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Trajectories: The interplay between housing and mental health pathways

Report from Aboriginal and Torres Strait Islander consultations

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The images used in this report were developed from the original artwork by Nancy O'Dwyer, a member of the Stolen Generations who lives on the lands of the Wiradjuri, Wavereoo and Dhudhuroa peoples.

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Related reports
Trajectories: the interplay between mental health and housing pathways. Final research report.
Trajectories: the interplay between mental health and housing pathways. Report for national consumer and carer consultations
Trajectories: the interplay between mental health and housing pathways. Quantitative evidence on the relationship between mental health and housing.
Trajectories: the interplay between mental health and housing pathways. A short summary of the evidence.
Trajectories: the interplay between mental health and housing pathways. Policy priorities for better access to housing and mental health support for people with lived experience of mental ill health and housing insecurity

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We respect the generosity and courage people showed in talking to us, as outsiders and white people. Their stories moved and inspired us. We wrote this report to share with others the knowledge that people brought and told through their stories of trying to maintain a healthy home and a life of meaning in a world where their traditional ways of life have been dismantled and disrespected by centuries of colonisation where their consent was never sought. We pay respect to the knowledge that is forever embedded within Aboriginal and Torres Strait Islander custodianship of the countries that comprise Australia.

We have been homeless for two hundred years.

All the stuff that I've been through in my lifetime, in my 70-something years, I think it's time to start talking and telling people.

I know that we belong to this land, but since they've taken that away from us, treat us like immigrants because they treat them nicely. And have more management standards for us. Because at the moment, they're not treating us like immigrants. They're not even treating us like an indigenous people. They are treating us like outcasts.

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Executive summary

Background and aims

Mind Australia Limited has worked in partnership with the Australian Housing and Urban Research Institute (AHURI) on Trajectories: a program of research focused on the interplay between people's housing and mental health pathways. One strand of the research comprised consultations with people across Australia to explore their intersecting mental health and housing experiences. Consultations were conducted with over 130 people with lived experience of mental ill-health and housing insecurity, to understand how their housing and mental health experiences interacted and their connections with supports and services. The aim of the consultations was to contribute to an understanding of how people navigate their way through mental ill-health and the mental health and housing or homelessness service systems, their preferences regarding housing and how these influence the ways in which they respond to their mental health needs.

The community consultations intentionally involved a focus on Aboriginal and Torres Strait Islander people. Consultations with 57 Aboriginal and Torres Strait Islander people were conducted in four areas of Australia: Alice Springs, Darwin, Melbourne and Port Hedland.

This report focuses on the findings from these consultations with Aboriginal and Torres Strait Islander people.

A note about language:

Where possible, this report uses person-first (i.e. people with mental ill-health) and neutral language (as opposed to deficit-based language, which focuses on symptoms and pathologies that induce sickness rather than health). It is also acknowledged that 'white' or Western perceptions of mental illness are contested in the culture and language of Aboriginal and Torres Strait Islander people. For some, the recognition of mental ill-health as a diagnosed illness may be stigmatising, while others seek to distance themselves from biomedical constructions that link identity and diagnosis (Fogarty et al. 2018).

The term 'carer' is used in this report to describe the role that Aboriginal and Torres Strait Islander people assume for someone who has mental health and/or housing issues. Conceptualisations of caregiving are different in Aboriginal and Torres Strait Islander families, where family obligation forms part of the culture. Therefore, it is acknowledged that such people do not recognise themselves as being in a formal carer role, (nor indeed, do they take up carer payments). Further, understandings of family extend to relatives cared for in the community context, as in a kinship system (DiGiacomo et al. 2017).

Study design

Ethics approval was obtained from the University of Wollongong (2018/402). The project used a qualitative approach that comprised a combination of individual interviews and focus groups. Participants included consumers (people who self-selected on the basis of experiencing mental health and housing issues) and carers (people who care for someone with mental health and housing issues) who identified as being Aboriginal and/or Torres Strait Islander. Data collection included semi-structured interviews and focus groups. The interviews used a narrative inquiry format and focused on people's personal accounts of their mental health and housing journeys, their housing histories and the range of factors that influenced their housing choices.

Recruitment was conducted in partnership with relevant Aboriginal and Torres Strait Islander organisations and mental health and housing services in each local area. The research team met with the organisations in each area, discussed the research and shaped the language, interview questions and recruitment approach to be appropriate for that area.

In line with collaborative research principles, Mind Australia researchers worked alongside local Aboriginal researchers who provided input into every stage of the research, from design through to writing this report. The Aboriginal researchers were involved in conducting the interviews and focus groups in each area. The Mind researchers developed the analyses for this report and sent these to the Aboriginal researchers for further shaping and comments. Finally, the Aboriginal researchers were engaged in a reflective discussion of the research findings; their reflections form an essential contribution to this study and are conveyed throughout this report.

Results

The findings of this study reveal a complex and intersecting relationship between housing and mental health—each inextricably linked to and impacting on the other. Participants described experiencing significant 'stress and worry', exacerbated by lengthy waiting lists for public housing, living in unsafe or precarious housing, financial constraints, family obligations and encountering racism and discrimination. Mental health support was limited and often restricted to clinical mental health treatments—generally medication. Unaddressed trauma was prevalent and continued to affect the lives and wellbeing of the participants. Also apparent was the lack of meaningful and appropriate housing support that aligned with the principles and values of Aboriginal kinship and mobility. The findings reveal a misalignment between 'white' notions of mental health and housing stability and the meanings Aboriginal participants attached to their experiences of housing and wellbeing.

Many participants in this study reported having limited control over housing arrangements and options. Although the positive role of kinship in driving Aboriginal and Torres Strait Islander mobility was evident, relocation experiences and associated decision-making processes stood in tension with one another, often compounding mental stress. Many study participants spoke about how challenges in living circumstances (e.g. overcrowding and family conflict) precipitated forced moves, resulting in dislocation from community and subsequent stress and anxiety. The study findings underscore how Aboriginal and Torres Strait Islander people's agency in decisions about mobility are constrained by structural factors and cultural obligations, which limit their capacity to exercise control and choice.

The research supports 'circuit breakers'; when in place, these may positively affect the course of someone's journey through housing and mental health difficulties. Circuit-breakers that enabled people to find some stability in relation to their housing and mental health included having support from family, moving away to a different area, having a secure safe house, having culturally appropriate tenancy support and having access to psychosocial support (e.g. practical and emotional assistance) and trauma counselling.

Participants identified changes that they wished to see. These included more housing, designed appropriately for how Aboriginal and Torres Strait Islander people live; housing that is well maintained by the public landlord; a greater emphasis on house and neighbourhood safety; improved tenancy support, particularly support that was culturally safe; improved mental health supports, including options beyond just medication; and better access to psychosocial support.

Additionally, the study findings highlight the impact of widespread trauma on the communities in which participants lived and the language they used to describe the associated psychological and emotional distress. Participant accounts reveal the significant mental health impact when their concerns—expressed in terms of 'stress and worry'—are underestimated, inadequately addressed or, at worst, ignored. Participants identified a lack of access to quality trauma and grief counselling and support and the deficiencies of a 'white' mental health service system to connect people to country and culture meaningfully.

Implications

This study demonstrates the shifts in policy and practice required if the housing and mental health service systems are to become more responsive and relevant to Aboriginal and Torres Strait Islander people with mental ill-health. Aboriginal and Torres Strait Islander understandings of what it means to live well, to be appropriately housed and to live without mental distress differ in significant ways from dominant 'white' understandings. Consequently, future actions and policies must appropriately take account of Aboriginal and Torres Strait Islander perspectives. Governments need to develop key policies and services in partnership with Aboriginal and Torres Strait Islander organisations and relevant housing and mental health service providers.

These research findings are both consistent with the findings of the broader Trajectories project and specific to the experiences of Aboriginal and Torres Strait Islander people, as outlined following.

Implications specific to Aboriginal and Torres Strait Islander people

There are significant differences between Aboriginal and Torres Strait Islander and mainstream, or 'white', understandings of what it means to have a home, to be homeless and to experience mental ill-health or psychological distress. The language used by Aboriginal and Torres Strait Islander research participants to talk about their mental health diverged from the language used by mainstream notions of mental illness, which stem from a medical paradigm. For example, conversations about stress and worry often hid experiences of suicidality, including attempts to die by suicide. This mismatch in language can lead to their experiences being misunderstood and minimised; consequently, Aboriginal and Torres Strait Islander people may not be provided with the help they need. A lack of attention to language and meaning risks developing systems and services that fail to build on existing strengths and resources and, thus, will not deliver supports and shared outcomes that are agreed upon by all. Ultimately, systems and services should be designed in ways that provide Aboriginal

and Torres Strait Islander people with control over their lives and a sense of safety and belonging. This includes respecting their space, privacy and autonomy and taking the time to understand fully what is meant by their descriptions of their problems and preferred ways of moving forward, rather than imposing a 'white' view on the issues and solutions described. Therefore, greater community engagement and co-design in policy and program development is imperative.
This research suggests that government policymakers and service providers should:

- Pay greater attention to the language used by Aboriginal and Torres Strait Islander people and the meanings they ascribe, to ensure that housing and mental health supports appropriately respond to their needs and strengths.
- Work to provide culturally safe tenancy support that is responsive to Aboriginal and Torres Strait Islander peoples' family obligation systems.
- Understand the lack of housing as a systemic problem that has a flow-on effect on other areas of life. This has specific cultural implications for Aboriginal and Torres Strait Islanders where housing insecurity creates widescale unsafety and prevents people from being able to live well.
- Provide culturally appropriate mental health support beyond clinical services (e.g. hospitalisation and medication) that assists people with mental ill-health to manage day-to-day tasks and overcome challenges, one of the most important of which is securing a safe place to live.
- Provide culturally safe therapy and trauma counselling to offer people the assistance they need, understand the impact of trauma on them and their families and develop ways of dealing with what has happened to them in the past.
- Provide expanded access to family-focused psychosocial programs of support and culturally specific responses that:
    - help people to build connection with community and country so they can heal and recover.
    - ensure greater choice and control over mental health supports and access to services.

General implications consistent with the broader Trajectories project:

- It is essential that people have access to safe, secure, appropriate and affordable housing so they have space to focus on their own and their family's mental health and wellbeing.
- Governments should provide access to flexible and comprehensive housing and respond promptly when people are forced to move.
- Governments should work to improve access to public housing without the currently occurring extended waiting times, to lessen the mental health impacts of extended periods of housing insecurity.

The report

1 Study rationale

Trajectories: The interplay between mental health and housing pathways (Trajectories) was a national study conducted by the Australian Housing and Urban Research Institute (AHURI) and Mind Australia. The research aimed to develop a clearer understanding of the housing and mental health pathways for people with lived experience of mental ill-health - to identify typical housing and mental health pathways, the intersection of these pathways and potential points of intervention.

An in-depth exploration of housing and mental health was deemed important because access to safe housing is a basic human right (United Nations General Assembly 1948); however, housing needs are often unmet for the two to three per cent of the population who experience severe mental ill-health (ABS 2008). This is supported by evidence demonstrating that the prevalence of severe mental ill-health is higher among homeless people than the general population (AIHW 2016).

Due to the history of colonisation, processes of dispossession and the strong, intertwined relationships that Aboriginal and Torres Strait Islander[1] peoples have with land, place and culture, an exploration of the intersection between housing and mental health is particularly crucial to understand the needs and experiences of Aboriginal and Torres Strait Islander peoples. Housing is often named as a key determinant of Aboriginal and Torres Strait Islander people's health and the gap in life expectancy between them and non–Aboriginal and Torres Strait Islander people (AIHW 2011). The Closing the Gap strategy, introduced in 2008, aimed to address seven pillars, including healthy homes and safe communities (Council of Australian Governments 2008). The 2014–2015 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) demonstrated that nearly one in five Aboriginal and Torres Strait Islander Australians were living in a house that did not meet an acceptable standard (ABS 2016). Further, the 2016 Census demonstrated that one in five Aboriginal and Torres Strait Islander Australians (20 per cent or approximately 114,400 people) were living in overcrowded dwellings (ABS 2018). Compared with non–Aboriginal and Torres Strait Islander Australians, Aboriginal and Torres Strait Islander Australians are half as likely to own their own home, 10 times as likely to live in social housing and three times as likely to live in overcrowded dwellings (AIHW 2019).

Moreover, there exist marked inequalities in mental health difficulties, with indigenous adults reporting psychological distress at rates at least 50 per cent higher than non-indigenous adults (Jorm et al. 2012) The 2014–2015 NATSISS demonstrated that 29 per cent of Aboriginal and Torres Strait Islander people self-reported a mental health condition (ABS 2016).

It is well established that Aboriginal and Torres Strait Islander Australians understand their health and wellbeing in ways that differ from the biomedical paradigm that dominates mainstream Western understandings of health and illness. The National Aboriginal Community Controlled Health Organisation (NACCHO) provides the following definition of health and wellbeing:

> *Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life. (NACCHO 2011)*

A systematic review conducted to identify wellbeing domains for indigenous Australians found nine interconnected domains of wellbeing: autonomy, empowerment and recognition; family and community; culture, spirituality and identity; Country; basic needs; work, roles and responsibilities; education; physical

[1] A note on language: throughout this report, we use 'Aboriginal and Torres Strait Islander' as a generic term to refer to all Australian indigenous people. The term 'indigenous' is used if a referenced author or participant has used it in their material. Where someone is referred to as 'Aboriginal', this is because this is their specific heritage: for instance, in the case of the Aboriginal researchers involved in the project.

health; and mental health (Butler et al. 2019). The authors noted a high degree of interconnectedness within and between domains, supporting the NACCHO definition that places community wellbeing before the individual and values strength and resilience in the face of ongoing dispossession and colonisation.

