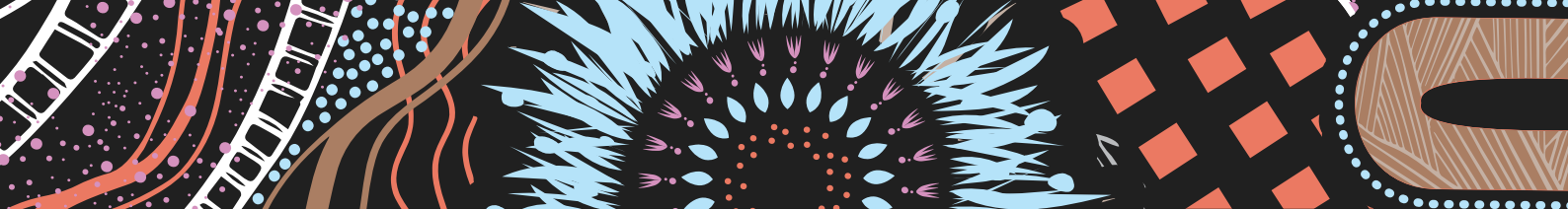




# Indigenous mental health, housing and homelessness

## Summary paper



This paper is a summary of the *Indigenous mental health, housing and homelessness* publication by Allen & Clarke Consulting. This publication was commissioned by and published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at [www.indigenoumhspsc.gov.au](http://www.indigenoumhspsc.gov.au).

**Some people may find the content of this report confronting or distressing.** If you are affected in this way, please contact **13YARN (13 92 76)**, **Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

## Key findings

- The relationship between housing and mental health is bi-directional – they affect each other:
  - For Aboriginal and Torres Strait Islander people (Indigenous Australians) living in unaffordable, unstable, overcrowded, and low-quality housing contributes to poor mental health.
  - Similarly, poor mental health can influence someone’s ability to obtain and maintain secure, adequate housing.
- For Indigenous Australians, poor housing circumstances and home ownership are affected by historical policies and practices that limited the accumulation of wealth, with unequal opportunities for education and employment.
- Indigenous Australians experience higher rates of homelessness and are more likely than non-Indigenous Australians to live in severely crowded dwellings, improvised dwellings, or to ‘sleep rough’ (ABS 2018).
- There are few programs that provide housing and mental health or suicide prevention support and specifically target Indigenous Australians. Features of successful programs achieving positive health and housing outcomes include that they:
  - provide wrap-around services delivered by client-centred, collaborative teams
  - include Indigenous workers, especially those with lived experience, and achieve better engagement with Indigenous clients
  - provide strengths-based, trauma-informed, recovery-oriented and culturally responsive holistic case management.

## What we know

Good health and wellbeing rests, in part, on access to good-quality housing. Having adequate housing and a place to call home supports 'connection to body', one of the 7 domains for Aboriginal and Torres Strait Islander social and emotional wellbeing (PM&C 2017).

Mental health issues and suicide among Indigenous Australians result from cumulative historical, cultural and social factors. These factors arise from the ongoing process of colonisation and its aftermath, which includes dispossession, racism, social exclusion, socioeconomic disadvantage, exposure to violence, forced removal of children from families (including the Stolen Generations), and the resulting trauma.

Access to good-quality housing is foundational for health and wellbeing (Marmot et al. 2008). Housing deprivation and homelessness are key contributors to persisting health inequities between Indigenous and non-Indigenous Australians (Brackertz et al. 2018; Lowell et al. 2018).

The effects of housing and homelessness on mental health are bi-directional:

- Housing affects mental health – living in unaffordable, insecure, poor-quality, or overcrowded housing has negative impacts on mental health (Baker et al. 2014; Bentley et al. 2011; Pevalin et al. 2017; Shah et al. 2018; Shepherd et al. 2012). Further, entry into homelessness and chronic homelessness can have a negative impact on mental health (Johnson et al. 2015; Memmott et al. 2012).
- Mental health affects housing status – poor mental health can limit an individual's ability to obtain and maintain secure housing (Brackertz et al. 2020).

A range of policies has culminated in the removal of Indigenous Australians from their homelands, families and communities. The effect has been the deliberate exclusion of Indigenous people from the economy, systematic dispossession of land, and forced relocation (Atkinson et al. 2014; Gee et al. 2014). Such policies have contributed to current homelessness and housing deprivation through:

- higher rates of unemployment and reduced financial resources to access secure and good quality housing
- overcrowding
- discrimination when applying for accommodation
- housing that does not meet the needs of Indigenous Australians (Bailie and Wayte 2006; Memmott et al. 2012).

