

Mind Australia Limited

Submission to the Victorian 10-Year Strategy for Social and Affordable Housing

About Mind

Mind Australia Limited (Mind) is one of the country's leading community-managed specialised mental health service providers. We have been supporting people dealing with the day-to-day impacts of mental ill-health, as well as their families, friends and carers for over 40 years. In the past financial year, our 1059 staff provided 254,183 hours of recovery-focused, person-centred support to 11,480 people, including residential rehabilitation, housing, homelessness and tenancy support solutions, personalised support, youth services, family and carer services and care coordination. Over 74% of Mind clients reside in Victoria.

Mind's service provision intersects with the issues of housing and homelessness for people experiencing mental ill-health, by providing the following services in Victoria:

1. Prevention and Recovery Care (PARC) services

Mind is the largest non-clinical provider of Prevention and Recovery Care centres in Victoria, a sub-acute bed based service.

The majority of PARCs provide short-term (up to 28 days) support in a residential setting, providing an alternative to hospitalisation (step up) or transition from hospital back into the community (step down). There are three different models: Youth (16 – 25 years), adult (25 – 65) and extended adult (25 – 65, but includes a longer stay of up to 6 months).

Mind manages six Adult PARCs, three youth PARCs and one extended adult PARC in Victoria in partnership with area mental health services.

2. Community Recovery Program (CRP)

The CRP is run in partnership with the Austin Hospital. This sub-acute bed based service provides 24-hour support and accommodation for between six months to two years. It is a rehabilitation program for people with enduring and serious mental health issues who may be exiting a secure extended care service or forensic hospital, to assist them transition back to the community. It provides assistance with mental health issues, social and vocational life skills and other needs, including housing needs post-discharge. As these services are partnered with a health service, the staffing configuration includes psychiatrists, mental health nurses, and allied health staff, as well as Mind's community mental health nurses and practitioners.

3. Supported Independent Living (SIL)

Mind provides support to people living with psychosocial or dual disability living in in a mixture of self-contained units, stand-alone houses and townhouses, as well as within Specialist Disability Accommodation for people who have SIL in their NDIS packages. Residents are supported with a range of individual and group activities that promote social connection and skills for independent living.

Mind provides support across 20 sites in Victoria, with tenancy provided by a separate third party.

4. The Haven Foundation

A subsidiary of Mind, the Haven Foundation is a Victorian based Community Housing Provider which provides permanent accommodation in multiple unit buildings for 32 people living with serious and persistent mental illness in Victoria.

There are currently two sites in operation; South Yarra and Frankston. Construction is about to finish on new residences in Geelong and Laverton, with plans to build in Mooroopna, Epping and Pakenham.

Key features of the Haven model include:

- Facilitating family connectedness and community inclusion.
- Affordable and secure tenancy, for as long as the client wants to live there.
- Onsite psychosocial support available 24 hours each day.
- Location that maximises social inclusion.
- Design features such as soundproofing, private and secure entrances, sensory rooms and gardens.
- Individual apartments with kitchen, bathroom and laundry.
- Access to common spaces of lounge, garden and outdoor areas.
- Supported independent living.

5. Youth residential rehabilitation and youth residential transitional support

The youth residential rehabilitation service is a residential program for young people (16 – 25 years) provided in a supportive home-like environment for up to one year. Residents are supported with a range of individual and group activities that promote self-care, social connection, skills for independent living and participation in education, training or employment. Mind provides support at three services in Victoria.

The inner-north youth transitional support program is a residential service for young people experiencing homelessness. The program provides 24-hour residential support for a period of 12-months. The program delivers a range of one-on-one support and group programs designed to help young people develop skills for independent living, address emerging/diagnosed mental ill-health and prevent a return to homelessness

6. From Homelessness to a Home

Homelessness to a Home Initiative (H2H) is a state government initiative that provides housing and support to people who were provided hotel accommodation during COVID-19. Mind will provide tailored and targeted psychosocial support and intensive case management in four different regions as part of three established consortiums. H2H has provided Mind with the opportunity to apply housing first principles as outlined in our Trajectories research, including a robust model of care that provides recovery oriented support so they can rebuild their lives after periods of homelessness and rough sleeping.

