Level 11, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300
F: (03) 9663 6177
www.psychology.org.au

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Legislative Council, Legal and Social Issues Committee
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Via Online Submission Form: https://www.parliament.vic.gov.au/lsic-lc/inquiries/article/4284

RE: Victorian Inquiry into Homelessness

The Australian Psychological Society (APS) welcomes the opportunity to make a submission to the Victorian Inquiry into Homelessness.

The APS is the premier professional association for psychologists in Australia, representing more than 24,000 members. A key goal of the APS is to actively contribute psychological knowledge for the promotion and enhancement of community wellbeing.

Access to adequate, safe, affordable housing is a fundamental right that forms the basis for achieving individual and community wellbeing, which are central tenets of psychology. Homelessness denies people the right to shelter and safety, disrupts the connections they have with their family and communities, and is also associated with a sense of not 'belonging', not being valued and being excluded from social and community life. The sense of marginalisation and alienation from mainstream society that inevitably arises from homelessness also has profound effects upon the physical and mental health of those experiencing such homelessness.

This submission responds to each of the three Terms of Reference in turn. Overall, the APS recommends that the Victorian Government addresses the lack of safe and secure housing for people with, or at risk, of mental illness by:
  i.   Increasing the availability of suitable, safe, emergency accommodation, social housing and secure affordable housing
  ii.   Expanding and building upon existing programs (e.g. Private Rental Access and Tenancy Plus) to support people experiencing mental illness to sustain private rental accommodation
  iii. Better resourcing to educate housing providers to work with and understand the impact of trauma, identify the early warning signs of mental illness, and take early and appropriate action
  iv.   Financially contributing to a roll out of the Housing First initiative including rapid access to permanent supportive housing. For some, ongoing psychological support is an integral component to assist people to obtain and keep housing.

1. The changing scale and nature of homelessness across Victoria

The rate of people that are homeless in Victoria per 10,000 persons of the population has increased since 2006 (See Table 1).[1] The 2016 census data indicated there were 24,817 people that are homeless in Victoria; 58% male; 39.3% under 25 years old.[2] Furthermore, women aged over 55 were the fastest growing cohort of Australians that are homeless between 2011 and 2016, increasing by 31 per cent.[3]

Table 1. Rate of homelessness in Victoria

	Rate per 10,000 of the population			
	2001	**2006**	**2011**	**2016**
People that are homeless in Victoria	38.9	35.3	41.7	41.9

There is increased understanding of the trauma experiences and mental health needs of people experiencing homelessness, particularly long-term or chronic homelessness. Phoenix Australia (formally the Australian Centre for Posttraumatic Mental Health) conducted a large research project in 2014 which demonstrated the extent of trauma experiences among long-term homeless adults in Melbourne and the prevalence of mental illness.[4] Some of the findings are:
- All 115 participants reported at least one traumatic event in their lifetime and over 97% had experienced more than four traumatic events.
- There were very high levels of exposure to interpersonal violence (including sexual and physical assault).
- 70% of participants experienced at least one trauma before experiencing homelessness. The majority of participants were exposed to trauma during their childhood. For many participants this childhood trauma was prolonged and repeated, and constituted Type II trauma (e.g., child abuse). For others, it was exposure to other events such as motor vehicle accidents, natural disasters, and violence (Type I trauma).
- Trauma was often identified as a precipitant to becoming homeless. Although most of the sample was exposed to trauma prior to becoming homeless, trauma exposure escalated after becoming homeless such that the majority of trauma exposure occurred after becoming homeless.
- Structured clinical interviews were conducted to assess current and lifetime mental health disorders. These assessments showed that 88% of the sample met criteria for a current diagnosis of a mental health disorder. These included PTSD (73%), depression (54%), alcohol abuse disorder (49%), alcohol dependence disorder (43%), substance abuse disorder (51%), substance dependence disorder (44%), and psychotic disorder (33%).

There is increased awareness and understanding of housing as a social determinant of mental health. The Productivity Commission Draft Report on Mental Health (2019) explains that suitable housing is an important factor in preventing mental ill-health and often a first step in promoting long-term recovery for people with mental illness.[5] For people who are homeless and mentally ill, the provision of safety and security through appropriate housing allows people to focus on mental health treatment and rehabilitation.[6]

In our submission to the Royal Commission into Victoria's Mental Health System, the APS highlighted that housing insecurity, frequent moves, unsuitable housing and homelessness are all common experiences for Victorians with mental illness. People with mental illness find it challenging to access both private and public rental accommodation due to cost, availability, discrimination and stigma. Victoria has a significant shortfall of affordable housing and the needs of people with, or at risk of mental illness simply cannot be met.

2. Social, economic and policy factors that impact on homelessness

The interplay between trauma exposure, mental health difficulties, and social disadvantage can maintain long-term homelessness (O'Donnell et al., 2014).

People experiencing homelessness face barriers to accessing education, employment, and health care, which can maintain homelessness. People with mental health disorders are three times more likely to be unemployed than people without mental health problems, are overrepresented in benefit schemes, and struggle to hold down jobs.

When there is a lack of affordable and appropriate housing people are placed on waitlists. The impact of this on a person's mental health can be detrimental. The opportunity for early intervention is lost, physical and mental health conditions can become chronic, and the person can become entrenched in homelessness, becoming socially isolated and losing hope and motivation for recovery.