## Housing and homelessness among Indigenous Australians

Indigenous Australians are over-represented among homeless populations and are more likely than non-Indigenous Australians to live in severely crowded dwellings, improvised dwellings, or to 'sleep rough' (ABS 2018). Box 1 includes information on the definition of homelessness.

Findings from the 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) indicate that Indigenous Australians aged 15 years and over were more than twice as likely to experience homelessness compared to non-Indigenous Australians (ABS 2016). More than a quarter (29%) of Indigenous Australians aged 15 years and over reported experience of homelessness at some point during their lifetime (ABS 2016).

### **Box 1: Defining homelessness**

The Australian Bureau of Statistics (ABS) defines someone as being homeless if they currently live in a dwelling that:

- is inadequate
- has no tenure, or has an initial tenure that is short and not extendable
- does not allow them to have control of, and access to, space for social relations.

According to this definition, homelessness includes the following situations:

- living in improvised dwellings, tents or sleep outs
- living in supported accommodation for the homeless
- staying with other households
- living in boarding houses
- living in other temporary lodgings
- living in severely crowded dwellings – dwellings that require 4 or more extra bedrooms to adequately accommodate the residents (ABS 2018).

Although this definition is used to produce national estimates of homelessness from Census data, the literature suggests that definitions and interpretations of homelessness for Indigenous Australians could differ from those listed above.

There are differences in the ways that Indigenous and non-Indigenous Australians perceive the concept of 'home' and what is socially and culturally appropriate. For example, housing that accommodates visits from extended family (to support family and cultural obligations) would be appropriate for Indigenous Australians (Vallesi et al. 2020a). Definitions of homelessness for Indigenous Australians could include broader concepts (Brackertz et al. 2018; Memmott et al. 2003; Memmott et al. 2012), such as:

- experiencing spiritual homelessness (being disconnected from one's homeland, being unfamiliar with one's ancestry, or separation from family or kinship networks)
- living in public-place dwellings (residing in public places like parks)
- living a transient lifestyle (typically travelling from remote communities and 'sleeping rough' close to major centres).

## **Housing, homelessness and mental health**

Several housing factors are known to negatively affect mental health and these factors particularly affect households on low incomes:

- unaffordability, which can result in housing stress – where a household spends more than 30% of the household's gross income on housing costs (Baker et al. 2014; Bentley et al. 2011)
- unsuitability, including poor quality housing, housing of insufficient size, in unsuitable locations, or only available for a short-term (Bentley et al. 2011).

Declining social housing stocks and a shortage of affordable rental housing for low and very low-income earners have been cited as key issues contributing to unaffordable housing (Brackertz et al. 2018; Hulse et al. 2014). Both unavailability and unaffordability can lead to homelessness.

Living in poor-quality housing – those houses with structural problems and inadequate or absent functioning facilities – is associated with poorer mental health (Pevalin et al. 2017; Shah et al. 2018; Shepherd et al. 2012). Housing tenure type and stability of tenure also affect mental health.

Home ownership, the most secure form of tenure, may have a protective effect on mental health (Shepherd et al. 2012). Shepherd et al. (2012) noted the strong association between housing quality and tenure and Aboriginal child mental health, along with carer occupation and family financial strain. Home ownership remains low among Indigenous Australians. In 2016, 38% of Indigenous households owned their home compared to 66% of non-Indigenous households (ABS 2018).

Poorer mental health can also affect someone's ability to obtain and maintain secure housing (Brackertz et al. 2020). Using data from the Household, Income and Labour Dynamics in Australian (HILDA) survey and Journeys Home: Longitudinal Study of Factors Affecting Housing Stability (JH) study, Brackertz et al. (2020) reported strong evidence that poor and deteriorating mental health directly increased housing instability. They also looked at other factors affecting housing stability and found that Indigenous Australians were 24% more likely than non-Indigenous Australians to experience a forced move within 24 months. As a result, Indigenous Australians experienced greater housing insecurity.