7. Independent Living Options

Individual Living Options (ILO) is a recent NDIS offering that Mind Australia is currently piloting.

An ILO is a flexible and tailored home and living support package, built via a co-design process with the customer. The package of support considers an individual's preferences holistically and consists of a primary support (living arrangement) and wraparound supplementary supports (both formal and informal).

Mind's Research and Advocacy Division

In addition to our work as a service provider, Mind has a dedicated research and advocacy department whose remit is to build the evidence base for service delivery, and to develop policy and system reform options that reflect the experiences and needs of people who experience mental ill-health, their families and communities. Our current advocacy priorities include housing for people who experience serious mental health issues, and getting a fair deal for people who undertake unpaid care.

Introduction

Mind appreciates the opportunity to provide a submission to the 10-year Strategy for Social and Affordable Housing. We commend the Victorian Government for its Big Housing Build initiative (including 2000 homes set aside for people with mental illness) and for consulting with the sector on a 10-year strategy to ensure there is ongoing investment and considerations for the next decade.

As the Sector Consultation Paper states, social and affordable housing must be designed and delivered in a way that is responsive to the needs of different people, including people experiencing mental illness. To assist Homes Victoria with its considerations for the 10-year strategy, Mind provides the following information to specifically address the needs of people experiencing mental ill-health who need, or are at risk of requiring support from the State Government to access secure and safe housing. In addition to responding to this issue, we also provide comments in relation to the specific needs of Aboriginal people and young people, as well as important features of affordable housing and ideas for future engagement.

As a community mental health provider in Victoria with significant focus on providing supported living, and having conducted research in this area, Mind is well-placed to provide information and advice to assist with this inquiry. We would welcome the opportunity to engage further throughout the consultation process.

Trajectories research

Before addressing the issues in the Sector Consultation Paper, we would like to direct Homes Victoria to the research Mind has undertaken which considers how to improve housing and accommodation outcomes for people experiencing mental ill-health. Mind has recently finalised a research project in partnership with The Australian Housing and Urban Research Institute (AHURI), titled *Trajectories: the interplay between mental health and housing pathways*.

The research includes analysis of national data sets, evidence from workshops with service providers from housing and mental health systems, and interviews with 130 consumers, families and carers across Australia. Findings from the research interviews, as far as we are aware, is the largest body of lived experience knowledge on mental health and housing in Australia.

The research findings have been compiled into the following reports:

1. Final research report: This report comprises all the research undertaken
2. Report for national consumer and carer consultations: This report captures the voices of people who have experienced issues with their mental health and their interactions with mental health and housing services.
3. Quantitative evidence on the relationship between mental health and housing: This report examines the relationships between housing and mental health using the Household, Income and Labour Dynamics in Australia (HILDA) Survey and Journeys Home datasets.
4. Evidence review: This report provides a summary of the research literature on housing and mental health that existed before the Trajectories research was undertaken.
5. The report for Aboriginal and Torres Strait Islander consultations. This report focusses on the voices of Indigenous people who have experienced issues with their mental health and their interactions with mental health and housing services and was conducted in partnership with Aboriginal and Torres Strait Islander organisations.