Despite the known inequalities concerning housing and mental health for Aboriginal and Torres Strait Islander Australians, very little research has explored the interrelationship between housing and mental health for people who experience serious mental health challenges. There has been growing recognition within the field of research on health inequalities of the importance of approaches that directly involve communities in research; however, the body of evidence is still relatively in its infancy (Snijder et al. 2020). As in health research, there remains a paucity of research that explores the lived experiences of Aboriginal and Torres Strait Islander people in precarious housing situations (Martin et al. 2018).

In considering how to research Aboriginal and Torres Strait Islander experiences for the purpose of developing understandings that can inform policy and programs, Memmott and Metzler noted that cultural differences exist in the ways that Aboriginal and Torres Strait Islander people perceive 'home' and 'housing' (Memmott and Metzler 2004). They contended that these meanings translate to behaviours and norms around housing that differ from mainstream Western expectations. Housing policies and programs that have been designed by and for mainstream populations may not fit Aboriginal and Torres Strait Islander ways of understanding and being. This may result in Aboriginal and Torres Strait Islander people resisting or reacting to efforts that require them to behave in particular ways, such as regarding tenancy management (Moran et al. 2016).

Research that pays particular attention to language and meaning sets out to highlight differences between Aboriginal and Torres Strait Islander and non-Aboriginal understandings of particular experiences, such as what it means to have a home, to be homeless and to experience mental wellness (or its absence). Moran and his colleagues, in their writing about housing, referred to these understandings as 'Aboriginal lifeworlds' or the culturally embedded ways Aboriginal people live, care for family and govern their communities (Moran et al. 2016: 13–14). Further, they argued that a 'lifeworld' is more than lifestyle and speaks to core beliefs about what it means to be Aboriginal, to live well and to care for community and country. Seen as such, Aboriginal cultural norms are a valuable form of social capital and a vehicle for recovery and respectful citizenship (Moran et al. 2016: 13–14). Current welfare arrangements have distorted Aboriginal notions of social responsibility, creating dependency on the state and limiting opportunities for sound governance (Pearson 1999; Sutton 2009). Understanding the respective demands of Aboriginal lifeworlds and white welfare systems and negotiating solutions that accommodate both of these become a central challenge for policymakers (Moran et al. 2016).

A small body of work centres Aboriginal and Torres Strait Islander voices to explore their experiences of housing and/or mental health. One study has explored the housing experiences of Aboriginal and Torres Strait Islander people living in Sydney, although it did not specifically focus on people with mental ill-health (Andersen et al. 2016). This study, which relied on focus groups with clients and staff from a medical service, demonstrated that Aboriginal and Torres Strait Islander people in Sydney had limited housing options due to affordability. Additionally, they reported experiencing racism and discrimination from real estate agents and landlords. They described lengthy waiting lists for social housing and people needing to rely on their social networks for housing. Overcrowding was reported due to a lack of housing options for family members. The housing conditions were poor, and it was difficult to progress repairs or maintenance requests. People reported feeling stressed, depressed and worried due to their housing conditions (Andersen et al. 2016).

Overcrowding can present a major challenge for Aboriginal and Torres Strait Islander families (Lowell et al. 2018). A study of families living in remote areas of the Northern Territory demonstrated that 'living in someone else's house with too many people' has a substantial impact on children and the family, including their physical, social and emotional health.

Overcrowding not only increased the risk of sharing physical illnesses but also affected food supply, sleep, relationships and getting children to school (Lowell et al. 2018).

The impact of inadequate housing may be greater for people with mental health issues. Supporting people with mental health challenges often requires supporting their housing. Sayers et al. (2017) explored the service and infrastructure needs of programs that support indigenous people with mental health issues. This study, which was based on qualitative interviews with staff, provided insights into the interconnections between mental health and housing. Staff need to not only have knowledge about housing and other services, but they also must have knowledge and understanding of indigenous cultural beliefs and attitudes and a strong understanding of the consumer and their connections with their family. Staff reported stigma around mental health and that seeking help for mental health issues requires substantial courage.

A study undertaken in Western Australia explored the experiences of Aboriginal and Torres Strait Islander people who spent time and lived in parks in Perth (Martin et al. 2018). Using community-based participatory methods, Aboriginal and Torres Strait Islander and non–Aboriginal and Torres Strait Islander service providers worked together to facilitate the research. The study found that people living in parks experienced health problems, in addition to serious risks to their personal safety, disconnection from family and country and homelessness. Further, it found that services, despite good intentions, had limited effectiveness in improving people's wellbeing outcomes. The authors highlighted the dual danger of the enduring impacts of colonisation, dispossession and racism on people's wellbeing, situated within a context of increasing 'moral panic' about the perceived threat posed by Aboriginal and Torres Strait Islander people:

> *Homogenising and demonising this group of diverse peoples as dangerous and a threat to physical and moral safety renders invisible their lived experiences: these are real people, with unmet basic needs and hopes and dreams for themselves, their families, and their mob (Martin et al. 2018: 12).*

Within the body of research on housing and homelessness among Aboriginal and Torres Strait Islander peoples, one strand of work has examined their perceived high mobility and its relationship to kinship structures and cultural values (Habibis et al. 2011). This work noted the connection between mobility and the Aboriginal system of reciprocity and familial and communal obligations to care for and support kin through regular and direct contact (Habibis 2011: 4). The authors suggested that kinship relationships are the reason for much temporary mobility and also determine patterns of movement and when these occur. They contended that, while mobility is not a problem in itself (nor is it a uniquely Aboriginal and Torres Strait Islander experience), it is perceived as a problem in the context of social policy because 'children miss school, tenants leave without notification and visitors are associated with neighbour complaints' (Habibis 2011: 5). The authors concluded that a high degree of mobility becomes problematic when understood in the context of policies that have created intergenerational displacement at the same time as failing to create contemporary systems of leadership and governance that give Aboriginal and Torres Strait Islander peoples the right to determine for themselves the best way to live well:

> *The real 'problem' of indigenous temporary mobility is that much of it is forced, arising from, and being maintained by, an unenviable mix of severe housing shortage, structural disadvantage, cultural difference and poverty, mixed in with substance use, and vulnerability to the vagaries of government policy. (Habibis et al. 2011: 5).*

However, this research does not explore the impact of being forced to move or the balance between the positive and negative effects of movement on mental health and connectedness.

1.1 Aim of research

Within the broader Trajectories program of research, the aim of this study was to contribute to knowledge of the mental health and housing and homeless pathways of Aboriginal and Torres Strait Islander people with serious mental health issues.

The research aimed to do this by listening to Aboriginal and Torres Strait Islander people talk, using their preferred terms for their experiences, and to draw on ways of knowing from lived experience and expertise. By investigating Aboriginal and Torres Strait Islander peoples' experiences, as described in their own words, the intention was to contribute to understanding how people navigate their way through mental ill-health and housing difficulties, including through the mental health and housing or homelessness service systems; their preferences for housing and support, including support for their mental health; and how these influence the decisions they make about housing and mental health. The research also explored their ideas and views concerning the potential points of intervention, in order to provide guidance on effective policy and programs to support recovery for people with mental ill-health who also experience housing insecurity or homelessness. Finally, it explored the particular ways in which Aboriginal people talk about their housing, homelessness and mental health experiences, in the context of mainstream meanings and understandings that are ascribed to these.

In the central study on consumer and care experiences, the research developed a typology of five trajectories that could explain people's housing and mental health pathways (Pollock et al. 2020). These included being excluded from help required, being stuck without adequate support, cycling in and out of the service system, stabilising and being well supported (Pollock et al. 2020: 22–25). In addition to these trajectories, the study identified 'circuit breakers' or factors that, when in place in sufficient combination and for sufficient duration, enabled people to move on from their current situation of interlaced difficulties to establish stability and focus on healing and recovery (Pollock et al. 2020: 25–26). The current sub-study sought to test the application of these trajectories and circuit-breakers to see how well they matched the experiences of Aboriginal people in the four study locations.

2 Study design

Ethics approval was obtained from the University of Wollongong for this study (2018/402). It was sought and granted as part of the broader study on consumer and carer experiences, rather than a standalone study (Pollock et al. 2020). The researchers considered whether the study required specific ethics approval for conducting research with Aboriginal and Torres Strait Islander communities, as per the National Health and Medical Research Council (NHMRC) guidelines (NHMRC 2018). Following discussion with Aboriginal and Torres Strait Islander partners in Alice Springs and Darwin, the research team and partners agreed that specific ethics approval was not required because the overarching study was not solely focused on Aboriginal and Torres Strait Islander communities. In each location, the Aboriginal and Torres Strait Islander partner organisations provided oversight of the study design to ensure consistency with local protocols for safe and appropriate engagement with their communities.

In each of the four locations, the Mind researchers worked with a local Aboriginal researcher, who became part of the research team for the project's duration, including the development of this report. In Darwin and Alice Springs, the Aboriginal researcher was a staff member in one of the partner organisations. In Melbourne and Port Hedland, the Aboriginal researcher was a community elder, nominated by one of the Aboriginal partner organisations as an appropriate and respected community person to work on the project. In each location, the Aboriginal researcher connected the Mind researchers to the local Aboriginal people—an evidenced method for securing authentic input from Aboriginal and Torres Strait Islander community members (Laycock 2011; Raven 2010). They worked alongside the Mind researchers at every stage of the process, including recruitment, conducting interviews, reflecting on the proceedings, discussing the findings during analysis, reviewing the implications and developing each local report.

The study used a qualitative approach that combined semi-structured, individual interviews and focus groups. Data collection took place in four locations across Australia, encompassing metropolitan, regional

and remote geographical areas. The consultations included people who self-selected on the basis of having mental health and housing issues and people who cared for someone experiencing mental health and housing issues. For the purposes of this report, these two groups are referred to as 'consumers' (the former) and 'carers' (the latter), noting that these terms were not used by the indigenous people involved in this study (either as partner researchers or as interview respondents) to describe themselves. Interviews were conducted in Alice Springs, Darwin, Melbourne and Port Hedland. The original intention had been to conduct interviews only in Alice Springs, Darwin and Port Hedland. However, Melbourne was added during the study to help understand the extent to which the experiences discussed by people were a function of remote location and the extent to which they were shaped by the respondents' Aboriginality—and, in particular, racism.

The sample was not intended to be representative but rather to reflect a breadth of experiences. Snowballing ensured that participants selected represented diversity in terms of age, gender, mental health condition, current living arrangement and location.

The inclusion criteria were identifying as being Aboriginal and/or Torres Strait Islander and having both experiences of mental ill-health or distress and difficulties with housing or homelessness—either directly or as the family member or carer of someone with such experiences. Participants were aged over 18 years and were capable of providing informed consent. Interviews were conducted in English. However, where the person was unable to speak in English or preferred to speak in an Aboriginal language, the local Aboriginal researcher was able to translate and assist with the conversation as required.

2.1 Participant recruitment

Recruitment occurred through identified organisations that typically provide support, information and/or advice to adults living with mental health issues or who have difficulties with housing or are experiencing homelessness, in the relevant areas where the research took place. Various organisations assisted with recruitment, including Aboriginal Community Controlled Health Organisations, Aboriginal Community Controlled Organisations or other forms of Aboriginal controlled organisation. In the following list, Aboriginal organisations have been marked with an asterisk:

- Helping Minds (Port Hedland)
- Bloodwood Tree Association Inc. (Port Hedland)*
- Danila Dilba Health Services (Darwin)*
- Larrakia Nation (Darwin)*
- Team Health (Darwin)
- Yilli Rreung Housing (Darwin)*
- Tangentyere Council (Alice Springs)*
- Mental Health Association of Central Australia (Alice Springs)
- Central Australia Affordable Housing (Alice Springs)*
- Anglicare (Alice Springs)
- Reservoir Neighbourhood House (Melbourne)

Some of these organisations—including Danila Dilba Health Services—had additional research committees whose formal approval was sought by the project. Organisations who assisted with recruitment were briefed about the study and, in partnership with researchers, decided the best ways to distribute information regarding it. These included how to approach potential participants, the preferred means for advertising: via flyers, social media, advertising in community spaces, word of mouth and sharing with partner services. In each location, the final protocols for recruitment were agreed upon once partner organisations were happy with what was proposed for their local communities. Participants were given a Plain Language Statement (PLS). In each case, the local Aboriginal partner organisations reviewed the PLS to ensure that the language was appropriate for the local context.

Participants were given a $60 voucher for taking part in the study to acknowledge their time and contribution. On the advice of the Aboriginal and Torres Strait Islander partner organisations, participants were able to choose their preferred retail outlet and whether the voucher included the purchase of alcohol. Travel costs were also covered as required.

2.2 Participant involvement

The researchers obtained consent for participation from people before the commencement of the interviews and focus groups. In each location, people who were interested in taking part had the opportunity to speak to one of the Mind researchers or the local Aboriginal researcher about the study. As participants arrived at the community venues used for the research interviews, they were welcomed by the local Aboriginal researcher, working alongside the Mind researcher. Participants were offered refreshments and the opportunity to have a brief informal conversation with the researchers. Before starting the interview, the researchers ensured that participants had been provided with information about the study, including the potential risks and benefits of participating. Participants were given the choice of being interviewed by both the Aboriginal and the Mind researchers, or just by one or the other. Particular care was taken when there was a pre-existing relationship between the participant and the Aboriginal researcher; in a small number of interviews, the Aboriginal researcher decided not to be present during the formal interview. This was also negotiated between the Aboriginal researcher and participant.

