

Position Paper
Mental Health Carers NSW

**The Housing Crisis and Impacts
for People with Psychosocial
Disability in NSW**

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Introduction

About Mental Health Carers NSW

As the peak body for mental health carers in NSW, MHCN represents the interests of mental health carers to the NSW Ministry of Health, and provides information, capacity development and systemic advocacy on behalf of mental health carers. It regularly consults with carers across NSW to gain information on their opinions and experiences with the mental health system. MHCN uses the information gained in these consultations to provide feedback on policies and services on behalf of carers to NSW Health and to other health services and policy makers. With its core functions funded by the Mental Health Branch of NSW Health, MHCN developed the Mental Health Carer Advocacy Network (MHCAN) to broaden its engagement with mental health carers in its advocacy and to assist roll out of the NSW Lived Experience Framework.

By influencing changes in policy, legislation, and service provision, MHCN aims to make a positive difference to the mental health system for carers and through the MHCAN to empower carers to become champions for change, sharing their lived experience to evoke the solidarity of humanity to promote mental health reform.



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Introduction

Disability Advocacy Futures Program

In October 2022, MHCN was awarded the tender for Department of Communities and Justice (DCJ) Disability Advocacy Futures Program (DAFP) for psychosocial disability systemic advocacy. Over the next two years, MHCN will deliver systemic advocacy through this project that includes liaising with Individual Advocacy Providers, stakeholders, government, and non-government decision-makers, and DCJ to improve understanding of the unique issues faced by people with psychosocial disability. This Policy Manager role will also coordinate MHCN's general carer advocacy program with the psychosocial disability advocacy in the Policy and Advocacy Team.

For information about the Disability Advocacy Futures Program, see:

- **DAFP Website:** <https://dcj.nsw.gov.au/community-inclusion/disability-and-inclusion/disability-advocacy-futures-program.html>
- **MHCN DAFP Website:** <https://www.mentalhealthcarersnsw.org/psychosocial-disability-advocacy-disability-advocacy-futures-program/>



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About this Position Paper

Housing is a basic human right. A safe and stable home is crucial to helping people get and stay well mentally. The National Mental Health Commission's Vision 2030 includes the outcome that "people with mental ill-health have meaningful citizenship" measured by an "increase in housing stability for those with mental ill-health" [1]. Yet, people with psychosocial disability struggle to navigate and access systems that would help them obtain and maintain a home [2]. The individual experiences and needs of people with psychosocial disability are complex and episodic. The lack of awareness and understanding of this undermines their engagement with housing and support services and, in turn, negatively impacts access to affordable and safe housing.

Despite recent NSW Government investment in pilot housing programs for people with psychosocial disability, there remains a critical mass of people who are systemically excluded from long-term safe and stable housing [3]. NSW MPs have acknowledged this, with the Minister for Housing and Homelessness stating that "people with disabilities or severe mental illness are more likely to experience homelessness and our investment in social and affordable housing for this vulnerable group will change lives" [4]. The real-world experiences of participants indicate that specific factors have and will continue to undermine their ability and willingness to engage in housing programs, services, and supports. To maintain a person's wellbeing as an integrated member of the community, it is critical they have timely access to safe, secure, and appropriate housing as well as mental health supports to sustain their access to a home. There is an urgent need for targeted education and capacity building for staff and volunteers working within housing services to better understand, identify, respond to, and support the needs of people with psychosocial disability, their carers and loved ones.

This position paper identifies contextual factors related to housing access and support for people with psychosocial disability, their carers and loved ones and recommends pathways to improve user access and experience.



About this Position Paper

Objective

To identify systemic issues for people with psychosocial disability, carers, families, and loved ones and their access, use, and experience of NSW housing services and supports.

Method

MHCN consulted with 34 participants via focus groups and survey between January and March 2024. Participants included people with psychosocial disability, carers, family members and loved ones, and professionals working in the mental health, disability, and housing sectors. MHCN conducted thematic analysis of qualitative consultations to produce recommendations based off current policy and service gaps.

Results

Findings highlight consistent and significant challenges and barriers experienced by people with psychosocial disability, carers, families, and loved ones. These include housing insecurity, financial stress, mental health and emotional distress, inadequate access, and support in using housing and housing support services, and stigma and discrimination within housing and housing support services. An urgent factor in user experience and access was the need for improved understanding, awareness within the housing system to reduce reported high levels of stigmatization of psychosocial disability.



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Summary of Recommendations

1. Social and community services including housing services, programs, providers, and supports are funded to invest in trauma-informed psychosocial training for staff and volunteers to properly identify, understand, and support people with psychosocial disability.
2. State government to conduct root cause analysis of systemic causes of people with psychosocial disability being disproportionately represented in housing waitlists and homelessness.
3. NSW Housing services and providers are more transparent about housing availability, conditions, allocation zone service access, and wait-times, and commit to reducing service barriers by creating strong internal and external referral pathways.
4. Funding allocated to services to recruit peer-delivered support workers (carer and consumer) for users to navigate the system, assist in service requests, and provide continued support when using housing services, including managing expectations and maintaining tenancy requirements.
5. Further investment into NSW community housing agencies and programs that deliver stable social housing dedicated to psychosocial disability.



What is Psychosocial Disability?

