

INSIGHT SERIES

Beyond Shelter

Integrating Mental Health Support in
Temporary Supported Accommodation

Mitchell Parlett



Acknowledgement of Country

Anglicare Southern Queensland acknowledges Aboriginal and Torres Strait Islander peoples as the first Australians and recognises their culture, history, diversity, and deep connection to the land. We acknowledge the Traditional Owners and Custodians of the land on which our service was founded and on which our sites are operating today.

We pay our respects to Aboriginal and Torres Strait Islander Elders both past and present, who have influenced and supported Anglicare Southern Queensland on its journey thus far. We also extend that respect to our Aboriginal and Torres Strait Islander staff, clients and partners (past, present and future) and we hope we can work together to build a service that values and respects our First Nations people.

We acknowledge the past and present injustices that First Nations people have endured and seek to understand and reconcile these histories as foundational to moving forward together in unity.

Anglicare is committed to being more culturally responsive and inclusive of Aboriginal and Torres Strait Islander people and we are committed to embedding cultural capabilities across all facets of the organisation.

About Anglicare Southern Queensland

Anglicare Southern Queensland (Anglicare) has responded to the needs of our community through more than 150 years of delivering innovative, quality care services. More than 3,000 Anglicare staff and volunteers operate across southern Queensland and in Townsville. Our comprehensive, integrated range of community services includes community aged care; residential aged care; and community support programs, including youth justice, child safety, disability support, counselling and education, mental health, homelessness, and chronic conditions. Our services are designed to 'wrap around' clients in a comprehensive way, recognising their health needs but also addressing the social needs which contribute to wellness.

About the Insight Series

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The Anglicare Southern Queensland Insight Series is a new series written by Anglicare staff, for Anglicare staff, and for those with an interest in Anglicare's core areas of work. Based on research, essays in the Insight Series share ideas, encourage dialogue, and generate feedback on issues related to Anglicare's key areas of service delivery and organisational operations.

The Insight Series is edited by the Research, Evaluation & Advocacy team within the Mission Research & Advocacy portfolio.

About the author

Mitchell Parlett works in Sustainable Tenancies, Queensland Drug and Alcohol Court, at Anglicare Southern Queensland.

Cover image

Crowd on Busy Street. Urban Life, 5 December 2024. Credit: Carlos Castilla, Shutterstock.

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Editorial Introduction

Mental health and homelessness are deeply interconnected, yet temporary supported accommodation (TSA) services struggle to address this intersectionality (Larkin et al. 2019). Specialist homelessness services identify the growing rates of service users with mental health concerns, which increased by 15.7% between 2020 and 2024 (Australian Institute of Health and Welfare 2024). This essay critically analyses TSA services, exploring the question: 'How can TSA be improved to better support individuals experiencing homelessness and mental health concerns?' The paper explores how integrating psychologically informed environments within TSA could enhance their capacity (Buckley et al. 2021).

Background

In the state of Queensland, temporary supported accommodation (TSA) services play a crucial role in providing stable housing and support to people experiencing homelessness and mental health concerns (Queensland Government 2024). In Australia, homelessness is defined as a lack of stable, adequate and secure accommodation; that is, living in unsuitable accommodation, without secure tenure and without control over one's space, which can include rough sleeping, couch surfing and emergency shelter (Australian Bureau of Statistics 2012). TSA staff often serve as the first point of contact for homeless people with mental health concerns, providing critical assistance before external specialists are engaged (Larkin et al. 2019).

People who experience poor mental health and homelessness do so bidirectionally, where the two experiences exacerbate each other (Brackertz et al. 2018). Poor mental health impairs individuals' decision-making, increasing isolation and resulting in significant barriers to accessing housing and health care (Larkin et al. 2019). Mental health concerns can result in antisocial behaviour, as individuals may struggle with emotional regulation and communication or have limited coping mechanisms. This can manifest as aggression, withdrawal from services, disruptive actions, or substance misuse as a coping mechanism (Larkin et al. 2019). Additionally, service users within TSA who are experiencing mental health concerns can often struggle to sustain their tenancy, as unmet needs or ineffective practice responses contribute to premature exit (Brackertz 2018; Larkin et al. 2019). TSA staff may struggle to support residents with mental health concerns due to poor policy coordination, limited training and punitive responses, leading to a cycle between TSA, homelessness, and mental health facilities (Batterham et al. 2023). This essay asserts that to support frontline staff and TSA services, Queensland TSAs must strengthen holistic practice approaches by becoming more psychologically informed.