During the interviews, the Aboriginal researcher's presence was invaluable in ensuring that people both understood what they were participating in and felt comfortable doing so. Participants were informed that they could cease the interview at any time, choose not to answer specific questions and withdraw their consent during or at the end of the interview. The researchers also sought to gain consent to audio-record the interview. With one exception, all participants were comfortable with the interview being recorded. One participant preferred that written notes were taken. In that case, the Aboriginal researcher asked the questions, and the Mind researcher took handwritten notes.

At the start of each interview, participants were asked to provide various demographic data, including their diagnosis. The majority were comfortable in providing this information, although it was made clear that there was no obligation to do so. The Aboriginal researcher led this aspect of the interview process as part of the introduction.

Semi-structured, one-on-one interviews focused on people's personal accounts of their mental health and housing journeys, as they chose to tell their story. Each interview began with the Aboriginal researcher initiating the conversation, with a general introduction and invitation to tell their story. Interviews explored people's housing histories and the range of factors that influenced their choices of housing, including mental ill-health or wellness status, the types of housing people lived in, what housing they could afford, what housing they would have preferred to live in and the role and appropriateness of various forms of accommodation. Researchers used the participants' preferred language and terms to describe their mental health and housing experiences; they also followed their narrative structure, asking follow-up questions when they wanted more detail. In some cases, parts of the interview were conducted in an Aboriginal language or included talk where the Aboriginal term provided greater meaning to the participant than the closest English equivalent. In these cases, the Aboriginal researcher provided an informal translation during the interview and discussed the use of particular words with the Mind researcher following the interview.

Interviews used a narrative inquiry format. Narrative inquiry aims to elicit storytelling from the interviewees, allowing them to relate both the significant events in their lives and the social contexts in which these occurred. The interviews were effectively structured around storytelling and listening. Stories were generally not told in a linear fashion; participants were able to impose their preferred structure on their narratives. It was then up to the researchers to construct a linear timeline for mapping the trajectories during the analysis phase.

Focus group discussions centred on people's perspectives of the housing and mental health systems, including systemic issues where it was thought to be useful for participants to be able to discuss their experiences, hear about others' experiences as a group and reflect on systemic changes that are needed. Interviews and focus groups were audio recorded (with the participants' consent) and later transcribed. Interviews were conducted between January and December 2019.

Focus groups were held in Port Hedland and Darwin, but not in Alice Springs or Melbourne. In Alice Springs and Melbourne, local partner organisations advised that people were less likely to want to participate in a group discussion on mental health and housing once they had discussed their experiences and ideas in individual interviews. In these locations, the interview schedule was adapted to ensure that people had the opportunity to talk about their ideas for the system and services changes that were needed for people to have better experiences.

At the end of each day of interviewing, the Mind and Aboriginal researchers reflected on what they had heard, discussing any strong themes or surprises. The Mind researchers kept a note of these reflections. Additionally, in each location, the Aboriginal researcher took the Mind researchers on a tour of the local environment to provide context and local knowledge relating to specific places, services or events that participants had talked about during the interviews. These reflections were critical in assisting with contextualising the data during the analysis and development of findings.

2.3 Sample size and composition

In total, 57 people were involved in the four areas. In Darwin, recruitment was conducted in partnership with Larrakia Nation, Danila Dilba Health Services, Team Health and Yilli Rreung Housing. Individual interviews were conducted with six participants, and two focus groups were held in the long grass with 12 people. People living in the long grass are people who are living in self-made camps on the Darwin foreshore, sometimes for extended periods of time, and sometimes for brief periods while visiting Darwin. Ostensibly, people in the long grass may be considered as experiencing homelessness. One focus group included a group of three women from the Tiwi Islands and the other included nine people from Tiwi Islands and East and West Arnhem Land. The other participants in the interviews lived in transitional housing (two people), Aboriginal housing (two people) and a family-owned property (one person).

In Alice Springs, recruitment was conducted in partnership with Tangentyere Land Council, Mental Health Council of Central Australia and Anglicare. Individual interviews were conducted with 10 participants. They lived with family (two people), in public housing (three people), in transitional housing (two people), in a private rental (one person) and in a hostel (one person).

In Port Hedland, interviews took place over three days in the offices of the two local partner organisations: Helping Minds and Bloodwood Tree Association Inc. There were 14 individual interviews with 15 people (one interview was with two people). Additionally, there was a focus group conducted with a further eight people. All participants in the study were living in public housing managed by HomesWest, the West Australian housing authority; however, the participants interviewed as a pair were about to move into Aboriginal community housing. The majority were the tenant or part of the tenant's immediate family; however, some participants were living with relatives while they waited for their own house.

In Melbourne, an Aboriginal researcher worked with a Neighbourhood House to recruit participants. Participants included seven people, including six women and one man. Six participants lived in public housing and one participant was homeless but living with a family member.

All participants were asked to provide demographic data using a standard form. On the advice of the Aboriginal partner researchers, this was not made a requirement for participation in the study. There were instances where it was not possible to collect a complete set of data, including differences in language and participants who did not want to provide all data. Consequently, the demographic data is incomplete. Among those participants whose gender was identified, 30 were women and seven were men. Twenty-three participants indicated their age. Of those participants, 10 were middle-aged (35–54), nine were over the age of 54 and four were young adults (18–34). Twenty-three participants provided information about their income source: 20 were on

income support (e.g. Newstart, Disability Support Pension) and three were in paid employment. Participants were asked to provide information about their mental health diagnosis, but not compelled or pressured to do so. Some offered this information and, of those who did, the most common condition was anxiety and/or depression. Two participants stated that they had schizophrenia and one had Post Traumatic Stress Disorder(PTSD). Among those who did not specify a diagnosis, various terms were used to describe their mental health difficulties, including 'sick', 'mental issues' and 'hearing voices'.

2.4 Data analyses

An inductive, grounded textual analysis, which allows categories to emerge from the data, was applied to the interviews and focus groups. According to Hsieh and Shannon (2005: 1279–1280), the advantage of this approach to content analysis is 'gaining direct information from study participants without imposing preconceived categories or theoretical perspectives'. Interviews were transcribed and read repeatedly by researchers to achieve immersion and obtain a sense of the key themes. Key thoughts, ideas or concepts from the manifest content were highlighted throughout the interview transcripts; a coding scheme was applied to reflect these. The codes were then used to identify a series of 'typologies' that reflect typical housing and mental health pathways, experiences of the intersection between the housing and mental health systems and the role of individual contributory factors. All interviews were read and coded at least twice by different researchers.

During the drafting of analyses, the Mind researchers drew on their notes from the interviews and their ongoing reflections on being involved in the research process. They had discussions with the Aboriginal researchers and sent them draft findings for further shaping and comments. This iterative process ensured that the analyses remained culturally appropriate and provided rigour to the thematic analysis.

3 Results

Analyses focused on exploring the interconnections between housing and mental health and on interactions with mental health and housing services and supports. The major themes are presented within the following topics:

- how people talked about housing and mental health
- housing experiences
- interconnectedness between housing and mental health
- interactions with the housing and mental health services and systems
- what is needed for people to have better health outcomes.

Individual area reports were produced for Melbourne, Port Hedland, Darwin and Alice Springs. Overall, it was clear from these individual reports that Aboriginal and Torres Strait Islander people in the four different areas were facing very similar challenges. The results of the analyses primarily focus on themes that were evident across all four locations.

It is difficult to draw definitive conclusions about the different areas because the samples were not large in each area, and recruitment methods varied depending on the partners in that area. Where differences did exist or where themes were expressed more strongly or in particular ways, these are discussed in the following results. The quotes have been selected to illustrate common themes.

3.1 How people talked about housing and mental health

One feature of interest that arose during the interviews was the language that Aboriginal and Torres Strait Islander people used to describe their difficulties with housing and mental health, in addition to how they talked about what 'living well' meant. The language participants used did not always align with how the same experiences and conditions are described in the mainstream (i.e. 'white') policies and program guidelines that are then implemented in Aboriginal and Torres Strait Islander communities. This section explores the language that participants

used when they spoke about their mental health and housing and the role that these played in how they pursued their preferred lives.

The lack of alignment between participants' talk and the language of policies and programs was apparent when paying attention to language about what it means to 'have a home' or be 'homeless'. In Darwin, among the participants who were living in the long grass and supported by others, the meaning of homelessness was clearly different from accepted 'white' understandings:

> *We just like being around here because it's more open. Fresh air. We don't like living in the house. (Darwin)*

> *We've been told that we love to live in overcrowded housing conditions. It's a cultural thing. And it's not. It's only cultural because we've got four walls around us. We can't spread out. We've got to be stuck in the house. We were used to living with each other, but in open space. (Darwin)*

Statements such as these indicate the importance of understanding Aboriginal ways of living and designing housing that is responsive to people's preferences, rather than imposing housing designed without sufficient regard for the particularities of Aboriginal family and community life.

The connection between 'home' and living in an important location as a central element in living well—often, but not always, on one's traditional country—was also expressed in participants' talk in each location.

> *Plus for me, I had to come back because I felt like I'm one of them. Lost your culture, your spirit's gone. You don't feel spiritual any more. You don't feel like an ... I wasn't missing home, but I was missing my culture, missing my family, and I wanted my kids to grow up knowing their culture. (Port Hedland)*

'Home' is not a physical building but a deep connection to a way of life that cannot be separated from the land on which it takes place. For those participants who had grown up in their traditional communities, moving away from the physical place was also an experience of significant dislocation. The following comment was made by someone living in the long grass, away from their own country:

> *In a community, you've got Elders to help. They help and they're mentors, like with the male and female. But here [in Darwin] there's nothing. (Darwin)*

For others, it was possible to move to a location where there were no familial ties, but where the ways of life and connection between activities and place were culturally attuned and meaningful:

> *Near the water, the salt water. (Darwin)*

A sense of control over how to live and the possibilities for living as a healthy community were also evident across the four locations, as reflected in this quote from a participant in Darwin about the community (or 'town camp') they lived in:

> *Because we've got a home that needs to be developed. And when I say a home we need to develop, I mean all of us. We could turn this into a really nice estate. (Darwin)*

A lack of alignment was also apparent in the language used by participants to talk about their mental wellbeing, which differed from mainstream, medicalised notions of 'mental illness'. From diagnostic information obtained from participants at the start of each interview, it was apparent that the most common diagnosis was depression and anxiety. A smaller number of people declared a diagnosis of a low-prevalence disorder such as schizophrenia. In each of the four locations, the most common experiences that participants (including those with self-declared psychotic or other diagnoses) talked about was stress and anxiety and, to a lesser extent, feeling depressed. However, a closer examination of people's talk about their mental health experiences revealed deep levels of distress, which was often prolonged over many years. Talk about 'stress' often hid experiences of suicidality, including attempts to die by suicide. The following quote is representative of participants' talk across all four locations about the relationship between their current living arrangements and their mental health:

It was so depressing. Even when I did get [a house], they ended up putting me in next to where old people live, and it felt a little bit wrong. Like, I was in these flats, granny flats, like old flats. And I was surrounded by old people and I was only a young person. So, that was a bit depressing and stressed. (Alice Springs)

Notably, the person who made this statement had, shortly after being placed in the flat near the 'old people', been admitted to hospital following an attempt to end their own life. Time and again, what seemed like a statement of mild stress or depression emerged as a precursor to an attempt to die by suicide.

Moreover, those people who did declare a diagnosis of a low-prevalence disorder were less likely to associate their difficulties with living well with their diagnosed illness and associated symptoms than they were to associate these difficulties with broader social and economic arrangements that shaped their lives and the lives of those around them. The participant who made the following statement was not troubled by their symptoms, particularly once they were managed by medication; however, they were troubled by poverty, a lack of meaningful engagement in community life and meeting obligations to family. The participant was also troubled by the stigma associated with their particular mental health experiences. This was a common story across the four locations—that social and economic conditions caused greater distress than specific symptoms:

Well, one time I wasn't on medication when my brother was staying with me, but when I got on the medication I stopped getting paranoid about it. Because I was paranoid about satellites watching me and things like that. (Port Hedland)

At the centre of these mismatches between Aboriginal ways of knowing and being and the 'white' systems and solutions that are made available to or imposed on them lies the experience of lack of control. In participants' talk, this was a material impact, as the previous sections on experiences of tenancy management and mental healthcare, treatment and support have indicated. Participants' statements also reflected their experiences of loss of control over a way of life and a sense of what it means to be an Aboriginal person in contemporary Australia:

Them old people weren't allowed to say a word out of place because [of] the government. They couldn't move anywhere. They couldn't do anything. My mum got sent to the Station when she turned 18 to work on the Station as a maid. And oh, she most probably wanted to get away from that life. (Port Hedland)

This experience of having control removed was common across all four locations, and shaped the lives of individuals, families and communities. The impact of the history of loss of control, replicated in contemporary interactions with service systems, creates a sense of doubt about the value of being an Aboriginal person. The following quote, from a participant in Melbourne, is an account of what happened to the father of the family, a war veteran, and his struggle to secure housing that was given freely to his white counterparts:

Grief, great grief. I've got to live with that. It's like living with a leper. And so that was always hard in our family, knowing what dad did. It was never easy for dad. (Melbourne).

The tragedy is not that these things happened—although this, in itself, is unacceptable—but rather that they were common experiences across all interviews in each of the locations.

