SUBMISSION TO THE ROYAL COMMISSION IN TO VICTORIA'S MENTAL HEALTH SYSTEM

VICTORIAN PUBLIC TENANTS ASSOCIATION

July 2019

VPTA

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ABOUT THE VICTORIAN PUBLIC TENANTS ASSOCIATION

The Victorian Public Tenants' Association (VPTA) is the voice of public housing in Victoria.

As the peak body representing existing public housing tenants and those on the waitlist, our goal is to provide advice to tenants, and to improve and expand the public housing system in Victoria.

The VPTA thanks the Royal Commission for the opportunity to provide this submission, and the Victorian Government for their foresight in calling this important body of inquiry.

MENTAL HEALTH AND OUR WORK

The VPTA processes up to 7,000 calls each year. It is not unusual for staff members to spend an hour speaking with a tenant. Most calls generate follow up work.

Of the tenants we assist, we estimate at least 20 per cent are impacted by a mental health issue. Half of this estimate would account for tenants who are experiencing clear and severe mental ill-health.

The true number is likely to be significantly higher, as we do not require tenant's to self-identify that they are experiencing mental ill-health in order to access our support. Additionally, the Department of Health and Human Services does not require tenants or applicants to identify if they experience mental health problems.

While we do make referrals to other agencies as appropriate, there are a number of tenants that we are aware are connected to other community services and call multiple times a week.

These do not tend to be people whose tenancies are at-risk, but they are people who are unable to navigate the system on their own, often as a result of underlying trauma and mental health issues.

Our conversations with these tenants generally reflect a high level of stress and anxiety in the caller.

It is clear that these are people that are struggling with an inability to cope with the day to day challenges of everyday life.

Services like the VPTA must be factored in to the recommendations of this Royal Commission, based on the needs of those for whom we advocate.

We would be happy to provide the Royal Commission with de-identified case studies to further illustrate this issue.

THE LINK BETWEEN HOMELESSNESS, HOUSING SECURITY AND MENTAL ILL-HEALTH

As the peak body for public housing in Victoria, this submission will deal mostly with issues impacting mental health, housing security and homelessness.

The issues of homelessness and mental health are inextricably linked.

Trajectories: the interplay between mental health and housing pathways, ('Trajectories') is a national study being undertaken by Mind Australia and the Australian Housing and Urban Research Institute ('AHURI'). Although the project is still ongoing, Trajectories has already published a number of important findings which illustrate the strong ties between homelessness and mental health, including:

1. A strong association between mental ill-health and homelessness.
2. Those with lived experience of mental ill-health often face difficulties associated with housing affordability, social housing shortages and a lack of supported housing.
3. Choice and control over housing and support has been found to be a key factor in perceptions of wellbeing and quality of life for people with lived experience of mental ill-health.
4. Programs which integrate housing and mental health support are beneficial, but demand for these services outstrips supply.
5. Patients of hospitals and mental health services are at specific and particular risk of homelessness.[1]

A 2016 analysis of data from the Brisbane Local Government Area found that 77 per cent of the rough sleepers were living with mental-ill health, an addiction illness, or both.[2]

[1] Brackertz N, Davidson J and Wilkinson A, '*Trajectories: the interplay between mental health and housing pathways, a short summary of the evidence',* report prepared by AHURI Professional Services for Mind Australia, Australian Housing and Urban Research Institute, Melbourne, 1.
[2] Brackertz et al, *Trajectories*, 6.

Population wide, the Australian Bureau of Statistics has estimated that 45 per cent of Australians aged between 16 and 85 will experience a common mental health disorder, such as depression, anxiety or substance use disorders, in their lifetime.[3] In the same age bracket, it is estimated that a further 4 – 6 per cent of people will experience a moderate mental health disorder, 2 – 3 per cent will experience a severe mental health disorder and 9 – 12 per cent will experience a mild mental health disorder.[4]

While the prevalence of mental ill-health among the Australian population as a whole is significant, the over-representation of this cohort among those experiencing homelessness renders the close connection between housing and mental health undeniable.

