe Place: A Western Australian Strategy to provide safe and stable accommodation, and support to people experiencing mental health, alcohol and other drug issues 2020-2025*. The Strategy provides an overarching framework to guide stakeholders in the funding and development of appropriate accommodation and support for people with mental health and AOD issues. A range of new initiatives have been funded through the Strategy.
- The leadership provided by the End Homeless Alliance which has acted as catalyst for significant innovation and reform.
- The advocacy and service delivery work done by Aboriginal people and Aboriginal organisations to address the homeless issues that impact severely on First Nations People.
- The innovative leadership provided by the non-government housing, homelessness, and mental health sectors.
- The growing body of homelessness research expertise and evidence in WA led by researchers Lisa Wood at Notre Dame University and UWA and Paul Flatau and his colleagues at the Centre for Social Impact at UWA.

These achievements provide a strong foundation on which to build.

Despite these strong achievements, WA's homelessness, housing and mental health systems are inadequate.

Homelessness has risen and the availability of affordable rental housing (public housing, community housing and private rental and other tenure types) has fallen well below the level of need. This is despite the announcement by the State Government of new investment in affordable public and community housing.

In addition, successful supported housing and homeless initiatives and wrap around recovery and trauma informed mental health support and services are under-resourced to scale up to meet demand.

Reforms proposed to the Residential Tenancies Act have not been advanced.

The time is right for significant additional action and investment by the WA Government to address these shortfalls.

The WA Association for Mental Health suggests four priorities to enhance the strategic focus and increase funding in key areas to address issues of mental health and homelessness.

Policy priority 1: Provide genuine choice and control in housing by increasing the availability of a diversity of safe, secure, appropriate and affordable housing for people with lived experience of mental ill health, homelessness and housing insecurity

Policy priority 2: Expand and increase mental health support, housing support and other types of support

Policy priority 3: Prevention and Early intervention: Increase support to sustain the tenancies of people with lived experience of mental ill health who are able to live independently.

Policy priority 4: Improve coordination, integration and linkages between the mental health, housing, homelessness and other sectors

About WAAMH

The Western Australian Association for Mental Health (WAAMH) is the peak body for the community managed (non-government) mental health sector in Western Australia, with more than 80 organisational and over 130 individual members across metropolitan and regional WA.

WAAMH's membership comprises community managed organisations providing mental health services, programs or supports, and individuals and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership.

Community-managed organisations provide a critical network of services that support people affected by mental ill-health and their families and help them live valued lives in their community.

WAAMH has been engaged in the mental health sector for more than 50 years. We advocate for effective public policy on mental health issues, deliver workforce training and sector development, hold events for the sector and the wider community, promote positive attitudes to mental health and recovery and undertake projects to deliver outcomes in a range of areas including employment, the NDIS, supported accommodation, youth mental health, community sport and mental health and mental health support in regional and remote areas.

WAAMH's broader work that informs this submission includes membership engagement, systemic advocacy work and projects in metropolitan and regional/remote areas. The breadth of the activities that WAAMH delivers mean we are well placed to collect and analyse information to identify and respond to emerging issues involving mental health and homelessness.

As WA's peak body for community mental health services, WAAMH is well connected to the housing and homelessness sector. Many of our members provide services and support to people who are, or who have been homeless, or are at risk of homelessness.

WAAMH welcomes the invitation from the Estimates and Financial Operations Standing Committee to provide a submission in relation to the Terms of Reference for the Inquiry into the Financial Administration of Homelessness Funding in Western Australia.

Setting the Scene: Background and Context

WAAMH takes this opportunity to provide some contextual background in relation to the funding and delivery of homelessness services and mental health services in Western Australia.

Definitions of homelessness

At its core, homelessness is the experience of not having an adequate home. This reflects the lack of housing and support available to the most deprived and vulnerable West Australians.

As a definition of homelessness, we suggest the definition by McKenzie and Chamberlain[1] which include three categories:

Primary homelessness is experienced by people without conventional accommodation (e.g. sleeping rough or in improvised dwellings);

Secondary homelessness is experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, refuges, sleeping on someone's floor or couch;

Tertiary homelessness is experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding houses, backpacker, caravan park*).* For people with chronic mental health conditions, this category also includes prisons, hospitals, inpatient units and various forms of institutional care.

All those concerned about homelessness recognize the need to focus on all three types of homelessness and ensure policy, strategy, funding and service delivery responses address all three categories of homelessness and not just one. Sometimes one category, such as addressing rough sleeping or street present homelessness, becomes the greatest concern and where the majority of resources and activity is focused.

The housing crisis is a driver of increasing levels of homelessness and has a disproportionate impact on people with mental health issues.

The issue of homelessness cannot properly be seen in isolation from the broader issues of the affordable housing crisis, housing stress and unmet housing need. This is particularly the case when considering the most visible manifestation of homeless- rough sleeping or people who are the street present homeless.

Rough sleeping is rightly considered a high priority concern, although it is important to recognise that it constitutes the most visible symptom of a much larger and more fundamental set of problems.[2] Rough sleeping or street present homeless persons is only a

[1] Chamberlain C & McKenzie D (1992), Understanding contemporary homelessness; Issues of definition and meaning, *Australian Journal of Social Issues*, 27(4):274-297; Chamberlain C and McKenzie D (2008), Counting the Homeless 2006, Australian Bureau of Statistics, Canberra.
[2] Among many policymakers and media commentators homelessness is conceptualized as being primarily about addressing rough sleeping or people who are street present. This can often skew policy making and funding.

tip of the much larger homelessness iceberg. And wider homelessness is only the tip of a much larger iceberg of serious housing need.[3]

Detrimental changes to Australia's housing system over the last 3 decades have driven a significant deterioration in housing access and affordability and led to significant increases in homelessness over the last 5 years, regardless of how homelessness is measured.[4]

Brendan Coates of the Grattan Institute[5] has noted:

> *"There is a clear link between homelessness and housing prices. The consequences of affordability are felt at the bottom. People with low income are spending more of their money on housing. Add in disability, substance abuse, mental healthy, domestic violence- in a world where they are already vulnerable- it increases the risk of being homeless."*

Leading housing researchers agree that the crisis is largely structural, with the result that housing affordability, housing stress and homelessness are getting worse. A lack of affordable rental housing, Federal Government policy changes that have cut and tightened income support payments, over reliance on the private market to house people[6] and rents that have risen faster than inflation and wages that have not grown, all contribute to rising homelessness.[7]

The continuous growth in homelessness is the result of insufficient attention from all levels of Governments to the provision of low-income housing and the support services that people in need require.