Following this research, Mind, AHURI and Mental Health Australia conducted a policy development process to identify priority policies that should be implemented to ensure access to appropriate, safe, secure and affordable housing for people experiencing mental ill health. To determine the policy priorities, 33 people with policy knowledge and expertise in the fields of housing, homelessness and mental health, including those with lived experience participated in modified Delphi process across five rounds of engagement. The Delphi process determined that there are three main policies that should be implemented as a matter of priority, with specific interventions attached to each priority. The three policy priorities are:

1. Provide genuine choice and control in housing by increasing the availability of safe, secure, appropriate and affordable housing
2. Increase support to sustain tenancies of people with lived experience of mental ill health who are able to live independently
3. Strengthen early intervention and prevention

All Trajectories reports are available at: <https://www.mindaustralia.org.au/about-mind/research-and-evaluation/trajectories-interplay-between-mental-health-and-housing-pathways>

Mind would also welcome the opportunity to meet with Homes Victoria to discuss the research findings in greater detail.

The interplay between mental health and housing

The Trajectories research clearly articulates that housing/homelessness and mental health have a bidirectional relationship. Mental ill-health increases the likelihood of housing instability or homelessness, and housing instability and homelessness can contribute to mental ill-health. Mind contends that the 10-year strategy cannot be developed without considering the strong links with mental ill-health.

Key findings from the research show just how closely mental health, housing and homelessness are interrelated. Quantitative analysis from HILDA shows that poor and deteriorating mental health directly impacts housing stability. People who experienced severe psychological distress had an 89 per cent increased likelihood of financial hardship in the following year and a 96 per cent increased likelihood of experiencing financial hardship within two years. They also had a 28 per cent increased likelihood of experiencing a forced move in the following year and a 26 per cent increased likelihood of experiencing a forced move in the following two years.

Similarly, people with a diagnosed mental health condition had a 44 per cent increased likelihood of financial hardship within one year and a 46 per cent increased likelihood of financial hardship within two years. They also had a 39 per cent increased likelihood of a forced move within one year and a 32 per cent increased likelihood of a forced move within two years.¹ This quantitative analysis is supported by the data and information collected from consumer and carer consultations.

Mind Australia supports the Royal Commission into Victoria's Mental Health System's recommendation that people living with mental illness or psychological distress are recognised as a priority population

¹ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>. Page 34.

group as part of the 10-year strategy.² The Royal Commission expects that this will result in more people experiencing mental ill-health having access to social housing, in addition to the 2000 places allocated to people with a mental illness.

The importance of long-term public, community and affordable housing

Mind Australia commends the Victorian Government to committing to a 10-year strategy for social and affordable housing to meet the challenge of providing Victorians with housing that is safe and secure, beyond Victoria's Big Housing Build of 12,000 more places. The strategy must commit to ongoing annual commitments of more social and affordable housing builds to reverse years of declining stock. The Royal Commission into Victoria's Mental Health System also recommended a continuation of the form and scale of investment of the Big Housing Build to "mitigate the consequences of the chronic underinvestment that has occurred in Victoria to date."

Public housing, in particular, has a protective effect on reducing risks of housing instability and homelessness.³ Journeys Home data, analysed in the Trajectories research, provided strong evidence that public housing tenants were 10 per cent less likely to enter homelessness compared to private renters.⁴ This is supported by consumers who were interviewed for the research. Public housing often provided a sense of stability for consumers and gave them the space to focus on their mental health and other aspects of their lives.⁵

The Trajectories research found that having a place to live, that was stable and not considered transitional, provides the foundation for people to recover. The Trajectories research developed a conceptual framework for determining the pathways of groups of individuals. The analyses demonstrated that experiences could be characterised by five major pathways through housing and mental health services and systems. These Trajectories are:

- Excluded from help – characterised by a lack of access to housing or mental health care.
- Stuck without adequate support – people are trapped in inappropriate housing, institutions or services due to a lack of options, choice and/or long-term pathways.
- Cycling – marked by a downward spiral in which people enter into and drop out of supports repeatedly, which progressively erodes their resources.
- Stabilising – people have access to secure, safe, appropriate and affordable housing, as well as ongoing mental health support.
- Well-supported – people have the type of housing and level of care that aligns with their individual capacity and needs.⁶

The evidence shows that sustained access to safe, secure, appropriate and affordable housing, acts as one of the 'circuit breakers' which enables people to move from the bottom three trajectories to the more positive trajectories of 'stabilising' and 'well supported'. However, it is when people had long-term housing and ongoing appropriate mental health support that they were able to find wider enjoyment in

² Recommendation 24, page 399

³ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>.