Within the United Kingdom, many services have adopted a practice framework known as psychologically informed environments (PIEs) (Buckley et al. 2021). Originating in the early 2010s, the framework was developed as a response to the limitations of traditional approaches in meeting the needs of individuals with complex trauma histories and mental health concerns (Schneider et al. 2022). While it is an emerging framework, Buckley et al. (2021) and Jaman et al. (2024) emphasise that incorporating PIEs within TSA can improve residents' housing outcomes and wellbeing while assisting staff to respond effectively to mental health concerns and associated behaviours. The use of this framework, while also embedding the services of mental health professionals alongside those of existing frontline staff, would support more effective, therapeutic practice responses to homeless people accessing TSA (Larkin et al. 2019; Queensland Mental Health Commission 2017).

Inadequate funding of TSA, decades of failed housing and welfare policies, and underinvestment in social housing have led to increasing levels of homelessness in Queensland (Bretherton & Pleace 2023). The Australian and Queensland governments jointly fund nongovernmental organisations (NGOs) to deliver specialist homelessness services (SHSs), which include TSA (Department of Housing and Public Works 2021). In Queensland, 126 NGOs deliver SHSs that provide various services, including TSA, colloquially called crisis accommodation or emergency shelter (Queensland Government 2024). TSA targets a range of client groups, including adults, women and children escaping domestic and family violence (Department of Housing and Public Works 2021). TSA services remain critical to various target groups, including those experiencing poor mental health due to limited social and affordable housing (Batterham et al. 2023). It is therefore vital that Queensland invests in high-quality psychologically informed models that effectively support people experiencing homelessness and poor mental health (Batterham et al. 2023).

Challenges Facing Temporary Supported Accommodation in Queensland

TSA providers often struggle to address the mental health needs associated with homelessness due to rigid service models, inadequate facilities and staff training, and limited integration of services (Brackertz et al. 2018). In Queensland, a 2024 review of Queensland's homelessness response identified workforce development as a priority, emphasising the need for high quality staff training (Queensland Government 2024). This priority reflects that TSA service delivery has become increasingly complex, with an increasing number of service users experiencing mental health concerns and requiring a specialised and highly trained workforce (Australian Institute of Health and Welfare 2024; James et al. 2023).

The qualifications of TSA frontline staff vary from vocational education to university degrees, with onboarding emphasising housing and crisis responses, and they often have limited mental health training. Despite the strong link between homelessness and mental health concerns, there is no sector-wide training requirement, often leaving staff underprepared (James et al. 2023). In 2023–24, Queensland SHS data identified that 33.2% of individuals requiring mental health support did not receive assistance or referrals to other mental health supports (Australian Institute of Health and Welfare 2024). Additionally, there has been a lack of comprehensive data examining the diversity and effectiveness of TSA service models (Batterham et al. 2023).

As a result, TSA practice approaches can be ineffective, exacerbating residents' mental health concerns while also exacerbating stigma, isolation and symptoms of mental ill-health by restricting residents' privacy and autonomy (Stambe et al. 2024). Brackertz et al. (2018) highlight that TSA services lack consistent practice frameworks for supporting individuals with mental health concerns. This is compounded by concurrent neoliberal pressure which limits holistic approaches to mental health, as services prioritise cost-effectiveness over service quality, alongside high caseloads, staff burnout and high turnover rates (Batterham et al. 2023). TSA services have experienced further pressure, with funding remaining inadequate since the 1990s, limiting their ability to provide critical mental health training for frontline staff (Martin et al. 2023).

To ensure high-quality support within the TSA sector, the state must allocate additional funding to SHS providers to deliver workforce development in PIEs and expand specialist mental health roles (Brackertz et al. 2018; Larkin et al. 2019). Until then, TSA will remain a band-aid solution for many residents, leaving many to experience the revolving door of homelessness.

Psychologically Informed Environments

Incorporation of PIEs within TSA is not designed to replace other approaches but rather to strengthen existing trauma-informed care approaches by embedding psychological safety into service design, enhancing staff practice through reflection and fostering environments that actively support residents' mental health (Schnieder et al. 2022). The PIE framework supports collaborative practice between staff and service users, assisting in developing protective factors and empowering service users (Schnieder et al. 2022). The goal of PIEs is to support understanding by staff of mental health and potential antisocial behaviours to reduce the rates of eviction or abandonment within TSA programs (Schnieder et al. 2022).

