

Appendix 3: The co-occurrence of mental ill-health and homelessness



Launch Housing knows that mental illness both contributes to homelessness and is exacerbated by the considerable stress and trauma of homelessnessⁱ. Conversely, good quality housing positively affects mental health, associated costs, wellbeing and residential stability.ⁱⁱ

General demand on homelessness services by people with mental ill-health

National statistics	One in three people (32%, or 78,000 people) accessing Specialist Homelessness Services nationally in 2016-17 had a current mental health issue. ⁱⁱⁱ
Clients with a current mental health issue are one of the fastest growing groups seeking help.	Clients with a current mental health issue are one of the fastest growing client groups within the specialist homelessness services nationally, growing at an average rate of 10% per year since 2013-14. ^{iv} In Victoria, 27% of people (or 32,021 people) accessing specialist homelessness services in 2017-18 had a current mental health issue. ^v
Many with mental health issues have presented repeatedly to homelessness services.	Nationally, most people accessing specialist homeless services who had a mental health issue (64% or 51,900 clients) had previously received homelessness services at least once in the 5 years to July 2018. ^{vi}
Homelessness is a form of trauma^{vii} and can produce mental health issues.	People experiencing homelessness and mental health issues also experience other traumas and related disadvantages. 30% of clients accessing specialist homeless services with mental health issues also experienced family violence, 14% had problems with alcohol or other drugs, while 10% experienced all of these: homelessness, mental health issues, family violence and problematic substance use. ^{viii}

Many clients supported by Launch Housing have a co-occurrence of homelessness and mental ill-health.

To assist the Royal Commission, we conducted a census of our client data over two weeks from late May until early June.	Over a two-week period covering the end of May and early June, 2,023 clients received support from Launch Housing. Of these, nearly half (44%) had a current mental health issue. Of those with a current mental health issue, only 55% were currently receiving support from a mental health service.
Launch Housing and St Vincent's Hospital Melbourne (SVHM) have undertaken a data	Using 2015 data from SVHM Homelessness Services and Launch Housing's client data for 2013-2017, revealed that 174 of St Vincent's 359 clients (48%) had also received support from Launch Housing. These clients were mostly male (73%) and had an older average age than the general Launch Housing client group (50% aged 45 years and

matching exercise of clients and patients in common.

over) and they were also more likely to be Aboriginal or Torres Strait Islander. These clients needed more intensive assistance, demonstrated in the greater hours of services they received compared to other Launch Housing clients who received support during the same period.

A key sub-group amongst our clients experience not just homelessness and mental ill-health, but also substance use problems and complex trauma.

Findings from the Homeless and Drug Dependency Trial (HDDT)

The HDDT^{ix} tested strategies to address the needs of individuals experiencing homelessness and drug-dependency problems. The Trial Evaluation revealed that 72% of participants had previously been diagnosed with a mental illness, and prevalence rates much were higher among female participants. 40% of participants had previously attempted suicide, while 20% had experienced suicidal ideation at the time of assessment.

Clients experiencing homelessness, mental health issues and substance use problems also have other difficulties including complex trauma histories.

Analysis of a stratified sample of 59 case files from Launch Housing's Rough Sleeper Initiative^x revealed that tri-morbidity (significant mental health problems, substance misuse, and serious physical health difficulties) was pervasive.

Long periods of rough sleeping, histories of incarceration, growing up in state care, childhood trauma, and cognitive impairment due to head trauma and injuries, were common.

Women experiencing homelessness have complex and multiple needs.

In a 2004 Launch Housing study of women experiencing homelessness with complex and multiple needs^{xi}, the majority of the women presented with a combination of mental health issues, substance use problems, self-harming, risk taking or 'challenging' behaviour.

Consistent with this was the high prevalence of past and current experiences of trauma and abuse, particularly domestic violence and sexual abuse as critical factors leading to homelessness. The women also experienced multiple physical health conditions, with many chronic in nature.

Launch Housing has documented evidence highlighting that children who have experienced homelessness and family violence are particularly vulnerable and require specific supports.

Children are particularly vulnerable to mental health problems when they experience homelessness.

