

Productivity Commission

National Housing and Homelessness Agreement Review

February 2022

Improve the mental health of communities

Royal Australian and New Zealand College of Psychiatrists submission

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and, as a bi-national college, has strong ties with associations in the Asia-Pacific region.

The RANZCP has over 7400 members including more than 5400 qualified psychiatrists (consisting of both Fellows and Affiliates of the College) and almost 2000 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The RANZCP welcomes the opportunity to contribute to the Productivity Commission's National Housing and Homelessness Agreement (NHHA) Review (the Review). The RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents. The recommendations contained within this submission are based on extensive consultation with a number of RANZCP committees, including the Section of Social, Cultural and Rehabilitation Psychiatry Committee and the Community Collaboration Committee.

Key messages

The RANZCP highlights the following as key for the Productivity Commission to consider in this Review:

- include additional priority homelessness cohorts
- recognise the significant interrelationship between homelessness and poor mental health
- integrate mental health, housing and homelessness supports, services and policies
- provide more accessible and reasonable income support payments
- conduct emergency planning to ensure rapid and considered responses to future crises.

Priority homelessness cohorts

The RANZCP [submission](#) to the House of Representatives Standing Committee on Social Policy and Legal Affairs (Standing Committee) Inquiry into Homelessness in Australia (the Inquiry into Homelessness) has previously advocated for the Australian Government to review the national priority homelessness cohorts identified in the NHHA which was then echoed in the Inquiry's final report.[1] The NHHA currently lists priority homelessness cohorts as being:

- women and children affected by family and domestic violence
- children and young people
- Indigenous Australians
- people experiencing repeat homelessness
- people exiting institutions (including prisons) and care into homelessness
- older people.[2]

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The RANZCP emphasises that it is critical to ensure integrated homelessness and mental health support is tailored to the priority homelessness cohorts currently identified in the NHHA, but should be extended to include:

- people with severe and persistent mental health conditions including addiction
- culturally and linguistically diverse (CALD) peoples including refugees and newly arrived migrants, especially those who have experienced trauma and loss
- people with intellectual and developmental disabilities
- people interacting with the justice system
- people living in regional, rural and remote areas
- Australian defence veterans.

The RANZCP [submission](#) to the Inquiry into Homelessness specifically addresses each priority cohort and the need for tailored support. It is also further recommended to strengthen the requirements on state and territory governments in relation to these cohorts and include consultation with representatives from these cohorts.

People with severe and persistent mental health conditions including addiction

The RANZCP recommends an increased focus and effort to reduce and prevent homelessness for people with mental health conditions. There is a significant interrelationship between mental illness and the experience of homelessness. In 2019-20, approximately one-third of clients aged 10 and over who accessed specialist homelessness services in Australia had a current mental health issue.[3] The rate of clients with mental health issues has been increasing annually, and was 7 times higher for Aboriginal and Torres Strait Islander peoples.[3]

People with severe and enduring mental health conditions face significant difficulties maintaining housing due to their vulnerability and the high degree of risk involved in supporting them. Our members report that people within this group often do not fit into voluntary housing support models due to the threat they may pose to staff and the community, and their lack of capacity to comply with program requirements. In instances where an individual with a chronic mental illness has committed a criminal act, prison is often inappropriate due to the nature of their mental illness.[4] Although people within this group may be admitted to inpatient units, their mental health condition is often permanent or long-term and does not fit into a treatment and recovery model.

The RANZCP therefore suggests a new model of tailored mental health care and housing support is required. Such a model should focus on long-term case management, safety, support and supervision in a therapeutic, rehabilitative setting to both manage the challenges people with severe and enduring mental health conditions present with, while maximizing their opportunities to engage in rewarding activities.

Older people

8.6% of people who accessed specialist homelessness services in Australia 2020-21 were older people (55 years or over). Recent reports have shown the increasing prevalence of older women experiencing homelessness.[5, 6] It is therefore important that a wider range of appropriate housing options that meet the needs of older adults are made available and that, where possible, they are enabled to remain living independently in their homes.

People exiting institutions and care into homelessness

Despite currently being listed as an NHHA priority cohort, the RANZCP highlights that ongoing funding is needed for housing services and multidisciplinary psychosocial supports for rapid connection before and upon discharge from custody or inpatient facilities.[7] The RANZCP recommended in our 2022-23 pre-budget submission that there should be funding of innovative services to ensure people who are released or discharged do not become homeless. Recent estimates show that, in Victoria alone, over 500 people each year are being discharged from acute mental healthcare into homelessness.[8] There is significant evidence that the same issue is present when discharging people from other healthcare, custodial and justice settings.[7, 8]