Homelessness has worsened in most Australian capital cities, and rates of increase have generally been highest in the inner areas and CBD's areas of major cities.[8] In the 5 years to 2018, the number of homeless people in Perth increased 12% and the number of rough sleepers rose even faster, up 17% in the same time.[9]

As rents rise faster than incomes and people on low to moderate income are forced to skimp on the basics of living to pay the cost of rental, they face the very real threat of falling into rental arrears, losing their home and ending up homelessness. This is sadly a common occurrence. There is not enough public and community housing for the lowest income earners, and much of the stock is not fit for purpose. People struggling to find affordable rental housing lead precarious housing lives and cycle between a private rental market that is expensive and insecure, temporary or short stay and long stay accommodation, inadequate emergency housing, staying temporarily with others, boarding houses, temporary

[3] Pawson, H (2020) *Submission to the Australian Parliament Inquiry into Homelessness*, March 2020.
[4] Pawson, H & Yates, J, (2019) *Housing Policy in Australia: A Reform Agenda.*
[5] Quoted in Delaney, B, (2019), 'National obscenity': Australia's story of housing boom and homelessness, *The Guardian*, Friday 17 May 2019.
[6] Pawson, H, Yates, J & Milligan, V, (2020) Australia's housing system needs a big shake-up: here's how we can crack this, *The Conversation*, February 17, 2020
[7] Pawson, H, Parsell, C, Saunders, P, Hill, T & Liu, E, (2018) *Australian Homelessness Monitor 2018*, Launch Housing, Social Policy Research Centre, University of NSW, University of Queensland, Institute for Social Science Research, Sydney, 2018.
[8] Pawson, H et.al, (2018) ibid.
[9] Emery, K, (2018), Crisis looms as Perth homelessness figures increase, *The West Australian*, Tuesday May 15, 2018.

lodgings, sleeping in cars, staying with family and friends in overcrowded housing and rough sleeping.[10]

This crisis is having significant harmful impact on the mental health of West Australians. People with mental health issues and those at risk of developing mental health challenges are hit particularly hard.

The links between mental health and homelessness

The link between housing and mental health is well established, multi-directional and reinforcing. It is not just that housing affects mental health; mental health also affects housing. The experience of mental ill-health increases the risk of homelessness, and the experience of housing insecurity, risk of homelessness and the experience of homelessness can precipitate or exacerbate mental ill-health.[11]

Poor mental health is widely recognised as both a cause and a consequence of homelessness.[12] The risk of homelessness among people with mental ill-health is significant.

A person's housing circumstances, and conditions and lack of housing can lead to mental health challenges not previously present, placing people at increased risk of homelessness and people with existing mental health challenges can easily find that their housing situation has becomes precarious or they end up homeless[13].

Many people's first episode of a serious mental health condition develops as a consequence of the stress and dislocation of homelessness.[14]

Nearly 30 years ago the Human Rights and Equal Opportunity Commissioner Brian Burdekin wrote that:

> *One of the biggest obstacles in the lives of people with a mental illness is the absence of adequate and affordable and secure accommodation. Living with a mental illness-or recovering from it- is difficult even in the best of circumstance es. Without a decent place to live it is virtually impossible.*[15]

Despite considerable activity and successful interventions in some areas, progress in addressing these issues has been slow.[16] While individual programs in the mental health sector and the homelessness sector have been successful in supporting people with

[10] Parkinson, S, Batterham, D & Reynolds, M, (2019), Homelessness soars in our biggest cities, driven by rising inequality since 2001, *The Conversation*, May 30, 2019

[11] Brackertz N, Borrowman L, Roggenbuck C, Pollock S & Davis E (2021) *Trajectories: The Interplay between mental health and housing pathways*, Australian Housing and Research Institute and Mind Australia Melbourne.

[12] Brackertz N, Wilkinson A & Davison J (2018) *Housing, homelessness and mental health: towards systems change*, Final Report by AHURI for the National Mental Health Commission, Australian Housing and Research Institute, Melbourne.

[13] Some behaviours associated with mental ill-health may be detrimental to a person's housing situation (e.g., due to the episodic nature of mental ill-health when people are unwell, they may be unable to prioritise finances and pay their rent, they may have difficulty maintaining property standards or engaging with real estate agents and landlords)

[14] Council to Homeless Persons (2019) 5 reasons the Mental Health Royal Commission must examine housing and homelessness http://chp.org.au/five-reasons-why-victoria's-mental-health-royal-commission-must-examine-housing-and-homelessness

[15] Human Rights and Equal Opportunity Commission (HREOC) (1993), *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness* (Canberra HREOC, 1993

[16] Productivity Commission (2020) *Mental Health Productivity Commission Inquiry Report*, Canberra 2020.

experience of mental ill-health and housing insecurity into stable and secure accommodation, much more needs to be done.[17]

We know that having a diagnosed mental health condition increases the likelihood by 39% that people will be forced to move from their home within one year, thereby increasing the risk of homelessness with people experiencing psychological distress having an 89% likelihood of financial hardship in the following year.[18]

The Productivity Commission Inquiry into Mental Health found that at least 31,000 people across Australia living with mental ill-health are experiencing or are at risk of homelessness and have an unmet need for long term housing.[19]

There are high rates of mental ill-health among people accessing specialist homelessness services.

- Across Australia, the number of people with mental health issues seeking homelessness assistance has almost doubled from 44,732 in 2011-12 to 88,338 in 2019-20. The proportion of people seeking assistance from specialist homelessness services (SHS) who had an identified mental health issue has also increased over time, reaching 32% in 2020-21. These clients represent one of the fastest growing cohorts (sub-groups) within the specialist homelessness services.[20]
- Data from a Perth study found that 67.5% of people in a specialist homelessness health service had at least one mental health condition, nearly half (47.8%) had a dual diagnosis of mental health and alcohol and other drug (AOD issues) and over one third (38.1%) had tri-morbid mental health, AOD and physical health conditions.[21]
- The rate of specialist homelessness services clients with a mental health issue was 11 times higher for Aboriginal and Torres Strait islander people than non-Indigenous Australians.[22]
- The rate of specialist homelessness services clients with a current mental health issue was higher for women than men.
- In 2019-20 almost half of specialist homelessness services clients with a mental health issue reported an episode of homelessness in the past 12 months before presenting to an agency. This compares to one third of clients without a current mental health issue.

[17] Productivity Commission (2020) *Mental Health Productivity Commission Inquiry Report*, Canberra 2020.
[18] Brackertz N, Borrowman L, Roggenbuck C, Pollock S & Davis E (2021), *Trajectories: The Interplay between mental health and housing pathways,* Australian Housing and Research Institute (AHURI) and Mind Australia Melbourne, 2021.
[19] Productivity Commission (2020) *Mental Health Productivity Commission Inquiry Report*, Canberra 2020, see pages 1001-1002.
[20] Australian Institute of Health and Welfare (2022), *Mental Health Services in Australia*, Australian Government, Canberra, February 2022.
[21] Valessi S, Tuson M, Davies A & Wood L (2021) Multimorbidity among people experiencing homelessness-Insights form Primary Care Data, *International Journal of Environmental Research and Public Health* 18, (12):6498. https://doi.org/10.3390/ijerph18126498
[22] Australian Institute of Health and Welfare (2022), *Mental Health Services in Australia,* Australian Government, Canberra, February 2022.