In Launch Housing's 1996 study of the impact of family homelessness on children's health and wellbeing^{xii}, children in families experiencing homelessness were affected psychologically by the crisis of homelessness and the complex issues that caused it. More than 30% of the children had total behaviour scores in the 'clinical' range, indicating significant behavioural disturbance.

The intersection between homelessness, family violence and children’s mental health is especially important.

A two-year longitudinal study of families experiencing homelessness conducted by Launch Housing in 2004^{xiii}, found that 40% of parents identified emotional difficulty, depression and anxiety as health issues affecting their children. By the end of the study, with the provision of stable housing, these health concerns were raised by 17% of parents. The majority of families in the study (74%) were sole parent families (headed by mothers) who had escaped family/domestic violence.

Children experiencing homelessness had increased mental health challenges.

A 2013 collaborative study between Launch Housing and the Institute of Child Protection Studies^{xiv} found that children experiencing homelessness/family violence faced increased risk of low self-esteem and increased mental health problems including depression and anxiety and post-traumatic stress. It also identified that trauma related to homelessness can potentially change children’s neurodevelopment.

ⁱ Homelessness Australia, 2011, States of being: Exploring the links between homelessness, mental illness and psychological distress. An evidence based policy paper, available at: https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/States_of_being_evidence_based_policy_paper_mental_illness_and_homelessness.pdf; Min Park, Jung, Angela R Fertig, and Stephen Metraux. 2011. "Changes in Maternal Health and Health Behaviors as a Function of Homelessness." *Social Service Review* 85 (4):565-85. doi: 10.1086/663636. Johnson, G., and C. Chamberlain. 2011. "Are the Homeless Mentally Ill?" *Australian Journal of Social Issues* 46 (1):29-48;

ⁱⁱ Nicola Brackertz, Alex Wilkinson, Jim Davison (2018) *Housing, homelessness and mental health: towards systems change*, AHURI, Melbourne. Available At: https://www.ahuri.edu.au/_data/assets/pdf_file/0023/29381/Housing-homelessness-and-mental-health-towards-systems-change.pdf

ⁱⁱⁱ AIHW, 2019, Mental health services in Australia, web report available at: <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialist-homelessness-services>

^{iv} AIHW, 2019, Specialist Homelessness Services Report, 2017-18 Available at: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents>

^v Ibid

^{vi} Ibid

^{vii} Robinson, Catherine. 2014. "Trauma: A Cause and Consequence of Homelessness." In *Homelessness in Australia: An Introduction*, edited by Chris Chamberlain, Guy Johnson and Catherine Robinson, 233-52. Sydney: UNSW Press; Goodman, L., L. Saxe, and M. Harvey. 1991. "Homelessness as Psychological Trauma - Broadening Perspectives." *American Psychologist* 46 (11):1219-25.

^{viii} Australian Institute of Health and Welfare, Specialist Homelessness Services Report, 2017-18, web report. Available at: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents>

^{ix} Rayner, Batterham and Whiltshire, 2005, *Rebuilding Lives: The Homeless & Drug Dependency Trial, Final Year Evaluation Report on Part B of the Homeless and Drug Dependency Trial. Report 9: Profile, Progress and Outcomes*, Hanover, Melbourne

^x Kolar, V, 2017, *Rough Sleeping: 'the canary in the coalmine' of failing housing policy*, Launch Housing, Melbourne

^{xi} Parkinson, 2004, 'Getting my life back together': Women, Housing and Multiple Needs, Hanover, Melbourne.

^{xii} Efron, D. Sewell, J. Horn, M. Jewell, F, 1996, 'Can we stay here?' A study of the impact of family homelessness on children's health and wellbeing, Hanover, Melbourne.

^{xiii} Kolar, V, 2004, *Home First: A longitudinal study of outcomes for families who have experienced homelessness Final Report*, Hanover, Melbourne.

^{xiv} Barker, J., Kolar, V., Mallet, S., & McArthur, M. (2013). *What works for children experiencing homelessness and/or family/domestic violence? Part 1: Literature Synthesis*. Melbourne: Hanover Welfare Services.