Psychosocial disability is a disability that arises from mental health condition/s or mental health issue/s including mood, anxiety, personality, psychotic, and compulsive disorders. Having a mental health condition does not mean that a person will have or will develop a psychosocial disability but for some people their lived experience is influenced by and influences longer-term barriers to their lives and participation in society.

For example, in 2021 Indigenous NDIS participants with psychosocial disability as their primary disability were represented 28.5% more than other Australians [5]. The rate of Indigenous Australians who are active participants in the NDIS with psychosocial disability as their primary disability was three times higher than non-Indigenous Australians [6]. This is reflective of the intergenerational trauma Indigenous people endure that is responsible for a loss of kinship, community, and connection to country. A colonial legacy of mental distress and systemic racism contribute to the development of psychosocial disabilities, with the Royal Commission into The Experience of First Nations people with Disability highlighting the reality that “First Nations people who also have disability have a dual status...referred to as ‘double discrimination’...the compound effect of this dual status can further marginalise First Nations people with disability...”[7].



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What is Psychosocial Disability?

As of the NDIA's December 2023 data set, people with psychosocial disability represented 10% of total NDIS participants with an annual growth of 4% [8]. However, the eligibility approval rate of people with psychosocial conditions is at 36% [9], a disappointing approval rate that is the result of a combination of application process and access barriers, lack of service responsiveness, stigma, trauma, and previous negative experiences, demographics, and social inequity [10].

People with psychosocial disability experience stigma and discrimination at significantly higher rates than other disabilities. In 2023, the Australian Human Rights Commission identified that 392 complaints lodged were from people with psychosocial disability, making it the highest proportion of disability complaints at 22% [11]. The rate of complaints has not decreased but has stayed between 22–31% since 2017. Accordingly, there is a critical need for mental health literacy and awareness about psychosocial disability across services and society to reduce reported rates of discrimination.

For more information about psychosocial disability, see:

- **NSW Health:**
<https://www.health.nsw.gov.au/mentalhealth/psychosocial/foundations/Pages/psychosocial-what-is.aspx>
- **NDIS:** <https://www.ndis.gov.au/understanding/how-ndis-works/psychosocial-disability>



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Stigma against Psychosocial Disability

Consultation participants indicated the following factors impacting people with psychosocial disability and service access, and these have been ongoing themes in the existing Australian literature:

- Psychosocial disability is an 'invisible' disability, which can mean it is not taken as seriously or accepted as readily as visible disabilities [12].
- Psychosocial disability is stigmatized as an individual issue, not a social one [13].
- People do not understand what psychosocial disability is or the many forms it may take [14].
- A lack of mental health literacy means service workers are under prepared to assist people with psychosocial disability access supports and services [15].
- Continuous stigma and discrimination lead to people with psychosocial disability disengaging not just with services but family, friends, and society [16].
- The voices of people with psychosocial disability, carers, families, and loved ones are not sufficiently considered when developing programs, services, and reforms [17].

This feedback and the data for approval rates for people with psychosocial disability indicate persistent gaps in social and service awareness, understanding, and empathy towards those with invisible and psychosocial disabilities. When psychosocial disability is persistently overlooked and/or misunderstood, the health, social, and economic gaps widen further, creating ongoing and cyclical disengagement and disenfranchisement.



The Housing Crisis and Mental Health

A primary systemic barrier to housing access for people with psychosocial disability is the critical deficit in housing stock. The prospect of long waits and the stigma associated with accessing public housing may discourage applicants from applying, withdrawing applications, or giving up on the system altogether [18].

Nationally, Australia has “just over 400 dwellings per 1,000 people, which is among the least housing stock per adult in the developed world” [19]. The Australian Institute for Health and Welfare reported that 174,600 households were on the waitlist for social housing by June 2022. The Department of Communities and Justice’s April 2024 data set of social housing applicant households on the NSW Housing Register had 58,218 households waitlisted, with 8,870 deemed priorities. The areas with the highest number of households on the waitlist include [20]:

Allocation Zone	Priority Households	General Households	Total
Parramatta	159	1,864	2,023
Fairfield	370	3,386	3,756
Liverpool	286	2,020	2,306
Campbelltown	371	1,727	2,098
Blacktown	99	1,087	1,186
Penrith	174	1,620	1,794
Bankstown	278	2,197	2,475



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The Housing Crisis and Mental Health

The areas with the highest number are historically at the lower end of the state median income.

Case Study, Fairfield City Council: For example, Fairfield has an average individual income of \$504 per week, a median rent of \$645 per week, and is in the top 6% of NSW welfare recipients [21]. Fairfield City Council's Local Housing Strategy identified 3,625 prospective dwelling sites but these are still under approval and development [22]. According to the ABS, Fairfield City is also the "most disadvantaged non-rural local government area in NSW" in terms of socio-economic indices for advantage (SEIFA) [23]. According to Fairfield City Council, "incomes rise slower than the average in Greater Sydney, education, skills training, and qualifications are lower, and there are higher levels of unemployment and housing stress." This gap has been steadily increasing as the income growth of Fairfield City residents continues to fall further behind Greater Sydney according to ABS data since 1996 [24]. Systemically, this data indicates that a deficit in social housing dwellings in Fairfield is further compounded by intersectional and intergenerational socio-economic disadvantage.

NSW Treasurer defended the 2024-25 budget as providing a historic amount of funding for social services including 5.1 billion over 4 years for public housing, 50% of homes built are reserved for victim-survivors of domestic violence [25]. While this level of funding is appreciated, it must also be recognised that the state is experiencing a historic housing and cost of living crisis that are set to worsen without further government intervention and investment.