- People experiencing homelessness are heavy users of the health system because mental health conditions (and other health conditions) get worse without a safe place to live.[23]

Despite the high prevalence of clients with complex mental health issues and co-occurring mental health and AOD issues, specialist homeless services are limited in their capacity to provide in-depth, ongoing mental health support to people with mental health issues. This lack of capacity arises from lack of funding for mental health support, their limited role, and the lack of specialist staff skill in providing wrap around mental health support to people with complex mental health issues The main services they provide are information/advice, basic assistance, advocacy liaison on behalf of the client and material aid.[24]

> *People with mental health accommodation needs are more often than not traumatised throughout many differing events in their lives. Accommodation must be more person centred- a one size fits all does not give the needed support (Consumer)*

One cohort of people not well served by existing housing, homelessness or mental health and AOD services are people at risk of homelessness or experiencing homelessness as a result of co-occurring alcohol and other drug issues. Too often they are excluded from services and support because of a lack of 'joined up' approaches which address both their mental health needs and AOD issues, or because services do not have the skill, capabilities or resources to work with people with complex co-occurring issues over time.

Ensure better alignment between the funding and delivery of housing, homelessness, mental health and alcohol and other drug and human and community service systems.

Housing, homelessness, mental health and alcohol and other drugs operate as separate policy settings, funding and service delivery systems. Responsibility for policy making, strategic direction setting, planning, governance and funding is dispersed across different Ministers and multiple state and Federal (and local) government agencies.[25]

The CEO of a small metropolitan service provider funded by State and Commonwealth government agencies told us

> *Having MHC, WAPHA and Communities involved somewhat makes the coordination of resources clumsy.*

WAAMH believes there must be improved policy, funding and service integration between housing and homeless sectors, community mental health sector, public mental health and other service sectors to support effective service delivery and reduce the silos between the various sectors. In addition, specialist homelessness services should be delivered through close collaboration between these sectors.

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[23] Council to Homeless Persons (2019) 5 reasons the Mental Health Royal Commission must examine housing and homelessness http://chp.org.au/five-reasons-why-victoria's-mental-health-royal-commission-must-examine-housing-and-homelessness

[24] Australian Institute of Health and Welfare (2022) op.cit

[25] Productivity Commission (2020) *Mental Health Productivity Commission Inquiry Report*, Canberra 2020

While progress has been made in recent years, particularly at the service delivery level, there is much more to do.

Homelessness and mental health services that are well coordinated and link with drug and alcohol and services and family and domestic violence services are more effective at supporting people experiencing mental ill health who are homeless or at risk of homelessness.[26]

Service delivery is provided by a combination of private, public, not-for-profit, faith based, and charitable organisations all funded by a complex mixture of different State, Federal and local government organisations and corporate and philanthropic funders[27]. Organisations have different purposes, roles, capacities, and philosophies and often have to compete with each other for limited funding. A result is that services often work independently of each other, which can create a fragmented response.

> *It would be good to review the model of service delivery. What is currently in place for most rural and regional communities is not working. The people looking after individuals with a lived experience of mental health issues need to control the housing stock and provide the wrap around services. If services are provided by separate organisations/services there is always the possibility that people fall between the service parameters and get lost or forgotten. If you are only looking after the homeless then you are reliant on other services such as mental health or housing to work with you and this is not always possible, resulting in a poor outcome for the individual. (CEO of a regional mental health service provider)*

The difficulties and challenges of achieving coordination and integration across separate tiers of government funding and separate service delivery systems and sectors are significant and this contributes to poorer housing and health outcomes for people with lived experience of mental health who are homeless or at risk of homelessness.[28]

> *There are also competitive dynamics that are acting as system blocks due to a lack of cooperation for joint servicing/inter-program transitions (Consumer)*

In response to a question about actions needed to improve responses to people with mental health and homelessness issues, a service manager wrote about the challenges of coordinating supports across systems and sectors

> *Effective engagement between youth specific homelessness services and the mental health clinicians available. This requires the youth specialist agency to be skilled and trained in mental health areas, possibly be accredited under the National Mental Health standards if funded directly from MHC or Commonwealth/Primary Health networks.*

[26] Productivity Commission (2020) *Mental Health Productivity Commission Inquiry Report*, Canberra 2020

[27] Brackertz N, Wilkinson A & Davison J (2018), *Housing, homelessness and mental health: towards systems change,* Final Report by AHURI for the National Mental Health Commission, Australian Housing and Research Institute, Melbourne.

[28] Brackertz N, Borrowman L, Roggenbuck C, Pollock S & Davis E (2021), ibid..

Proposed actions

- WA Government to implement mechanisms and provide resourcing to facilitate better coordination between parts of the clinical and community mental health systems and the housing and homelessness systems.
- The WA Government invest in specialist mental health support and transition workers to support Housing First Programs and Common Ground facilities to meet the needs of people with complex mental health issues (and co-occurring alcohol and other drug issues) who are engaged or need to engage with or are exiting mental health services (including acute mental health care).

Term of Reference 1: The current funding and delivery of services

In thinking about the funding and delivery of homelessness services we encourage the Inquiry to include in its analysis the level and types of funding provided by the Mental Health Commission, the Department of Justice, Health Department of WA, Industry Regulation and Consumer Protection within the Department of Mines, Industry Regulation and Safety as the programs and services funded by those government agencies all make a major contribution to responding to and addressing homelessness, although they may not be formally part of the specialist homelessness sector. Some examples are:

- Mental Health supported accommodation (Mental Health Commission)
- Mental health community support services (Mental Health Commission)
- Alcohol and other drug services in the public and non-government AOD sector (Mental Health Commission)
- Tenancy support (Department of Mines, Industry Regulation and Safety)
- Community legal services (Department of Justice)
- Prisoner community re-entry services (Department of Justice)
- Public mental health services (Mental Health Commission, Health Service providers)
- Women's health services (Health Department of WA)

The significant role of the Mental Health Commission

The Mental Health Commission is a significant player & the programs and services it funds play a critical role in responding to and addressing homelessness, through the prism of supporting people with mental health and AOD issues. The Commission funds a range of mental health supported accommodation services that address the needs of people experiencing mental ill-health and AOD issues who are homeless or at risk of homelessness.

This includes:

- Residential services provide short, medium or long-term accommodation. The accommodation may include support services for daily living that promote recovery.