⁴ Ibid, page 49

⁵ Ibid, page 76

⁶ For a detailed explanation of these trajectories, please see page 52 of the Final Research Report.

their lives and participate in meaningful activities. It is the availability of psychosocial supports that are personalised and adaptable to the person's needs that are essential to their recovery. Without it, people experiencing mental ill-health will continue to cycle through homelessness services, acute health services (hospitals) and the justice sector. Access to long-term housing and support provides structure and routine in their lives and enabled them to build regular social connections. It was clear that short-term housing arrangements do not provide enough stability to enable people to focus on their mental health and start to work on their recovery. Furthermore, short-term housing and transitional housing, while providing the person with a safe place to live, created a lot of stress and anxiety about needing to find somewhere else to live in the long term.

Supported Housing

In accordance of the findings from Mind's Trajectories research, the Royal Commission' into Victoria's Mental Health system, has recommended that the 2000 places allocated to people with mental illness are delivered as supported housing places. Supported housing models are effective in assisting people to recover from mental ill health, cost effective, sustain tenancies and decrease hospital usage.⁷ Mind strongly supports this recommendation, in combination with other initiatives, to ensure people experiencing mental ill-health have access to the type and level of housing they need.

Mind encourages Homes Victoria to consider successful models such as the Housing and Support Initiative, the Housing and Support Accommodation Support Partnership and Mind's Haven Model in designing these new places. Mind would also welcome the opportunity to share our learnings from the Trajectories research and our practice wisdom to ensure supported housing models truly meet the needs of people experiencing mental ill-health.

The Commission has also recommended that housing is delivered in a variety of configurations across Victoria recognising that there is no one-size-fits-all approach to housing⁸ and that the composition and design of these housing types should be designed through a co-design approach with people living with mental illness or psychological distress. Mind strongly supports these recommendations to enable people to have choice and control over their housing situation.

The Royal Commission has suggested that the 'support' component is provided by Area Mental Health and Wellbeing Services (which are expected to transition to being jointly delivered by clinical organisations and NGOs in line with the Royal Commission's recommendations⁹) and must be flexible and recovery-oriented. In doing so, it also commented that most people who have this level of need *should* have access to the NDIS, given the intensive treatment, care and support they require.¹⁰ People with psychosocial disability have encountered several difficulties accessing the NDIS including the eligibility criteria not being suitable for the changing nature of psychosocial disability, the overwhelming application process and long waits for application outcomes.¹¹ The Royal Commission has recommended that the Victorian Government should work to establish an agreement with the Commonwealth

⁷ Brackertz, N. (2021) 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, Australian Housing and Urban Research Institute Limited for Mental Health Australia and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>.

⁸ 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>.

⁹ The Commission has chosen to use the word 'wellbeing' in place of the word 'psychosocial'.

¹⁰ Royal Commission into Victoria's Mental Health System, Volume 2, page 431.

¹¹ Productivity Commission Inquiry into Mental Health, page 854

Government to enable automatic admission of all long-term supported housing residents to the NDIS. In the interim, and for people who are not able to access the NDIS, the Victorian Government will continue to provide the requisite level of clinical and wellbeing supports.

Mind is supportive of people being assisted to access the NDIS and we have contributed to many inquiries and consultations to improve the eligibility requirements for people with psychosocial disability. As an NDIS provider, we support the scheme and are committed to working with the Government and the NDIA to ensure it meets the needs of the people we support. However, we remain concerned about eligibility requirements and recent trends in reduced funding. Recent funding restrictions have reduced the allocation to Supported Independent Living packages for eligible participants.¹² Therefore, a reliance on the NDIA to fund the totality of the 'support' needs of people who require supported housing risks not being able to meet their ongoing requirements. The Victorian and Commonwealth Government's must reach agreement on a sustainable solution to ensure the long-term funding of supported housing.

