

# Home Truths



Mental Health, Housing and Homelessness  
in Australia

March 2009



## Mental Health, Housing and Homelessness: Ten Home Truths

If we do nothing...	What must be done...
1. The prevalence of homelessness in Australian society will continue to increase.	A national strategy on homelessness that includes due recognition of the relationships between mental health and homelessness must be developed and funded.
2. The prevalence of inadequately treated mental illness in Australian society will continue to increase.	Access to mental health care must be increased.
3. Funding will continue to be directed at existing services and people whose needs are not being met by current services will continue to fall through the cracks.	There must be immediate investment in innovative, consumer-focused programs with an emphasis on home based care.
4. COAG and other national plans, including the National Action Plan on Mental Health, will continue to include tokenistic encouragement of service coordination, but without providing the funding required for effective coordination.	Housing must remain as one of the top priorities in the COAG National Action Plan on Mental Health, but with additional funding specifically to support national coordination and action beyond a narrow focus on the existing health system.
5. Mental health care will continue to be hospital-based in spite of evidence demonstrating the benefits of community care.	Home and community must become the preferred treatment sites with the number and scope of peer, carer, allied health and community options being significantly increased.
6. Access to housing will continue to be limited for many people with a mental illness.	Thirty per cent of public and social housing stock must be set aside for people with a mental illness.
7. Access to income and other support will continue to be limited for people with a mental illness, particularly when they are homeless or unstably housed.	Services including employment, welfare, health, alcohol and drugs and many others in the community sector must have the capacity to go beyond their specialisations to respond to issues of mental illness and homelessness.
8. People will continue to be discharged from psychiatric hospitals, other health services, and institutions such as prisons with no arrangements for their housing, treatment and support in the community.	Properly resourced and monitored discharge planning must be implemented across Australia, with zero tolerance for discharge from hospitals to homelessness or unstable housing. This goal must be independently monitored and publicly reported.
9. Programs providing housing and mental health services will continue to be evaluated erratically and inconsistently, resulting in a lack of accountability.	Programs providing housing and mental health services must be regularly, independently evaluated against common criteria to allow for program comparison, with transparent assessments and reporting.
10. Our knowledge about mental health, housing and homelessness in Australia will continue to be inadequate due to a lack of data.	National research to build a greater understanding of the connections between mental illness, unstable housing and homelessness must be a priority, with appropriate funding and ongoing support for this research.

