

# Pre-Budget Submission 24-25

Supporting recovery for  
people living with  
psychosocial disability

25 January 2024  
Neami National



# Acknowledgments

## Acknowledgment of Country

The Neami Group acknowledges the Traditional Owners of all lands on which we carry out our work and we pay our respects to their Elders, past and present. We recognise the unique position of Aboriginal and Torres Strait Islander Peoples as the first sovereign nations of the Australian continent, that sovereignty has never been ceded, and that no treaty has been realised.

## Acknowledgement of Lived Experience

The work Neami performs is indebted to the contributions of people with lived and living experience of mental health challenges who access and deliver Neami services. We thank them deeply for their expertise.

## A Word on Language

At Neami the term *mental health challenges* is the preferred terminology for the majority of people with lived experience of mental ill-health surveyed by Neami in preparation for this and other Neami policy submissions. We may use the term mental ill-health depending on the context.



Copyright © Neami National  
2023

Inquiries regarding  
conditions for reproducing  
any material in this  
publication are welcome.

[neaminational.org.au](https://neaminational.org.au)

# Contents

|   |           |
|---|-----------|
| <b>Acknowledgments</b>  | <b>2</b>  |
| Acknowledgment of Country   | 2         |
| Acknowledgement of Lived Experience   | 2         |
| A Word on Language  | 2         |
| <b>Contents</b>   | <b>3</b>  |
| <b>We are Neami</b>   | <b>4</b>  |
| <b>Our Vision</b>   | <b>5</b>  |
| <b>Priorities for Government</b>  | <b>5</b>  |
| <b>Key Funding Priorities</b>   | <b>6</b>  |
| Priority 1: Invest in a national program of psychosocial supports outside the NDIS  | 6         |
| Priority 2: Expand evidence-based homeless support programs for people living with serious and persistent mental ill health and invest in homelessness data at local and national level | 8         |
| Priority 3: Invest in the development of a high-quality national psychosocial workforce   | 10        |
| Priority 4: Reform commissioning and funding approaches for a sustainable mental health and wellbeing system.   | 12        |
| Conclusion  | 14        |
| Endnotes  | 15        |
| <b>More information</b>   | <b>17</b> |

# We are Neami

Neami is a trusted provider of community-based psychosocial support services spanning mental health and wellbeing, housing and homelessness support for people living with serious and persistent mental health challenges, and suicide prevention and postvention programs.

We're big believers in everyone having the opportunity to live a full life – and we give our all to support people to achieve the wellbeing and mental health outcomes that matter to them. Everyone has different goals for their own life, and at Neami, we walk alongside people to help improve their quality of life, on their terms.

We are proud to support 38,000 people living with mental health challenges across Australia and offer more than 70 services, over 45 different Indigenous lands, across the nation.

Our practice is informed by evidence; what's been proven to help people with mental health challenges and adversity and what people tell us helps. But we continually adjust and improve our approach with consumers, to make sure that we're doing the very best we can.

At Neami, we aspire to place lived and living experiences at the heart of what we do. We strive to learn from personal experiences of mental health and/or adversity so we can grow and design better programs and services.

We use our voice, as one of Australia's largest mental health specialists, to advocate for change and system reforms, to improve outcomes for all Australians. We know the mental health system can work better for people, so we passionately encourage reforms that listen to lived experience and empower consumers with more choices.



# Our Vision

*A future of full citizenship for all people living with mental health challenges in Australia*

Neami welcomes the opportunity to contribute to the Treasury's consultation process in preparation for the development of the 24-25 federal budget.

In early 2023, we welcomed the federal government's commitment to developing a *wellbeing framework*, that would set in motion a new approach to understanding national prosperity, with people and progress, fairness and opportunity at its core.

In our 2023 [submission](#) to the Treasury, we urged the nation's economic leaders to prioritise *creating wellness*, by targeting the determinants of social health specifically addressing poverty, housing insecurity and improving access to mental health care—the building blocks of a safe and prosperous nation.