One study considered 4,291 homeless people in Melbourne, and found that 15 per cent of the participants had mental health issues prior to becoming homeless, and 16 per cent developed mental health issues after becoming homeless.[5]

In Victoria, Specialist Homelessness Services (SHS) have reported an increase in the amount of clients presenting for housing assistance who were also experiencing mental ill-health, and Victorian services are seeing a greater number of clients experiencing mental ill-health than services in other States and Territories.[6]

In 2015-16, Victorian SHS reported that 45.7 clients per 10,000 were experiencing mental ill-health. In 2016-17, this figure increased to 47.7 clients per 10,000. This is at a significantly higher frequency than reports from SHS nationwide, which were 30.4 clients per 10,000 and 32 clients per 10,000 respectively.[7]

Overall, 32 per cent of SHS clients in 2016-17 reported a mental health issue, the equivalent of 77,569 people. Further, 47.8 per cent of SHS clients in 2016-17 with a mental health issue had experienced homelessness in the 12 months prior.[8]

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[3] Brackertz et al*, Trajectories*, 5.
[4] Brackertz et al, *Trajectories*, 5.
[5] Johnson G, Chamberlain C, 'Are the Homeless Mentally Ill?', paper presented to Australian Social Policy Conference, July 2009, University of New South Wales.
[6] Australian Institute of Health and Welfare, Specialist homelessness services 2016-17: Victoria.
[7] Ibid.
[8] Australian Housing and Urban Research Institute, 'Policy Issue Analysis – Mental Health and Housing', https://www.ahuri.edu.au/policy/policy-analysis/mental-health-and-housing, accessed online, 26 June 2019.

Homelessness and housing insecurity is a serious issue regardless of its location, but it is a particularly prevalent issue in Victoria.

At the time of the 2016 Census, there were 24,817 Victorians experiencing homelessness.[9] This equates to 21 per cent of all homeless people in Australia. The only State or Territory with a higher proportion of Australia's homeless population is New South Wales.[10]

Further, between 2001 and 2016, the proportion of Australia's homeless population in every State and Territory either remained the same or decreased, except for Victoria and New South Wales, where the proportion increased.[11]

The increasing number of people in Victoria experiencing homelessness is driven by a chronic lack of social and affordable housing in the State.

We believe that many of the issues that people face are as a direct result of a lack of appropriate and secure housing – including interactions with the justice system, social isolation, inability to find work, community disconnection and an inability to reliably engage with services.

As of March 2019, there were 41,677 outstanding expressions of interest in social housing held by the Department of Health and Human Services, and 7,248 outstanding transfer applications from existing tenants who were awaiting transfer to another property.

Of those, 21,713 expressions of interest and 3,683 transfer requests are considered to be 'priority',[12] indicating that housing is urgently sought, or transfer required due to a particular vulnerability.

Additionally, these numbers do not reflect the amount of people waiting for a home, just the number of homes required overall.

The number of people who require housing is likely to be significantly higher, including dependent children.

Figures released by the Department of Health and Human Services, show that the number of Director of Housing owned dwellings dropped from 72,923 as at 30 June 2017, to 72,663 as at 30 June 2018,[13] a loss of 260 properties.

[9] Australian Bureau of Statistics, Census of Population and Housing, 2016.
[10] Australian Bureau of Statistics, Census of Population and Housing, 2001, 2006, 2011, 2016, AIHW SAAP Collection.
[11] Ibid.
[12] Department of Health and Human Services, Victorian Housing Register, Victorian Housing Register and Transfer list by local area, accessed 18 June 2019.

At the time of the 2011 Census, Victoria had the lowest proportion of social housing stock, with only 3.4% of properties in the State being social housing, compared with a figure of 4.8% nationally.[14]

According to the Productivity Commission, the State of Victoria spends less than half the national average on social housing. Specifically, Victoria spends $82.94 per capita on social housing, where the national average is $166.93.[15]

Infrastructure Victoria has called for the addition of 30,000 affordable dwellings within the next 10 years to address the serious backlog,[16] but more recent research by AHURI forecasts the need to be 166,000 properties in Victoria alone by 2036.[17]

The unmet need for housing in Victoria is undeniable, and this is having significant consequences on the mental health of the most disadvantaged in our community.

