



# Homeless SAAP clients with mental health and substance use problems 2004–05

*A report from the SAAP National Data Collection*

## Introduction

Mental health and substance use problems are experienced by many Australians and research has indicated these problems are far more prevalent in the homeless population. For example, a literature review conducted in 2005 concluded ‘that between one quarter and one half of adult homeless persons across western cities are experiencing severe and perhaps chronic mental illness’ (St Vincent’s Mental Health Service & Craze Lateral Solutions 2006). With regard to substance use problems, a survey of homeless people at inner Sydney refuges found that just over one-third of those interviewed had suffered alcohol dependence and approximately one-third had been dependent on or abused other drugs in the 12 months prior to interview (Teesson et al. 2000).

This bulletin is the sixth thematic report from the Supported Accommodation Assistance Program (SAAP) National Data Collection (NDC). It shows that a number of SAAP clients have mental health and/or substance use problems and provides an overview of the assistance given to these clients by the Program. SAAP is the major response by the Australian Government and state and territory governments to resolve and prevent homelessness. The primary aim of SAAP is to assist people who are homeless or at risk

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of becoming homeless to achieve the maximum possible degree of self-reliance and independence. However, it must be noted that the aims of complete self-reliance and independence may not be realistic goals for some clients, including those experiencing mental health and/or substance use problems (Theobald & Johnson 2006).

For key definitions and terms used in this bulletin, please refer to the publication *Homeless people in SAAP: SAAP National Data Collection annual report 2004–05* (AIHW 2006a). State and territory supplementary tables for this bulletin are available on the AIHW web site <[www.aihw.gov.au](http://www.aihw.gov.au)>.

## Main findings

### How many SAAP clients have a mental health or substance use problem?

- ✦ In 2004–05, 11,800 SAAP clients (or around 12%) reported a mental health problem and 19,400 (or around 19%) reported a substance use problem. Some clients in these groups reported both a mental health and a substance use problem (comorbidity) within the same support period (4,800 or around 5% of clients). Note that these groups are not mutually exclusive (refer to the section 'Defining the client groups').

### What is the profile of SAAP clients with a mental health or substance use problem?

- ✦ SAAP clients with a mental health or substance use problem were more likely to be male than clients who did not report these problems (50% and 59% of clients with a mental health or substance use problem, respectively, were male compared with 37% of clients who did not report these problems).
- ✦ Male clients with a mental health or substance use problem were, on average, slightly older than female clients with these problems. They were also slightly older than both male and female clients without these problems.
- ✦ Clients with a mental health or substance use problem were less likely to be supported by a SAAP agency as part of a family group than clients without these problems. Clients with a mental health or substance use problem were most commonly males aged 25 years and over who presented alone or with an unrelated person(s). These men accounted for over a third of the support periods in the mental health group and close to half of the support periods in the substance use group.
- ✦ SAAP agencies primarily aimed at supporting single men provided around a third of the support to clients with a mental health or substance use problem. This was closely followed by agencies that support a diverse range of clients (cross-target, multiple and general agencies).
- ✦ The majority of clients with a mental health (76%) or substance use (73%) problem were 'other Australian-born' people, that is, were born in Australia and did not identify as being Aboriginal or Torres Strait Islander.

### Why do SAAP clients with a mental health or substance use problem seek assistance?

- ✦ Clients with a substance use problem most commonly sought support because of drug, alcohol and/or substance abuse (in 30% of support periods), followed by their usual accommodation being temporarily unavailable (10%).
- ✦ Clients with a mental health problem most commonly sought support because of psychiatric illness (in 19% of support periods), followed by domestic violence (14%).