3. Policies and practices from all levels of government that have a bearing on delivering services to the homeless

International human rights law recognises that every person has the right to adequate housing. "A person who is homeless may face violations of the right to an adequate standard of living, the right to education, the right to liberty and security of the person, the right to privacy, the right to social security, the right to freedom from discrimination, the right to vote, and many more."[7] (p. 1). All policies and practices from all levels of Government must be consistent with human rights law.

The City of Melbourne received criticism from the United Nations in 2017 for their plan to outlaw people camping in the city, which was considered to be discriminatory and a violation of international human rights law.[8] In our [submission to the Melbourne Inquiry into Proposed Activities Local Law](), the APS emphasised that the new law would impact negatively on those experiencing homelessness, making an already vulnerable group less safe and more at risk of physical and psychological harm.

The Australian Housing and Urban Research Institute (AHURI) released a report in 2018 outlining policy options to achieve more and better housing and services for people with lived experience of mental illness.[6] The options included: housing, homelessness, and mental health policy integration; early intervention and prevention by stabilising existing tenancies; better discharge planning and procedures from hospitals and mental health facilities; better access to and more affordable, appropriate and safe housing; and scaling up existing successful programs that integrate housing and mental health support to meet demand nationally. The APS supports these policy options.

The needs of people experiencing homelessness are met through various Government and not-for-profit organisations, inside and outside the homelessness sector. For the efficient use of resources and to ensure effective intervention, there is a necessity for national leadership and national practice guidelines that oversee the co-ordination and delivery of evidence-based practice to meet the needs of people experiencing homelessness. These needs include affordable and appropriate housing; physical and mental health care; and social integration, participation, and inclusion in the community.

Improving access to housing for people with mental illness is a challenge for governments because it requires policy-making to be far more joined up than is currently the norm. Even with the best systems in place, Australia has a huge shortfall of affordable housing and the needs of people with or at risk of mental illness simply cannot be met. In our [submission to the Mental Health Productivity Commission]() the APS identified the Commission as being uniquely placed to make recommendations to Government that span several policy sectors and identify mechanisms to enhance the availability of suitable, safe, emergency accommodation, social housing and secure affordable housing to meet the needs of people with or at risk of mental illness. Housing First and Wintringham are examples of an evidence-based, successful and cost-effective international solution to provide housing for people with mental illness.

In Australia, although Housing First has been embraced by the homelessness sector, many local examples of Housing First programs differ from the original model (developed in New York by Sam Tsemberis in the 1990s), in that they do not provide immediate access to housing and they do not provide the appropriate level of ongoing support.[9] Ongoing support is important often beyond the 2 year limit placed on many Housing First programs. The results of

the MISHA project in Sydney showed people experiencing homelessness often required a considerable amount of ongoing support for mental health issues, physical health issues and living skills beyond two years.[10] An excellent example of a housing service which provides supported housing is Wintringham. Whilst this model is focused on older people that are homeless, there is no reason why a similar model cannot be established for those under the age of 55 years.

The research demonstrates that once people exit homelessness, they can still experience the same residual shame, stigma and isolation, which prevents them from feeling confident or comfortable to participate and lead a 'contributing life', even years later.[11] Therefore, it is essential to provide the right services in a timely manner.

Trauma-informed approaches
Lack of suitable accommodation is a primary barrier to obtaining housing for people with mental illness, but the way in which many homelessness services operate presents an additional barrier. Many people with mental illness are trauma survivors and APS members report that their clients find some housing agencies (and human service agencies like Centrelink) difficult to navigate and requiring the completion of lengthy complex forms and reporting processes, often without advocacy or support through the process. Under stressful situations, people with mental health problems and histories of trauma may behave in ways perceived by these services as indicative of non-compliance, further diminishing their likelihood of a positive outcome. The agencies also fail to understand the fluctuating nature of mental illness and lack the capacity to tailor approaches to suit the individual's needs. APS members report it is not uncommon for their clients to just give up as services are not responsive or it is just "too difficult to navigate".

Outcomes for clients of homelessness agencies (and organisations such as Centrelink) could be improved by organisations shifting to a trauma-informed approach to service delivery. Trauma-informed care is based on the premise that many behaviours expressed by people with or at risk of mental health disorders are related to, and exacerbated by, an experience of trauma. It is not a treatment but rather a whole-of-service system approach whereby all aspects of the organisation (practitioners through to administrative support and the physical setting) are organised on the basis of understanding how trauma affects people's lives and their service needs. A trauma-informed service understands the symptoms and presentation of an individual who has experienced trauma should be viewed as adaptations to trauma rather than as pathologies.

APS members report that in some cases there are structural barriers to the implementation of trauma-informed care within housing organisations, many of whom are non-government organisations. The barriers include the reliance on

short term government funding and concomitant organisational instability, crisis levels of staffing and high turnover. Shifting Australia's approach to housing people with mental illness to an appropriately funded, wraparound multidisciplinary team approach such as that offered by Housing First, would support the implementation of trauma-informed care.

The APS, and specifically members of the Psychology and Homelessness Interest Group, would be very happy to provide any further information to the Committee as required, as well as provide evidence at a public hearing.

Yours sincerely,

Frances Mirabelli
Chief Executive Officer

Acknowledgements
APS Interest Group on Psychology and Homelessness, convened by Dr Kathryn Taylor.

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