People interacting with the justice system

The RANZCP highlights an additional priority as being to ensure that people in and exiting the justice system have access to the same full spectrum of health and other psychosocial interventions as other people including prevention, early intervention and clinical care. People in the justice system need supports for NDIS applications, and planning needs to occur prior to their release.[9, 10] The process of securing NDIS funding is challenging, slow, and not available to all people. Systemic capacity to provide responsive, person-centred care outside the NDIS is needed. The sector lacks coordination and integration; communication between services is often lacking whether due to under-resourcing or inadequate processes. These challenges render unacceptably high rates of discharge from hospital and other settings into homelessness.[7]

Incarceration often disrupts housing stability, which exacerbates mental illness and re-offending in the immediate post release period.[11] We suggest the ongoing 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 focused on those groups worst affected. The need for this is particularly critical for Aboriginal and Torres Strait Islander peoples who are significantly overrepresented in Australia's justice system due to a myriad of factors relating to structural disadvantage, including homelessness.[12]

Integrated systems: services and policies

Services

Consumers, carers and families must have access to integrated, multidisciplinary services.[13-15] The RANZCP maintains that many of society's complex problems impacting on health outcomes cannot be solved by the health system on its own; therefore multidisciplinary, cross-agency service approaches are essential to improve mental health outcomes and avoid fragmented care. Physical health, disability, justice, family violence, employment, education and training, housing and homelessness, and addiction sectors all hold an important role in improving societal mental health and wellbeing, and connections between these sectors must be enabled for a flexible service model.[13]

Coordination between clinical and non-clinical providers is essential to providing individuals with clear, coordinated care and treatment pathways.[16] This coordination includes providing holistic assessments and facilitating shared plans which determine service roles and responsibilities.

The complex two-way relationship between homelessness and poor mental health leads to a mutually-reinforcing pattern whereby mental health conditions increase the likelihood of housing instability which, in turn, increases the likelihood of mental illness. In order to prevent and disrupt this cycle, the RANZCP recommends the integration of appropriate, accessible and holistic housing and mental health supports.

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The need to better integrate housing and mental health support services is well-known, and this recommendation is supported by the final report of the Inquiry into Homelessness Recommendation 21.[1, 7] For further information please see the RANZCP [response](#) to the Productivity Commission Inquiry into Mental Health in Australia Draft Report. To facilitate the integration of services, it is important that workforce training occurs to ensure workers are confident in supporting individuals who may fit into multiple vulnerable population groups.

Policies

The RANZCP recognises that mental health and wellbeing is influenced by the prevailing social, cultural and economic environment. Efforts to improve and connect policies, systems, and practices that impact on the mental health of the community, such as housing, are required. Mental health and housing and homelessness policy in particular are not well integrated in Australia.[7] Responsibility for housing and homelessness service provision should be included and consistent between both the National Mental Health and Suicide Prevention Agreement and next National Housing and Homelessness Agreement.

The RANZCP supports improved data collection for greater visibility of homelessness. The report Ending Homelessness in Australia: An evidence and policy deep-dive advocates for improving data quality, evaluation and research on homelessness.[17]

Income support payments

The lack of affordable housing for low-income households is well-recognised in Australia.[7] 81% of people aged 15 and over who accessed specialist homelessness services in 2020-21 were receiving some form of government payment as their main source of income at the time.[5] On this basis, the RANZCP urges that an increased allowance rate be extended to people accessing the variety of government-funded payments and supports available, including JobSeeker, Commonwealth Rent Assistance and the Disability Support Pension and that such income support be available to all people irrespective of their visa status. For further information please see the RANZCP [submission](#) to the Senate Inquiry into the adequacy of Newstart and related payments.

The final report of the Inquiry into Homelessness recommends that the Australian Government commission an independent review of Commonwealth Rent Assistance.[1] The system of social support remains complex, fragmented and challenging to access. The RANZCP supports a review of the current system with the purpose of clarifying eligibility requirements and resolving barriers to access for people with mental health conditions. In addition, the RANZCP recommends that the Government ensures income support and social services are effectively integrated into an individual's mental health care pathway.

Emergency planning

The RANZCP suggests planning for future emergencies should occur to protect people who are homeless or at risk of homelessness and their service providers from the unique risks posed by crises such as the COVID-19 pandemic. While it is noted that efforts have been made to support and protect people who are homeless during this time, the RANZCP recommends that a comprehensive, ongoing framework be developed to support people who are homeless, their support people and service providers throughout emergencies. Emergency response services must be enhanced for women and children experiencing family violence to ensure they are connected with tailored trauma-informed programs which support mental health. Such emergency planning should occur in consultation with state and territory governments, service providers and people with lived experience of being homeless.

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17. Flatau P, Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C. and Callis, Z. . *Ending homelessness in Australia: An evidence and policy deep dive* Perth: Centre for Social Impact, The University of Western Australia and the University of New South Wales; 2021 [Available from: https://www.csi.edu.au/media/uploads/homelessness_deep_dive_full_report_.pdf].