

# Housing and mental health



## A two-way mutually reinforcing relationship

Policy related research literature implicates mental health in housing outcomes and housing in mental health outcomes. Within this literature, the clearest connections are established between homelessness and mental illness where these two factors are understood to mutually reinforce each another for the worse.

## Mental illness and the risk of homelessness

Australians experiencing mental illness are three times more likely to becoming homeless as the general population (ABS, 2008). In addition, a third of all people seeking assistance from specialist homelessness services in Australia experience a mental illness (AIHW, 2021).

A two-year research project by Australian Housing and Urban Research Institute (AHURI) and Mind Australia offer the following explanation of how mental illness directly or indirectly puts people at risk of homelessness:

*Behaviours often associated with mental ill-health, such as anti-social behaviour, delusional thinking and the inability to prioritise finances, may make sustaining a tenancy more difficult ... Social isolation as a result of mental ill-health can further exacerbate housing crises by limiting access to emotional and financial support. Poor physical health is a common symptom of mental ill-health and can limit a tenant's capacity to maintain a healthy living environment in the home (Brackertz et al, 2020, p.1).*

AHURI and Mind Australia also highlight how not accessing health and mental health services when ill is a risk factor for housing instability. People with poor mental health may face increased difficulty meeting their costs of housing if they are unable to maintain employment. Many people with mental illness may face discrimination which limits their access to private housing and sometimes their access to social housing. Absences from home including periods of hospitalisation can also lead to loss of housing.

## Homelessness and the risk of mental illness

Homelessness is associated with increased risk of acute and chronic physical and mental illness and premature death (Brackertz et al. 2018, AIHW, 2021b).



Living in unsafe and insecure circumstances such as on the street or couch surfing are understood to exacerbate people's risk and experience of trauma and psychological distress and hypervigilance.

In addition, homelessness contributes to poor mental and physical health outcomes through associated increased substance use, an inability to access mental health and other services and employment and experience of violence and relationship difficulties (Brackertz et al, 2018, 2020, Hail-James et al, 2021).

## The role of housing in wellbeing and mental health recovery

The World Health Organization's *Social determinants of Mental Health* (WHO, 2014) and its *Housing and health guidelines* (WHO, 2018) and the AHURI and Mind Australia (2020) research project all highlight the role of housing in wellbeing and mental health recovery. The later project emphasises the critical need for housing which is safe, secure, affordable and appropriate (Brackertz et al, 2020).

**Safe housing** provides psychological as well as physical safety because private living space enables a sense of personal control and ease (Padget, 2007).

**Secure housing** provides security of tenure. Within the Australian housing system, private rental runs the risk of forced mobility, a recognized risk to mental health (Singh et al, 2019, Alidoust & Huang, 2021, Arundel et al, 2021).

**Affordable housing** is measured by the ratio of housing costs to gross income (AIHW, 2021a). Households are considered in housing stress when they spend more than 30% of their gross income on housing costs and they are in lowest 40 per cent of income earners (ABS 2019 in AIHW 2021a). Low-income private renters are at greatest risk of housing stress. The research shows that increased housing costs are associated with declining mental health for low-income renters and people with poor mental health due to extra financial worries and constraints on their social life and recreational opportunities (Kraindler, 2018, Baker et al, 2020, Arundel et al, 2021).

**Appropriate housing** meets building and environmental health standards (Pholeros et al, 1993) with facilities to wash, clean, eat, sleep in a structurally sound dwelling (ABS, 2012). It is not overcrowded, a risk factor for psychological distress, alcohol abuse, and in extreme cases, child abuse (WHO, 2018, Cant et al, 2019). It is thermally comfortable and physically accessible (WHO, 2018, Brackertz et al, 2020, Alidoust & Huang, 2021). In addition, it is situated in neighbourhoods which feel safe and are accessible to transport, services, employment and social networks (Brackertz et al, 2020).

In the context of this understanding, the additional funding within the service navigation measure to specifically address the housing needs of psychosocial disability within each PHN region recognises the role of housing as an important mental health intervention. Additionally, and more specifically, the dimensions of housing need described above can be seen as useful prompts in assessing individual housing need and the suitability of available housing options.



## If you would like to know more

If you would like more information about the TSP Project work supporting housing service navigation you are welcome to contact Julie Conway [julie.conway@flinders.edu.au](mailto:julie.conway@flinders.edu.au). If you wish to dive into literature yourself, you might like to examine some of the reference links below.

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