- Step up/step down services provide short term (generally up to 28 days) residential mental health specialised support, in a community-based environment.
- Transitional services support people for a longer time period. The Commission is currently establishing a Community Care Unit for adults with severe and persistent mental health issues and complex needs, who require a high level of support.
- Other models include Community Supported Residential Units, which support people with a mental illness and low to medium daily living support needs, and the Individualised Community Living Strategy support program (for individuals with a severe mental illness and have the capacity to live independently with drop in (non 24/7) supports.
- The Commission funds range of homelessness services in the non-government sector and the public mental health sector to support people with mental health, alcohol and other drug issues at risk of homelessness including services such as Ngatti House (youth), Ngulla Mia (adults) Perth Inner City Youth Services (youth) and specialist mental health services in the public mental health sector that work with specific cohorts such as homeless people in hospital (Mental Health Homeless Pathways Project[29]), young people, people of CALD background, LGBTIQ people (eg Youth Link[30], Youth Axis, Youth Reach South).
- The Independent Living Program (or Supportive Landlord Service) provides social housing and a supportive landlord service through a Community Housing Organisation with clinical mental health support and psychosocial supports provided to people with severe and persistent mental illness on a long-term basis in the community.[31]
- Long term mental health residential services for people with high needs also include private psychiatric hostels licensed by the Department of Health's Licensing and Accreditation Regulatory Unit.
- The Commission is funding a number of new specialist mental health and alcohol and other drug services for young people with mental health and AOD issues who may be homeless or at risk of homelessness including a Youth Step-Up Step-Down facility, Youth Psychosocial Support Packages, Youth Long-term Housing and Support Program and the Youth Mental Health and Alcohol and Other Drug Homelessness Service, which provides transitional supported accommodation for young people aged 16 to 24 who show signs and symptoms of a mental health issue, with or without a co-occurring alcohol or other drug issue, and who are experiencing or are at risk of experiencing homelessness.

[29] Vallessi S, Ahlers K & Stafford A, (2022), Pathways from Acute Mental Health care for Individuals experiencing homelessness, *Parity, 33 (4),* May 2020: 41-43.
[30] Sabbioni D, Feehan S, Nicholls C, Rigoli D, et.al., (2018), Providing culturally informed mental health services to Aboriginal youth: The Youth Link model in WA, *Early Intervention in Psychiatry*, 12(1) DOI:10.1111/EIP.12563
[31] Brankovich J, Penter C & McKinney C, (2020), *Report of the Review of the Personalized Support linked to Housing: Supportive Landlord Services Program as part of the Independent Living Program*, Report by the WA Association for Mental Health for the Mental Health Commission, Perth, 31 January 2020.

Inadequate capacity in the mental health system and under-resourcing of mental health community support

Homelessness could be drastically reduced if people experiencing mental ill-health were able to access supportive housing, as well as mental health support, tenancy related support and other community supports.[32]

Mental health community support and housing support initiatives are under-resourced to the extent they are unable to meet the level of need and demand.

There are many existing mental health support and housing support initiatives, some of which are mentioned earlier, that make a significant difference in the lives of people with mental health issues who are at risk of homelessness or who have lived or living experience of homelessness. However, these programs have difficulty responding to the level of need and demand on them. Additional funding is required to grow, scale up and increase the capacity of the services to meet demand.

> *There was no suitable support options available which ended in myself having to supply accommodation and support (Family member)*

At times governments provide short term or once off funding to assist mental health services providing housing and mental health support (and other types of support) to people who are homeless or at risk of homelessness to respond to or manage unmet demand for support services. This short-term funding might be to address an immediate issue such as long wait lists or issues experienced by a particular cohort, such as young people, or is a response by government to a particular crisis or set of circumstances, such as COVID.

Such funding is important as it enables the services to respond to pre-existing gaps and unmet needs in the short to immediate term. However, problems arise when that funding ceases or is not renewed, with the result that the service faces the problem of mounting demand that it is unable to meet.

> *A specialist non-government youth service provider who works with young people who are homeless or at risk of homelessness who also have complex mental health and alcohol and other drug issues received some additional funding during COVID to enable it to respond to unprecedented demand and address a pre-existing gap in service provision that had long existed, but which was highlighted by COVID. The additional funding enabled the agency to achieve considerable success in providing support to vulnerable young people. However, the funding was time limited and will cease after 30 June 2022, meaning the service will have to reduce its service capacity in preparation for the cessation of the additional funding.*

For people with mental health issues and homelessness 'wrap around' supports are needed, alongside the provision of housing, to enable sustainable exits from homelessness, sustain housing and enable social and economic participation.[33] The provision of ongoing flexible wrap around mental health support, AOD support (if needed) and housing support is an effective way to end homelessness and support people with complex needs to a better

[32] Brackertz N, Wilkinson A & Davison J (2018), *Housing, homelessness and mental health: towards systems change,* Final Report by AHURI for the National Mental Health Commission, Australian Housing and Research Institute, Melbourne.
[33] Mental Health Australia (2022) National Housing and Homeless Agreement Review: Submission to the Australian Government Productivity Commission in response to Issues Paper, 22 February 2022.

quality of life and independence. It is also less costly for governments and the best way to end the revolving door between homelessness services, acute mental health services and rough sleeping.[34]

> *I was ready to discharge… but was homeless so had to wait a couple of weeks to find somewhere. I moved to a crisis hostel, but my mental health declined severely as there was no mental health support available. I felt lost and hopeless. I was 17 (Consumer)*

To address homelessness in WA, we need much greater investment in the provision of wrap around mental health support, as well as housing and tenancy support. This support needs to be personalised, recovery oriented[35] and trauma informed.[36]

> *Workers who know how to work with trauma and not trigger it and then leave the family having to deal with the consequences (Family member)*

Proposed actions:

- Close the gap in the availability of housing with integrated mental health support to address the shortfall for people experiencing mental ill-health by expanding existing mental health support and housing support models, including models funded by the Mental Health Commission, that have shown to be effective.
- Department of Communities to embed stronger mental health support and AOD support into Housing First and Common Ground initiatives and all homelessness programs.
- The WA Government and the Department of Communities invest in and expand the use of Housing First models for those who are experiencing persistent homelessness, placing particular emphasis on embedding provision of mental health support and other types of wrap around support, within those models and ensuring there is adequate supply of housing and mental health and AOD support to ensure fidelity with Housing First principles.

The role of the community mental health sector

The community managed (non-government) mental health sector plays a critical role in addressing and preventing homelessness and supporting people with experience of mental ill-health and homelessness. This work is funded primarily through the Mental Health Commission and other funding providers such as Lotterywest, and philanthropic funders,

[34] Parsell C, Peterson M, Culhane D, (2017), Cost Offsets of Supportive Housing Evidence for social work. *British Journal of Social Work*, 47 (5), pp 1534-1553.
[35] By recovery oriented we mean approach to mental health support, which encompasses principles of self-determination and personalised care and emphasises hope, social inclusion, community participation, personal goal setting and self-management. See Australian Government, National Mental Health Strategy (2021) *National Framework for Recovery Oriented Mental Health Services: A Guide for Practitioners and Providers.*
[36] By trauma informed we mean an approach to the provision of mental health and housing support that recognizes and acknowledges existing trauma among individuals who access services and support and the society at large, and that has the capacity to respond to the dynamics of trauma that people experience. See Cash, R., O'Donnell, M., Varker, T., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L., & Phelps, A. (2014). *The Trauma and Homelessness Service Framework*. Report prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and Vincent Care Victoria.

and is seen as part of the response to mental health issues rather than homelessness. The role of the sector in addressing homelessness has not always been recognised and acknowledged.