Specific housing needs of Aboriginal people

As part of the Trajectories research, Mind Australia conducted community consultations with 57 Aboriginal and Torres Strait Islander people across Australia, including consultations with seven people in Melbourne.¹³ Underpinned by a sound evidence base, the report from the research serves as an essential guide to ensure housing services and supports meet the specific needs of Aboriginal and Torres Strait Islander people and we urge Homes Victoria to consider this at the outset in the design of the new strategy.

Interviews with participants demonstrated 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. The report highlighted the pressing need for meaningful and appropriate housing support that aligns 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. 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 organisations rather than working against them.

Whilst stressing the importance of developing policy in partnership with Aboriginal and Torres Strait Islander people, 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. Therefore, greater community engagement and co-design in policy and program development is imperative.

¹² Morton, R. (2020) How the NDIA is devaluing disability, The Saturday Paper, <https://www.thesaturdaypaper.com.au/news/politics/2020/12/12/how-the-ndia-devaluing-disability/160769160010861#hrd>

¹³ Pollock, S., Davis E., Clifton, E., Davis V., Firebrace, S., Williams, G. (2020) *Trajectories: the interplay between housing and mental health pathways. Report from Aboriginal and Torres Strait Islander consultations*, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/research-papers/trajectories>.

This research suggests that government policymakers and service providers should:

- 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 access to housing that is flexible and responsive to people's needs, so that they can move to take care of family, receive culturally appropriate mental health support or escape from a situation where they are unable to thrive.
- Reduce housing waiting periods. Research participants highlighted that long waiting times caused them stress and many were forced to live in unsafe or unsuitable situations while they awaited a public housing place. Some participants said the stress of their living situation tipped them into significant ill health and even hospitalisation. The Victorian Government and contracted service providers should prioritise reducing the length of time it takes people to access public housing, especially for those who have children and/or caring responsibilities.
- Pay attention to what is required for Aboriginal people to have sufficient control over their lives and a sense of safety and belonging – so they can recover and live well. This includes embracing the leadership and contributions of Aboriginal and Torres Strait Islander people.

In developing the 10-year strategy Mind urges Homes Victoria to consult closely with the Aboriginal community to ensure housing will be holistic and culturally safe for community and will reduce, rather than entrench, exclusion from housing. Homes Victoria must pay significant attention to the language and meaning as described by Aboriginal and Torres Strait Islander people. In conducting the research, it was found that there are significant differences Aboriginal and Torres Strait Islander and mainstream, or 'white' understandings of what it means to have a home and to be homeless. Aboriginal and Torres Strait Islander people's space, privacy and autonomy should be greatly respected and Homes Victoria should take the time to understand fully what is meant by their descriptions of their problems and preferred ways of moving forward while developing this strategy.

Young people

Homes Victoria should also consider the unique needs of young people who require housing supports. Young people experiencing homelessness are more likely to experience mental health issues, disengage from education, lose informal support networks and engage in substance misuse.¹⁴

Young people experience a unique set of circumstances related to their developmental life stage, including the fact that many serious mental illnesses first emerge when people are in their mid-teens to mid-twenties.¹⁵ It is difficult for young people to secure private rentals, due to affordability and a lack of tenancy history. There is a lack of funding for outreach support to assist people find accommodation and young people are unlikely to be eligible for accommodation support through the NDIS.

¹⁴ Royal Commission into Victoria's Mental Health System, Volume 2, page 434

¹⁵ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>. Page 81

The Trajectories research shows that effective early interventions coupled with social inclusion supports housing security for youth in mental health recovery by opening up access to a raft of informal community resources.¹⁶ If youth homelessness is not prevented or effectively addressed early on, this can lead to a life of insecure housing and homelessness. Similarly, early intervention in mental health episodes is also crucial for recovery. For young people exiting out of home care and young people exiting mental health residential care, there is a significant lack of affordable, safe and secure housing options. This can result in young people exiting these service systems into homelessness or unstable, unaffordable and unsafe accommodation.