[13] Department of Health and Human Services, Annual Report 2017-18 – Housing assistance additional service delivery data 2017-18, 14.
[14] Groenhart L and Burke T. '*Thirty years of public housing supply and consumption: 1981-2011'*, AHURI Final Report No. 231, Australian Housing and Urban Research Institute Limited, 2014, 17.
[15] Productivity Commission, Report on Government Services 2019, Chapter 18: Housing, Table 18A.1.
[16] Instructure Review, Media Release, Draft Strategy Tackles Affordable Housing Shortage, accessed 18 June 2019.
[17] Lawson J, Denham T, Dodson D, Flanagan K, Jacobs K, Martin C, Van den Nouwelant R, Pawson H, Troy L, '*Social housing as infrastructure: rationale, prioritisation and investment pathway*,' AHURI Final Report No 315, Australian Housing and Urban Research Institute Limited, 2019, 36, table 4.

RESPONSES TO QUESTIONS ASKED BY THE ROYAL COMMISSION

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

A lack of attainable housing options is a key driver of poor mental health outcomes.

Housing insecurity or a lack of housing has been found to have negative effects on mental health. This is particularly the case for those in the lower 40 per cent of the income distribution.[18]

Mental ill-health is often a contributing factor of becoming homeless, either by making it more difficult for housing to be afforded or for tenancies to be maintained.

A range of behaviours that are often associated with mental ill-health can place a person's housing situation in jeopardy. Examples of these behaviours are anti-social tendencies, delusional thinking and difficulty managing and prioritising finances.[19]

A recent AHURI study highlighted mental illness as a key challenge for social housing tenancy management, and as a factor in terminations of tenancies.[20]

Mental ill-health can also manifest in social isolation, which in turn can place housing at-risk by cutting people off from emotional and financial support networks. Another common symptom of mental ill-health, poor physical health, can place a tenant's ability to maintain a safe, healthy living environment at-risk, and also lead to the loss of a tenancy.[21]

There is another group of people for whom their homelessness perpetuates their mental health issues. These are people who experience primary or

[18] Brackertz et al, *Trajectories*, 19.
[19] Brackertz et al, *Trajectories*, 6.
[20] Martin C, Habibis D, Burns L and Pawson H, '*Social housing legal responses to crime and anti-social behaviour: impacts on vulnerable families*', AHURI Final Report 314, Australian Housing and Urban Research Institute Limited, 2019, 4.
[21] Brackertz et al, *Trajectories*, 7.

secondary homelessness in substandard and insecure tenures, who manage their mental ill-health through community clinics and hospitalisation.[22]

A study conducted in Sydney hostels, with 2,388 participants attending hostel psychiatric clinics found that their discharge from hospital was a key moment on their pathway to homelessness.[23]

People experiencing mental ill-health are over represented in the homeless population.

One group in particular that is likely to experience homelessness as a result of their mental ill-health are those who are receiving residential treatment and are unable to be discharged, as they have nowhere to go. This is due to a shortage of available housing stock for people with mental ill-health, a situation that is exacerbated by long waiting lists to access public housing.[24]

A safe, secure home can not only ameliorate a person's mental ill-health, but the lack of housing can exacerbate, or create, mental ill-health.

Housing is a fundamental human need. A lack of housing also makes it difficult for a person experiencing mental ill-health to sustainably seek the support needed to recover, and contributes to mental ill-health.

We cannot begin to meaningfully address the mental health of Victorians if we do not concurrently address Victoria's homelessness and housing affordability crisis.

[22] Brackertz et al, *Trajectories*, 6.
[23] Brackertz N, Davison J, Wilkinson A, '*Housing, homelessness and mental health: towards systems change',* Australian Housing and Urban Research Institute Limited, 2018, 23.
[24] Brackertz et al, *Trajectories*, 6.

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

Attaining housing that feels safe and comfortable has been found to have positive effects on people living with mental ill-health, including an increased ability to participate in the community.[25]

A Scottish study monitored how public housing tenants responded to new or improved living conditions over a period of three years. Study participants described how the features of changed housing arrangements assisted to create opportunities for social participation, relationship building with neighbours, a sense of autonomy and, as a result, improvements in mental health.[26]

Additionally, an ability to self-determine or exercise choice and control over housing options helps people experiencing mental ill-health to establish relationships in the home and the community, and also lead to improvements in perceived wellbeing and quality of life.[27]

Aside from the clear, beneficial outcomes that derive from housing someone who was previously homeless, and is also experiencing mental ill-health, there is an economic benefit also. The Trajectories study has found that:

> "Tenants with mental ill-health benefit from quality housing through reduced mental health care costs, and greater wellbeing and residential stability."[28]

The stability of a home – a fixed address, and a warm place to rest and recover – greatly increases the likelihood that any treatment for mental health a person is undergoing will be successful.