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The Housing Crisis and Mental Health

An allocation zone like Fairfield has the 10th highest rate of domestic violence incidents in metropolitan Sydney that comprise 40% of police workloads and have increased by 6.7% [26]. Assigning priority housing to victim-survivors in an already disadvantaged area without assisting local councils to re-evaluate their residential development plans to account for these increases will inevitably lengthen the waiting time for households on the waitlist.

The systemic failings of the housing market more broadly must be addressed for its contribution in housing insecurity and mental distress for people, which is exacerbated for those with psychosocial disabilities. Entering unaffordable housing is detrimental to the mental health of low-to-moderate income households, and this trend is more acute in people needing social housing [27]. Due to a decreasing supply of social housing in proportion to the population, in addition to long wait times averaging 25.2 months, there is a high dependency on the private market for people with PSD [28].

The ongoing housing crisis within itself presents many barriers to accessing safe, secure, and long-term housing for renters. It is critical for housing policies in the private and public domain to strategically work with each other to maximise the proportion of the population in liveable homes. The following suggestions can assist in counteracting the key failings of the private housing market and their impact on housing unaffordability, social housing waitlists and access.



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We Need Systemic Changes

Fixing a broken housing system in NSW requires cross-jurisdictional collaboration, and federal intervention.

The following systemic changes would have positive impacts at the jurisdictional level.

Improve housing affordability

- Increase investment in Commonwealth income support payments
- Increase investment in the National Rental Affordability Scheme
- Increase Commonwealth Rent Assistance

Mandate a cap on rent increases

- While landlords with mortgages would be financially worse off, it is unjust to prioritize them over the renters used to pay off those mortgages. The existing and growing rental costs confront renters with a subpar standard of living and threats of homelessness.
- Social housing will take years to be built, people cannot wait that long, there needs to be a shorter-term solution that increases housing accessibility to lessen the financial and mental strain on individuals.
- Except in ACT, increases are limited to 10% above the CPI [29].



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We Need Systemic Changes

Establish long-term leases

- Moving homes is one of the top life stressors, in the current rental market moving homes annually is increasingly normalised, this stress is compounded with the uncertainty of living arrangements.
- Establishing community can be hard when there is uncertainty about having to move, this is especially difficult for people with psychosocial disabilities.
- NSW government to proceed with its proposed new tax on holiday homes and short-term rentals to utilise the 15,000 dwellings left vacant throughout the year [30].

Develop stronger regulations for property investors that own multiple homes

- Introduce a progressive tax system where stamp duty costs a higher percentage of a property's value dependent on the investors net property portfolio worth.
- Increase annual land tax for properties that are not being rented.
- Reward property investors who lease properties as social housing.



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The Housing Crisis and Mental Health

Homes for rent, particularly in the inner suburbs of Sydney, have dishearteningly long lines, many competitive applicants, and it is overall a lengthy process for the average person to be successful in a rental application [31]. Many renters in the current market sacrifice location (proximity to work, facilities and social support network), amenities (air conditioning, laundry, and security), health/hygiene (mould, leakages, and pest infestations) [32]. The ever-growing exposure to housing difficulties as a rental applicant and tenant has detrimental impacts to mental and physical health, existing mental health conditions are worsened under such circumstances. People with psychosocial disabilities are significantly more vulnerable to the struggles of the housing crisis. They suffer from intentional and unintentional discrimination as their disability is invisible, this could be in form of job retention, and anxiety talking to real estate agents which are elements considered when selecting a candidate to lease to.

MHCN's consultation attested to the above vulnerabilities for people with psychosocial disability. Participants described issues with housemates, neighbours, landlords, and agents that resulted in tenants with psychosocial disability having to engage services and/or tribunals for assistance. The low literacy of private market owners, landlords, and agents can result in prejudice leading to unnecessary, stressful, costly, and time-consuming tribunal procedures. The recommendations above would alleviate stress on renters and improve the housing situations of people with psychosocial disabilities. There has been a steady decrease in the proportion of social housing households to the proportion of households in Australia from 4.8% in 2011 to 4.1% in 2022 [33].



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Housing Access and Psychosocial Disability

Housing is a social determinant of health and psychosocial wellbeing [36]. Housing access, insecurity, and homelessness are critical risk areas for people with psychosocial disability. These impact their security, wellbeing, and safety as well as that of carers, families, and loved ones. Housing accessibility to homes that are secure, safe, and affordable are a significant factor in sustaining and improving mental and physical health.

People with psychosocial disabilities are significantly overrepresented in public and social housing but often overlooked within the disability sector and discriminated against in the private sector. Factors which contribute to further distress include extensive waiting lists, insufficient supply, de-prioritization in favour of other disabilities and urgent or priority housing access needs. This distress can stem from financial, housing, and employment insecurity, mental health distress and stress, overuse of emergency or short-term accommodation, and homelessness.

The NSW Government acknowledged that the demand for social, crisis, transitional, and affordable housing outstrips supply [37]. The 2024-2025 NSW State Budget allocated \$5.1 billion to build 8,400 new social homes over four years to 2027-28; 6,200 will be new dwellings and 2,200 will be replacement homes, and 50% of those dwellings will be allocated to victim-survivors of domestic and family violence.