3.2 Housing experiences

This section explores the major themes relating to participants' housing experiences that were expressed in interviews across all four locations. Common experiences that participants raised in the context of housing and mental health support a narrative of living in overcrowded and insecure conditions, with frequent forced moves, and an interrelationship between housing and financial stress or the experience of living in poverty.

Housing is overcrowded and insecure.

In each of the four locations, overcrowded housing conditions when living with family was a common

experience for participants. Many participants reported living in overcrowded conditions, with far more people living in the house than it could reasonably accommodate. Most participants had experiences of living in overcrowded conditions at some point in their lives, often for multiple years and often moving from one overcrowded house to another. Current experiences of living in overcrowded conditions were most prevalent in Alice Springs and Port Hedland:

> *It was a one-bedroom flat, and there were five of us [single men] in it. (Port Hedland)*

> *We moved out of [name] house because too many people at that family house. Too many family living there. (Alice Springs)*

Overcrowding placed significant stress and pressure on family relationships, particularly if children were living in the house. Issues around sharing food and different household 'rules' also placed stress on people. The below quotes illustrate these issues:

> *How do you get kids to bed at a reasonable hour when you have your whole family living with you inside, outside on the veranda, with your extras sitting on that corner drinking? (Darwin).*

> *They just didn't buy food. I'd tell them, 'you're to give me $100 for food', and that was for two of them, but they'd only give me $50 for the both of them, and saying they never got a big pay and all of this bullshit ... They don't help cook. They don't help clean, and that makes it more problem for me, cleaning up ... and doing things for people all the time. (Port Hedland)*

Participants explained how overcrowding was particularly difficult for someone with mental ill-health, when they needed their own space to focus on recovery and to have control over their environment. Overcrowding made it difficult for people to maintain a routine, and adhere to medication regimes, if the people around them did not have routines.

> *Sometimes, I wanted to go home but there was all of us, my brothers and sisters all lived together. And I didn't want that on my mum. So, I removed myself ... because I don't like being around a lot of people, because I suffer from anxiety as well. (Alice Springs)*

3.2.1 Moving is frequent and forced

Across all four locations, most participants had experienced multiple moves during their lives. In Alice Springs, Port Hedland and Darwin in particular, some participants had lived part of their lives (or were still living) on country in their traditional communities. These participants compared their lives in community with their current lives in town. In most cases, they described their life in community as a time in which they had positive and stable experiences of living in a community - they only experienced instability once they left the community:

> *Yeah, that's where I grew up in the bush. Even when I got married and had my kids and stuff, we all was living out in the bush. I never got a house in town until my kids were well and truly in school here at Port Hedland. And then with the house, that's how our life started - kids going to school, struggling. (Port Hedland)*

For most of those participants who had started life in their traditional community, their move into town was forced, either by the closure of the community or by individual family circumstances such as bereavement. Some were forced to move by the system (i.e. the government closing communities). Notably, a minority had left due to pressures within their community. These included participants who reported leaving because the environment was too stressful for them, there was too much pressure from family or family violence necessitated escape. For one woman who was living in the long grass in Darwin, but who maintained the tenancy of a public housing property in which her family lived back in her community, a failure of justice to right past wrongs made it unsafe for her to remain in her community:

> *I had to get away because I lost all my family. (Port Hedland)*

> *So we get away from our community because there's a lot of issues in there and it's the only way we're going do to it, so just stay away. Come here to Darwin. (Darwin)*

There's too many family problems ... and humbugging. (Darwin)

In Darwin, Alice Springs and Port Hedland, many participants referred to 'humbugging'[2] :where visiting family members leveraged relationship obligation to try to obtain access to resources they needed and which they perceived the host possessed. In turn, these demands placed stress and pressure on the host family, particularly the family elder or legally responsible tenant:

Because their humbugging keeps me stressed, have to do this for them and I'm just thinking like to do stuff on my own now ... it's best for me. (Darwin)

The problem is like, before when I didn't have a place to stay, [the family] would help me. They would give me somewhere to stay, so it's hard. You can't refuse to have them here. Because it's not fair to them. They used to help me when I was homeless. (Alice Springs)

Notably, Melbourne participants did not talk about humbugging; in this location, the reciprocal obligation system may be weaker or less formal. Instead, they referred to similar situations in terms of helping family members out.

Some of those who left their community talked about the sadness they carried because they could not stay, and they missed that connection to their family, community land and culture. They needed to be very strong within themselves to move away and often grappled with loneliness after leaving:

I'd rather be back in my community ... Because all of my family who are in Tennant Creek all drink. I'll have to be in it with them. I don't want to do out just by myself ... that's why I moved away. (Darwin)

Sometimes I feel lonely for family too, you know, for my sisters and brothers. (Alice Springs)

Other participants had never experienced stability. Their lives were marked by many moves and living in one overcrowded house after another; this was particularly apparent in Port Hedland, Darwin and Alice Springs. These moves were frequent, unpredictable and occurred suddenly, resulting in everyone living in the house at the time having to move. People were given little time to prepare or make other arrangements, and may have moved into homelessness or the houses of other family members who may or may not have been in a position to take them in easily:

Then I lost [my mum]. She had a heart attack, and we had to close the house up. I tried to get the house down there, but because my name wasn't on the HomesWest list, and I wrote a letter, you know, telling them I was homeless, me and my kids. And we had nowhere else to go. (Port Hedland)

The participants in the Melbourne interviews were less likely to talk about living currently in chronic and unremittingly overcrowded situations. However, they reported overcrowding as something they had experienced throughout their lives and intermittently experienced during times when they were sheltering family members with nowhere else to live - or were being sheltered themselves.

This difference is likely to reflect both the different timelines of dispossession in south-eastern Australia (due, in part, to the diversity of Aboriginal and Torres Strait Islander people on Wurundjeri land, which is part of the Kulin nation) and the greater availability (although not necessarily affordability or appropriateness) of housing in Melbourne.

3.2.2 Housing and financial stress

Across each of the four locations, financial stress was widespread among participants, limiting the choices people could make about their housing and adversely affecting their own and their family's wellbeing. Many participants spoke about having insufficient income to pay rent in addition to all the other costs of

[2] Humbugging' is a form of demand sharing, where family members may ask for resources due to reciprocal rights and obligations (see e.g., Memmott et al., 2012).

maintaining a family. Participants on social security payments found that they had insufficient income and rental allowance to maintain a reasonable standard of living. People talked about having to choose between paying the rent and eating, choosing the former because the fear of losing the house was worse than being hungry. Those who had family connections would draw on them to survive, and others would turn to other options such as charities and welfare or begging (referred to as 'colboy' in the second quote below):

> *I can get food, but not enough food. Food will go quick. So I mainly live on damper because that's cheaper, the flour. I just get jam on it for the kids. (Darwin)*

> *I average probably about one week without any money, do the rounds for cards, Safeway cards and Coles cards. I also colboy ... begging, asking for money. I did that last night and made $100 ... I prefer to colboy than break into someone's home, break into their business, break into their cars. (Melbourne)*

Across all locations, participants talked about the difficulty of finding and maintaining work and the widespread lack of employment opportunities in particular areas. In Melbourne and Port Hedland, some of the participants who spoke about employment said there was also little incentive to seek work in some areas due to the costs of housing and living expenses and the potential loss of subsidies once employed. If someone had employment, even if it was insecure, this could affect housing subsidies. Further, the chance of becoming unwell posed a significant risk when employment and housing could both be lost quickly:

> *$435 market rent ... If I was to work as a labourer in my 38, 40 hours per week, I lose all of my concessions on rent. Gas, electricity, water, public transport. Once I paid all that, I probably come out of it with about $60. If I fall sick or something, how am I going to pay $435 per week? There's no incentive. (Melbourne)*

Aside from Centrelink payments (e.g. unemployment benefits) not being sufficient to live on, and people regularly reporting going without food and basic necessities, Work for the Dole schemes were also demeaning, and unhelpful in terms of building skills or work ethic:

> *I hate [Work for the Dole] with a passion. I'm a tradesman, and at the moment I can't get a job because of personal issues. And you go up there, like, people go clean other people's yards. That's just a form of cheap labour. (Port Hedland)*

For those who were homeless - such as living in the long grass in Darwin or those in hostels, refuges or other temporary accommodation - it was impossible to be actively looking for work:

> *We have to do work for the dole ... but I stopped doing that because I told them that I live in the long grass. I can't get up and go to work in the morning. They say I have to see the Doctor to get a medical certificate. (Darwin)*

3.3 Interconnectedness between housing and mental health

This section explores the major themes relating to the impact of housing experiences described in the previous section on people's mental health and wellbeing. The section presents the negative impact of forced moves and removal from country on mental health, the difficulty of meeting family obligations when living in overcrowded conditions and with limited resources, the impact of lack of control over tenancies, the impact of feeling unsafe in one's home and the mental health and wellbeing impacts of racism in the context of housing and neighbourhoods.

3.3.1 The impact of forced moves

Frequent moves affected people on two levels. First, participants talked about how difficult it was to develop a sense of having a home that is secure and long term. Even when they were eventually housed, people lived with the fear that they would be moved on. This was reported in all four locations. Participants talked about feeling like they lacked control over their housing, and recounted experiences where they had had no control over what had happened to

them. Moving frequently became normalised when adult experiences replicated childhood experiences, meaning that it was hard to break the cycle. In the following examples, both participants were housed in secure tenancies:

> *I'm just waiting for a call to say I have to move out now. (Port Hedland)*

> *Then, not having your own home - because there's nothing like your own home - and you don't want to move around a lot, and I don't want the kids to move around a lot, so it does make me feel a bit upset sometimes. (Port Hedland)*

Second, participants in all four locations talked about how frequent moves affected family wellbeing in material ways. The lack of stability particularly affected children's wellbeing; frequent moves meant that schooling was likely to be missed:

> *Housing and education went together. Because you always had to be finding out what school was the nearest. To me, they always went hand in hand ... your housing area, your house and where your kids were to be schooled and educated. (Melbourne)*

> *When I was struggling with housing, it affected my kids because they had to miss out on a lot of school because we had to move around a lot ... like for my daughter, now, because she didn't really go to school much at the end of five to seven, now and then she would go to school. So now she's 10, almost 10, and she thinks she doesn't have to go to school every day. (Alice Springs)*

Participants drew a direct connection between disruption during childhood and poor mental health during adulthood:

> *My life, I've been, I used to be stable, but mostly all my life, I've been moved around from place to place, school to school. Two different schools in one years. And it was just like this is how I used to be. So I had that anxiety and depression in myself, too. (Port Hedland)*

3.3.2 Being removed from one's land affects wellness

Those participants who had grown up on a community talked about the impact of having to move into town - at individual, family and community levels. This was more widely reported in Port Hedland, Alice Springs and Darwin, due to the differing timeline of dispossession. However, an equivalent issue emerged in the Melbourne interviews, where some participants reported the intergenerational and historical impacts of being removed from their land and placed in missions. People described how the traditional ways of governing the community were disrupted as families and communities who had never lived together were moved into town and housed in close proximity:

> *[In the community] they used to drink, and we used to get help from the people in community. They used to punish them and all that, for doing the wrong thing. They used to tell them off the next day. And we didn't have HomesWest telling us to scrub. We used to do thing like you're supposed to be doing. (Port Hedland)*

> *In a community, you've got Elders to help ... they help and they're mentors, like with the male and female ... but here, there's nothing. (Darwin)*

Participants in Port Hedland and Darwin talked about how these centres had become drug towns, with mental health and wellbeing at an all-time low. It was particularly difficult for Elders to see problems in their community but feel powerless to stop them:

> *[People from remote communities] come and do their shopping and they go straight back. They kind of don't want to hang around in culture. They don't want to get like, I don't know, spiritually, they bring bad vibes ... They get frightened. (Port Hedland)*

> *So yeah, this is what we're doing, but it's the drugs and alcohol and everything like that there, for the young generation. And how can we stop it? Don't know. (Darwin)*

In Port Hedland, Alice Springs and Darwin, the impact of moves from communities into towns

was exacerbated by a lack of housing supply and poor urban planning to accommodate all families appropriately, and to accommodate them in culturally meaningful family groupings. In Alice Springs and Darwin, participants talked about being housed in town camps alongside family groups from different language groups and countries. This inability to provide culturally safe solutions contributed to disrupting the flow of community life and made it difficult for people to fulfil their obligations to family safely. Participants talked about how housing, including which parts of an extended family got housed or not, became a stressor that affected family wellbeing, in addition to being a material problem:

> *But I think, yeah, that's the main problem, families being homeless and the living with other families. We don't like to be mean to our family when they come and stay. But then there's the kids in the house, and yeah … the homelessness. Because when everybody's got their own homes, then we can just go around and visit, you know. Like, everybody's good. (Port Hedland)*

3.3.3 Meeting family obligations in overcrowded conditions contributes to stress and worry

In all four locations, participants talked positively about the support they received from and provided to family members and talked about how family helped them in hard times - sometimes preventing them from becoming homeless. However, overcrowding, poor housing design and urban planning and the lack of housing for all, at times, made it stressful to meet family obligations - this was reported frequently in Port Hedland, Alice Springs and Darwin. Practical issues, such as children being turned out of their own bedrooms to accommodate visiting adults, insufficient financial and practical contributions to running the household, dealing with drunk or drug-affected visitors and neighbours all affected people's wellbeing. For several participants, this was the cause of a decline in their mental health or the mental health of a family member.