In identifying our priorities for the 24-25 budget we reissue our call for whole of government commitment and investment in the mental health support sector.

Evidence tells us that Australia needs community-embedded, psychosocial supports that are truly flexible, and that are genuinely responsive to the immediate and longer-term needs of individuals, their families and carers. Services must respond to the intersectional needs of our communities such as addressing high rates of concurrent homelessness and mental ill health.

To achieve this vision, the federal government must **invest in a sustainable mental health system**, funding service models that deliver results, addressing psychosocial workforce shortages across the nation, and funding organisations so that they remain sustainable, capable and agile.

# Priorities for Government

## 1. Invest in a national program of psychosocial supports outside the NDIS.

Address the gap in psychosocial support by establishing flexible, holistic, whole-of-community support from prevention and early intervention to long-term support for people living with mental health challenges.

## 2. Expand evidence-based homeless support programs for people living with serious and persistent mental ill health.

Expand proven models, *Housing and Accommodation Support Initiative* and *Sustaining Tenancies in Social Housing* to end homelessness for people with serious and persistent mental ill health and invest in homelessness data at local and national level.

## 3. Invest in the development of a high-quality national psychosocial workforce.

Every Australian seeking support for their mental health receives immediate, responsive and safe care, when and where they need it.

## 4. Reform commissioning and funding approaches for a sustainable mental health and wellbeing system.

Remunerate mental health services fairly and endorse five-year contracts for a sustainable mental health system.

# Key Funding Priorities

## Priority 1: Invest in a national program of psychosocial supports outside the NDIS

Good mental health is the foundation of all five of the new *Measuring What Matters Framework* wellbeing themes.<sup>1</sup> When individuals, communities and societies have good mental health and wellbeing, physical health improves, people feel safe and connected to their families and communities, and can engage in productive endeavours that have meaning for them and that contribute to the prosperity of the nation. But for approximately 690, 000 Australians living with mental health challenges, access to the support they need to live well has alluded them. The Productivity Commission mental health inquiry recommends rectifying this by addressing the identified gap in psychosocial supports across the nation.<sup>2</sup>

Neami supports the recommendation made by the Mental Illness Fellowship of Australia to the Treasury, to fund a national program of psychosocial supports (or *Foundational Supports*) outside the National Disability Insurance Scheme (NDIS).<sup>3</sup> We endorse Mental Health Australia's pre-budget submission 24-25, which outlines the need for a flexible, needs-based psychosocial support program delivering prevention and intervention that addresses the gap in support for people unable to access the NDIS.<sup>4</sup>

A mental health system that is under-resourced, fractured and difficult to navigate impacts the Australian economy through lost productivity and by increasing the use of critical services (police, ambulance, emergency departments) by people denied adequate support resulting in distress and/or crisis. The Productivity Commission identified that tens of billions of dollars could be saved if the sector was reformed to deliver improved access, equity and responsiveness.<sup>5</sup>

Funding psychosocial support outside the NDIS will ensure:

**Improved accessibility:** A national program delivering a broad range of *accessible and holistic* psychosocial programs will ensure that those who cannot access the NDIS will receive the right support at the right time, increasing the use of services (i.e. increased help-seeking behaviour, access via prevention and early intervention services) and improving overall community health and wellbeing.

**Early intervention and prevention:** A program that targets early intervention and prevention strategies at individual, community and population levels, will reduce the likelihood of chronic conditions and associated costs, and reduce the burden on the healthcare system.

**Flexibility and holistic care:** Funded psychosocial services that are integrated with intersecting sectors such as homelessness, employment and education services, will deliver genuinely flexible and holistic service responses for people with a range of often interrelated needs. Greater funding flexibility will enable multidisciplinary team approaches and improved integration, improving service quality and reducing duplication.