Housing people who are living with mental ill-health and who are currently homeless will necessarily improve their opportunities for social and economic participation. Further, ensuring there is sufficient housing stock to prevent

[25] Nelson G, Sylvestre J, Aubry T, L George, Trainor J, 'Housing Choice and Control, Housing Quality, and Control over Professional Support as Contributors to the Subject Quality of Life and Community Adaptation of People with Severe Mental Illness,' *Administration and Policy in Mental Health Services Research,* vol 34(2), 89, 97.
[26] Brackertz et al, *Trajectories*, 8.
[27] Brackertz et al, *Trajectories*, 6.
[28] Brackertz et al, *Trajectories*, 6.

homelessness will decrease the prevalence of mental ill-health in Victorian communities.

In order to realise these opportunities for people experiencing mental ill-health, public housing stock must be increased.

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

In order to address mental ill-health among Victorians who are homeless or in insecure housing, the VPTA would prioritise the following changes:

1. A significant increase in public housing stock.
2. Improved integration and expansion of support services.
3. An increase in the capacity of support services, including housing staff.
4. More funding and support for service providers, including advocacy organisations such as the VPTA.

A significant increase in public housing stock

A lack of housing that is accessible and achievable is putting Victorians at-risk, and causing deterioration of the mental health of the people who are at the coal face of the affordable housing crisis.

This is also putting pressure on the healthcare system, as people exiting residential programs cannot find housing to return to. As a result, patients are being discharged in to homelessness, or are remaining in facilities and hospitals longer than required.[29]

Services must be better integrated to ensure that patients are not discharged in to homelessness. For the benefits of this to be realised, housing stock must be increased to the point where the Government is able to act as a housing provider of last resort for patients leaving care, as well as prisoners who have served sentences.

We understand that Victoria's prisons are holding individuals who have served their sentence but are unable to be released until they have a home to go to.

This is not only egregiously unfair, but a significant public expense. This must impact on their overall mental health.

Increasing public housing stock would relieve pressure on both the health and the corrections systems.

[29] Brackertz et al, *Trajectories*, 9.

Improved integration of systems and services

A survey of homeless people in Tasmania found that traumatic or negative experiences in early life, for example poverty or family violence, were often reported as the cause of their mental ill-health, and subsequent entry in to homelessness. For many participants, their mental ill-health was linked to their ability to sustain housing.[30]

A number of gaps in services that are available contribute to inadequate housing standards, and exacerbate mental health issues.[31]

If systems and services were better integrated, people who are at-risk of homelessness, including those with mental-ill health, would be able to be better identified and supported with wrap around services to prevent declines in their personal situation, in a more timely fashion.

An increase in the capacity of housing staff at regional DHHS offices

A survey of housing officers in Victoria conducted by AHURI in 2018 found that housing officers, in their role as social landlords, are dealing with a broad range of issues, including tenant mental health. However, survey participants expressed that the realities of their role were not accurately captured in key performance indicators, training or allocated work schedules.[32]

The VPTA is aware that each housing officer manages 300 tenancies. For officers located in regional and rural Victoria where properties could be hundreds of kilometres apart, the practicalities of managing this workload are impossible.

The VPTA welcomed the Department's shift in focus to the social landlord model. We believe this approach is beneficial to tenants and will assist them to maintain tenancies and avoid homelessness, particularly where the tenant is experiencing mental ill-health.

However, when housing officers are managing so many tenancies, it is difficult, if not impossible, for them to perform this role in the way that is intended, and to provide timely and accurate responses to tenants, who may often be calling for assistance with routine issues.

[30] Brackertz et al, *Trajectories*, 8.
[31] Brackertz et al, *Trajectories*, 9.
[32] Brackertz et al, *Trajectories*, 10.

Housing officers often work under great stress, and it is concerning that they feel the realities of their position are not accurately reflected.

High levels of workplace stress have the potential to then affect the mental health of staff, including at other service providers – the very people whose role it is to assist others with their mental health.

More funding and support for service providers

Where housing officers are unable to provide the level of complex case management required for a tenant to get their tenancies back on track, the matter may be referred to an external provider in their area.

Providers vary from region to region, but the contract to deliver this support is generally held by not-for-profits who provide community services.

These providers undertake complex case management where tenancies are at-risk. Issues that they deal with may include addressing anti-social behaviours associated with a tenant's mental ill-health, hoarding disorders and rent arrears.