### Is SAAP able to meet the needs of clients with a mental health or substance use problem?

- ✦ SAAP agencies were able to directly provide the majority of services requested by clients with a mental health or substance use problem. However, these clients were slightly more likely than clients without these problems to have their request for a service remain unmet at the end of their support period. Clients with a mental health or substance use problem were also more likely to have requested services referred on when they could not be provided directly.
- ✦ Clients with a mental health or substance use problem were more likely to request a specialist service and less likely to have that requested service provided than clients without these problems.
- ✦ Data on the individual support services provided to clients with a mental health or substance use problem indicate that the agencies supporting these clients are more equipped to directly assist clients with substance use problems than those with mental health problems.
- ✦ Clients with a mental health or substance use problem were slightly more likely to have housing and/or accommodation services provided directly by a SAAP agency than clients without these problems.

### What are the circumstances of clients with a mental health or substance use problem on entry to and exit from SAAP?

- ✦ Clients with a mental health or substance use problem were most often not in the labour force, and hence not actively seeking employment, either before or after support.
- ✦ Clients with a mental health or substance use problem were less likely to be employed but more likely to have a source of income than clients without these problems.
- ✦ The disability support pension was the most commonly reported main source of income for clients with a mental health or substance use problem, followed by Newstart allowance.
- ✦ Clients with a mental health or substance use problem were most commonly living in SAAP or other emergency accommodation both before entering and upon leaving a SAAP agency. This suggests that these clients are moving within the SAAP system in order to secure accommodation.

- ✦ Clients with a substance use or mental health problem were more likely than clients without these problems to be living in a car, tent, park, street or squat both before and after support.

### **Does length of support influence the accommodation outcomes of clients with a mental health or substance use problem?**

- ✦ Clients with mental health or substance use problems were supported for longer periods than clients without these problems.
- ✦ In general, more independent accommodation outcomes, such as private rental or public or community housing, were achieved for clients who had longer periods of support.

### **Defining the client groups**

Quantifying the extent to which people with a mental health or substance use problem appear in the SAAP population can be difficult. As can be seen from the criteria used to form the groups below, there is no single data item that allows easy identification of clients who have these problems. In addition, it is likely that the prevalence of mental health and substance use problems is underreported in the National Data Collection. For example, mental health as a reason for seeking assistance is likely to be understated for a number of reasons, including the well-documented stigma attached to mental illness and the fact that gaining assistance for this problem may not be the most pressing issue at the time.

In this bulletin the SAAP client population is divided into three main client groups:

#### **1. Mental health**

This group includes clients who met at least one of the following criteria:

- ✦ were referred from a psychiatric unit
- ✦ reported psychiatric illness as a reason for seeking assistance
- ✦ needed, were provided with or were referred on for support in the form of psychological services or psychiatric services.

#### **2. Substance use**

This group includes clients who met at least one of the following criteria:

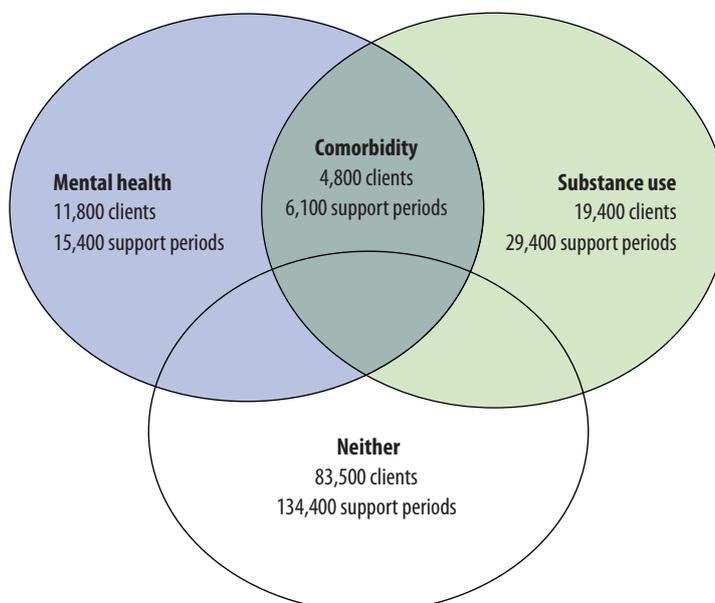
- ✦ reported drug, alcohol and/or substance abuse as a reason for seeking assistance
- ✦ were in a detoxification unit or rehabilitation centre before or after receiving SAAP support
- ✦ needed, were provided with or were referred on for support in the form of drug and/or alcohol support or intervention.