**Support for serious and persistent mental ill health:** The NDIS planning approach often relies on planners and assessors who lack mental health training and who have little rapport or understanding of the consumer, resulting in poor and inadequate planning. Flexible and holistic psychosocial supports outside the NDIS would address this gap in the system, enabling consumer-led tailoring of supports in a strength-based manner and that addresses fluctuating needs.

**Improved Quality of Life:** In line with the central tenet of the Measuring What Matters Framework, access to psychosocial support services can significantly enhance the quality of life for individuals with mental health challenges, empowering them to lead fulfilling lives, participate in community activities, and pursue personal and professional goals, all of which contribute to national prosperity.

In our submission to the Treasury's *Measuring What Matters* consultation, we highlighted the need to invest in psychosocial supports and to measure their impact. We recommend that as part of the investment in psychosocial support, the federal government should work with the community mental health sector to understand the mental health landscape including areas requiring investment such as perennially under-resourced regional and rural communities, and the lack of specialist support services for First Nations, culturally and linguistically diverse communities and other under-served groups. It is integral that the significant investment required to fund the critical gap in psychosocial services does not result in inequity or contribute to further disaggregation of the mental health sector.

We also recommend that federal, state and territory governments engage with peak bodies and collectives representing individuals, families and carers with lived or living experience of mental health adversity both in the funding and development of new psychosocial services and in the evaluation of the impact of the federal government's investment in psychosocial support.

Neami is aligned with Mental Health Australia, in recommending that psychosocial Foundational Supports, should be delivered under the National Mental Health and Suicide Prevention Agreement, with federal, and state and territory governments unified in their commitment to ensuring a 'fair and equitable' Australia where people who require access to psychosocial support will receive support when and where they need it. This will create the foundation for delivering on the Albanese government's laudable Measuring What Matters Framework.<sup>6</sup>

## Priority 2: Expand evidence-based homeless support programs for people living with serious and persistent mental ill health and invest in homelessness data at local and national level

At the last Census, on any night, 122,494 people are homeless.<sup>7</sup> Neami welcomes the significant commitment of both federal and state/territory governments in investing in the establishment of new social and affordable housing via the \$10 billion Housing Australia Future Fund (HAFF) and we acknowledge that housing security is represented in one of the five Measuring What Matters wellbeing themes recognising its importance as an indicator of national prosperity.<sup>8</sup>

For people living with serious and persistent mental ill health, access to housing is only part of the solution with a wide range of factors impacting individuals' ability to retain safe and sustainable housing.<sup>9</sup> Evidence demonstrates that people who have a history of homelessness are substantially more likely to experience mental health issues and that these factors together contribute to higher rates of mortality and morbidity.<sup>10</sup> People living with mental health challenges are more likely to experience unemployment (seven times more likely in the case of people with 'severe mental disorders'),<sup>11</sup> poverty, stigma and discrimination—these factors contribute to significant rates of reoccurring homelessness and housing stress.<sup>12 13</sup>

### Invest in homelessness support programs

Neami delivers wraparound homelessness support programs throughout Australia. Our highly skilled support workers work with people living with serious and/or persistent mental health challenges to address the social, economic and systemic barriers that impact housing security. Programs such as the New South Wales **Housing Accommodation Support Initiative** (HASI) which was identified as a promising model by the Royal Commission into Victoria's Mental Health system,<sup>14</sup> and the **Sustaining Tenancies in Social Housing** (STSH) program fulfil an important role in supporting people living with mental health challenges who are homeless or are at risk of becoming homeless.

Neami is recommending HASI and STSH as proven programs for people living with serious and persistent mental ill health that could be quickly expanded around the nation, complementing the progress states and territories are making in developing new social and affordable homes, and achieving a measurable reduction in homelessness.