Underpinning the PIE framework are five principles: psychological awareness, staff training and support, learning and enquiry, spaces of opportunity, emphasising the roles, and the rules and responsiveness of the service (Schnieder et al. 2022). While it is centred on these five principles, establishing PIEs is not a checklist approach; instead, it requires services to reflect on their current practice approaches, seeking meaningful feedback from residents (Keats et al. 2012). This assists services and frontline staff in unpacking the root causes of service users' behaviours and equipping staff with the tools to manage and de-escalate antisocial behaviours (Schnieder et al. 2022).

Expanding the TSA workforce to include specialist mental health roles could better support frontline staff, addressing service gaps in line with PIE principles around roles, support and training (Schnieder et al. 2022). The addition of a PIE framework would strengthen the capacity of TSA services to respond to complex mental health concerns and behaviours with psychologically informed approaches rather than reactive risk management (Schnieder et al. 2022). Implementing PIEs into TSA practice enhances psychological safety and service responsiveness and strengthens evidence-informed approaches.

Where to From Here?

Building the capacity of the homelessness workforce to respond effectively to mental health challenges remains a critical priority for reducing homelessness and supporting long-term wellbeing (Larkin et al. 2019). By integrating PIEs within services, staff can better support residents' mental health while seeking sustainable housing outcomes (Buckley et al. 2021; Larkin et al. 2019). Incorporating PIEs within TSA equips staff with practical tools to better understand and respond to the mental health needs of residents, reducing reliance on punitive or crisis-driven approaches. PIEs enhance staff capability by fostering reflective practice, clarifying role boundaries and reducing burnout while building confidence and team cohesion (Jaman et al. 2024). By using reflective practice and encouraging empathetic responses around antisocial behaviour, PIEs support residents through experiences of mental health, assisting them in moving towards long-term stability and wellbeing (Jaman et al. 2024).

Strengthening the mental health capacity of TSA services should not lead to pressuring residents to 'recover' but, rather, cultivate environments that support psychological safety, stability and empowerment (Keats et al. 2012). By fostering a psychologically safe environment, staff can explore links between trauma, behaviour, and mental health, assisting staff to respond with empathy to residents' unmet needs (Buckley et al. 2021). This reduces the likelihood of retraumatising residents or worsening symptoms of mental ill-health and supports consistent, safe engagement, even during periods of distress (Keats et al. 2012). For residents, PIEs offer a support space where they can feel seen, heard, and understood and where evictions can be reduced. An approach informed by PIEs fosters greater trust and engagement between residents and staff, contributing to greater stability, reduced distress and increased readiness to sustain long-term housing and pursue personal goals (Schneider et al. 2022).

The PIE framework underscores the critical need for integrated service responses to reduce cycles of homelessness (Batterham et al. 2023; Schnieder et al. 2022). The expansion of the TSA workforce could increase coordination between mental health and homelessness systems, addressing residents' issues before they escalate. This recommendation expands on the Queensland Mental Health Report 2017, which identified specialist mental health roles to be incorporated within Department of Housing services centres (Queensland Mental Health Commission 2017). This approach would significantly enhance TSA capacity by providing mental health assessments and reducing the risk of worsening mental health concerns (Brackertz et al. 2018).

TSA could serve as a vital point of contact, with in-house mental health specialists supporting residents during their stay, providing transitional outreach after exit, and, if needed, helping connect residents with long-term mental health services as they move into stable housing (Brackertz et al. 2018). Implementing PIEs alongside a multidisciplinary workforce would further embed reflective practice, improve staff capacity and decrease homelessness. This shift would provide residents with the necessary stability to explore the intersection of their mental health and housing needs (Tseris et al. 2023).

Conclusion

The intersection of homelessness and mental health concerns presents complex challenges for TSA programs, as the current lack of mental health integration and staff training is leading to poor housing and health outcomes. This paper demonstrates how the PIE framework can strengthen TSA by fostering reflective practice and building multidisciplinary teams. Embedding mental health specialists within TSA can enhance service capacity and improve support for residents with mental health needs. While scalability and funding pressures remain, adopting PIE-informed TSA models provides the opportunity to support people with mental health issues out of homelessness.

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