Community mental health services are often the first point of contact for concerns from consumers, family members and service providers about people with mental health issues who may be at risk of homelessness or are homeless. This is particularly the case in regional areas. However, with a few exceptions, community (non-government) mental health services are rarely funded under the specialist homelessness programs funded through the Department of Communities to respond to these issues.

Where non-government mental health services receive specialist homelessness funding (for example through the former NPAH Program) the level of funding provided is inadequate to meet the increasing demand for recovery oriented and person-centred support for people with mental health issues experiencing homelessness or at risk of homelessness.

The manager of a specialist youth mental health and homelessness services in the metropolitan area wrote.

> *There is not sufficient access to psychosocial supports in youth homelessness to bolster early engagement, education through trusted relationships, engagement of young people with clinicians and skilling up the youth homelessness team workforce*

The CEO of mental health service provider in a regional centre who employs a half time (0.5 fte) Housing Support worker told us:

> *In 2021 – we had 42 referrals from various sources – mostly the mental health clinics and other mental health programs to assist people with homelessness or at serious risk of due to tenancy issues where the client was about to either be evicted due to the price of rent rising or homes being sold, to people being unable to find rentals due to the extreme competition.*
>
> *On top of that 42 – we had at least 2 calls per week from people wanting to access the homelessness program from other sources, that were not official referrals (self-referrals, psychologists, GP's, other specialist housing programs and other organisations – due to the extreme pressure on housing (emergency, crisis, transitional and rental resources) – desperate for help to prevent homelessness.*

Proposed actions:

- The WA Government and the Department of Communities invest in and expand the use of Housing First models for those who are experiencing persistent homelessness, placing particular emphasis on embedding provision of mental health support provided by the community mental health sector and other types of wrap-around support, within those models and ensuring there is adequate supply of housing and mental health and AOD support to ensure fidelity with Housing First principles.
- The Mental Health Commission and the Department of Communities to ensure funding is available so that an adequate level of mental health support, clinical and psychosocial support and housing support is available to and/or within all services

responding to people with mental health issues who are homeless or at risk of homelessness.

Funding for specialist mental health and other community services

A considerable amount of support provided to people experiencing or at risk of homelessness who are also experiencing mental health issues is provided by services whose primary role is not to address homelessness. These agencies and groups respond to issues of homelessness as part their daily work, however they are not specifically funded for that purpose. Examples include community mental health servicest, mental health supported accommodation services, tenancy support services, community legal services, financial counselling services, women's health services, youth services, family support services and parenting services.

Increased funding is required for community based mental health services and broader community services in the non-government sector that work with people who are homelessness or at risk of homelessness. In the non-government mental health sector this includes mental health services that respond to people who are homeless or at risk of homelessness and supported accommodation services such as the Independent Living Program and the ICLS Program both of which funded by the Mental Health Commission.

Having a job and an income can be a crucial factor in being able to break free from the cycle of homelessness. Hence, a recovery goal for many people who experience homelessness and mental health issues is to find (or retain)[37] competitive employment. Yet for many people this goal is not easy to accomplish. Finding a place to live and a job is even more challenging for those who also experience mental health challenges.

Not surprisingly, given the challenges of finding and maintaining employment[38] while homeless, researchers have estimated high levels of unemployment among people experiencing homelessness.[39]

Being unemployed while experiencing homelessness also makes it difficult to exit homelessness, and people experiencing homelessness face a range of barriers to employment.

However, even though unemployment rates are high among people experiencing homelessness, many people experiencing homelessness want to work and, with the right supports and opportunities, can achieve positive employment outcomes.[40]

The Individual Placement and Support (IPS) program has been coined the "gold standard" for vocational interventions with people with mental health challenges and has consistently shown dramatic increases in employment for people who have serious issues with mental

[37] See Scutella R & Swami R (2018) Fact Check Q & A: do about 30% of homeless people have a job, The Conversation, May 7 2018. https://theconversation.com/factcheck-qanda-do-about-30-of-homeless-people-have-a-job-95514

[38] Swani found that homelessness is more strongly associated with difficulty in retaining employment than with finding employment. Swami N, (2018), The grim cycle of unemployment and homelessness, Pursuit, University of Melbourne,28 February 2018. https://pursuit.unimelb.edu.au/articles/the-grim-cycle-of-homelessness-and-unemployment

[39] Australian data suggests that around 30% of people who are homeless are employed. See Scutella R & Swami R (2018) Fact Check Q & A: do about 30% of homeless people have a job, The Conversation, May 7 2018. https://theconversation.com/factcheck-qanda-do-about-30-of-homeless-people-have-a-job-95514

[40] Swami N, (2018), The grim cycle of unemployment and homelessness, *Pursuit*, University of Melbourne,28 February 2018. https://pursuit.unimelb.edu.au/articles/the-grim-cycle-of-homelessness-and-unemployment

health in 19 randomised controlled trials.[41]The IPS programs have been developed and implemented internationally, and have been heavily researched to determine the costs and benefits of this type of program compared to other vocational services.[42]

The IPS is being adapted for homeless populations.[43]

Proposed actions:

- The WA Government, The Mental Health Commission and the Department of Communities to ensure funding is available so that an adequate level of mental health support, clinical and psychosocial support and housing support and other supports are available to and/or within all services responding to people with mental health issues who are homeless or at risk of homelessness.
- The WA Government develop and pilot employment support models, such as the Individual Placement and Support Program to address the employment related aspirations and needs of people with mental health issues who are at risk of homelessness or who have a lived experience of homeless.

Funding to grow and develop workforce capacity

People who experience mental ill-health and homelessness have some of the most complex intersecting health and social challenges. This has significant implications for the staff who work with people with lived experience of mental ill-health and homelessness.

> *We faced utter discrimination as the person was recently out of prison. They were seen as "too hard". Total lack of understanding of trauma by the worker assessing him for the accommodation so they triggered him while doing the assessment because of some of the questions asked and how they asked them. And this was someone who the accommodation agency knew had been referred there while still on a mental health ward (Family member)*

Peer support is an important approach as mentors and role models, peer support and lived experience workers can provide invaluable support and show from their own lives that it is possible to overcome mental ill health and exit homelessness, and also warn against pitfalls.

The inclusion of peer support workers in the staff team should be a key feature of all initiatives targeting people who experience mental ill health and homeless, including Common Ground and Housing First projects.