**Housing Accommodation Support Initiative** is a *housing-first* program that supports people with severe mental illness to manage their mental health in the community and source accommodation. The program is person-centred; it does not require prospective tenants to meet arduous conditions such as abstinence from substances and encourages consumers to exercise choice and control in all aspects of their lives. In practice, this means that consumers are supported to address the full spectrum of their needs including support to get a job or engage in education, navigate complex systems including Centrelink and the NDIS, and address justice issues

HASI is a proven model that for over 10 years has demonstrated consistent and positive outcomes for consumers and resulted in a reduction in the use of more expensive and crisis-driven responses such as emergency department presentation and residential rehabilitation. HASI offers preventive and early intervention mental health support that assists people to build their capacity and resilience to stay well for longer.<sup>15 16</sup>

Evaluations of HASI in 2012 and 2022 found that the model is both cost-effective and meets the needs of consumers. Conservative economic evaluation and modelling demonstrate that '...the cost per consumer before program entry reduced from \$185,000 over 5 years, to \$99,000,' for those that were in the program.' Other outcomes include:



- 10% reduction in the number of consumers contacting community mental health services in the first year with further reductions for subsequent years in the program
- 24% reduction in mental health-related hospital admissions
- a reduction in the average number of days spent in hospital throughout a person's engagement in HASI.<sup>17</sup>

**Sustaining Tenancies in Social Housing (STSH)** focuses on supporting people to retain their accommodation during periods when the person's social, economic or health circumstances put them at risk of eviction. Being able to demonstrate a stable tenancy history is an important factor in securing a tenancy and those whose tenancy is marred by eviction, rental debts, periods of hospitalisation or other unexplained absences from the rental market, may be viewed by real estate agents as higher risk tenants. Supporting people to maintain long-term tenancies is an important form of social capital, a way to save government funding lost through repeat eviction from social housing and a tool to support people to maintain relationships, employment and education during periods of housing stress.

STSH employs a flexible service model delivered by highly experienced staff committed to supporting people to remain housed. Support includes assisting tenants to manage their finances including addressing debts and rental arrears, building and maintaining relationships with neighbours and real estate agents and developing self-advocacy skills. Sustaining tenancies programs often focus on household needs rather than targeting individuals and the program is particularly effective for people on low incomes, people experiencing mental health challenges, young people and Aboriginal and/or Torres Strait Islander persons.<sup>18</sup>

Like HASI, STSH is an evidence-based model that both reduces the likelihood of people becoming homeless and delivers cost savings to the government, particularly in reduced costs associated with health and justice engagement.<sup>19</sup>

## Improve homeless data

Neami is joining the [Australian Alliance to End Homelessness](#) (AAEH) in our call for government to invest in improving homelessness data. To quote AAEH in their submission to the National Housing and Homelessness Plan consultation, 'You can't change what you don't measure...'.<sup>20</sup>

Across Australia, there have been many successful efforts, particularly those led by the AAEH to collect consistent data on the number and journey of people throughout the homelessness system. The [Advance to Zero database](#) (which houses the By-Name list), in particular, is a successful tool for collecting usable data that can inform local homelessness resource management and illustrate sector inequity, trends and barriers to ending homelessness. Government data from Specialist Housing Services also supplies data to demonstrate the level of unmet need, by measuring the number of people presenting for support who are turned away. Both data sets have limitations and Neami support the AAEH's call for a commitment to investing in the infrastructure **to develop a national integrated data collection and reporting system** that is usable at both a local, regional and national level.

We note that there has been significant investment in funding the development of social and affordable homes. Whilst this is a critical need and a key part of solving homelessness, we believe ending homelessness requires that we develop a genuine understanding of the homelessness system including available resources and the social, environmental, economic and political barriers that impact housing security. We support AAEH's overarching recommendation, **a transformational National Plan to end homelessness** but if we do not understand the housing/homelessness ecosystem, any efforts to address it, including the pending National Housing and Homelessness Strategy, are likely to create further inequity and sector fragmentation.