The Royal Commission has recommended that the Victorian Government invest in a further 500 new medium-term supported housing places for young people who are living with mental illness or psychological distress and experiencing unstable housing or homelessness. Mind supports this initiative, and recommends that Homes Victoria develops a comprehensive plan for transition arrangements.

Further considerations for the strategy

In recognition that there is no one-size fits all approach to housing, the social and affordable housing strategy should not be considered in isolation from other solutions which may be best for the person experiencing housing instability.

Improved tenancy support for people experiencing mental ill-health is an important area that the strategy should consider, as it will assist people to stabilise their housing and prevent them from experiencing homelessness. Both the Productivity Commission inquiry into Mental Health and the Victorian Royal Commission have recognised the need for improved access to tenancy support.

When people become unwell and experience an episode of mental ill-health, it can often impact their ability to maintain their tenancy. As quantitative data from the Trajectories research shows, people are much more likely to experience a forced move if they have a mental health condition or experience psychological distress than others. Reasons for forced moves include eviction, the property becoming unavailable, problematic drug or substance use, housing stress, health problems, relationship breakdown, unemployment, or being required to move between public housing properties. Tenancy support should include help maintaining a tenancy, such as budgeting, tenancy advice, resolving rent arrears and assistance to improve a person's financial situation such as help to find employment.

Stigma and discrimination towards those experiencing mental ill-health by landlords and real estate agents is a significant issue. Both Real Estate Agents and social housing managers should receive mental health training to understand the effect mental illness has on people's ability to maintain a tenancy.

Important features of affordable housing

In keeping with a person-centred approach, important features of affordable housing should be considered only in terms of what is valued by the person living there. Lived experience expertise is essential in determining the location and design of housing and support. People have the right to live in communities of their choosing where they feel connected, safe and have hope for the future. Our Trajectories research showed that people knew what type of housing was suitable for them, however, it also indicated some common features which should be considered, in addition to specific design features to accommodate individual needs. These include:

¹⁶ Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>. Page 82

- Being able to accommodate pets. Having a pet in the home can provide significant support to a person with mental ill-health. They help them to get out of the house, go for a walk and engage with the community.
- Connection to nature. Many participants in the Trajectories research expressed a desire for their housing to enable them to connect to nature more, such as having a garden, getting sunlight or having access to nature in the neighbourhood.
- Being located in communities that people want to live in

Engagement

The Sector Consultation Paper has sought input on how best to ensure the views of people who need and use social and affordable housing are gathered. We strongly support Homes Victoria seeking the views of not only people who use social and affordable housing now, but also people at risk of requiring these services in the future. Homes Victoria should consider the groups of people who are vulnerable to housing instability and thoroughly interview them to ensure their input. This should of course include people experiencing mental ill-health.

Mind encourages Homes Victoria to undertake lengthy interviews with participants, rather than short surveys. Our experience undertaking the Trajectories research demonstrates that we wouldn't have been able to gather the wealth of knowledge without allocating time to discuss their experiences at length.

Conclusion

The Trajectories research and our practice experience research clearly concludes that housing and mental health are clearly linked and cannot be considered in isolation from each-other.

Homes Victoria should not develop its 10-year Strategy for Social and Affordable Housing without a specific focus on the needs of people experiencing mental ill-health who need or are at risk of requiring social and affordable housing. We also suggest that Aboriginal people and young people should have their unique needs addressed as part of this strategy to ensure that people are provided choice and control to lead contributing lives.

We would welcome the opportunity to meet with Homes Victoria to further inform the new strategy.

A trusted provider of
community mental health
support services to people
and their families, friends
and carers for over 40 years.



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