> *The ideal would be a peer support worker who knows all the systems well not just one part of it and who can do everything from the initial contact with the person to encourage them, to stay in touch with me and who can be real about what's involved as well as present the person in the best possible light to the service. If there are family and friends trying to help they're often just*

[41] Bond G, (2013) Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment http://sites.dartmouth.edu.au/ips/files/2013/01/Evidence-IPS_11_2013.pdf

[42] Knapp M, Patel A, Curran C, Latimer E, Catty J, Becker, T, Burns T, (2013), Supported employment; cost effectiveness across six European sites, *World Psychiatry*, (12 (1), pp60-68 DOI:10.1002/wps.20017

[43] Panagio, C (2016), Adapting the Individual Placement and Support Employment program for Vancouver's Homeless population, University of Victoria, Canada April 2016

> *as depressed as the person and non-one cares about them. A good peer worker would take the pressure off the family too (Family member)*

The co-existence of mental health and alcohol and other drug issues among people experiencing homelessness or at risk of homelessness is pervasive and is often linked to experiences of trauma.[44] Too often they are rejected by mainstream and even specialist services as too complex or not within their agency's scope.

> *More training is required within these accommodation places. Some staff have none or limited mental health training. It should be mandatory (Family member)*

Data collected from 8618 people experiencing homelessness indicates that 74% reported having a mental health issue, 72.3% an AOD issues and 57.5% had both.[45]

WA research points to enormous unmet need for targeted clinical, outreach and support services to address co-occurring mental health and co-occurring alcohol and drug issues among people who are homeless or at risk of homelessness.[46]

The WA Network of Alcohol and Other Drug Agencies (WANADA) and the WA Association of Mental Health (WAAMH) have worked together to conduct projects to build the capacity of their respective sectors to respond to people with co-occurring mental health and alcohol and other drug disorders.

WANADA and WAAMH are piloting a single tool to enable mental health or alcohol and other drug services to self-assess their agency capacity to support people with co-occurring mental health and alcohol and other drug disorders. The findings of the self-assessment can be used to identify ways that an agency can strengthen its co-occurring capabilities.

The tool is currently being piloted and once finalised it will be made available to our respective sectors. The tool could also be used in the homelessness sector, as well as any sector that responds to people with co-occurring mental health and alcohol and other drug issues.

Proposed actions:

- Expand alcohol and other drug education and training and training on co-occurring mental health and AOD issues to the mental health workforce, the housing and homeless sector workforce and those workforces that respond to and support people with lived experience of homelessness or who are at risk of homelessness
- Ensure effective trauma informed and cultural competency training is available for Mental Health Commission and Department of Communities funded mental health services, housing and homeless services and any other service that responds to people who are homeless or at risk of homelessness, as well as those who have

[44] Wood L Hickey J, Werner M Davies A & Stafford A, (2020) 'If you have mental health, alcohol and drug use issues you often fall through the cracks of the health system' Tackling this challenge through a novel dual diagnosis outreach services for people experiencing homelessness, *Parity*, The Frontline response to Health and Homelessness, March 2020, 33(2):50-52

[45] Figure cited in Wood L, Hickey J, et.al (2020) from Centre for Social Impact UWA (2020) *National Registry Week Dataset,* Centre for Social Impact, The University of Western Australia, 2020 Perth.

[46] Wood L, Hickey J et.al (2020)

experienced homelessness. In particular, to strengthen responses for Aboriginal people, young people and people from CaLD backgrounds.

- Continue to expand the number of peer support workers and lived experience workers in the mental health system and the housing and homelessness system. The inclusion of peer support workers in the staff team should be a key feature of all initiatives targeting people who experience mental ill health and homeless, including Common Ground and Housing First projects.

- The Mental Health Commission and the Department of Communities jointly fund sector development, training and resource development to grow the capacity of mental health workers and homelessness and housing workers to sustain the tenancies of those with lived experience of mental ill health.
- The WA Government to fund programs to educate and support community housing providers, public housing providers, real estate agents, landlords and tenancy managers about how to identify early warning signs of a mental ill health, the opportunities for early intervention and how they might best respond and how they might link tenants to service providers
- Department of Communities to work with key stakeholders to develop the capabilities of public housing staff and agency processes and funded service providers and their own staff to understand the experience of tenants experiencing mental ill health and link them with the required supports and services when needed.

The need for greater focus and investment in prevention and early intervention

Much of the current response to homelessness focuses on supporting people after they become homeless. However, to really reduce homelessness we need to prevent those at risk from ever becoming homeless in the first place.[47]

Early intervention and prevention can also reduce housing insecurity and improve prospects for mental health recovery and wellbeing.[48]

Research by Deb Batterham suggests that between 8.5% and 11.7% of the population aged 15 years and over are at risk of homelessness. This equates to an estimated 1.5 to 2 million people.[49] Batterham[50] identified that people are at risk of homelessness if they live in rental housing and were experiencing at least two of the following:

[47] Batterham D, Nygaard CA, De Vries J & Reynolds M, (2021), We identified who's most at risk of homelessness and where they are. Now we must act before it's too late, *The Conversation*, 26 November 2021. https://theconversation.com/we-identified-whos-most-at-risk-of-homelessness-and-where-they-are-now-we-must-act-before-its-too-late-172501

[48] Brackertz N, Wilkinson A & Davison J (2018), *Housing, homelessness and mental health: towards systems change,* Final Report by AHURI for the National Mental Health Commission, Australian Housing and Research Institute, Melbourne.

[49] Batterham D, et.al (2021)

[50] Batterham D et.al (2021); Batterham D (2020) Clarifying the Relationship between Homelessness and Private Rental Markets in Australia: Capabilities, Risk, Mobility and Geography, PhD Thesis, Swinburne Institute of Technology. https://researchbank.swinburne.edu.au/items/ff7df7fa-b5de-4c7f-a83d-6155505c55bb/1/

- Low income (or lack of income)
- Needing support to access or maintain a living situation due to mental ill-health, disability, problematic alcohol or drug issue and significant ill-health
- Low social resources and supports
- Rental stress (when lower income households put more than 30% of their income towards housing costs
- Vulnerability to discrimination in the housing or job markets

This highlights that many of the levers required to prevent homelessness and mental ill-health lie outside the specialist homelessness and mental health systems, and point to several strategies to prevent homelessness including:

- Urgent provision of more affordable rental housing
- Provision of more private rental access programs which provide ongoing subsidies and financial help for renters and support to address issues that place the tenancy at risk
- Targeted support for Indigenous people, developed in consultation with Aboriginal people and community-controlled organisations
- Ensuring people with mental health issues and alcohol and other drug issues can access the necessary supports they need
- Ensuring people with a disability or health conditions can access the necessary supports.
- Increasing levels of income and income support payments and rent assistance for people who are vulnerable and at risk and experiencing material deprivation.
- Increasing the wages of low paid workers
- Increase funding for the construction of public housing, community housing and affordable private rental

The trauma of homelessness can be avoided by preventing homelessness, intervening early, better structuring of support for people and improving the response to different cohorts.

Term of Reference 2: Comments on ‘All Paths lead to Home’: Western Australia’s 10 Year Strategy on Homelessness 2020-2030

The key issue is not so much the Strategy itself but its implementation, and the extent to which levels and types of funding available are well directed and implementation of the Strategy delivers the desired outcomes.