## Priority 3: Invest in the development of a high-quality national psychosocial workforce

Neami is one of the largest providers of mental health services in Australia. Our national program implementation team and program leaders are highly skilled in sourcing and recruiting staff for a range of program types and from varied environments, but we continually experience difficulties in recruiting the full complement of high-quality and skilled psychosocial workers (including peer workers) for our programs, particularly as new resource-intensive programs across the health and wellbeing sectors continue to be commissioned and funded.

Neami supports Mental Health Australia's call for investment in growing the mental health workforce, particularly the national psychosocial workforce which are an essential part of a robust and responsive mental health system. Worker shortages are particularly evident in rural and remote regions and the sector is competing against disability and aged care sectors for staff, the latter of which has recently been awarded a 15% pay rise making aged care work potentially more attractive to some jobseekers.

Data from the National Mental Health Workforce Strategy 2022-2032 reports that there is a 32% national shortfall in mental health workers that is expected to increase to 42% by 2030.<sup>20</sup> The Strategy highlighted the deficit of consumer/carer peer workers, but was unable to count the number of psychosocial workers due to a lack of data partly due to this profession not being AHPRA regulated.

Psychosocial workforce shortages present a number of critical risks including:

- **People in need denied support:** People in distress may not receive the support they require leading to crisis, illness and increased use of critical care services.
- **Limited access to care:** This can result in decreased services, longer wait times, shorter duration of support offered and lack of consumer choice and control.
- **Increased strain on critical care services:** Absence of prevention, early intervention and longer-term support services can result in crisis for consumers leading to engagement with critical care and putting pressure on already stretched services.
- **Increased workload for existing staff:** Unsustainable caseloads can lead to worker burnout or other health and wellbeing risks and impact the quality of consumer care.
- **Delays to full-service implementation:** Difficulties in recruiting staff can lead to delays in full-service implementation and impact services when they are unable to meet contract deliverables due to circumstances outside their control.

Neami is recommending the provision of psychosocial supports outside the NDIS (Priority 1) and if adopted this will result in increased procurement or expansion of services and consequently increased demand for staff. **As there are already workforce shortages and modelling shows demand will continue, workforce development must be prioritised in the 24-25 federal budget.**

We encourage the government to increase funding to the psychosocial support sector as per Productivity Commission Action 17.1, with a particular focus on building a pipeline of skilled workers.<sup>21</sup> We also recommend workforce data collection that includes the psychosocial workforce and other mental health professions that were identified in the National Mental Health Workforce Strategy as being difficult to account for due to data gaps. The mental health sector currently relies on anecdotal evidence and piecemeal data. Accurate data would enable the sector to plan for a sustainable sector.

Neami would welcome federal investment in funding psychosocial services adequately so that community-managed organisations can remunerate staff appropriately and invest in developing their workforces. As we outline in greater depth in Priority 4, community mental health and wellbeing services operate under difficult financial conditions characterised by often unsustainable contract lengths, indexing not keeping pace with the true cost of goods and services and inadequate funding for necessary corporate overheads.

To sustain and develop our workforces, community-managed organisations need to be able to offer our staff contracts of attractive length—the proliferation of short-term funding contracts makes it difficult for organisations to offer ongoing employment contracts to staff—and pay psychosocial workers commensurate with other community care industries (i.e. aged care).

## Priority 4: Reform commissioning and funding approaches for a sustainable mental health and wellbeing system.

The Australian Bureau of Statistics reports that 42.9% of people aged 16-85 have experienced a mental health disorder.<sup>22</sup> With mental ill-health linked to trauma, disadvantage, social, economic and political issues and climate change, Australia needs a national program of psychosocial support that is accessible, flexible and responsive to the full spectrum of community needs, and that is both evidence-based and sustainable.

Community mental health and wellbeing services support people living with psychosocial disability to stay well by providing holistic and wraparound support that enables people to access the support they need to maintain health and wellbeing and to sustain employment, housing and education, reducing the rate of mental health-related emergency department presentations and people's engagement in out-of-community environments such as inpatient treatment and custodial settings.

