



WAAMH

**Western Australian Association
for Mental Health**

1. ABOUT WAAMH

The Western Australian Association for Mental Health (WAAMH) is the peak body of the community-managed mental health sector in Western Australia, with more than 100 organisational and individual members.

Community-managed organisations provide a critical network of services that support people affected by mental illness 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, and promote positive attitudes to mental health and recovery.

2. MENTAL HEALTH & AFFORDABLE HOUSING

Stable and secure housing is critical for people with mental health problems. The provision of housing and housing related support aids recovery and social inclusion, reduces homelessness and assists those with mental illness to return to the workplace¹.

Safe, secure and affordable housing is essential across the full spectrum of personal experience of mental health and ill health. It contributes to the prevention of poor mental health and reduces the likelihood of mental ill health, it contributes to effective recovery, and it maximises the opportunity for people with mental ill health to lead fulfilling and contributing lives.

The Fourth National Mental Health Policy is the driving national whole of government policy document for mental health, articulated within the COAG National Action Plan and with developing policy and practice in other areas².

The policy provides an overarching vision for a mental health system that enables recovery, prevents and detects mental illness early, and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community. Access to secure, stable safe and affordable housing is integral to this agenda.

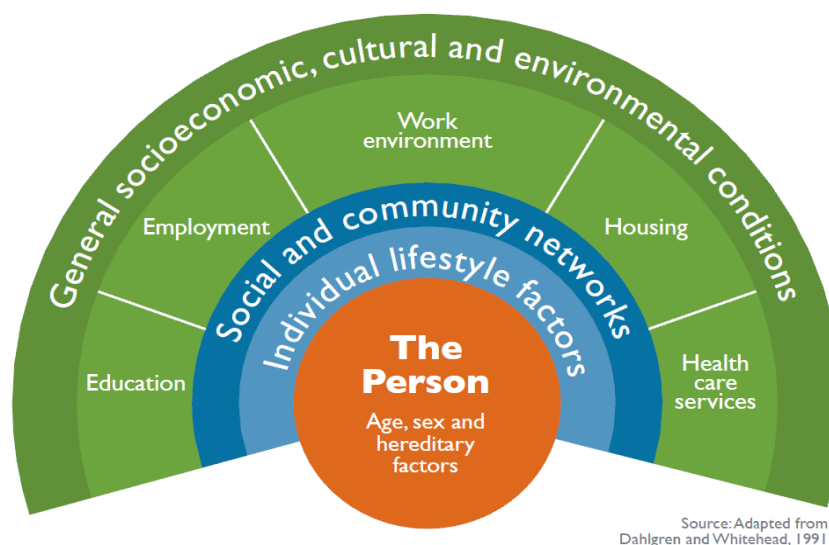
The place of housing at the centre of the achieving good mental health is well represented in the draft Roadmap for National Mental Health Reform 2012-22³ which provides a pathway towards achieving the vision of an Australian society that values good mental health and wellbeing. The Roadmap uses the 'social determinants of health framework' in recognising the wide range of factors that impact on an individual's mental health and recovery and identifies housing as a key component.

¹ Homelessness Australia (2011) States of being: Exploring the links between homelessness, mental illness and psychological distress. An Evidence based policy paper, Homelessness Australia, November 2011.

² Fourth national mental health plan: an agenda for collaborative government action in mental health 2009-2014, [www.health.gov.au/internet/main/publishing.nsf/.../\\$File/plan09v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/.../$File/plan09v2.pdf)

³ The Roadmap for National Mental Health Reform 2012-22
www.coag.gov.au/.../The%20Roadmap%20for%20National%20Mental%20

Figure 1: Social determinants of health



3. THE CURRENT SITUATION

People living with psychotic illness in 2010: The second Australian national survey of psychosis provides the following comparison of the accommodation situation of people living with psychotic illness in Australia compared to the first survey in 1997-8:

Accommodation:	1997-98	2010
Rented home or unit	34.2	48.6
Family home	16.3	19.1
Own home	14.8	13.1
Supported group housing	5.2	11.0
Homeless: primary, secondary, or tertiary	13.0	5.2

The 2009-10 Survey of Income and Housing estimated 69% of all Australian households owned their homes either outright or with a mortgage (just 32.2% of people living with psychotic illness live in the family home or their own home in 2010). 28% of all Australians were renting⁴ in 2010 compared to 48.6% of people living with a psychotic illness. People with mental health issues are less likely to own their own homes and are more likely to live in rented housing and consequently face the same challenges as other people with low incomes in affording accommodation in the private rental

⁴ Quoted in the ABS Australia Yearbook 2012 <http://www.abs.gov.au/ausstats/abs>, 1301.0

market, particularly in high population growth areas of which metropolitan Perth and major mining regional centres are specific examples.

Though the national survey of people living with psychosis found that there has been some reduction in the level of homelessness in the past decade, 5.2% of participants (7.3% of males and 2.0% of females) were currently homeless and 12.8% had experienced at least one period of homelessness in the previous 12 months. Those who had been homeless reported an average of 155 days of homelessness (median 99 days) during the past year. By comparison, in the 2006 census, the prevalence of current homelessness in the general population was estimated to be 0.5% (Australian Bureau of Statistics, 2008a). One-quarter (22.7%) of survey participants reported being on a public housing waiting list.⁵

This continued unacceptable level of homelessness and housing insecurity indicates that, while some progress has been made in the expansion of supported community housing for people with mental health issues (and it is certainly encouraging to see the increase from 1997-98 to 2010 in people living with psychotic illness living in supported housing) , there remains a significant backlog of demand. This is confirmed by preliminary findings of the National Mental Health Services Planning Framework⁶.

4. WHAT IS TO BE DONE

Safe, secure and affordable housing should be should be viewed as a social investment:

1. By contributing to the prevention of mental ill health and the resulting costs to the health, social security, welfare and other costs to the community.
2. By contributing to timely and full recovery from acute mental ill health. The lack of suitable supported housing options for the mentally unwell results in unnecessary hospitalisation, delayed discharge from hospital, contributes to the unacceptable number of people with mental issues in the prison population at unnecessary cost to the community in financial and human terms.
3. By providing shelter and support so that people with mental health issues can work, access education themselves and provide for their families and loved ones.

Action is needed across a broad front to improve access, security and safety for people with mental health issues to affordable, safe and secure housing including:

1. Replacing policies such as cash grants and stamp duty exemptions for existing homes that do not increase the supply of homes and consequently increase the cost of housing, with policies that encourage investment in new housing.
2. Increasing the supply of low cost housing, either by direct investment (by building more public housing) or through initiatives to attract private investment in affordable housing.
3. Increasing the opportunities for people with low incomes to own their own homes through access to a flexible range of shared equity schemes including:

⁵Morgan et al, People living with psychotic illness in 2010: The second Australian national survey of psychosis Australian & New Zealand Journal of Psychiatry, 46(8) p740

⁶ <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nmhspf>

- a. Shared equity purchase of housing.
 - b. Converting long term public housing rental to equity in the home.
4. Addressing the impact on low income earners of high private housing rental costs by indexing the Commonwealth Rental Assistance Scheme in line with locality specific true increases in rental costs.
5. Continuing to expand the supply and range of flexible, individualised supported accommodation options for people with mental health issues.
6. Improving the flexibility and personalisation of landlord services by transferring a higher proportion of low income housing to the administration of community providers and expanding the opportunity for community-managed low cost housing initiatives along the lines of the Victorian Common Equity Rental Cooperatives (CERCs) and Rental Housing Cooperatives (RHCs) programs.
7. Improving the safety and security of public housing by strictly applying policies that prevent the concentration of people with complex problems in the same locality.