In Australia, housing is described as overcrowded if one or more additional bedrooms would be required to adequately house its inhabitants (AIHW 2021). Overcrowding has harmful consequences for physical and mental health due to increases in psychological stress and infectious disease risk (AIHW 2014; Osborne et al. 2013; Ware 2013). Living in overcrowded dwellings is often distressing for the occupants (Lowell et al. 2018) and can affect hygiene, privacy and food security. In 2016, 10% of Indigenous Australian households experienced overcrowding. Overcrowding was most pronounced in *Remote* areas (15% of Indigenous Australian households) and *Very remote* areas (32%) (AIHW 2019).

There is a strong association between homelessness and mental health. The 2014–15 NATSISS (ABS 2016) found that 55% (71,600) of Indigenous Australians aged 15 years and over with a mental health condition had experienced homelessness, or not having a permanent place to live, sometime in their life. Twelve per cent (8,600) said their mental illness was the reason for the period of homelessness.

## Housing, homelessness and risk of suicide

There are few published studies that assess the impact of housing and homelessness on suicide. There was evidence that a high incidence of undiagnosed and untreated mental illness among homeless populations may contribute to suicide risk among this group (Arnautovska et al. 2014; Waring and Burns 2016). There was also some evidence that housing affordability may contribute to suicide risk among an already vulnerable group. In studies at homeless shelters, many clients had experienced traumatic life events and post-traumatic stress disorder (PTSD) was common among homeless Indigenous Australians (Waring and Burns 2016; Nielsens et al. 2018).

## What drives poor housing circumstances?

Until 1967 Referendum only New South Wales and South Australia allowed Indigenous Australians to own property. After the Referendum, unified law making about Indigenous Australians was moved under the Australian Government and the existing state and territory restrictions were lifted.

Home ownership is also affected by historical policies affecting the accumulation of wealth, with unequal opportunities for education and employment. Loan access can also be difficult; with evidence of institutional racism affecting access (Moodie et al. 2019).

The implicit and explicit barriers to home ownership can be more pervasive in remote areas, where housing options and economic mobility are limited, and legislative protections exist in many areas. Land Rights and Native Title decisions determine the type of tenure on parcels of land, there are often legal restrictions on individual property ownership. Further, the cost of building houses in remote areas is significantly higher than in non-remote areas.

Indigenous Australians in remote communities have very little control over their housing circumstances. Most houses in remote communities are public housing stock. There is an undersupply of housing in remote areas, so the housing is often inadequate, contributing to long waiting lists and overcrowding. Combined with the stress of overcrowding, and the impacts of inadequate housing on mental and physical health, Indigenous people living in remote areas are additionally burdened by lack of options, choice, and control over their housing.

Housing autonomy, or the ability to solve problems, varies across tenure. Private renters and mortgage holders have more autonomy to solve problems than social renters (Pevalin et al. 2017).

All of these issues can drive poor mental health, and such problems can continue to exist long after housing and homelessness are resolved (Pevalin et al. 2017).

## **Impact across generations**

Clair (2019) points to a range of literature that suggests housing problems can impact children into their adulthood. The effects of poor housing are long-lasting, and in remote areas inadequate housing has been a problem for decades. Generations of people will never experience the baseline of acceptable housing.

There are positive aspects for children living with a large number of people, such as having more role models and supervision available to them. However, a home that becomes crowded brings more negative effects than positive ones. People living in crowded houses are often unable to get enough sleep, which has a negative effect on mental health and, for children in particular, negatively affects development (Lowell et al. 2018).

Crowded housing also brings an increased risk of contagious infections (Lowell et al. 2018), frequent problems include scabies and respiratory virus. Children are more susceptible to ear infections such as otitis media, potentially leading to hearing loss. Ultimately, inadequate housing can lead to absences from school and work, affecting a child's long-term behaviour, development, education, employment and income prospects, which also have an impact on physical and mental health (Clair 2019; Lowell et al. 2018).

Children are affected not only by their own housing experiences but also by parents' and other household members' experience, as they witness the social stressors and poor or deteriorating mental health of the adults in the household from overcrowding, frequent moving or poor-quality facilities (Clair 2019; Lowell et al. 2018).

A longitudinal study – 'Growing up children in 2 worlds' – exploring the challenges and strengths of raising children in a remote community, described problems with housing as the greatest challenge that families face (Lowell et al. 2018). The effects of overcrowded and insecure housing, such as lack of food, sleep and energy for school or work, and the presence of illness, conflict and stress, are compounding and grind individuals and families down.