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Housing Access and Psychosocial Disability

While efforts are being made at state and federal levels to boost supply of housing in general, the supply of social housing only accounts for less than 5 percent of NSW housing stock [38]. Nationally, the AHURI reported that Australia's social housing stock fell from 4.9 percent in 1981 to 3.8 percent in 2021, where the current unmet demand for social housing was at 213,846 dwellings [39]. Moreover, allocating 50% of new dwellings to family and domestic violence contexts, while undeniably important, may lengthen the already long waiting periods for people signed up to the social housing waitlist but are not deemed as urgent as those from family and domestic violence contexts. There needs to be strong communication between agencies to ensure that waitlists are not compounded.

Disability advocacy services focused on housing, such as People with Disability Australia, have reported that reductions in funding, the quality of Supported Independent Living and other services, violence, abuse, and neglect, limitations on choice and control, and access to and costs of repairs and maintenance have been consistent advocacy issues [40]. The deficit in social housing is further exacerbated by the systemic context of state and national rental and private housing crises [41]. The 2023 Heartbeat of Australia Survey found that over half of all Australians list housing affordability as their biggest community concern [42]. The Consumer Price Index for the 'stock' of rents is consistently trending upwards as rent prices rise and renters 'bid' for tenancies [43]. Housing access and affordability are evidently key indicators of precarity and stress for people with psychosocial disability, which can have an intergenerational effect [44].



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Housing Access and Psychosocial Disability

The socio-economic climate of insecure renting, unaffordable and unregulated rental price gauging, and historically low vacancy rates disproportionately affect those already on waitlists for public and social housing. As of February 2024, there were 57,904 applicants on the NSW Housing Register, with the median waiting period for general applicants (i.e., not priority) at 25.2 months [45]. Waiting periods vary significantly depending on the allocation zone of the applicant and the urgency of their request resulting in individuals with psychosocial disability waiting several years for housing.

People with psychosocial disability are disproportionately homeless, living in inadequate or improvised dwellings, or marginal housing [46]. Mission Australia reported in 2022 that “about two-thirds of people with disability who ask for help from our homeless services do so because they’re in housing crisis: they can’t afford their housing, have been evicted or about to be, or are having financial difficulties” [47]. The data sets for people street sleeping people are understandably difficult to capture, however, the ‘By Name List’ run by the non-profit NSW End Street Sleeping Collaboration reported that, out of the approximately 2000 names of street sleeping people they have catalogued, 1368 or 73.16% self-reported a mental health condition [48].

The cyclical nature of mental health and homelessness does not have to be an ongoing facet of our society. The Australia Housing and Urban Research Institute reported that providing permanent supportive housing to previously homeless people resulted in a 65% reduction of episodes requiring mental health services [49].



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Barriers to Housing

"I care for my family member with psychosocial disability who lives with me but that doesn't mean it is easy, affordable, nor I can do it alone or that they want to live with me. They want to be independent and they're waiting for a house but because I have a home they are not seen as a priority."

The NSW housing system is experiencing significant generational and socio-economic crises, many of which are due to investment and taxation policies that manage housing as a business and commodity rather than a necessity for living.⁵⁰ The commodification of the housing market has resulted in immense landlord/tenant power discrepancies from uncapped rent increases and an undersupply of suitable housing. This has also resulted in the decline of social housing stock in relation to population growth [51].

For many younger generations of Australians, moving in with parents/family or delaying moving out of home has become necessary to address the 'cost of living' [52]. This is unsurprising considering the current housing crises and the expensive and escalating rental costs and rental insecurity in major cities, which also come with a poorer standard of living [53]. This is not an ideal situation for many individuals, or their families but a disappointing by-product of intergenerational wealth disparity.



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Barriers to Housing

For people with disability, the situation is even more dire. According to NCOSS, 77% of participants with disability in their cost-of-living survey reported that they had gone without or were unable to afford essentials including housing and utilities in the past 12 months [54]. The threat of financial difficulty and poverty, unsafe living arrangements and homelessness prominent in the private market impacts people with psychosocial disabilities accessing their own space and having safety and independence.

This has increased the need for social housing for people with psychosocial disabilities and highlights the further disadvantage those in need of social housing experience [55]. For individuals with higher support care needs, the private housing market is unfeasible because they lack supervision and access to their support network which can be a hazard to their mental health and social wellbeing.

Social housing has been proven to reduce tenants' risk of homelessness [56]. Some private landlords lease properties through a NSW Community Housing Provider [57]. Yet, social housing stock has not increased, there is a lack of transparency around where accessible housing options are, and those in need are ultimately not afforded their basic human right [58]. Incentives for private landlords to rent their dwellings as social housing are few compared to policies and taxation loopholes, such as capital gains tax discounts and negative gearing, which themselves contribute to housing demand increases.



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Barriers to Housing

For an owner to feasibly let their dwelling out via social housing, an annual subsidy estimated per dwelling of at least \$15,000 or \$300,000 upfront capital would be needed, subject to market and rental changes [59]. The Grattan Institute estimated that a government subsidy of 200,000 dwellings (which still does not meet demand) would cost around \$3 billion per year, or an upfront capital of approximately \$60 billion [60]. This is evidently an expensive endeavour that would cause significant socio-political debate and division. Regardless, people with psychosocial disability have the right to adequate and safe housing. In lieu of large-scale national funding for social housing to meet demand, there needs to be sustainably funded programs dedicated to providing suitable and safe dwellings for people with psychosocial disability.