Participants in Port Hedland and Alice Springs, in particular, reported how stressful it was for the person who held the tenancy to balance their obligations to the housing authority as a tenant with their family obligations. Depending on their location within the family hierarchy, people found themselves to be voiceless and lacking control over their own situation. The stress was associated with being humbugged and witnessing vulnerable family members being humbugged, but feeling powerless to do anything about it. In the following quote, 'growl' means to verbally discipline or tell off:

> *Like I'd growl my child. Everybody has to have a say. It's my child. I'm growling him on my own. Everybody has to have a say. And I can't speak up. In my family, I'm just a sister. I'm not the oldest sister. I'm not the one who has the final word. All the rest of them do. (Port Hedland)*

> *We were staying with families, you know … we were all just sleeping in the lounge, or all in the same bedroom. It was really hard. Tough. And when you're living with other families too, you've got to live by their rules. (Alice Springs)*

3.3.4 Being on a housing waiting list for a long time is bad for mental health

In each location, many of the participants talked about how they had experienced lengthy periods on a waiting list for public housing. Waits of four years were not uncommon, including for families with children. People talked about the stress of long waits - having to live in unsafe situations, such as with a violent former partner or living with extended family but in appalling conditions:

> *I just got really angry [dealing with the Housing Commission]. There were times when I just wanted to explode and go and punch people in the face, like 'Give me answers. Stop lying to me. Just tell me the truth, have I got four years, eight years?' (Alice Springs)*

Participants talked about the impact of long waiting periods on their mental health, describing this time as depressing, and feeling stuck or trapped and lacking control over their own situation. Being trapped in a house with family due to a lack of choice of alternative accommodation also compromised people's

wellbeing. Some participants talked about how, on occasion, the stress of their living situation tipped them into significant ill health and even hospitalisation:

> *Waiting for the house was very stressful. I felt no good. I felt sad and sick from all the stressing. (Alice Springs)*

> *The reason she ended up in the Broome mental health unit and to Perth was because she tried stopping her [medication]. She gave up that pill because of the problems we had in that house. (Port Hedland)*

In all four locations, participants reported being unsure about why they eventually got housing, or why they had to wait for so long. There appeared to be no logic around who got housed and who had to wait. Some talked about bureaucratic errors, loss of paperwork and poor customer service:

> *I was talking to [name of person] this morning and she … said I should go back and put my name back on the housing list. Like what? Sorry, it's like 15 years or something waiting, I will be dead by then. (Alice Springs)*

> *When I was on the waiting list, the first year that I applied, the first couple of years, they kept misplacing my file, so I'm not really sure what they do. But I had to reapply three times. That made the waiting longer. It's like they were just playing games. They don't take it seriously. (Alice Springs)*

3.3.5 Lack of control as a tenant

In each location, participants spoke about the impact of their interactions with tenancy managers on their wellbeing. Generally, people wanted more control over how they managed their tenancy and a relationship with the property manager where they felt as if they were an equal party and would be treated with respect and understanding. Several participants talked about tenancy managers' lack of understanding of the financial realities for Aboriginal families and the additional stress of the costs of maintaining a tenancy in difficult conditions, such as paying for damage to properties caused by non-tenant family members. Some of the participants who were living in transitional or limited-term housing experienced the rules by which they had to abide as restrictive, cutting them off from family and the vital relationships they had with people who were close and important to them:

> *I can't even have my family over for dinner, I can't go to my mother, do you want to have dinner with me. (Alice Springs)*

Tensions around maintenance were a common topic in the interviews. People talked about properties with uncontrolled pests, asbestos walls, faulty electrics or other unrepaired damage. While some people said they had made maintenance requests that were responded to promptly, others complained about not being listened to or believed about how the damage had occurred. Maintenance requests would not be processed if the tenant had outstanding rent; therefore, this could compound already difficult living conditions:

> *I've asked them to fix the house and that was last year in October. They haven't done nothing. I said I put in an application and they go 'well you did put in an application but we just closed it because you didn't give any more documents'. (Melbourne)*

The link between housing that was poorly maintained or of poor quality and the negative impact on physical and mental health was common in the interviews. This impact was compounded by a sense that there was little interest in or commitment to meeting landlord obligations to maintain the housing to community expectations. In some cases, participants said that the interactions with the housing authorities and tenancy managers left them feeling worthless:

> *I reckon I'm still depressed now because I've got nothing to think about but Territory Housing, and I feel like I want to blow that bloody office off, but I'm not a murderer. It's just wrong, what they're doing. (Alice Springs)*

3.3.6 Feeling unsafe impacts on mental health

Safety was a dominant theme in participants' stories in each of the four locations, and for male and female participants alike. The vast majority of participants had experienced crime, violence and harassment, either as victims or witnesses or both. People took measures to keep themselves safe, in the absence of appropriate or effective protection from police or private security arrangements – or where they did not trust the authorities to keep them safe. In Darwin, a group of women who lived together in the long grass indicated that they often did not feel safe. In these cases, they would either call the police or take action themselves to keep safe:

> *Other people, like other drunks, they come at night ... make noise ... and girls and boys sort of chuck fire crackers ... we run over and get a stick and we throw that ... we call the cops and they come. (Darwin)*

> *I am afraid when people bang on the door after they have been drinking. I'll call security. (Alice Springs)*

> *It was scary and there would be a lot of violence and I hate exposing my kids to violence. Because for myself growing up, I saw it, you know and it was scary, really traumatising. And I don't want my kids to experience that. (Alice Springs)*

In each location, some participants highlighted many difficulties in dealing with the police; they did not necessarily feel that the police would help them feel safe. The group of women in Darwin explained that calling the police was not always helpful; this depended on which officers responded to the call. For some, housing security was seen to be a safer option:

> *I wouldn't ring the police [if there was trouble]. I'd ring housing security. Talking to the police makes me feel frightened. I might get a good one who talks nice to me. I might get a bad one. (Alice Springs)*

> *[The cops] sometimes they're good, sometimes they're bad. The bad ones lock us up. Take us into the watch house. (Darwin)*

A small number of participants reported having good experiences when they called the police for assistance; however, these cases were in the minority.

3.3.7 Racism impacted on housing and mental health

Racism was another issue that emerged in relation to housing issues, reported most commonly in Alice Springs and Port Hedland but apparent in all four locations. One participant in Alice Springs noted that in order to stay at the hostel where he was currently living, Aboriginal residents were required to undertake a life skills program. Non-Aboriginal residents were not required to undertake the program. Similarly, participants in Port Hedland explained that HomesWest tenants were required to complete a course on looking after a house and cleaning, regardless of their skills in this area – and regardless of the maintained state of the property they were in. In these cases, participants felt that the courses were not needed because they knew how to clean and because it was difficult to keep an old house really clean:

> *There's a lot of guys from Sudan, Africa and other places. There's the white guys and an old man from Thailand and those guys don't come to these [life skills courses]. It's only for us, Aboriginal people only ... to me, that is racism. (Alice Springs)*

> *The biggest thing is us getting stressed from HomesWest when they're pushing us to clean the place. We can't clean that much. (Port Hedland)*

For these participants and others, the implication of the rules imposed on them was that they – as Aboriginal people – were in some way not good enough or not able to look after their family and home.

In other cases, the racism was more direct. One person spoke about overt racism from a tenancy manager from the state public housing office:

> *Yeah, before I signed the contract, this [tenancy manager] says to me – he stands next to me and whispers, 'you Aboriginals don't deserve to live in houses'. (Port Hedland)*

Another participant living in public housing was experiencing harassment from her neighbours that appeared to be fuelled by racism:

Well, how the way [my neighbours] look at me, I feel that is racist and it's really full-on ... I feel down, makes me feel bad. High blood pressure. Stress. (Alice Springs)

In each case of participants talking about experiences of racism—whether they were contemporary, historical, interpersonal or systemic—unsurprisingly, they associated these experiences with negative impacts on their health and wellbeing.

3.4 Interactions with mental health and housing services and systems

This section explores the major themes relating to people's experiences of interacting with mental health and housing services, in their attempts to obtain help and build their preferred lives. Across all four locations, experiences followed a similar pattern—lack of control and choice over support for mental health; the widespread (even ubiquitous), unaddressed impacts of trauma; the negative impact on mental health and housing of having children removed and how families work to stop this happening; and how poor physical health was widespread and compounded the already difficult situations that people were in.

3.4.1 No choice and control over mental health supports

Participants spoke about the limited access to clinical mental health services. Access was very limited in Port Hedland, Alice Springs and Darwin. In all four locations, very few participants reported receiving mental health–related support beyond clinical treatment. Access to psychosocial and rehabilitation supports was almost entirely absent. In Port Hedland and Alice Springs, in particular, participants spoke about how they, or someone in their family received depot injections each month for diagnoses of mental illness but did not receive any other mental health support. Some participants suggested that available services worked best for people who were happy to comply with their medication regimes. Beyond medication, participants reported that there was little help available. When asked, they were generally unhappy with this lack of choice. Several participants said that they no longer needed the level of medication they were on and resented the lack of choice over how they were supported in their recovery:

They just give you the needle and ask if you're ok every time you come in. (Port Hedland)

I'm already taking the maximum dosage of my medication and I don't really want to take any of the heavier drug-type stuff, Valium or whatever. So I prefer the subtle one but it's just kind of you know, reliving the trauma constantly over and over every week. (Darwin)

Because all I do is see a GP and get on the right medication. It's [trauma] something that's always going to be at the back of my head. (Melbourne)

Over-medication emerged as a theme that was linked to this lack of choice over mental health supports; it was raised by both participants with mental ill-health and their family members. In Port Hedland, family members reported high levels of medication that appeared to prevent people from doing things for themselves, thereby impeding their recovery and engagement in family and community activities. They also raised concerns about when family members were discharged from acute settings on high levels of medication, which led to control of behaviour but also an inability to function or begin to address their problems:

And you know, it's sad to see your son come home and they can't, they're drugged up. He spend three months in that bed and all he could do was eat baked beans and go back to sleep because of that. (Port Hedland)

Several participants noted that over-medication was a particular problem for people who were trying to recover from trauma because medications masked the feelings associated with trauma, disrupting the healing process:

I noticed that my partner, he's take his tablets and he'd be dazed out. Yes, not in it. And then he's want to sleep. It's just like sleeping and being dazed out. It's not really—you're not dealing with it, you know. (Port Hedland)

3.4.2 Impacts of trauma are widespread but unaddressed

In all four locations, trauma and the impact of trauma were universal in participants' accounts, including both contemporary and historical trauma. Every person who participated in an interview or focus group recounted at least one experience of significant trauma, as a survivor or witness or both. They talked about how trauma, along with loss and grief, was a driver of poor mental health and behaviours that place self and others at risk. In their accounts, drug and alcohol use was reported variously as an unwanted consequence of trauma and as an intentional means to salve the pain of traumatic experiences. Participants' accounts demonstrated the complex relationship between colonisation and dispossession, trauma, violence and harmful levels of alcohol and drug use. For instance, one of the participants in Darwin explained that her reason for living in the long grass rather than in her community was that past wrongs had been done to her without recourse to justice; therefore, she lived where she could drink because it was an effective way of dealing with the pain she experienced. Her story was echoed in similar ways by others in all four locations—alcohol or drugs as a means of dealing with unresolved pain. Participants' accounts linked trauma to conflict and conflict to forced moves to escape trauma and violence, or due to being ostracised for trauma-related behaviours:

> *Things happened in the home [orphanage] that I've never told anybody. I was getting sent out for holidays with this one person and I begged them not to go ... when I told the nuns they punished me for it. I was locked in a room and they kept telling everybody that I was lying. I told the Priest and he said 'Get out of confession' because at the same time he was interfering with girls. (Location withheld)*

> *Because of something that happened to be a long time ago, probably 30 years ago ... and it hasn't been fixed. That's why I see the Doctor sometimes and I struggle sometimes with anxiety. (Darwin)*

Those participants who spoke about the role that trauma played in their mental health and difficulties in living their preferred life were clear that it was only possible to address the impacts of trauma when they had stable and secure housing.

3.4.3. Loss of children impacts on mental health and housing

In all four locations, loss of children to authorities, and the fear of losing one's children, were key themes in participants' stories—for both men and women. For those participants who spoke about children and what it took to keep families together, housing, loss of children and mental health were interrelated. Participants referred to losing their children and their house simultaneously. For some, it was difficult to recover and then secure a house that was large enough for their children to be returned to them. The loss of children negatively affected mental health and often contributed to substance use. Some participants talked about how they lived in fear of their children being removed because they had seen it happen again and again with their family or friends:

> *DHS (Housing Victoria) taking them and then I lost my house and I became homeless so then I couldn't even try to get my kids back because I was already homeless by then. (Melbourne)*

Participants talked about the lengths that families would go to to ensure that children were not removed during a period of illness or stress for the primary parent—including times when parents were drinking due to unaddressed trauma and other adverse life circumstances. The desire to be close to children who were living with a parent was one reason offered by participants who had moved from their traditional country and were living in the long grass in the Darwin interviews. In these cases, the participants were prepared to endure a period of time living away from home, on another country, in order to be close to their children (noting that participants cited multiple reasons for living away from home).

3.4.4 Poor physical health is widespread and compounds already difficult situations

In all four locations, many participants reported chronic physical health problems that had substantial impacts on their day-to-day quality of life. Although

they were able to receive the treatment they required, this was not provided in a holistic or integrated way, so that co-occurring mental health and/or drug and alcohol issues were not considered when implementing a treatment regime for physical illness or injury:

> *The Doctors tell us 'maybe your kidney's leaking'. That's why I take my medication sometimes but I haven't take it for a month now. (Darwin)*

A participant in the Port Hedland consultation had been severely injured in a traffic accident that occurred when she was drunk and begging on the street. She was flown to Perth, where she remained in hospital for eight months. At no point was she offered assistance for her alcohol addiction; further, she reported being discharged to be flown home to Port Hedland without supports.