The funding that community mental health services receive to support communities rarely reflects the true cost of delivering services, and operating services in an increasingly restrictive funding environment restricts the ability of organisations to deliver best practice services, recruit and retain quality staff, and plan for a sustainable future.

The consequences of organisational financial insecurity are being seen in the mental health sector including:

- **Closure of services or programs:** This is particularly problematic in rural and remote areas with limited services.
- **Reduction of service offerings:** Reducing costs by limiting services reducing consumers' ability to exercise choice and control.
- **Reducing funding for expenses that are not directly related to service provision:** Including professional development, supervision, research and evaluation—but the reduction of which results in a negative impact on the service or workforce.
- **Higher caseloads for support workers:** Putting the organisation, staff and consumer safety at risk.

For a sustainable and safe mental health sector, we recommend the federal and state/territory governments remunerate organisations fairly and this can be achieved by stipulating adequate **corporate overheads** for all programs funded by the government including those procured via the Primary Health Networks. Corporate costs fund the effective, safe and compliant operation of an organisation and include at minimum organisational governance, quality and compliance, risk management, cyber security and human resources. The *Paying What It Takes* report found that funding agencies were paying indirect costs at a rate that was significantly less than the true cost; average corporate costs of community service providers amounted to 33% yet most funding contracts only allow for between 10-20% overheads.<sup>23</sup> Corporate costs should not be a negotiation point in contract procurement and the federal government should lead the way in endorsing adequate funding to cover necessary corporate costs.

Further, funding for mental health and wellbeing services must be aligned with **indexation** and this must be clearly and transparently applied on an annual basis. Currently, indexation in funding agreements is variable between Primary Health Networks *and* across states and territories and does not adequately account for increased costs associated with wages and increasing risk being borne by community-managed organisations. Adequate indexation ensures organisations continue to operate safely as service demand grows and in the case of significant political, environmental or social change (i.e. pandemic, climate-related disasters).

Neami supports the Productivity Commission's recommendation (Action 17.1) for federal, state and territory Governments to extend the funding cycle length for psychosocial supports to a minimum of five years, and ensure the outcome for each subsequent funding cycle is known by providers at least six months before the end of the previous cycle.<sup>23</sup> It is a common experience to receive formal notification of whether a program will be extended or not mere weeks before the contract ends which creates workforce stress and insecurity.

Whilst short contract lengths can provide flexibility to government funders and enable the sector to test new or pilot programs without the risk of committing to ineffective programs for long durations, there are many negative impacts of short contracts that affect the sustainability of the sector:

**Workforce stability and sustainability:** Short-term service contracts make it difficult for organisations (particularly smaller organisations and those with limited funding pipelines) to offer long-term or ongoing employment contracts to their workers. This can make securing and retaining staff challenging if competing with organisations that can assure long-term or ongoing employment to their workforce.

**Program development and maturity:** Mature programs are those that have had the opportunity to be evaluated and refined. They include their consumers and workforce members in the design, delivery and review of program outcomes. Mature programs are also those that have been deeply embedded into their communities and have been integrated into the community service system in a manner that reduces service duplication and addresses gaps in the sector and where robust and reciprocal relationships have been developed between providers. *Short-term contracts rarely achieve this.*

**Program efficiencies:** New programs require significant resources during the establishment phase including program design (including codesign with consumers if operating a best practice model); stakeholder engagement; recruitment, onboarding and training; legal and regulatory compliance and communications and marketing. Further resources are lost as services transition out, or transition programs to new providers. Thus, program contracts of five or more years can lower costs in the long run and improve program delivery as services improve and mature.

**Financial security:** Short-term employment contracts, offered by organisations delivering programs with short service contracts, may not offer the same level of financial stability to workforce members. The constant need to secure new contracts or employment can contribute to financial stress, which is closely tied to decreased mental health.