For people with psychosocial disability, trying to obtain an SIL (Supported Independent Living) or SDA (Specialist Disability Accommodation) tenancy requires working with a community housing provider service or renting a property through the private rental market. Discrimination in the rental market, exploitative tenancy and rental price gauging effectively price people with psychosocial disability out of the private housing and rental market [61]. Private landlords and agents may be reluctant to lease a property to a person with psychosocial disability. This can cause a person to feel stigmatized, not want to disclose their disability, or avoid re-engaging with services.



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Barriers to Housing

In SANE Australia's National Stigma Report Card, the Our Turn to Speak Survey demonstrated that 78% of respondents agreed that they had been treated unfairly when trying to access private rental housing and cited stigma and discrimination against their mental health as a cause [62].

MHCN recommends that further research and consultation be dedicated to understanding private owners' opinions towards social housing to identify possible systemic issues. Following this, targeted work must be done to better inform and incentivise prospective landlords as well as educate real estate agents and property managers to reduce unlawful discrimination against people with psychosocial disability in the rental market.



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Service Navigation and Access

"I have helped lots of people try to get access to housing, but the system is inherently biased against people with psychosocial disability, which leads to frequent loss of housing or loss of temporary housing. This critically impacts on their state of mental and physical health so much so that they have told me they would rather end their lives than go on being abused by systemic failures again and again."

In NSW, the primary application formats for housing assistance are online, via telephone, or by visiting a housing service provider, as paper forms are being phased out. Previous paper applications involved 31 questions that needed to be completed, alongside reading the 11-page 'Evidence Requirements Information Sheet', and providing at least 4 documents to confirm eligibility. This is by no means an easy task, which is often combined with the difficulty of applying for federal and NDIS supports and providing enduring eligibility.



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Service Navigation and Access

Many people with psychosocial disability have difficulty navigating and applying for social and community services systems. Reasons for this include limited or no access to technology, low technological awareness, literacy and numeracy levels, stress, stigmatisation, and anxiety. Some individuals may struggle with obtaining identification documents, medical records, and any other documentation required to access the NDIS or housing services. They need extra support to locate and produce the required documents and navigate the applications portals, which could come in the form of properly funded peer support.

However, once a social housing applicant has identified one of the 245 allocation zones in NSW they need to live in, they then must provide letters of support to justify why they need to live in that location, such as confirmation of disability support access, duration of service use, and level of usage need from health professionals; or letters from carers, family, or loved ones outlining the support they provide. Numerous suburbs are grouped together into 1 location zone. For example, the GW06 – Blue Mountains Allocation Zone includes 27 community housing suburbs, from Emu Plains to Bell, an average train trip of 1 hour and 40 minutes. This means that, if an applicant manages to land a tenancy preferred zone, the suburb itself might actually be far away from the suburb whose services and supports they need [63].



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Service Navigation and Access

MHCN's consultation participants identified the following barriers when navigating and accessing housing supports. These have already been identified in earlier research outputs, indicating that, despite the research and recommendations, systemic inequities persist.

- Eligibility requirements can be restrictive, opaque, and not inclusive of psychosocial disability, its episodic nature, and the individual's specific diagnoses and treatments.
- Houselessness or lack of permanent address compromises eligibility [64].
- Accessing, completing, and lodging forms is a lengthy and convoluted process, which can overwhelm people with psychosocial disability [65].
- Application processes are complicated, difficult to navigate, and locating support to document and complete them is difficult [66].
- Application processes are compounded by evidence gathering processes and the prohibitive costs of demonstrating eligibility [67].
- Carers, families, and loved one who advocate for and support persons with psychosocial disability do not have access to sufficient information, advice, or support for helping their person/s navigate housing services [68].



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Service Navigation and Access

- Service personnel appear inadequately trained to deal with needs of people with psychosocial disabilities.
- Countless 'Wrong door' experiences i.e., contacting the incorrect service, lack of explanation about what services they can access and how to do so, unclear, confusing, or completely incorrect explanation of processes, standards, and procedures [69].

While there are programs for psychosocial and service navigation support, such as Commonwealth Psychosocial Support programs provided by PHNs, these also have access and barrier issues, namely that people without permanent addresses are exempt from some services, or services that may be available in their wider LHD (Local Health Districts) are not accessible for them (too far away, reduced hours, discontinued services)

With a range of eligibility, waiting period, diagnostic, and procedural barriers to accessing housing as it is for people with psychosocial disability, it is little wonder that new sets of barriers emerge when someone has finally managed to obtain somewhere to live.



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Service Navigation and Access

Consultation participants indicated the following issues that persons with psychosocial disability face when living in public and social housing:

- Intersectional demography and lived experience of persons living in public housing (e.g., different mental health issues, persons with AoD (Alcohol & Other Drug), comorbidities, forensic history, social disadvantage) can result in triggering, vulnerability, bullying, social exclusion, violence, and distressing incidents [70].
- Poor and inadequate building maintenance, safety standards, and psychosocial environments of housing [71].
- Instability of tenancy (e.g., lack of support to maintain tenancy obligations, landlord inadequately informed about the housing provider's responsibilities and duty of care to the tenant) [72].
- Inadequate information about or inaccessible supports for people with psychosocial disability living in public housing [73]
- Limited access or information about community integration programs and support groups to facilitate socialization and promote wellbeing.
- High staff turnovers and incorrect or inappropriate applications of an individual's BSP creating ongoing issues for the individual [74].