This differs from the role of the VPTA, as we provide a telephone service to supply advice and advocacy to tenants who are unable to navigate the housing system, and these tend to be more complex cases not taken up elsewhere.

The VPTA has been increasingly concerned by anecdotal evidence that, in some areas of Victoria, tenants are waiting up to 10 months to be assigned a long-term case worker. Moreover, a program of support may be highly restricted, and unable to service a client's long-term needs.

These delays may hasten the eviction process.

Delays receiving the support required to maintain an at-risk tenancy may exacerbate the problem, triggering other symptoms or issues. This could lead to higher incidences of domestic violence, property damage, disputes between neighbours or physical assaults, all of which impact severely on the broader community.

The VPTA is of the view that the capacity of service providers must be increased, to the point that tenants referred to them wait no more than 2 weeks before meeting or speaking with a case manager.

The VPTA is also of the view that a triage system be introduced, to ensure that urgent cases are able to be dealt with in the appropriate timeframe,

applying a system of 'no wrong door' entry.

Is there anything else you would like to share with the Royal Commission?

It is the strong view of the VPTA that the prevalence of homelessness and mental ill-health is not coincidental – these two issues are inextricably linked.

Progress in the mental health space, no matter how positive, is doomed to not fully capture the issues if housing is not also addressed. Housing is a platform for a productive and healthy life.

This submission has called numerous times for an increase in housing stock, particularly public housing.

Traditionally, social housing consists of both public housing, which is owned and managed by the Government, and community housing, which is generally owned and managed by a not-for-profit provider.

Public housing, in its pure form, caters to the most vulnerable in our communities, including those with the most complex and difficult cases.

Public housing must take the next case from the top of the priority list, and therefore services those in highest need. Community housing providers do not have this obligation.

Mental health cases must be a priority. The identification and prioritisation of this cohort needs to be strengthened in order for this to occur.

Homelessness and housing insecurity is a complex and wicked problem.

We believe that to most effectively address the issues, the amount of public housing stock must increase, and that this increase should maintain the existing proportionality between public and community housing stock (two thirds public, one third community).

Mental health and homelessness are societal issues. They raise questions of fundamental human rights, needs, and the treatment of all people with respect and dignity.

The problem is too large for the community to respond to alone. Government has the responsibility to provide safety nets and to ensure the provision of essential services, of which housing is one.

While a key part of this is investment in housing stock and other aspects of service delivery, another is making sure that advocates are sufficiently funded to provide a voice for those who may not be able to advocate for themselves.

This is especially important for cohorts who may otherwise not be heard, such as those who are homeless, experiencing mental ill-health, have a history of trauma and violence or are experiencing other forms of socioeconomic disadvantage.

We provide a unique service which is facing ever increasing demands, and should be funded on that basis. We are seeking a better Government response to funding service providers as a result of this Royal Commission.

Services and agencies need to be sufficiently funded to advocate appropriately on behalf of their clients, and resourcing must take in to account the proportion of clients assisted who have added complexities, many of which are related to their mental health.

Although not the focus of this submission, the VPTA anticipates that changes will also be required to a number of other systems, to support the recommendations made by this Royal Commission. These include:

1. Changes to the Medicare Benefits Schedule to facilitate greater access to psychologists and psychiatrists than what is currently provided through GPs and mental health plans.
2. Unlimited and ongoing public access to specialist practitioners, without a waiting list, in a needs-based system.
3. Individualised case management approaches for those experiencing complex issues, including homelessness and mental ill-health.