We would also like to take this opportunity to recommend that the **Treasury review its funding of Primary Health Networks (PHNs)** taking into consideration the key role they play in meeting the health and wellbeing needs of Australian communities by developing partnerships, fostering integration, and establishing systems and practices to understand and respond to local needs.

As a provider of services that has held contractual relationships with the majority of the 31 PHNs, Neami is cognizant of the extremely limited funding PHNs have available to them to undertake the administration of grants and engage in sector engagement and community codesign; many of the improvements Neami have suggested for the PHN Program in a recent submission to the Australian National Audit Office's review of the Department of Health and Aged Care's management of the PHN Program could be markedly improved by adequately funding PHNs.

Increased funding could improve the ability of PHNs to collaborate with the community health sector, improve transparency and communication, and instigate a greater degree of collaboration between the 31 PHNs improving resource efficiency.

As a significant funder of mental health programs across Australia, a well-resourced and highly functional PHN Program will improve function, integration and collaboration between the many stakeholders that make up the community mental health system.

## Conclusion

Neami's priority recommendations seek to ensure a future where every Australian enjoys optimum mental health and wellbeing. Good mental health is the foundation of a nation that is inclusive and safe, and where every Australian can engage in productive activity that is meaningful to them and that contributes to national prosperity.

We acknowledge the significant gains that have been made to improve the sector by addressing immediate shortfalls in clinical mental staff and infrastructure, but we believe the federal government must take a long view and invest in the psychosocial sector, to ensure organisations are funded for sustainability, including paying what it takes to deliver safe, high-quality services and investing to deliver an ongoing pipeline of skilled psychosocial workers.

We have also recommended that the Treasury fund the expansion of the HASI and STSH homelessness programs. Many people living with serious and persistent mental health issues live in unsafe housing or are homeless. Safe, affordable and secure housing is necessary for mental health recovery and enables people to engage in employment and education and be part of their community. We also support the Australian Alliance to End Homelessness's call for investment in national homelessness data collection to inform a robust National Housing and Homelessness Plan which will map an end to homelessness

Finally, Neami sees increased funding for Primary Health Networks to aid the administration of funding as an investment in the whole sector. As a close partner in the delivery of mental health services, well-functioning and efficient PHNs improve outcomes for organisations and consumers, creating better services and improving access and equity.

Neami thanks the Treasury for the opportunity to help shape the 2024-25 federal budget. If the Treasury would like to discuss these recommendations further or learn more about the work we do, please contact us at [policy@neaminational.org.au](mailto:policy@neaminational.org.au).