### 3. Neither

This group includes clients who met none of the criteria used to form the mental health and substance use groups.

In addition, information is presented on clients who reported at least one of the substance use characteristics and at least one of the mental health characteristics listed above in the same support period. This is termed comorbidity. To reduce complexity, however, only Table 1 (see 'Statistical tables') contains information on comorbidity. Clients who were placed into the comorbidity group were also included in both the mental health and substance use groups.

It must be kept in mind that the client groups used in this bulletin are not mutually exclusive (Figure 1). A client can have more than one period of support and their circumstances might vary between support periods. For example, if a client reported 'substance use' in one support period, 'mental health' in a second and 'neither' in a third, then they would be counted in each of the 'substance use', 'mental health', and 'neither' groups. In addition, a client can report mental health, substance use and comorbidity criteria within the same period of support. For example, in the one support period, a client could have had characteristics which would have placed their support period in both the mental health and substance use groups for Tables 2 through to 10 of this bulletin, and have placed them in all three of the mental health, substance use and comorbidity groups in Table 1.



Sources: Tables 1 and 2, AIHW unpublished data.

Note: Client groups are not mutually exclusive. A client can have more than one support period in a year and their circumstances might vary between support periods. In addition, a client can report mental health, substance use and comorbidity criteria within the same period of support. Therefore, the sum of the groups will not add to the total number of clients or support periods in SAAP.

**Figure 1: Relationship between the SAAP mental health, substance use, comorbidity and neither client groups and number of clients and support periods, Australia, 2004-05**

## Profile of the client groups

In 2004–05, 11,800 SAAP clients reported a mental health problem and 19,400 reported a substance use problem (Table 1). Some clients in these groups reported both a mental health and substance use problem (comorbidity) within the same support period (4,800). Note that these groups are not mutually exclusive (see section ‘Defining the client groups’).

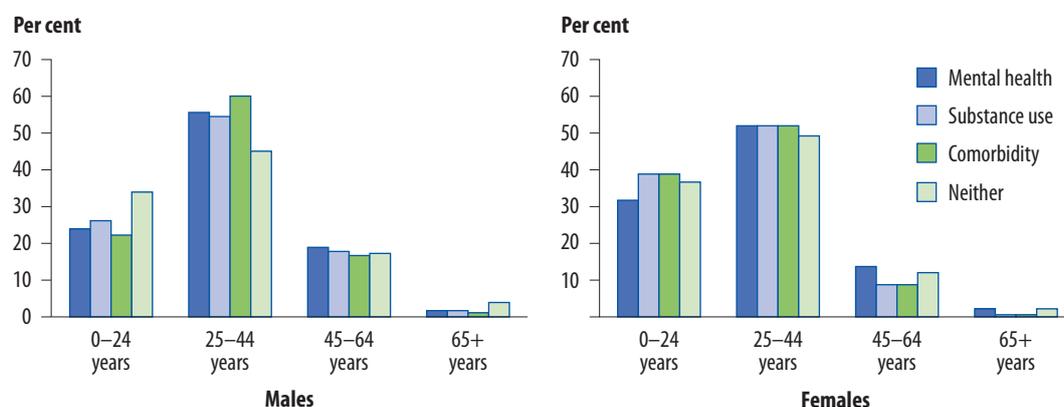
### Gender

The mental health group was equally split according to gender, with 50% (or 5,900) of the 11,800 clients in this group of each gender, while the substance use group contained a majority of male clients (59% or 11,500 were male and 41% or 7,900 were female). The comorbidity group was also mostly male (63% or 3,000 were male and 37% or 1,800 were female).