## **Relevant policies, programs and initiatives**

### **Policies**

Governments are involved in housing assistance in 3 main areas: social housing services, financial assistance and homelessness services (AIHW 2021; see Box 1). Social housing is rental housing provided or managed by the Australian Government or other organisations. Provision of social housing focuses on assisting households experiencing financial instability, disadvantage or trauma (Groenhart et al. 2014). Homelessness agencies funded under the National Housing and Homelessness Agreement, which commenced in 2018, are referred to as Specialist Homelessness Services.

### **Box 1: Government-funded housing and homelessness assistance**

#### Social housing

- public housing
- state owned and managed Indigenous housing
- community housing
- Indigenous community housing

#### Financial assistance

- Commonwealth Rent Assistance
- Private Rent Assistance
- Home Purchase Assistance

#### Specialist homelessness services

- prevention and early intervention services
- crisis and post crisis assistance
- youth services, family and domestic violence services (AIHW 2020, 2021)

There are also reforms to address remote housing. These aim to reduce severe overcrowding, increase the supply of new houses, improve conditions of existing houses, and ensure rental properties are well maintained and managed in remote communities.

Several national agreements and frameworks acknowledge the importance of housing for mental health for Indigenous Australians. National agreements include the:

- Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan), released in 2017
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, released in 2013
- Aboriginal and Torres Strait Islander Health Plan 2013–2023.

Further details of the policies, frameworks and strategies across Australia providing guidelines and plans to address housing issues among Indigenous Australians are listed in Chapter 5 and Appendix A of the [Indigenous mental health, housing and homelessness](#) publication.

### **Programs and initiatives**

Evaluations of 10 programs providing housing or homelessness assistance to people with mental health problems across 4 states were reviewed (Table 1). Two of the programs were Indigenous specific and involved support to family members along with the initial client.

The programs all provided intensive support to people experiencing mental ill-health. Three of the programs were 'Housing First' models, which prioritise rapid, unconditional access to housing before attempting to address psychosocial or health issues (50 Lives 50 Homes; Doorway and NSW Homelessness Action Plan projects).

**Table 1: Program descriptions and evaluation information**

Name and brief description	Location / Indigenous-specific?	Evaluation
<p><b>Wongee Mia</b></p> <p>Offers support by connecting clients to appropriate housing, and identifying the client's family members who require housing assistance and providing them with support. The program was developed in response to a recognised gap in 50 Lives 50 Homes program, to better meet the needs of Indigenous clients.</p>	Perth, Western Australia Indigenous-specific – yes	Vallesi et al. (2020b)
<p><b>Wadamba Wilam</b></p> <p>This program provides holistic outreach support to Indigenous Australians experiencing homelessness or housing insecurity and enduring mental health challenges. The interdisciplinary and interagency approach commits to long-term engagement and provides care that is person-centred, culturally respectful, culturally safe, and trauma-informed.</p>	Victoria Indigenous-specific – yes	Chiera et al. (2021)
<p><b>50 Lives 50 Homes</b></p> <p>The program offers support by connecting people in Perth who experience housing and homelessness issues with appropriate housing and mental health services. It aims to provide rapid access to housing and intensive wrap around support.</p>	Perth, Western Australia Indigenous-specific – no	Vallesi et al. (2020a); Vallesi and Wood (2021).
<p><b>Mission Australia's Cairns Homelessness Services</b></p> <p>Three services are operated: Going Places Street to Home Homeless Program; Douglas House; and Woree Supported Housing Accommodation. They are designed to provide accommodation and case management support.</p>	Cairns, Queensland Indigenous-specific – no	Perrens and Fildes (2019)
<p><b>Brisbane Common Ground</b></p> <p>Adapted from New York City's Common Ground project, aims to assist tenants to:</p> <ul style="list-style-type: none"> <li>• retain tenancies</li> <li>• improve their health, social and economic wellbeing</li> <li>• to reduce their need to use acute, crisis and emergency services.</li> </ul>	South Brisbane Indigenous-specific – 15% of tenants identify as Aboriginal and / or Torres Strait Islander	Parsell et al. (2015)
<p><b>The Michael Project</b></p> <p>Run from 2007–2010 by Mission Australia, this program provided combined accommodation support services with assertive case management and access to coordinated specialist allied health and support services. It was a comprehensive wrap-around initiative and included an Indigenous Outreach Worker with a focus on housing.</p>	Sydney, New South Wales Indigenous-specific – no	Spicer et al. (2015)
<p><b>Doorway</b></p> <p>A housing and recovery program that aims to support people who are homeless, or at risk of homelessness and experiencing mental health issues to secure and sustain a home in the private rental market. The program incorporates mental health support, housing and economic participation.</p>	Victoria Indigenous-specific – no	NOUS Group (2014a, 2014b)
<p><b>NSW Homelessness Action Plan</b></p> <p>Comprised four projects providing more integrated support:</p> <ul style="list-style-type: none"> <li>• Rural Interagency Homelessness Projects in the Riverina and New England</li> <li>• North Coast Accommodation Project</li> <li>• South East NSW Community Connections project.</li> </ul>	New South Wales Indigenous-specific – no	ARTD Consultants (2013a, 2013b)
<p><b>Housing and Accommodation Support Initiative (HASI)</b></p> <p>HASI is a program that links stable housing to appropriate mental health and accommodation support by collaborating with NSW Health, Housing NSW and non-government organisations. It targets people experiencing mental health conditions who are homeless or at risk of homelessness and provides accommodation support and rehabilitation associated with disability.</p>	New South Wales Indigenous-specific – no	Bruce et al. (2012)
<p><b>Housing and Support Program (HASP)</b></p> <p>HASP supports people with a psychiatric disability to live with stable social housing and clinical support. Individuals receive a 'package' of services consisting of mental health services, disability support services and normal community housing.</p>	Queensland Indigenous-specific – no	Meehan et al. (2010); Shepherd and Meehan (2012)