## Endnotes

1. Australian Government, Department of Treasury. 2023. Measuring what matters. <https://treasury.gov.au/policy-topics/measuring-what-matters>.
2. Productivity Commission. 2020. Mental health: Productivity Commission inquiry report. 16 November 2020. Vol. 1. P. 42. <<https://www.pc.gov.au/inquiries/completed/mental-health/report>>.
3. Mental Illness Fellowship Australia. 2023. MIFA Federal Budget 2024-2025 Submission: Investing in a National Psychosocial Support Program. <<https://mhaustralia.org/submission/2024-2025-pre-budget-submission>>.
4. Mental Health Australia. 2023. Submission to the National Disability Insurance Scheme Review. 18th May 2023. <<https://mhaustralia.org/submission/submission-ndis-review>>.
5. Productivity Commission. 2020. Mental health: Productivity Commission inquiry report. 16 November 2020. P. 2. <<https://www.pc.gov.au/inquiries/completed/mental-health/report>>.
6. Mental Illness Fellowship Australia. 2023. MIFA Federal Budget 2024-2025 Submission: Investing in a National Psychosocial Support Program. <<https://mhaustralia.org/submission/2024-2025-pre-budget-submission>>.
7. Australian Bureau of Statistics. 2023. Estimating homelessness: Census. <<https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release>>
8. Australian Government, Department of Treasury. 2023. Measuring what matters. <<https://treasury.gov.au/policy-topics/measuring-what-matters>>
9. Homelessness Australia. 2023. Homelessness Facts 2023. <<https://homelessnessaustralia.org.au/wp-content/uploads/2023/07/Homelessness-fact-sheet-2023-1.pdf>>.
10. Gutwinski S, Schreiter S, Deutscher K, Fazel S. 2023. The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. *PLoS Med.* 2021 Aug 23;18(8):e1003750. doi: 10.1371/journal.pmed.1003750. PMID: 34424908; PMCID: PMC8423293.
11. Brouwers, E.P.M. Social stigma is an underestimated contributing factor to unemployment in people with mental illness or mental health issues: position paper and future directions. *BMC Psychol* 8, 36 (2020). <<https://doi.org/10.1186/s40359-020-00399-0>>.
12. Knifton L, Inglis G. Poverty and mental health: policy, practice and research implications. *BJPsych Bull.* 2020 Oct;44(5):193-196. doi: 10.1192/bjb.2020.78. PMID: 32744210; PMCID: PMC7525587.
13. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. *World Psychiatry.* 2002 Feb;1(1):16-20. PMID: 16946807; PMCID: PMC1489832.
14. State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Volume 2: Collaboration to support good mental health and wellbeing, Parl Paper No. 202, Session 2018-21 (document 3 of 6).
15. Purcal, C., O'Shea, P., Giuntoli, G., Zmudzki, F & Fisher KR. 2022. Evaluation of NSW Community-based Mental Health Programs: Community Living Supports and Housing Accommodation Support Initiative CLS-HASI evaluation report) Social Policy Research Centre.
16. Bruce, J., McDermott, S., Ramia, I., Bullen, J. and Fisher, K.R. (2012), Evaluation of the Housing and Accommodation Support Initiative (HASI) Final Report (PDF) [3 Mb], for NSW Health and Housing NSW, Social Policy Research Centre Report, Sydney.
17. Mental Health Coordinating Council. 2022. Shifting the balance: Investment priorities for Mental Health in NSW. <<https://mhcc.org.au/publication/shifting-the-balance/>>.
18. Australian Housing and Urban Research Institute. 2022. What is a sustaining tenancies program? 3 October 2022. <<https://www.ahuri.edu.au/analysis/brief/what-sustaining-tenancies-program>>
19. Brackertz, N. (2018) Evaluation of the Sustaining Young People's Tenancies Initiative, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/research-papers/evaluation-of-the-sustaining-young-peoples-tenancies-initiative>
20. Australian Government. 2022. National Mental Health Workforce Strategy 2022-2032. P. 16. <https://www.health.gov.au/our-work/national-mental-health-workforce-strategy-2022-2032>

21. Australian Government. 2020. Productivity Commission Inquiry Report No 95: Actions and Findings. P.38. <<https://www.pc.gov.au/inquiries/completed/mental-health/report>>.
22. Australian Bureau of Statistics. (2023). National study of mental health and wellbeing. <<https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/2020-2022>>.
23. Social Ventures Australia and the Centre for Social Impact. 2022. Paying what it takes: funding indirect cost to create long-term impact. Social Ventures Australia. P.3. <<https://www.socialventures.com.au/work/paying-what-it-takes-report/>>
24. Australian Government. 2020. Productivity Commission Inquiry Report No 95: Actions and Findings. P.38. <<https://www.pc.gov.au/inquiries/completed/mental-health/report>>.



# More information

**Annerliegh Pappos**  
Policy Analyst

**Neami National**

ACN 105 082 460  
ABN 52 105 082 460

4-8 Water Rd  
Preston Vic 3072

**P** 03 8691 5300

**F** 03 8678 1106

**E** [policy@neaminational.org.au](mailto:policy@neaminational.org.au)

[neaminational.org.au](http://neaminational.org.au)