Being homeless, in particular, had an impact on participants' physical health, especially sleep and following medical regimes. Some participants spoke about how their poor physical health, or the poor physical health of a family member, had been the driver of a move from homelessness to stay with family:

> *It was hard because I used to be up for three weeks and I would sleep for a week. There'd be somewhere that I'd find, maybe once a month, I'd find somewhere and I'd stay there for a week and I'd sleep all week. (Melbourne)*

3.5 What is needed for people to have better health outcomes?

This section explores what participants spoke about that helped them to live well, and the changes they believed were needed to sustain living well and extend conditions for a preferred life to more people, families and communities. In all four locations, the emergent themes included more housing, housing design and quality that was culturally appropriate, measures to support neighbourhood safety, better quality tenancy support, moving as a necessary choice, help to stay connected to family, expanded support for mental health and wellbeing, and greater compassion and understanding on the part of service providers regarding the day-to-day reality of many Aboriginal and Torres Strait Islander people's lives.

The solutions put forward by participants reflect the material changes they considered necessary for living well. Equally importantly, participants' talk about problems and solutions indicates that changes in understandings of what it means to live well must occur if Aboriginal and Torres Strait Islander people are to achieve better health outcomes. This would involve changes in how several aspects are understood – what it means to have a home, Aboriginal distress and what it means to live with mental ease.

3.5.1 There needs to be more housing

There was strong agreement across the four locations that more housing was needed for people to begin to improve their mental health and to start to live well. Participants' accounts demonstrated the importance of stable, appropriate housing as foundational to building a better life. In Port Hedland and Darwin, participants who were community elders explained how having appropriate homes for all was the basis for a properly functioning community. Without everyone being housed in ways that were in keeping with local cultural protocols, a community would not function properly:

> *And they say go out to the community houses. You can't just plonk us into any which one. You've got to be like family there. It's like a little clan you know, how us Aboriginal people are. That's how I see it. I don't understand the Waripiri and I can't speak, only a little bit. I don't understand. I don't want to be somewhere where I don't understand what they're saying. (Alice Springs)*

> *All the other stresses after we had the house, we could deal with it. We were strong and able to deal with it ... And finally give up the drugs because of having that stability, and not wanting our kids to – seeing us do that, and – because we just want to make a change for them, and make sure that they've got their home, and do everything we can to keep that going. (Port Hedland)*

Space for all was important, to meet cultural hierarchies and obligations so that people could safely balance their family and community priorities with their individual needs and preferences. Maintaining any kind of normality (e.g. getting children to bed early, maintaining their schooling and remembering to take medications) required all people and their families to be adequately, safely and securely housed:

> *But city life is hard because you see little kids running around not going to school like now, and doing cannabis at young age. Like, getting introduced to cannabis and stuff, and even when they're older, about 16, into meth. And when you see it in the news now, they go smashing windows and stuff, just to steal cars. They're following in the footsteps of their mother and father, uncles and aunties, wherever they're living in that same room. (Port Hedland)*

Without privacy and space, people could not attend to their own development needs; consequently, their community obligations suffered:

> *It's good to have your own space where you can do whatever you want. Not be told what to do or get up and stuff like that. Have your own space to think. Your own brain. What you want. Because you can't think when you're packed in with everybody. (Alice Springs)*

3.5.2 Housing needs to be appropriately designed and properly maintained

In addition to greater supply, participants in all four locations talked about needing housing that was better quality and designed appropriately for the ways they and their families and communities desired to live. Participants suggested that housing should be co-designed with Aboriginal people to ensure that it is culturally appropriate. Some people also stated a preference for living in housing that was managed by Aboriginal organisations:

> *He was an Aboriginal man and went into that tight metro living. That was hard on him, and he was bored and needed some work. A man, when he's left there at home, them little flats like that. It's too hard. (Melbourne)*

> *What we need is more housing, more cheap, affordable housing ... run by Aboriginal people. Not by Canberra. Because Canberra running these other ones have got no idea. It doesn't work. (Darwin)*

3.5.3 Safety is central to where and how people live

With so many participants having lived in unpleasant and unsafe locations, safety was widely talked about as a necessary condition for living well, including when this was a refuge or form of transitional accommodation. Participants talked about safety both in terms of a safe physical location and personal safety. When families had somewhere safe and secure to live, people were able to make it through bad times, look after themselves and their family and put food on the table:

> *My current house is beautiful. And it's peaceful, safe. The gates are locked. It's good. They've got bars [on the doors]. I've got my own keys so I can open it when I need to. But yes, I feel safe there. They've got brand new everything. Locks on the doors. (Alice Springs)*

> *It's quiet country. You've got the mountain and all that, so it's really nice. I do feel there's a contentment. It's nice. Mentally, and all that. The birds. You've got the footpaths and the cockatoos come over. (Melbourne)*

Participants who were living in hostels, transitional housing and open spaces talked about how lack of safety affected their ability to continue a journey towards living well:

> *I would like more support, you know, for people not to come over and harass us when we tell them to go along. It's not our fault. Sometimes you tell them to go away, but it just falls on deaf ears. (Port Hedland)*

> *You've got to tiptoe over bodies to get to the toilet. You got people there that are quiet because they're high, and then you got the other that are withdrawing, acting crazy. I've seen stuff like that a long time, 20 years. I'm used to it, but you can always pick a newcomer. They just stand out. (Melbourne)*

In each location, people spoke of their desire to live in a home that was safe and private, in a safe community, as a precursor to recovery and to living well:

I want my baby to have a nice, clean, safe place to stay in ... I don't want to go to my mum or my other family. Where I feel is feeling happy, safe, that I've got my own house. Independence is what I'm looking at. (Alice Springs)

3.5.4 Having control over housing

Participants' accounts made clear the important role in wellbeing played by having control over where you live and who you live with. This was particularly the case when housing was not culturally appropriate. Participants' accounts made clear that the location must be suited to the individual, both in terms of their family connections and their connections with local services and supports. People talked about the benefit of living in neighbourhoods where amenities were nearby, including shops and services. Living close to family and friends, with friendly neighbourhoods or in locations where people experienced a strong sense of community all had a positive impact on wellbeing and mental health. Equally, being close to places where people could enjoy meaningful activities – for instance, being close to the beach where people could walk or go fishing – also had positive effects on people's mental health. Being able to connect to country and to culturally meaningful activities was particularly important:

My current house is the best. I can walk to the shops and then get a taxi home with my shopping. The doctor service picks me up. (Alice Springs)

Yeah, well I'm right in the middle of town. I've got Centrelink behind me and I've got WISE employment, which I go to when I look for jobs. I've got Coles and Woolworths there. (Alice Springs)

Participants' accounts also made clear that, as a tenant (including in temporary and medium-term accommodation), it was necessary to feel in control of who lived in the house, who came to visit and stay. People described different measures they took to maintain control over who was in their house, including requiring people to text or call before a visit and then coming out into the yard to talk to them rather than allowing them into the house, where it might prove difficult to ask them to leave - this is especially dependent on family hierarchies. This kind of control was only available to people who were tenants in the dwelling they occupied; this reinforces the importance of being the tenant and having a place for oneself and one's family.

3.5.5 Culturally appropriate tenancy support

Participants widely reported on the quality of tenancy support, generally negatively, and its impact on people's sense of control over their housing. Participants wanted more control over how they managed their tenancy and a relationship with the property manager where they felt like they were an equal party and were treated with respect and understanding. Cultural competency was a minimum requirement:

They need people there who care. With empathy, with compassion. Not people there who are like big dictators, I'm the boss and I'm saying no to you. That's what it feels like. (Alice Springs)

When people had a good property manager – someone who understood their competing pressures and family obligations and who worked with them – it positively affected their sense of security, safety and wellbeing. It also made it easier to sustain the tenancy. Aboriginal community organisation involvement in tenancy support was particularly appreciated:

They help me out and come and see me at my house. They talk to me and ask me what help I need and things, and they see if they can help me from there. Like, get a plan going so that I don't lose my home. (Port Hedland)

3.5.6 Staying connected to family

When people are close to family, they are close to help. In all four locations, participants spoke of the strong connection between families' providing help and individual, family and community wellbeing. Participants' accounts demonstrated the role that living close to family played in maintaining wellbeing.

They spoke about how families provided practical assistance to each other, such as helping with the shopping or maintaining the yard, taking relatives to medical appointments and ensuring that they took their medications. In one report, a participant spoke about how her father stepped in when she was too mentally unwell to look after herself and ensured that she was admitted to hospital. Another spoke about how her brother would move into her home when he was very unwell so that she could look after him. Several participants talked about how they stepped in and took on others' children when the parents were drinking – so that the relevant government department with responsibility for child protection would not remove the child from the family. Others spoke about taking on a grandchild or niece or nephew whose behaviour had become difficult for their immediate family. At times, these arrangements would require people to move great distances to be there to help out:

> *I've helped [my daughter] big time. I took the kids when she couldn't handle them or when she got sick and got sent away down to wherever they send them when they get really bad [Graylands]. (Port Hedland)*

> *When we didn't have our permanent place, we were staying with my sister. We've always had that connection to help one another out. (Melbourne)*

3.5.7 Moving as an agentic choice

Participants' also spoke about the downside of being entwined with family and how this had a negative impact on mental health and wellbeing. One young participant in Port Hedland talked about leaving Perth, where her own and her husband's families lived, deciding to escape from their own cycle of drug use and homelessness. Another young woman, also in Port Hedland, talked about moving to Perth to stay with her sister (who had a mental illness) to help her out with her children until that relationship became difficult and she moved back to Port Hedland where she knew she would be able to have a better life for herself and her own child. Another woman from Alice Springs had moved to Queensland, where she became involved in an intimate partner relationship. When this became violent, she moved to Melbourne to escape, but then moved back to Alice Springs because her mental health had deteriorated and she wanted to reconnect with her preferred GP. In these instances, participants described moving as an intentional way to break out of the cycle of difficult family relationships, violence, trauma and problematic drug or alcohol use. In this way, intentional moves included moving away to escape ongoing family violence, problematic family relationships and a sense of lacking the control to live in a different way:

> *But I think the best change that we could ever have done to help us was to actually move away - remove ourselves from the situation and at least people - because sometimes you get family that chuck it back in your face if they help you, and stuff like that. (Port Hedland)*

Notably, the participants in the interviews were highly mobile, moving often and for various reasons. This circuit-breaker highlights the role of intentional moves in seeking a preferred life away from problematic family relationships and having agency in terms of establishing a life for the future in addition to fleeing difficult past circumstances.

3.5.8 Access to a wider variety of mental health and wellbeing supports

As has already been noted, housing, relationships, trauma and mental health were intertwined for participants, and most participants had significant trauma experiences. However, it was clear from participants' accounts that there was a limited range of available mental health and wellbeing support. Although only a few people had access to psychosocial support and/or trauma counselling, those who did found these supports to be effective in helping them move on in their lives:

> *I thought it would be hard for five people to do [family therapy] but when I actually did it, it was like really good. Actually opened my eyes up and see there was more stuff out there for you ... that I needed to get help. (Alice Springs)*

Features of effective help identified by participants included being able to build a relationship with a worker who listened without judgement and with empathy, practical help, help to manage underlying

trauma and related alcohol or drug use and services that were able to work with the person in the context of their family:

> *Contacted me if they couldn't find [my daughter] for her injection, or whatever medication. They'll ring me, and I'll say, I'll track her down. They were always there for me when I wanted them. (Port Hedland)*

> *Instead of people always getting people onto medications and them all as pill poppers. Like, drugged up on a high all of the time. Off the tablets, just trying to help him deal with the real scars and the real problems that are going on, because they may be deeper than we think. Or we couldn't know, but just even the understanding and the listening to–yes, literally listening. Because I think that's what's helped my partner, and us with our family too. (Port Hedland)*

Support to engage in meaningful activities was also valued, giving people a sense of purpose beyond the immediate challenges of day-to-day living. Participants talked about the importance of activities that connected them to culture, acknowledging that, at times, people needed support to participate in meaningful activities because they lacked the finances or transport to do this without help. In the second quote below, 'grannies' refers to grandchildren:

> *Well, I'm an artist. I go to [the art centre], and that helps with my mental illness, and it gives me an opportunity to make some money because I really can't work. (Port Hedland)*

> *We need a bus like that, to help the grannies that look after. Take them out bush every weekend or something. Get them off the drugs. (Port Hedland)*

Participants spoke about the importance of getting help with the practical tasks of daily life, regardless of the primary purpose of the organisation helping them:

> *I haven't been drinking for a while now because I've been getting by with my worker. She's been making me feel really comfortable and helping me a lot ... she takes me shopping, do these little activities. (Alice Springs)*

When people had practical assistance delivered in culturally informed and safe ways, they were able to take steps to start to build or rebuild the foundations for living well.

4 Discussion

The results of this study demonstrate how the combination of a lack of safe and secure housing and mental health services and supports that are neither holistic nor culturally aligned negatively affect the lives of Aboriginal and Torres Strait Islander people who are experiencing poor mental health. Housing and mental health are intertwined, in addition to finances, family relationships and unaddressed trauma. Participants lacked control over where they lived and faced lengthy waiting lists for public housing. They struggled financially to cover the costs of housing and additional expenses, which placed pressure on maintaining housing, wellbeing and relationships with other family members. Untangling the relationship between housing and mental health is difficult; not only does one influence the other but multiple other stressors also complicate the relationship.