SUMMARY OF SUGGESTED ACTIONS

1. An **increase in the funding level of the VPTA**, in recognition of the growing demand for assistance and the mental health related complexities of a number of the tenants assisted.
2. The State **increase public housing stock by at least 2,000 properties each year.** This stock should be owned and managed by the Director of Housing, reflecting that housing is an essential component of Government service delivery and infrastructure.
3. **Systems (such as a common client database) and services should be more integrated, to realise a 'no wrong door' approach** for people experiencing mental ill-health, homelessness and/or housing insecurity. This will ensure clearer pathways and eliminate duplication in service delivery and competition between services. Services should be properly funded to improve responses and generate better outcomes.
4. **The capacity and resourcing of housing and support staff should be increased** to allow for the identification of, and customised service support for, people suffering from manifest or underlying mental health problems.
5. As recommended by the Victorian Royal Commission in to Family Violence, Royal Commissioners may wish to consider a 'blitz' or special allocation for **people experiencing mental ill-health and homelessness to be quickly housed.**
6. **A Mental Health Housing Taskforce to be set up,** similar to the Family Violence Housing Assistance Implementation Taskforce to oversee projects and advise on future need. The VPTA would be eager to participate in such a group.
7. The Residential Tenancies Act should be reviewed to consider **security of tenure for people with mental illness to prevent homelessness.**
8. **Improved knowledge sharing and integration** between Government agencies, community health providers and community services to facilitate wrap around supports for individuals in serious need.
9. **Consideration of whether the current contract and funding arrangements for service providers meet the demand for services.**

CONCLUSION

Housing is a fundamental need. Without addressing housing, the mental health of the most vulnerable in the population will never be tackled properly.

Regardless of what other changes that are recommended by Royal Commissioners, if the Government does not urgently and meaningfully address the dearth of public housing stock, real progress will not be made.

We welcome the opportunity to provide more information or clarification on any of the issues contained in this submission, either in writing or by providing evidence at an upcoming hearing of the Royal Commission.

REFERENCES

Australian Bureau of Statistics, Census of Population and Housing, 2016.

Australian Bureau of Statistics, Census of Population and Housing, 2001, 2006, 2011, 2016, AIHW SAAP Collection.

Australian Housing and Urban Research Institute, 'Policy Issue Analysis – Mental Health and Housing', https://www.ahuri.edu.au/policy/policy-analysis/mental-health-and-housing, accessed online.

Australian Institute of Health and Welfare, Specialist homelessness services 2016-17: Victoria, https://www.aihw.gov.au/getmedia/07441e6f-86f4-46ea-82d6-aba6f811e45e/shs-2016-17-vic-factsheet.pdf.aspx, accessed online, 18 June 2019.

Brackertz N, Davison J, Wilkinson A, '*Housing, homelessness and mental health: towards systems change',* Australian Housing and Urban Research Institute Limited, Research Paper, 2018.

Brackertz N, Davison J and Wilkinson A, '*Trajectories: the interplay between mental health and housing pathways, a short summary of the evidence',* report prepared by AHURI Professional Services for Mind Australia, Australian Housing and Urban Research Institute, Melbourne.

Groenhart L and Burke T. '*Thirty years of public housing supply and consumption: 1981-2011'*, AHURI Final Report No. 231, Australian Housing and Urban Research Institute Limited, 2014.

Infrastructure Victoria, Instructure Review, Media Release, 'Draft Strategy Tackles Affordable Housing Shortage', http://www.infrastructurevictoria.com.au/2016/10/04/draft-strategy-tackles-affordable-housing-shortage/, accessed 18 June 2019.

Johnson G, Chamberlain C, 'Are the Homeless Mentally Ill?' paper presented to Australian Social Policy Conference, July 2009, University of New South Wales.

Lawson J, Denham T, Dodson D, Flanagan K, Jacobs K, Martin C, Van den Nouwelant R, Pawson H, Troy L, '*Social housing as infrastructure: rationale, prioritisation and investment pathway*,' AHURI Final Report No 315, Australian Housing and Urban Research Institute Limited, 2019.

Martin C, Habibis D, Burns L and Pawson H, '*Social housing legal responses to crime and anti-social behaviour: impacts on vulnerable families'*, AHURI Final Report 314, Australian Housing and Urban Research Institute Limited, 2019.

Nelson G, Sylvestre J, Aubry T, L George, Trainor J, 'Housing Choice and Control, Housing Quality, and Control over Professional Support as Contributors to the Subject Quality of Life and Community Adaptation of People with Severe Mental Illness,' *Administration and Policy in Mental Health Services Research,* vol 34(2).

Productivity Commission, Report on Government Services 2019, Chapter 18: Housing.

Victorian Government, Department of Health and Human Services, Annual Report 2017-18 – Housing assistance additional service delivery data 2017-18, https://dhhs.vic.gov.au/publications/annual-report-department-health-and-human-services, accessed online, 18 June 2019.

Victorian Government, Department of Health and Human Services, Victorian Housing Register, Victorian Housing Register and Transfer list by local area, https://housing.vic.gov.au/victorian-housing-register, accessed 18 June 2019.

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