This is in contrast to the profile of clients who did not report either a substance use problem or a mental health problem (the neither group) and to the SAAP population overall, the majority of whom were female (63% and 60% respectively). The reason for the predominance of females in the neither group and in SAAP overall is primarily because of the number of females presenting for reasons associated with domestic violence. In 2004–05, 32,500 female clients were in SAAP because of, or sought assistance with, domestic violence issues (AIHW unpublished data). Some of the clients in this domestic violence group do, however, appear in the mental health and substance use groups (see Table 5).

### Age and gender

The greatest proportion of both male and female SAAP clients in all groups were aged between 25 and 44 years (Figure 2). This was, however, particularly the case for male clients in the mental health, substance use and comorbidity groups where 56%, 54% and 60%, respectively, were aged between 25 and 44 years. This compares with 45% of males in the neither group; 47% of males in the SAAP population overall; 52% of females in the mental health, substance use and comorbidity groups; 49% of females in the neither group; and 50% of females in SAAP overall.



Source: Table 1.

Figure 2: SAAP clients: age and gender by client group, Australia, 2004–05 (per cent)

The average (mean) age of clients in the substance use, comorbidity and neither groups was 32 years (Table 1). Clients in the mental health group were slightly older with an average age of just under 34 years. In each of the groups and in SAAP overall, male clients were on average older than female clients by between 2 years and 4 years, depending on the group.

### Cultural and linguistic diversity

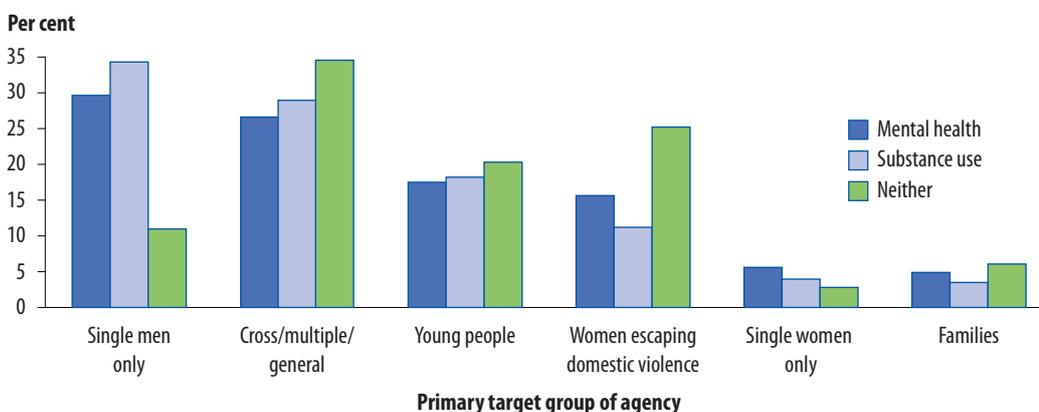
As was the case for SAAP overall, the majority of clients in the mental health, substance use and comorbidity groups were 'other Australian-born people', that is, they were born in Australia and did not identify as being Aboriginal or Torres Strait Islander. However, 'other Australian-born people' made up a higher proportion in these three groups (76%, 73% and 80% respectively) than they did for the neither group (69%) or the total SAAP population (69%).

Eighteen per cent of clients in the substance use group identified as being Aboriginal and/or Torres Strait Islander. This compares with 9% in the mental health group, 10% in the comorbidity group, 17% in the neither group and 16% in SAAP overall.

People born overseas in a predominantly non-English-speaking country (English proficiency groups 2–4) were underrepresented in the substance use and comorbidity groups (4% and 6%, respectively, compared with 11% in the mental health and neither groups and 10% in the total SAAP population).

### Type of SAAP agency attended

Figure 3 shows the types of agencies that supported clients with mental health and substance use problems compared with the types of agencies that supported clients who did not report these problems. In around one-third of their support periods, clients in the mental health and substance use groups attended agencies primarily aimed at supporting single men (30% and 34% respectively). This was considerably higher than that reported for clients in the neither group, for whom agencies primarily targeting single men provided 11% of the support periods.



Source: Table 2.