The themes discussed in this report were consistently raised in all four locations. In Melbourne, people tended to be living in more stable accommodation at the time of the interview; in part, this was due to how the recruitment took place and, in part, due to the nature of the housing market in Melbourne. However, their accounts contained past experiences of homelessness and historical experiences of removal from both country and family. What differed was the temporality of events, not whether they had occurred or the drivers behind them. For most Melbourne participants, the threat of homelessness remained present for them or people in their families.

As in Andersen's (2016) study of indigenous people in New South Wales, the participants in this study reported lengthy waiting lists for public housing, racism and discrimination, overcrowding and poor housing conditions. The overcrowding affected children's and families' physical, social and emotional health, as reported in Lowell et al.'s (2018) study of families living in the remote Northern Territory. Discussions about mental health focused on stresses and worries, and there was stigma about mental health, as demonstrated by Sayers et al.'s (2017) study.

This study adds to the existing literature by highlighting the combined impact of challenging living conditions—such as overcrowded conditions, family conflict and violence and living in precarious housing—and the lack of relevant, comprehensive mental health supports. It demonstrates this complicated interrelationship in four very different communities across Australia, emphasising how current system arrangements generally do not work well for Aboriginal and Torres Strait Islander people. The extent to which this is the case is illustrated by the experiences of those participants who could only achieve stability in their mental health and housing by moving away from their community or family. The process of moving required much strength on the part of the individual, particularly if they were moving to a new area. Although moving allowed them to live independently and be more in control of their finances and family and daily routine, they often also grappled with loneliness; the grief and loss associated with leaving family behind had an ongoing impact on their mental health. Further, this may have been exacerbated by a lack of services and supports.

The findings of this study extend understandings of Aboriginal and Torres Strait Islander mobility, and the role played by kinship. Many of the moves described by the study participants were forced due to intersecting problems such as the lack of suitable housing, health and healthcare and difficulties in families and communities. Although kinship was a 'driving force' in patterns of mobility, as suggested in a report on indigenous mobility in rural and remote Australia (Memmott et al. 2006), there was a high degree of trade-off in deciding to move. While moving clearly offered some benefits – such as being able to help out a family member who was struggling with their health or protecting one's own health and wellbeing – there was a balancing act due to the toll that moving to care or get well (or, indeed, stay safe and stay alive) could take on mental health and on connectedness to family, country and culture. This study draws attention to how structural factors and cultural obligations constrain Aboriginal people's agency in decisions about mobility and moving; further, it calls into question the extent to which people have a choice.

Housing has long been recognised as a social determinant of health (Marmot 2010; World Health Organization 2008; 2018). This study draws attention to how housing security and quality and aspects of the neighbourhood affect people's wellbeing and demonstrates the particular importance of this for people who are trying to heal from experiences of violence and trauma or to live with mental illness. This applies equally to individuals who are struggling with their own mental health and those who are caring for a family member with mental health troubles. In a study undertaken with a very different population group (low-income people in Scotland), researchers found a correlation between housing and neighbourhood quality and measures of health and wellbeing, leading them to argue that housing as a public health intervention may have significant impacts on the lives of vulnerable and low-income tenants (Rolfe et al. 2020). The current study supports this contention in relation to the Aboriginal and Torres Strait Islander communities from which the participants were selected. Their stories demonstrate that public housing, when poorly maintained, in unsafe neighbourhoods and managed by tenancy administrators showing little cultural competency or compassion, lacks potential therapeutic value and may even increase harm. However, appropriate housing plays a vital role in healing and recovery and should be understood as one key strand of a public health approach to housing and mental health.

The study also draws attention to the impact of unaddressed trauma and grief. People may move away from their community to try to deal with the trauma, only to realise that it stays with them and they must find other ways to deal with the trauma. A lack of culturally appropriate services means that it can be challenging to move towards recovery and wellbeing. In all four locations, there was a lack of services focused on trauma counselling; even if such services existed, it was difficult for people to find out about them.

This study included participants who had reached some stability in their housing and mental health; this enabled the identification of some conditions that are required to enable people to live well. It was clear that stable and secure housing was the foundation for wellbeing; the other conditions had limited effectiveness without stable housing. Having a home of their own (rather than living as a guest in a family member's house) enabled people to manage their relationships with and obligations to their families in ways that enabled them to maintain their wellbeing. It functioned as a base from which to obtain the assistance they needed to build a life of meaning and purpose, and it gave people a material sense of security and safety, in addition to a sense of legitimacy and belonging that cut to the heart of what it means to be an Aboriginal or Torres Strait Islander person in Australia today.

Along with having sufficient good-quality, culturally appropriate housing for all members of families and communities, the conditions for living well include supports that are responsive to the complex dynamics of Aboriginal and Torres Strait Islander families and communities. This study highlights the importance of supports that are responsive to the person's needs in the context of their family, understanding that how an individual is travelling cannot be separated from the wellbeing of their family and of the community in which they live. This requires highly culturally attuned and family-focused practice, in order to support rather than impede the critical systems of familial and community obligations by which Aboriginal and Torres Strait Islander people live.

As mentioned earlier, culturally attuned and family-focused responses include understanding the context in which people decide to stay in their own communities or to leave, and the potential impacts of such decisions on their own wellbeing and on the communities into which they move. In Darwin, the people from East Arnhem, West Arnhem and the Tiwis (and elsewhere) who live in the long grass live for extended periods of time on the country of the Larrakia people. The Larrakia people are obliged, by their own cultural protocols, to welcome and support these guests to their country. However, doing so uses resources intended for their own communities and families and creates tension between local systems of obligation and those that stem from the ways that need is understood and targets set in funded programs. This illustrates how the nuanced ways in which Aboriginal and Torres Strait Islander people live are often invisible to, or overlooked by, those people making high-level decisions about

policy, programs and funding a long way from where the supports will actually be delivered. Culturally attuned and family–focused practice is required at all levels, not just at the point of delivery; further, it preferably involves Aboriginal and Torres Strait Islander people in decision-making at every point and every level. Without this kind of involvement, it is too easy to design responses that are not suited to local needs and create tensions in competing systems of obligation and benefit.

Reflecting on the 'trajectories' and 'circuit breakers' identified in the main study on consumer and carer experiences (Pollock et al. 2020), the findings of the interviews with Aboriginal and Torres Strait Islander people demonstrate similar patterns of exclusion from help, stagnation with minimal support, cycling, stabilising and doing well. However, the trajectories for Aboriginal and Torres Strait Islander participants were particularly marked by their housing experiences—lengthy waits and housing that was unsafe, insecure or ill-matched to Aboriginal lifeworlds. The provision of a narrow range of mental health treatment, care and support – in particular, the lack of access to psychosocial or wellbeing supports and help to deal with trauma and grief – deepened negative trajectories so that they appeared as entrenched patterns of living for whole communities, not just individuals and families. Similar circuit-breakers were also evident in what people said they needed to make a difference and to live well – access to secure, affordable and appropriate housing; culturally attuned tenancy support; trauma counselling; wellbeing supports; connection to family, community and culture; and trusted workers. Although there was much that was similar with the experiences from the broader trajectories study, Aboriginal and Torres Strait Islander trajectories were marked by a lack of control over many facets of living and being; positive trajectories were only in evidence when people had found ways of reconciling their Aboriginal lifeworlds with the 'white' systems that dominate and shape Australian life. People's experiences were marked by a lack of control over housing, what constitutes mental health and illness, what supports wellbeing and what it means to live well. The lack of control was both material and embedded in what were seen as legitimate meanings and those which were marginalised and ignored. When a specific way of seeing and being in the world is overshadowed by another, it is impossible to have control over one's environment or way of life.

By including a focus on participants' own narratives and the language they used to talk about their difficulties, this study draws attention to the role that language plays in establishing how something is understood and can be responded to. Moran et al. (2016) have argued that welfare conditionality in relation to housing—where people receive benefits (i.e. housing) when they conform to specific behavioural requirements—work against the obligation systems of Aboriginal and Torres Strait Islander people's lifeworlds in ways that are ultimately unhelpful for individuals and their families, and inefficient for governments. Without paying attention to language and meaning in relation to how people live, it is impossible to design systems that can build on the value in what is already there to enhance ways of supporting and delivering shared outcomes agreed upon by all. This study has reinforced the work of Moran et al. (2016), Sutton (2009) and Pearson (1999) on this problem in welfare conditionality, extending it to how mental wellness is understood. The study participants clearly desired to be free from the crushing impacts of 'stress and worry' that were ubiquitous in the communities they lived in, which were generally the consequence of colonisation and dispossession, and responses that have not been able to balance what Aboriginal and Torres Strait Islander people want to hold onto and what they can let go of in the interests of development (Pearson 1999). The mental health service system should be able to respond to people's most pressing mental health needs, not simply deliver medication in some form or other. When an individual's mental health concerns are described as 'stress and worry', this may sound like an unpleasant but nevertheless regular life experience. However, the interviews showed the depth of impact on the individual and their family – the deep misery and pain and ongoing behavioural consequences for individuals, their families and communities – of downplaying or ignoring 'stress and worry' in favour of diagnosis and conditions that are most frequently treated with medication. The lack of both access to high-quality trauma and grief counselling and support and availability of widespread programs to connect people to country and culture indicates, at best, a

failure to understand the conditions for Aboriginal and Torres Strait Islander people flourishing and, at worst, a failure of care and compassion.

4.1 Aboriginal researchers' responses to the findings

In keeping with the collaborative design approach outlined earlier in this report, the Mind researchers met with the Aboriginal researchers in an online group consultation to obtain their feedback and responses to the findings. In many ways, the researchers' feedback echoed and reinforced the participants' stories, emphasising the significance of lengthy waiting lists and the effects of this on mental health, the lack of choice or control over treatment and support, the need for trauma counselling that acknowledges the impact of colonisation and dispossession and systemic racism and the consequences for health and housing placement.

Notably, the findings from participants' stories evoked emotional responses from the Aboriginal researchers; each, in turn, highlighted and remarked on the striking familiarity in the stories across the four research sites. They also spoke of the significant consequence of enduring cultural stress, trauma and grief on mental health and housing stability. The words of one researcher captured the essence of their shared view:

> *This is not a new story – it is the same wherever [we] come from. Time and time again, we as Aboriginal people have been told what to do, when and how since European colonisation. [It is] a horrible situation to be in for generation after generation.*

4.2 Strengths and limitations

These interviews were only possible due to the partnerships between Mind Australia, its researchers and the Aboriginal and Torres Strait Islander organisations and researchers. All the organisations invested time in this research—not only in shaping the study design but also in recruitment. The Aboriginal researchers were instrumental in creating a safe space for the participants and enabling in-depth discussion of people's lives, including their mental health: an area where much stigma and lack of control and choice remain. Further, through debriefing among researchers, the Aboriginal researchers could share their insights and reflections and shape the data analyses.

While the sample size for this qualitative study is relatively large overall (participants were recruited from four diverse areas and represented different genders, ages, sexualities and mental health diagnoses), many more of the interviews were with women than men. Follow-up studies would benefit from a focus on men's experiences of mental health and housing difficulties. When the analyses were considered as a whole, theme saturation was achieved; however, this did not necessarily occur within each site. Recruitment occurred through our partnerships with Aboriginal and Torres Strait Islander organisations and mental health and housing service providers and an Aboriginal researcher in each site; thus, it is possible that our sample was more connected with these services or people than the general population. That said, some participants were excluded from services or received only little support from services.

For the most part, Western research has formed part of a colonialist agenda (Ryder et al. 2020); findings portrayed in written format, such as in this report, do not do justice to the oral stories collected in this study—a point also made by the Aboriginal researcher in the reflection discussion. Although information-rich narratives were elicited from the participants, the researchers acknowledge that the grounded qualitative analysis process adopted by this study fragmented the participants' narratives, disrupting the told stories.

4.3 Implications

The stories of the 57 study participants serve as an important reminder of both the opportunities and challenges faced by government policymakers and service providers in supporting the housing and mental health needs of Aboriginal and Torres Strait Islander people. The stories are also a testament to the urgent task of ensuring the appropriateness of future policy provision and practice for reducing, rather than entrenching, the exclusion of those who

report a life history of marginalisation and oppression. Therefore, key policy and service implications must be developed by governments in partnership with Aboriginal and Torres Strait Islander people, organisations and relevant housing and mental health service providers.

The implications emerging from this research include:

- Government and service providers must **pay greater attention to language and meaning,** as described by Aboriginal and Torres Strait Islanders, to ensure better alignment between the language participants use to talk about their mental health and mainstream medicalised notions of mental illness. A lack of attention to language and meaning risks developing systems and services that fail to build on existing strengths and resources and, thus, will not deliver supports and shared outcomes that are agreed upon by all.
- **Culturally safe tenancy support** should be delivered by service providers in ways that recognise the challenges faced by indigenous families and family obligations. Housing managers and staff need to treat clients with **respect and compassion** and respond in a timely way to their needs. Governments must work to provide more **safe and secure public and social housing** to allow all people to have space to focus on their mental health and wellbeing. Housing design should be responsive to the ways in which Aboriginal and Torres Strait Islander people live so that it supports their family and community obligations rather than working against them.
- Governments must understand **lack of housing as a systemic problem**, with impacts that go far beyond the issue of having shelter and a roof over one's head, affecting many domains of what it means to live well. The lack of housing supply is the main driver of overcrowding and the associated wellbeing impacts. Living with too many other people creates unsafe conditions for people with mental health issues, their families and the communities in which they live, and impedes recovery at the individual, familial and community levels.
- Governments and service providers should work to ensure that access to housing is **flexible and responsive** to people's needs, so that they can move to take care of family, have access to **culturally appropriate** mental health support (beyond clinical treatment) or escape from a situation in which they are unable to thrive.
- Governments and service providers should work to provide people with greater access to **culturally safe therapy and trauma counselling** to help them heal from the impacts of family violence and deal with experiences of psychological pain, as an alternative to self-treatment via alcohol and street drugs.
- Governments and service providers should provide family-focused support that can be delivered in an integrated way to help people recover and heal.
- Governments and service providers should work to achieve a **significant reduction in the length of time it takes people to access public housing**, especially for those who have children and/or caring responsibilities because the stress of caring for family and dealing with homelessness or housing insecurity is likely to exacerbate existing mental health challenges.
- Governments and service providers alike must pay greater attention to what is required for Aboriginal people to have **sufficient control over their lives and a sense of safety and belonging**–so that they can recover and live well. This includes embracing the leadership and contributions of Aboriginal and Torres Strait Islander people.