The high density of applicants with psychosocial disability trying to access public housing means that, when several individuals with mental health conditions, disability, or comorbidities reside together in group housing, complexities and problems can arise. This requires proper oversight by social housing providers and regulators to ensure people are housed safely and not, as one social housing participant described "all lumped together".



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MHCN offers the following recommendations to address the following systemic issues related to housing access and use:

- 1.** Counteracting misconceptions around psychosocial disability that create and perpetuate stigma.
- 2.** Addressing knowledge gaps and ensuring mental health literacy around psychosocial health.
- 3.** Improving participant satisfaction with service information and personnel.
- 4.** Recognising the need to build on and support the peer workforce for consumers and carers.
- 5.** Increasing the number of supported dwellings with integrated services dedicated to psychosocial disability.



Recommendation 1: Improve Capacity and Education of Housing and Support Service Providers

Social and community services including housing services, programs, providers, and supports are funded to invest in regular trauma-informed psychosocial training for staff and volunteers to identify, understand, and support people with psychosocial disability.

Consultation participants routinely identified gaps in knowledge and capacity building among service personnel. Providing staff with more training and improving the quality of services, practices, and codes of conduct ensure the person's rights are being met. Staff and volunteers must be made aware of and understand their power within a service and how it can either help or hinder an application and impact the applicant.

How services and personnel treat people is critical to user experience as treatment should not cause further trauma, but rather be trauma informed and recovery orientated. Participants noted that deprioritisation of their disability when navigating housing systems included feeling that their disability was minimized in comparison to visible disabilities, that the episodic nature of their disability was stigmatised as an absence of disability.



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Stigma and discrimination can become cyclical when a person anticipates stigma and discrimination in contexts where they have experienced it already. Moreover, there have been several highly publicised accounts of violence, harassment, and bullying of people with psychosocial disability by employees of service providers [75]. A recent ABC 7.30 Report highlighted the inappropriate, traumatic, and violent treatment of people with psychosocial disability in SILs in the Hunter New England LHD [76]. Service users should never be subjected to physical or verbal abuse; it is criminal and a complete violation of their human rights. The importance of capacity building and mental health literacy within social and community services cannot be overstated as a harm reduction and prevention strategy.

Several peak bodies, providers, and non-profits offer tailored psychosocial disability training for frontline to executive level workers. An industry-standard training module must be developed and offered to all registered providers as a pre-requisite to their listing as a psychosocial provider. This would assist in fostering trauma-informed providers thereby reducing recourse to violent and/or physical de-escalation approaches to someone in psychosocial distress. Training and capacity building are essential however MHCN also acknowledges that personnel experience significant and heavy caseloads and subsequently do not have sufficient time to participate in training while maintaining their workloads. Personnel should not have to use personal time or leave to complete training. Organisations should set aside adequate time and ensure reasonable accommodations are provided.



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Recommendation 2: Understand the Systemic Landscape

State government to conduct systemic analysis of why people with psychosocial disability are disproportionately represented in housing waitlists and homelessness.

This position paper has identified key systemic problems that hinder access and use of housing services among populations with psychosocial disability. Through consultation, it has been determined that dedicated systemic-based research and review are needed at the state government level to identify and analyse the social, environmental, and legislative factors that underpin the disproportionately high numbers of people with psychosocial disability on housing waitlists and risking or experiencing homelessness. The benefits of a root cause analysis (RCA) or systemic research process to identify and analyse underlying issues may include awareness of system and process issues rather than focusing on individual performance, focus on problem solving, and safety improvements.



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People with mental illness and/or psychosocial disability face a greater threat to becoming homeless or living in insecure and unsafe housing while on waiting lists. Mission Australia identified in their work that housing crises for people with psychosocial disability are exacerbated by breakdowns in supportive or carer relationships and their mental health condition/s negatively impact their capacity to engage in support [77].

Furthermore, data collection on people experiencing homelessness is lacking, with several non-government organisations conducting their own data collection. An example is the By Name List, run by NSW End Street Sleeping Collaboration, which identified that 61% of the 2000 homeless people on the By Name List identified as having a mental health condition [78]. The need for clear and streamlined data collection and sharing between government and non-government organisations is crucial for policy review and reform. Rather than treat the individual symptoms, we need to understand and address the systemic causes.



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Recommendation 3: Transparency of Access and Services

NSW Housing services and providers are more transparent about housing availability and wait-times, and commit to reduce service barriers by creating strong internal and external referral pathways

There is a disconnect between state and territory reporting on government-funded housing and that of the NDIA. Service users, advocates, and providers need access to the net amounts of current and projected dwellings to check against waitlists. This will support navigators, researchers, and users to compare and track the data to identify if housing supply is meeting the local and state projected targets. A key methodological issue in this position paper has been the additional effort of collecting, collating, and comparing data for allocation zones with waitlists for social housing against local council's housing reports and projections.