**Figure 3: SAAP support periods: primary target group of agency by client group, Australia, 2004–05 (per cent)**

Agencies not specifically targeting any one client group (cross-target, multiple and general agencies) provided the next highest proportion of support periods to clients with mental health or substance use problems (27% and 29% of their support periods respectively). These proportions, however, were smaller than for the neither group, for whom cross-target, multiple and general agencies provided 35% of support periods.

Agencies primarily targeting single women provided a higher percentage of the support periods for the mental health (6%) and substance use (4%) groups than they did for the neither group (3%) or the total SAAP population (3%).

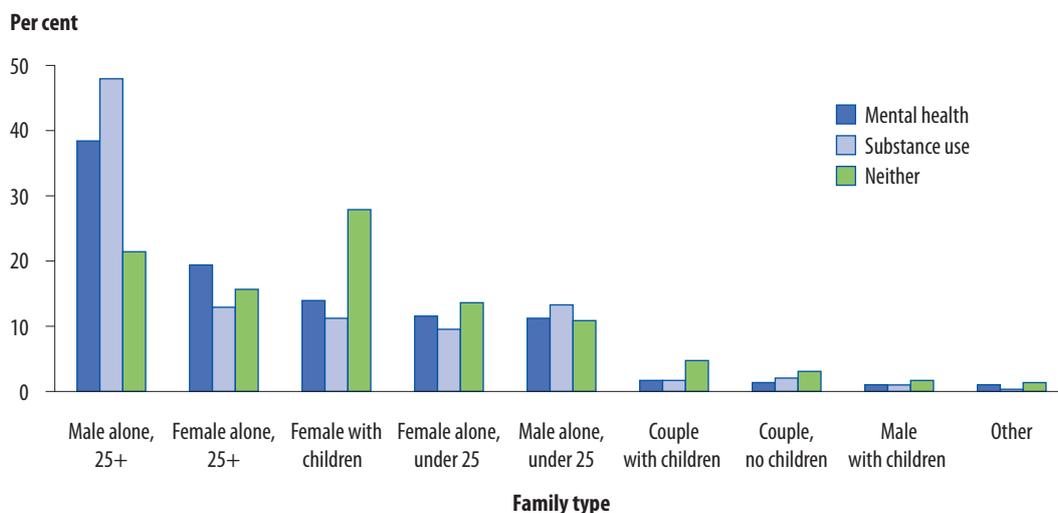
Agencies primarily targeting women escaping domestic violence provided a smaller proportion of the support periods for clients in the mental health and substance use groups (16% and 11% respectively) compared with the neither group (25%).

### Family type

Reflecting the type of agency attended, clients with a substance use or mental health problem were most commonly males aged 25 years and over who presented alone (or with an unrelated person(s), for example a group of friends). This group made up 48% of the support periods in the substance use group and 39% in the mental health group (Figure 4). This was higher than for the neither group (21%).

The mental health group had a higher proportion than the other groups of females aged 25 years and over who presented alone or with an unrelated person(s). This group accounted for 19% of the support periods in the mental health group, 16% in the neither group and 13% in the substance use group.

Family groups (clients with children and couples either with or without children) made up smaller proportions of both the mental health and substance use groups than they did of the neither group.



Source: Table 3.

**Figure 4: SAAP support periods: family type by client group, Australia, 2004–05 (per cent)**

## Children accompanying clients with a mental health or substance use problem

In only a small proportion of their support periods did children accompany a client who was in either the mental health (5%) or substance use (8%) groups (derived from Table 4). In the majority of cases, these children accompanied a female parent or guardian (in 86% and 85% of their accompanying child support periods respectively) (Table 4). A detailed analysis of the data on children accessing SAAP services, including information on children accompanying clients with a mental health or substance use problem and unaccompanied children with a mental health or substance use problem, can be found in *Homeless children in SAAP 2004–05* (AIHW 2006b).