As noted, many of the levers needed to address homelessness are outside the housing and homelessness system. Hence, it is important that implementation of the Strategy utilizes those levers and engages collaboratively with sectors and stakeholders outside the

specialist homelessness system. In relation to the mental health sector, we are not confident that such a level of engagement and collaboration has yet been achieved.

The Housing First principles upon which the Strategy is based are strong and have widespread support. However, they must be correctly implemented with strong fidelity. Here we have some concerns.

A key factor if the Housing First approach is to be successful is the need for a readily available and adequate supply of affordable, accessible and quality housing stock. Currently that is not the case.

Increasing stock will be critical to successful implementation of Housing First. New government investment into social housing announced in the recent state budget is welcome, however given the pressure on public housing, community housing, private rental and other tenure types, additional investment will be required.

Term of Reference 4: Any other related matter

The need for greater investment in affordable housing stock

The chronic underinvestment in affordable rental housing including public housing, community housing, affordable private rental and supported housing is widely recognised.[51]

The lack of affordable housing stock remains one of the most significant issues impacting the mental health and the homelessness systems in WA. There is an urgent need for more affordable rental stock, specifically targeted at those who are homeless or at risk of homelessness, and those with mental health issues whose housing is insecure.

> *Lack of housing stock. A program to support homelessness without appropriate housing stock is useless. What housing stock is there is often inappropriate e.g. In Geraldton single people with a mental illness can be offered large or 3-bedroom houses with large yards and they become poor tenants as the place is too big to look after. Often these houses are in areas that does not have public transport and are too far from services for people to walk as well. (Manager of a regional mental health service)*

While we acknowledge that reversing this trend is a long-term task and new government investment announced in the recent state budget is welcome, significant additional investment in affordable rental housing stock is required

The CEO of a regional mental health service wrote:

> *The main issues we have in (regional centre) is the lack of suitable housing stock. (Agency name) has a housing program for people with lived experience of mental health issues requiring supported housing. Our program provides the house as well as the wrap around support staff who work with the consumer on their recovery. This model appears to us to have the best outcomes for long-term housing stability for people with a lived experience. Most of our housing consumers have been with us long-term and unfortunately this blocks the entry for new people. We are always*

[51] Productivity Commission (2020) *Mental Health Productivity Commission Inquiry Report*, Canberra 2020.

requesting more housing stock from Department of Communities, but they are limited in what they can provide for us as they are under pressure to provide housing for community as well. We have also requested transferring our more stable people back to Department of Communities and they then provide us with another vacant property so that we can start with a new, possibly more complex and unstable consumer requiring our specialist support, but this has not resonated with the Department.

Proposed actions

- The WA Government to develop more affordable housing and increase public housing, community housing and affordable private rental stock, either through direct capital investment by state and federal governments or by addressing the funding gap.

The role of private rental

Most people with lived experience of mental ill-health rent in the private market,[52] however, structural features of the private rental market contribute to an increased risk of homelessness and the private rental sector is a major pathway into homelessness. [53]

Tenants in the private rental market face insecure tenure, high and rising rents, discrimination, poorer quality housing conditions, limited control over their housing circumstances, a lack of understanding of mental health issues among private landlords and real estate agents and significant barriers to entry and compliance demands once housed. These issues can become overwhelming, leading to worsening mental health and actions that place their tenancy at risk.

Despite its limitations, the private rental market could be utilised as a source of housing options, provided the right supports are put in place. Evidence shows that a combination of sufficient rental subsidy for renters, combined with personalised wrap around housing and other support for the tenant, incentives for landlords, partnerships with real estate agents and landlords, education of landlords and real estate agents and strong links with mental health clinical support and other forms of support, can make the private rental option successful, even for people with complex and multiple needs.[54]

An example is the Doorway program, a Victorian Government funded initiative run by Wellways in Victoria which provides integrated housing and recovery support designed to assist people with lived experience of persistent mental ill-health who are at risk of or are experiencing homelessness. An independent evaluation of the Doorway program showed high levels of tenancy sustainment, reduced usage of bed based clinical services, and

[52] Brackertz N, Borrowman L, Roggenbuck C, Pollock S & Davis E (2021), *Trajectories: The Interplay between mental health and housing pathways,* Australian Housing and Research Institute (AHURI) and Mind Australia Melbourne, 2021.
[53] Mental Health Australia, Mind and AHURI, (2021), *Trajectories: the interplay between mental and housing pathways: policy priorities for better access to support and mental health support for people with lived experience of mental ill-health and housing insecurity*, AHURI, Melbourne, February 2021.
[54] Mental Health Australia, Mind and AHURI, (2021), *Trajectories*

reduced hospital admissions, totalling annual cost savings to government ranging from $1149 to $19387 per individuals.[55]

WAAMH is currently working with Wellways and various stakeholders to develop a version of the Doorway program appropriate to the WA situation.

Proposed actions:

- WA Government to fund a WA model private rental support program for people with mental health issues, modelled on the Doorway Program developed by Wellways Australia.
- The WA Government to fund more private rental access programs which provide ongoing rental subsidies, financial help with rent arrears for people with mental health issues who are experiencing or at risk of homelessness and support to maintain their tenancy and negotiate with landlords and real estate agents.
- The WA Government to address the increasing crisis in and unaffordability of the private rental market.
- The WA Government mitigate the loss of affordable rentals due to the culmination of the National Rental Affordability Scheme by developing a state-based replacement scheme.
- The WA Government commit to progressing the review of the Residential Tenancies Act and fast track reforms as outlined in the Make Renting Fair Alliance's Tenancy Ten, including putting an end to unjust no grounds evictions, stabilising rent increases, allowing reasonable modifications and pets.

Failed discharge and exists into homelessness

People exiting and discharged from hospitals, inpatient units and correctional facilities are at significant risk of homelessness. Transition between facilities or in and out of facilities are critical points of risk where people can fall through the cracks and be discharged into homelessness.[56]

The Victorian Royal Commission into Mental Health reports that as many as one in every four people discharged from acute mental health care is discharged into homelessness.[57]

A 'no exit into homelessness policy' is important but will not be enough without dedicated and skilled staff who are able to fulfill this work and adequate levels of affordable and appropriate housing stock that can be accessed as needed. In addition, adequate levels of funding and staff are needed to provide the clinical and community support that is necessary to enable an effective transition.

[55] Dunt RD, Day SE, Collister L et.al (2021) Evaluation of a Housing First programme for people from the public mental health sector with severe and persistent mental illness and precarious housing, *Australian and New Zealand Journal of Psychiatry*, 2022, 56 (3): 281-291 https://doj.org/10.1177/00048674211011702
[56] Rouch D, (2020) *Addressing homelessness for people with mental health issues*, Submission by Dr Duncan Rouch to the Victorian Mental Health Royal Commission, June 12, 2020.; Brackertz N, Borrowman L, Roggenbuck C, Pollock S & Davis E (2021), *Trajectories: The Interplay between mental health and housing pathways,* Australian Housing and Research Institute (AHURI) and Mind Australia Melbourne, 2021.
[57] Victorian Government (2021) Report of the Royal Commission into Victoria's Mental Health System.