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This could be addressed systemically by monitoring a data set that maps current dwelling access against waitlist times per allocation zone. Providers, users, and advocates need up-to-date information about the types of dwellings available and any changes to availability as this extends waiting periods. For example, Homelessness NSW runs an excellent resource, the Housing and Homelessness Dashboard, which overlays data sets for dwelling numbers, median income, housing completions, vacancy rates, social housing numbers, and percentages of unoccupied dwellings [79]. Support and investment in these essential resources developed by peak bodies must continue. Moreover, mixed-use developments claiming to include 'affordable housing' in the site need to be clear about whether that will be housing specifically for first-home buyers, or housing allocated specifically to meet social housing targets.

There is also greater need for service navigation transparency. Often when an individual tries to access information about a service, they may accidentally dial the wrong number or email the incorrect service. This is not always the fault of the user and indicates that better and clearer service information and contacts are needed. Moreover, the NSW Government and non-government sectors have their own organisational language, including numerous acronyms for different programs and services, which can be confusing for the service navigator.



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The NDIS Act itself states that “the interactions of people with disability with the NDIS and other service systems should be as seamless as possible, where integrated planning and coordinated supports, referrals and transitions are promoted, supported by a no wrong door approach” [80]. Theoretically, a prospective service user should only need to ask for help once, but there is a deficit of information about referral pathways for services nor adequate information about where federal and state services interact and intersect [81].

The Department of Communities and Justice’s Housing Pathways includes a No Wrong Door Protocol. A No Wrong Door approach. It understands that intra, inter, and external support coordination require common language, procedures, understandings, and pathways. The No Wrong Door Initiative is run by the Southwestern Sydney PHN and funded by the Australian Department of Health. Through this, the Department of Communities and Justice have transferred the tenancy management of approximately 14,000 social housing tenancies to Community Housing Providers (CHPs), such as the Social Housing Management Transfer Program. The Housing and Mental Health Agreement 2022 includes a commitment to a ‘No Wrong Door’ experience for shared clients that recognizes “a person’s needs may require us to coordinate support both within our organisations and across sectors”. Implementing this across NSW housing services will improve user experience and satisfaction by reducing stress, improving accessibility, and committing to providing users with access to and support navigating the system.



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Recommendation 4: Ensure Availability of Peer-Supports

Funding allocated to services to recruit peer-delivered support personnel (carer and consumer) for users to navigate the system, assist in service requests, and provide continued support when using housing services (including managing expectations and maintaining tenancy requirements).

Systemic housing failures for individuals with a psychosocial disability can exacerbate and trigger symptoms, and force additional life stressors and financial pressure on carers, families, and loved ones [82] The lack of support and accessibility within service navigation may result in user disengagement followed by more costly and complex intervention in mental health systems, that would have otherwise been mitigated by having housing and psychosocial support.

"I never would have been able to go through the process of applying, getting everything together, and interviews without the social worker who helped me."

– Public housing tenant.



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Wrap-around supports, such as the Housing and Accommodation Support Initiative/Community Living Supports (HASI/CLS), support people to live and work in the community [83] Access to these is determined by restrictive funding protocols. Moreover, despite HASI having 'Housing' in its name, it is not a housing provider, which can cause confusion. As a result, people with psychosocial disability who have carers, families, or loved ones rely on them primarily, and sometimes solely, for support to navigate and access services or to stay with them while waiting for housing. This places an unreasonable burden on carers, families, and loved ones who may themselves need support in identifying and navigating these services, applications, and processes, as well as supporting their person emotionally and financially [84].

"Once we saw clients accessing and receiving those social supports, they really blossomed. They went on to thrive and access other services and, generationally, that has a big impact."

– PHN worker.



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The benefits of peer support, leadership, and expertise are well known but under-utilised [85]. While several government and non-government organisations state the importance of peer workers, including the NSW Department of Health and the NSW Mental Health Commission, the peer workforce continues to lack adequate funding and supports [86]. Instead, there is an unsustainable reliance on the unpaid labour of carers and loved ones of people with psychosocial disabilities.

The University of Technology Sydney Institute for Public Policy and Governance's 2023 report 'Waithood: The Experiences of Applying for and Waiting for Social Housing' reported that applicants from NSW and QLD were "more likely to respond that they found the process challenging, whereas waiters in Tasmania generally found it easier as all applicants are assisted by a professional assessment worker".⁸⁷ The benefits of supported applications are clear. Mental health services and advocates have consistently called for properly funded peer support services and these must be met to address and remedy systemic barriers to housing and support.



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Recommendation 5: Increase Psychosocial Disability Housing Supports

Further investment into NSW community housing agencies and programs to deliver stable social housing dedicated to psychosocial disability integrated with regular support to ensure safety and ongoing support.

Federal policies, such as the Housing Australia Future Fund, and statewide programs, such as the Future Directions for Social Housing in NSW have allocated funding streams for affordable and social housing, but people with psychosocial disability struggle to access and maintain housing supports. The Housing and Mental Health Agreement 2022 between NSW Health and the Department of Communities and Justice demonstrated a commitment to a shared government approach to ensuring that people with lived experience of mental health issues have timely access to safe, secure, and appropriate housing [88].

Community housing programs that target the psychosocial disability waitlist are in desperate need of further funding. In March 2023, the NSW Government allocated \$20 million (\$5 million in 2023-24, and \$15 million in 2024-25) from the Restart NSW Fund Act 2011 towards establishing three sites for Haven Hubs in NSW. Haven Hubs are run by the Haven Foundation to establish dedicated residential accommodation for people with psychosocial disability. The first hub is being established in the Central Coast, where the housing allocation waitlist is between 5-10 years, and 881 out of 9747 NDIS participants on Central Coast have psychosocial disability. The Central Coast hub will provide 16 apartments and is a good first step, however, many people with psychosocial disability will remain on waitlists until more housing becomes available.