## What works

Critical to the success of the programs were:

- A 'Housing First' approach, where housing is prioritised, backed up by voluntary, secondary supporting services that aim to improve mental health, physical health, and psychosocial participation (ARTD Consultants 2013a, 2013b; NOUS Group 2014b; Vallesi et al. 2020a).
- Wrap-around support – through client-centric multidisciplinary teams that focus on housing, health and psychosocial factors (Spicer et al. 2015; Vallesi et al. 2020a). Direct client participation in multidisciplinary team meetings and decisions can be empowering and generate buy-in (NOUS Group 2014a, 2014b).
- Assertive case management, innovation, and flexibility when addressing client needs (Spicer et al. 2015).
- Capacity and capability building, especially for Indigenous Australian workers, which helps build a competent sector workforce providing high standards of care (Vallesi et al. 2020a, 2020b).
- The inclusion of people who have lived experience of homelessness and mental health issues in program design and delivery (Vallesi et al. 2020a, 2020b).
- Collaboration between organisations within the housing and mental health sectors and beyond, which provides a smoother and quicker journey out of homelessness (ARTD Consultants 2013a, 2013b; NOUS Group 2014a, 2014b; Parsell et al. 2015; Perrens and Fildes 2019; Vallesi et al. 2020a).

Decolonising housing policy, planning and improved decision-making processes to meaningfully engage Indigenous communities and stakeholders, can shift mainstream thinking to an empowerment model that benefits Indigenous Australians (Habibis et al. 2019)

## Conclusions

Housing is a key socio-environmental determinant of mental health, and poor mental health affects housing stability. Many initiatives recognise this dual relationship. However, housing availability and conditions such as affordability, availability, quality and overcrowding remain an issue for many Indigenous Australians who also experience higher rates of homelessness.

Few programs provide both housing and mental health or suicide prevention support, and fewer still are Indigenous-specific. Further, there are only a small number of evaluations from which best practice evidence can be drawn, often with very small sample sizes. More robust evaluative findings of health outcomes have arisen from studies using appropriate, validated tools coupled with the judicious use of pre- and post-administrative data.

The most effective programs reviewed for this paper included wrap-around services that were:

- delivered by a client-centred collaborative team that included experts from both the housing and health sectors
- well led by an empathetic and culturally competent case manager.

Similarly, improved mental health and tenancy outcomes were evident from programs that were:

- strengths-based and trauma-informed
- recovery-oriented
- culturally responsive
- based on holistic case management.

The inclusion of Indigenous Australians, especially those with lived experience of homelessness (Vallesi et al. 2020a), in program design and service delivery roles has also been attributed with improved participation and outcomes for Indigenous Australians.

There is a need for holistic approaches to mental health and suicide prevention with the recognition that housing is one of the many important sociocultural determinants of mental health outcomes and suicide among Indigenous Australians.



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