The severe lack of affordable accessible housing and the increasing demand for supported accommodation, combined with a lack of support or poorly co-ordinated support exacerbate the risk of failed discharge and exit into homelessness. The lack of accommodation options is a key factor preventing the discharge of people with mental health conditions.

This can lead to reduced availability of acute beds for those who need them and mental health staff referring people with mental health conditions to inappropriate housing options to promote earlier exits. Where people are discharged without support to insecure and inappropriate accommodation, such as backpackers, boarding houses or to addresses where the person can't be housed, there is an increased likelihood they will end up homeless.

Lack of resources and staffing pressures in hospitals, inpatient units and correctional facilities mean that staff may have limited time or capacity to plan and support adequate discharge. The creation of specialist housing worker roles in those facilities is needed with a mandate to work with clients to plan, to prepare and operate across the various systems (mental health, housing, homelessness, community support) to coordinate the discharge process and collaborate with housing providers to secure appropriate housing and provide or access mental health support for a period of 18 months.

> *Supported accommodation was not able to be identified for my son on discharge, Drug and alcohol supported accommodation would not take him directly as they wanted to complete a risk assessment of mental health... before he would be considered. They told me he needed 30 days drug free in a community setting. There were no other supported accommodation options available. The only option left was to be discharged back to my care despite safety concerns. (Family)*

Proposed actions:

- WA Government to improve transitions out of institutional care ('no exits into homelessness').
- The WA Government resource hospitals to make thorough discharge assessments and develop appropriate discharge plans.
- The Department of Health, Hospitals and Mental Health Commission increase knowledge and capability in the acute sector to enable officers to better identify people who are in precarious housing or at risk of homelessness.
- Health service providers ensure timely and assertive follow up after discharge
- The WA Government invest in a more comprehensive program of post release housing and support to prevent homelessness among people with mental health issues leaving custodial settings.
- The WA Government invest in specialist mental health support and transition workers to support Housing First Programs and Common Ground facilities to meet the needs of people with complex mental health issues (and co-occurring alcohol and other drug issues) who are engaged or need to engage with or are exiting mental health services (including acute mental health care).

Preventing evictions

Loss of a tenancy- eviction- is a common pathway to homelessness and evictions have been shown to have a devastating impact on people's mental health.[58] This impact can be severe for people with mental health conditions who face unique obstacles and challenges for reasons related specifically to their disability.

Eviction is a significant, often traumatic, event that can compound the personal crisis a household may be facing. It can destabilise a household and push them further into financial hardship. Renting households carry the primary burden of the direct costs associated with evictions, especially in the immediate term.[59]

Evictions have a unique and powerful impact on people with mental health challenges and often the cause for eviction is related to the mental health challenge. The eviction process takes a huge toll of people's mental health and wellbeing.[60]

Evictions cause large and persistent increases in risk of homelessness, elevate long-term residential instability, and increase emergency room use. In addition to homelessness, studies have shown that evictions are associated with various negative health outcomes, including long-term stress, medical problems, substance use, depression and suicide among adults and their children. There is also evidence of an association between evictions and a greater likelihood of depression among young adults.[61] There is a growing recognition that evictions are an important social and public health problem.[62]

Eviction is a blunt and harsh measure, where the provision of support at an earlier point could have prevented eviction and assisted the tenant to retain their tenancy. That's why evictions should only ever be a last resort for someone at risk of homelessness, or someone with a mental health issue.

Eviction of people into homelessness is a growing problem in Western Australia. Figures released by the Department of Communities show a growing public housing eviction rate in Western Australia. The figures show that 616 households were evicted from public housing in 2018-19, up from 562 in 2017-18.[63]

In 2021 more than 100 West Australians in the private rental sector were plunged into homelessness in the first month following the State's rental eviction moratorium being lifted.

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[58] Brackertz N (2020), *The role of housing insecurity and homelessness in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours: a review of the evidence,* Australian Housing & Research Institute, report prepared for Suicide Prevention Australia National Suicide Prevention Taskforce Publication, August 2020

[59] Tenants' Union of NSW, (2022 Eviction, Hardship, and the Housing Crisis, Special Report, February 2022. https://files.tenants.org.au/policy/2022-Eviction-Hardship-and-the-Housing-Crisis-TUNSW.pdf

[60] Billau C, (2021), Study Reveals Impact of Evictions on People with Mental Health Disorders, *University of Toledo*, February 19, 2021

[61] Hoke M & Boen CE (2021) "The Health Impacts of Eviction: Evidence from the National Longitudinal Study of Adolescent to Adult Health." *Social Science & Medicine 273:113742* https://doi.org/10.1016/j.socscimed.2021.113742.

[62] Tsai J & Huang M (2018), Systematic review of psychosocial factors associated with evictions, *Health & Social Care in the Community*, 2019; 27: e1–e9. DOI: 10.1111/hsc.12619

[63] See data in a conference presentation by Spirason, V, Davis K and Colin Penter (2019) Evictions Fallout: The mental health impacts of eviction and fear of eviction in WA, Presentation to the WA Mental Health Conference, 19 November 2019.

Understanding and preventing eviction is critical to effectively address the problem of homelessness and prevent homelessness and mental ill-health.

However, there are only a few interventions in WA to prevent or address evictions and those programs struggle to respond to meet ever increasing demand.

These programs are primarily designed to assist tenants to sustain their tenancy and address issues that place the tenancy at risk. This includes the Thrive Program funded by the Department for Communities and some programs initially funded by joint Commonwealth State funding through the old National Partnership Agreement Homelessness (NPAH) programs.

> *The tenancy support services only seem to cut in when someone is at risk of losing their home rather than earlier on at the start of a tenancy. (Manager of a mental health residential service in regional WA).*

The Tenancy Support Network funded by the Department of Mines, Industry Regulation and Safety provides tenancy advice, education and information across WA, although it is not specifically an eviction prevention initiative, although that is an important part of the work.

However, due to the nature of its funding model, the funding for tenancy support is affected by changes in interest rates, with the result that in recent years, there have at times been reductions in funding, despite a significant increase in demand.

Although it is not directly an eviction prevention initiative, the Supportive Landlord model developed by community housing providers underpins several mental health supported accommodation programs funded by the Mental Health Commission. The model is increasingly being adopted by community and social housing providers in WA.

Proposed actions:

- WA Government to expand the capacity and ensure secure funding for the tenancy support network funded through DMIRS so that it is better resourced and more capable of responding to the increasing demand and complexity of tenant issues in the COVID context experienced by people with mental health issues who are homeless or at risk of homeless
- WA Government develop tailored tenant support programs that aim to prevent evictions and recognise the variable capacity and care needs of people experiencing both episodic and enduring mental ill health.

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