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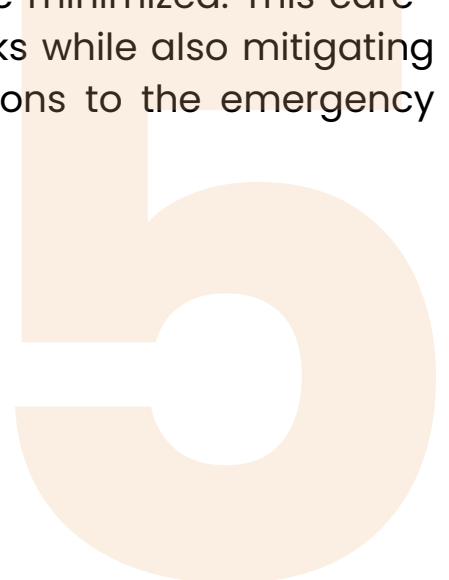
Residences like these ensure that people with psychosocial disability live safely and are supported. But 3 complexes of approximately 16 dwellings per complex is just the start and cannot meet the needs of the many people with psychosocial disability on the waitlist. Sustained funding into programs such as these are needed statewide to deliver more dwellings with ongoing tailored support. Not only would this support people with psychosocial disability, but it would also reduce the care and support workload, and emotional, mental, and financial stress of carers, families, and loved ones.

Mental health carers have expressed distress towards their loved ones living in supported accommodation. There have been reports and a Royal Commission into the neglect and abuse of people with disability as facilities are underfunded and personnel insufficiently trained, which inhibits residents' wellbeing and care. The Haven Model is set apart from typical supported accommodation through their dignified living arrangements where residents have their own private contained living space including a kitchen, laundry, and outdoor area [89].

A sense of community is also nurtured as there are communal spaces and (optional) activities such as Sunday roasts and skills-based peer learning workshops facilitated by the 24/7 onsite staff. Qualified mental health workers including peer workers with a lived experience of mental health, work with residents to build robust programs of tailored support to their needs and NDIS plan goals. They partner with residents and their support network to build up personal skills and independence. One of the key benefits of 24/7 onsite staff is the improved relationships between residents and their loved ones as caring roles are minimized. This care-based model is preventative and reduces the risks while also mitigating mental distress proven in decreasing presentations to the emergency department.



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An Indigenous resident living in their ancestral lands in Haven supported housing in Victoria was hospitalized 122 times in the year prior to their move, in their first year at Haven they were admitted to the hospital once [90]. The Haven model interrupts the cycle of homelessness, substance misuse and mental ill-health that subsequently leads to hospital admissions and a repetition of the cycle. Conversely, residents are capacity built to develop their life skills and independence which has been fundamental in the recovery journey of residents. Another resident had a near death experience induced by severe anorexia nervosa. They were referred to Haven homes following a hospital discharge, as independent living was strenuous and hazardous for their mental and physical health. After 3 years of living in Haven housing they moved into independent living arrangements on the private market [91]. These attest to the vital role of housing in the recovery journey for people with psychosocial disabilities, from reducing hospital admissions to the accomplishment of fully independent living.

The primary flaw in the existing community housing agencies and programs is the lack of funding which restricts the magnitude of service delivery. The Haven model has provided excellent results and support for people with psychosocial disabilities, which is also extended to their families and carers. The standard of this model should be pursued as the benchmark for psychosocial housing service provision.



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Conclusion

This position paper has integrated consultation participant feedback and experiences with research and data from various government and non-government services, and academic research outputs. The housing crisis is real. It is real for everyday Australians who struggle to make ends meet, are price-gouged out of affordable and liveable rental properties, and priced out of homeownership.

For people on social housing waitlists, this crisis is insurmountably worse because they experience long and consistently increasing waitlists and insufficient numbers of dwellings despite there being 15,000 vacant privately-owned properties in NSW alone. For people with psychosocial disability, this stress is further compounded by difficulty applying for services, demonstrating their psychosocial eligibility, socio-economic disadvantage, and systemic stigma and discrimination.

People with psychosocial disability on social housing waitlists are more likely to sleep rough, in makeshift shelters or sleeping out, sleeping in cars, couch-surfing, staying at crisis accommodation where available, or staying temporarily with family or friends. Moreover, participants noted that there was often no information about if they would eventually access a home. When someone finally does access social housing, a range of other issues emerge namely the safety, affordability, and longevity of the housing, and whether the individual will be able to access the supports they need for their wellbeing and health. The situation is dire Australia-wide but, intersectionally, the evidence points to significant additional stressors for people with psychosocial disability.

As a step forward, MHCN has recommended five key strategies. These are based on our findings of systemic gaps in mental health literacy and trauma-informed care and aim to improve service preparedness and awareness of psychosocial disability, its episodic nature, and the social impacts and determinants of health. Addressing housing access and affordability is one critical step that will undoubtedly continue to impact Australians for years to come. But investing in and ensuring the provision of services that are sufficiently trained and supported to ensure the proper and humane care of psychosocial disability service users is critical to mitigating these compounding issues produced by the wider systemic landscape.

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