This last point is particularly the case for people living with the impacts of mental distress, but applies to all Aboriginal people, their families and communities. It is imperative that institutions such as housing authorities, police, mental health services and other community services **respect clients' space and autonomy.** People with mental health challenges need safe and stable housing and services that offer the help they need in respectful ways. When institutions threaten that stability and sense of safety, clients are left with a sense of powerlessness and helplessness, initiated by the very institutions that are meant to be caring for and protecting them.

This lack of safety is coupled with a history of colonisation and dispossession – and associated powerlessness and helplessness – that is multigenerational. Aboriginal people experience the impacts of both historical and contemporary

problematic ‘white’ policies that have not negotiated a way through the intersection of their systems of responsibility and mainstream governance arrangements. This compounds everyday experiences of lack of safety and loss of autonomy and is potentially damaging to the mental wellbeing of Aboriginal people if left unaddressed at systemic and local levels.

Therefore, it is imperative that future system design and development take place via processes of **community engagement and co-design**, with governance structures that connect strategic and system-wide action with local implementation and service delivery.

References

ABS—see Australian Bureau of Statistics

AIHW—see Australian Institute of Health and Welfare

Andersen, M. J., Williamson, A. B., Fernando, P., Redman, S. and Vincent, F. (2016) ''There's a housing crisis going on in Sydney for Aboriginal people': focus group accounts of housing and perceived associations with health', *BMC Public Health*, VOL. 16: 429-439.

Australian Bureau of Statistics [ABS] (2008) *National Survey of Mental Health and Wellbeing: Summary of Results*, 2007, cat. no. 4326.0, ABS, Canberra.

Australian Bureau of Statistics [ABS] (2016) *National Aboriginal and Torres Strait Islander Social Survey*, 2014–15, cat. no. 4714.0, ABS, Canberra, https://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0.

Australian Institute of Health and Welfare [AIHW] (2011) *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander People, An Overview 2011*, cat. no. IHW 42, AIHW, Canberra.

Australian Institute of Health and Welfare [AIHW] (2016) Mental Health Services – *In Brief 2016*, AIHW, Canberra, https://www.aihw.gov.au/getmedia/681f0689-8360-4116-b1cc-9d2276b65703/20299.pdf.aspx?inline=true.

Australian Institute of Health and Welfare [AIHW] (2019) *Indigenous Housing*, AIHW, Canberra, accessed 22 December 2020, https://www.aihw.gov.au/reports/australias-welfare/indigenous-housing.

Butler, T., Anderson, K., Garvey, G., Cunningham, J., Ratcliffe, J., Tong, A., Whop, L., Cass, A., Dickson, M. and Howard, K. (2019) 'Aboriginal and Torres Strait Islander people's domains of wellbeing: a comprehensive literature review', *Social Science and Medicine*, vol. 223: 138–157.

Council of Australian Governments (2008) *National Indigenous Reform Agreement*, http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/indigenous-reform/national-agreement_sept_12.pdf.

DiGiacomo, M., Green, A., Delaney, P., Delaney, J., Patradoon-Ho, P., Davidson, P. M., and Abbott, P. (2017) 'Experiences and needs of carers of Aboriginal children with a disability: a qualitative study', *BMC Family Practice*, vol. 18, no. 1: 96.

Fogarty, W., Lovell, M., Langenberg, J., and Heron, M. J. (2018) *Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing*, The Lowitja Institute, Melbourne.

Habibis, D., Birdsall-Jones, C., Dunbar, T., Scrimgeour, M., Taylor, E. and Nethercote, M. (2011) *Improving housing responses to Indigenous patterns of temporary mobility*, AHURI Final Report No. 162, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/162.

Hsieh, H.-F., and Shannon, S. E. (2005) 'Three approaches to qualitative content analysis' *Qualitative Health Research*, vol.15, no. 9: 1277–1288.

Jorm, A. F., Bourchier, S. J., Cvetkovski, S. and Stewart, G. (2012) 'Mental health of Indigenous Australians: a review of findings from community surveys', *Medical Journal of Australia*, vol. 196, 2: 118–123.

Laycock, A. F., Walker, D., Harrison , N., and Brands, J. (2011) *Researching Indigenous Health: A Practical Guide for Researchers*, The Lowitja Institute, Melbourne.

Lowell, A., Maypilama, L., Fasoli, L., Guyula, Y., Guyula, A., Yunupinu., Godwin-Thompson, J., Gundjarranbuy, R., Armstrong, E., Garrultju. and McEldowney, R. (2018) 'The invisible homeless: challenges faced by families bringing up their children in a remote Australian Aboriginal community, *BMC Public Health*, vol. 18: 1382.

Marmot, M. (2010) *Fair Society: Healthy Lives: the Marmot Review: Strategic Review of Health Inequalities in England Post-2010*, London.

Martin, R., Fernandes, C., Taylor, C., Crow, A., Headland, D., Shaw, N. and Zammit, S. (2018) ''We don't want to live like this': The lived experience of dislocation, poor health, and homelessness for Western Australian Aboriginal People', *Qualitative Health Research*, vol. 29, no. 2: 159-172.

Memmott, P. and Meltzer, A. (2004) Modelling social and institutional capital in a remote Australian Indigenous community, in A. Dale and J. Onyx (eds), *A Dynamic Balance, Social Capital and Sustainable Development*, University of British Columbia Press, Vancouver.

Memmott, P., Birdsall-Jones, C. and Greenop, K. (2012) *Australian Indigenous house crowding*, AHURI Final Report No. 194, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/194.

Memmott, P., Long, S., Thomson, L. (2006) *Indigenous mobility in rural and remote Australia*, AHURI Final Report No. 90, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/90.

Moran, M., Memmott, P., Nash, D., Birdsall-Jones, C., Fantin, S., Phillips, R. and Habibis, D. (2016) *Indigenous lifeworlds, conditionality and housing outcomes*, AHURI Final Report No. 260, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/260.

NACCHO—see National Aboriginal Community Controlled Health Organisation

National Aboriginal Community Controlled Health Organisation [NACCHO] (2011) *Constitution for the National Aboriginal Community Controlled Health Organisation*, National Aboriginal Community Controlled Health Organisation, Canberra.

National Health and Medical Research Council [NHMRC] (2018) *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*, Australian Government, Canberra.

NHMRC—see National Health and Medical Research Council

Pearson, N. (1999) *Our right to take responsibility*, Noel Pearson and Associates, Cairns.

Pollock, S., Davis E., Cocks N., Baumgartel G., Egan, R. (2020) *Trajectories: the interplay between mental health and housing pathways. Report for national consumer and carer consultations*, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, https://www.ahuri.edu.au/research/trajectories.

Raven, M. (2010) 'Protocols: Devices for translating moralities, controlling knowledge, defining actors in Indigenous research, and critical ethical reflection', *Australian Aboriginal Studies*, vol. 2: 33-47.

Rolfe, S., Garnham, L., Godwin J., Anderson I., Seaman P. and Donaldson C. (2020) 'Housing as a social determinant of health and wellbeing: developing an empirically informed realist theoretical framework', *BMC Public Health*, vol. 20, 1138.

Ryder, C., Mackean, T., Coombs, J., Williams, H., Hunter, K., Holland, A. J. A. and Ivers, R. Q. (2020) 'Indigenous research methodology: weaving a research interface', *International Journal of Social Research Methodology*, vol. 23, no. 3: 255–267.

Sayers, J. M., Cleary, M., Hunt, G. E., Burmeister, O. K. (2017) 'Service and infrastructure needs to support recovery programmes for Indigenous community mental health consumers', *International Journal of Mental Health Nursing*, vol. 26: 142–150.

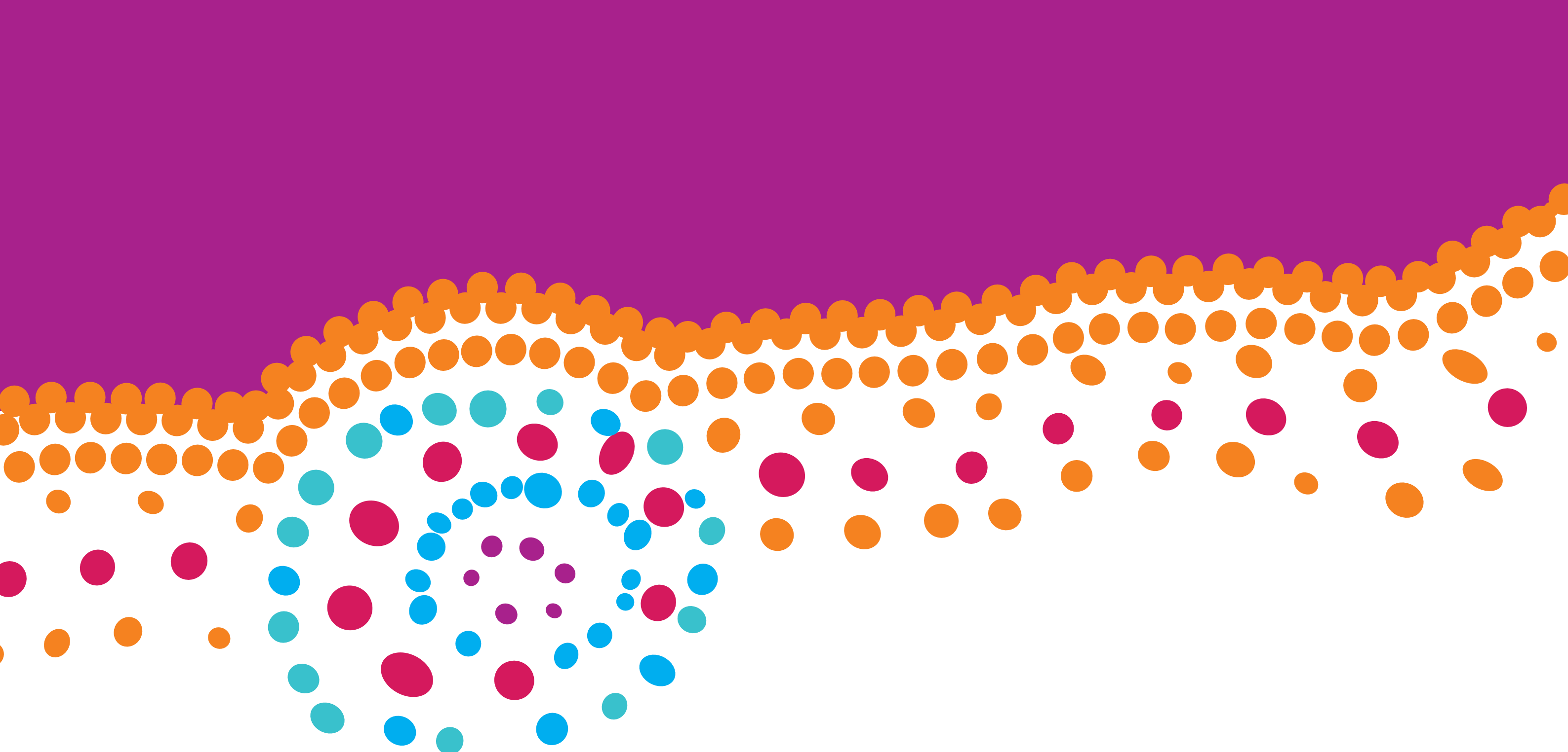
Snijder, M., Wagemakers, A., Calabria, B., Byrne, B., O'Neill, J., Bamblett, R., Munro, A. and Shakeshaft, A. (2020) ''We walked side by side through the whole thing': A mixed methods study of key elements of community-based participatory research partnerships between rural Aboriginal communities and researchers', *Australian Journal of Rural Health*, vol. 28: 338–350.

Sutton, P. (2009) *The Politics of Suffering: Indigenous Australia and the End of the Liberal Consensus*, Melbourne University Publishing, Melbourne.

United Nations General Assembly (1948) *Universal Declaration of Human Rights* (217 A [III]) https://www.refworld.org/docid/3ae6b3712c.html.

World Health Organization (2008) *Closing the Gap in a Generation: Health Equity Through Action on Social Determinants of Health*, World Health Organisation, Geneva.

World Health Organization (2018) *World Health Organization Housing and Health Guidelines*, World Health Organisation, Geneva.



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Mind acknowledges that Aboriginal and Torres Strait Islander peoples are the Traditional Custodians of the lands on which we work and we pay our respects to Elders past, present and emerging. We recognise the intergenerational impact of the history of invasion, dispossession and colonisation and are committed to the recognition, respect, inclusion and wellbeing of Australia's First Peoples.

Mind values the experience and contribution of people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds. We are committed to inclusion for all our clients, families and carers, employees and volunteers.

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