

Major study of homelessness finds housing policy is failing Sydney's most vulnerable

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Credit: Macquarie University

There is an urgent need for more low-cost housing and alternative housing models of supported housing for Sydney's homeless, given the high rates of serious mental illness among the homeless, according to new research from Macquarie University and the Matthew Talbot Hostel Clinic run by the St Vincent de Paul Society.

In one of the largest studies of its kind, and the largest ever conducted in Australia, researchers reviewed the medical records of 2,388 people who visited clinics in inner-Sydney homeless hostels between 2008 and 2016.

The team analysed social-demographic information such as employment history, marital status, social security benefit, duration of homelessness and whether they had previously lost public housing tenancy; and clinical information, including psychiatric diagnosis, medication use, past psychiatric hospital admissions, cognitive impairment, substance use, and history of trauma.

The link between mental illness, substance use, and chronic homelessness is well known from past research, notes Olav Nielssen, lead researcher and Professor of Psychiatry at Macquarie University Medical School.

"It was no surprise to find that people who become homeless often have mental illness or substance use disorders – or both. What surprised us was the number of people discharged from institutional care to homelessness – including from prisons and psychiatric hospitals – and the number of people who had lost public housing tenancy, because public housing has been seen as a solution to homelessness," says Dr.

Nielssen.

The study, published in the *Medical Journal of Australia* today, confirms that a significant proportion of Sydney's chronically homeless are suffering from major mental illnesses, often complicated by substance use. The team found that 21 percent had lost public housing tenancy, 28 percent had been released from prison, and 21 percent of clinic attenders had been discharged from psychiatric hospitals with no permanent accommodation.

"It is very difficult to treat mental illness in people who are sleeping in the open – stable housing is a pre-requisite for continuous treatment of mental illnesses such as schizophrenia".

"The fact that many people are moving from institutional care to homeless shelters, or are unable to maintain public housing tenancy suggests a failure of government policy in meeting the needs of people at risk of homelessness. Providing a place to live isn't enough for people who can't manage their mental illness or get support for substance abuse. People are losing housing a result of a lack of allied services," adds Dr. Nielssen.

"A major factor contributing to homelessness is substance use, because about two thirds of clinic attenders had a substance use disorder, but substance use can be both a cause and a consequence of homelessness. For instance, many people use drugs as a way to cope with trauma and loss, or with symptoms of mental illness. We found that half of people seen at these clinics had a psychotic [illness](#) such as schizophrenia and 43 percent of patients reported a history of trauma."

Current policies do not adequately address the needs of the temporarily homeless, such as people released from prison, or those of the chronically homeless, which includes many of the people with severe

[mental illness](#).

"It's clear we also need to do better support those people at high-risk of homelessness, such as those about to leave prison or psychiatric hospitals, with improved discharge and pre-release planning," notes Dr. Nielssen.

"Apart from the humanitarian case for an affluent society to provide shelter for people with mental conditions, there is a strong economic case for providing housing because the [homeless](#) generate costs in health and justice and other services that far exceed the cost of [housing](#)."

Provided by Macquarie University

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