## Main reason for seeking assistance

The main reason for clients seeking assistance varied between the clients in the mental health, substance use and neither groups. The two health subcategories of drug, alcohol and/or substance abuse and psychiatric illness were two of the criteria used to define the groups. It is, therefore, not surprising that drug, alcohol and/or substance abuse was the most common main reason for seeking assistance for the substance use group (in 30% of support periods compared with 9% for the mental health group and 6% in SAAP overall) and that psychiatric illness was the most common main reason reported for seeking assistance for the mental health group (19% compared with 3% in the substance use group and 2% in SAAP overall) (Table 5).

There were variations between the groups for some of the other main reasons for seeking assistance. For example, when examined according to the broad types of main reasons for seeking assistance (see Table 5 for broad types), seeking assistance primarily because of difficulties in interpersonal relationships made up a smaller proportion of support periods for the mental health (32%) and substance use (23%) groups compared with the neither group (46%). Looking at the distinct main reasons that comprise the 'interpersonal relationship' broad group, time out from family or other situation was lower for both the mental health and substance use groups (4% for both) compared with the neither group (7%). Domestic violence was the main reason for seeking assistance in a smaller percentage of support periods for both the mental health (14%) and substance use (9%) groups than in the neither group (24%). Although the 14% of support periods for which domestic violence was recorded as the main reason for seeking assistance was lower than for the neither group, it was still, after psychiatric illness, the second most frequent main reason for seeking assistance given by clients in the mental health group.

Seeking support mainly because of accommodation issues was slightly less common for the mental health and substance use groups than for the neither group (in 21% of support periods for both the mental health and substance use groups compared with 24% for the neither group). Looking at the distinct main reasons that comprise the 'accommodation' broad group, usual accommodation being temporarily unavailable was lower for both the mental health and substance use groups (9% and 10% respectively) compared with the

neither group (12%). It was, however, the second most common main reason that clients in the substance use group sought support.

Clients in the mental health and substance use groups cited 'financial difficulty' as the main reason for seeking assistance in a smaller proportion of support periods than did clients in the neither group (in 5% for both the mental health and substance use groups compared with 14% for the neither group).

### Meeting the needs of clients

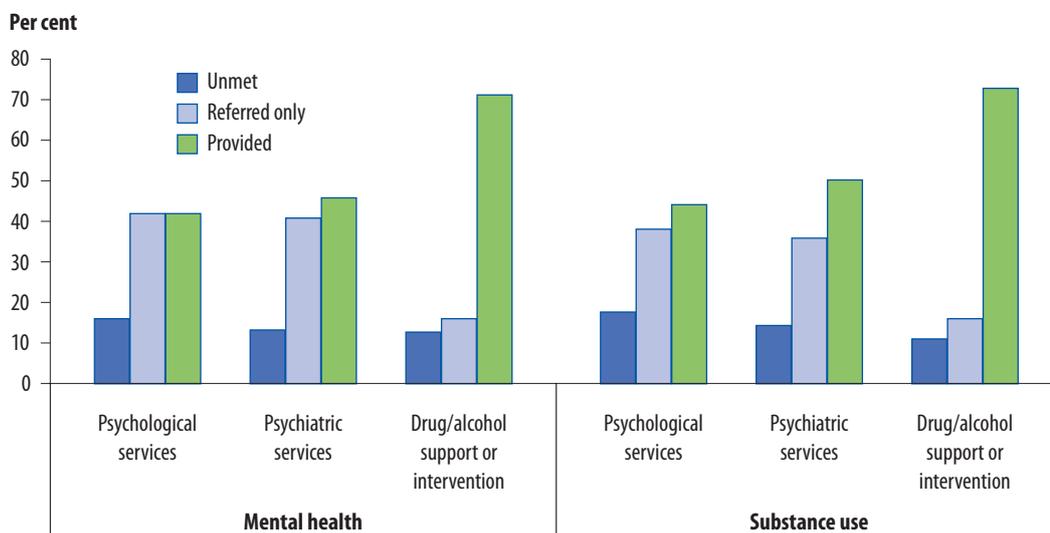
In the majority of cases, SAAP agencies were able to directly provide the services requested by clients with a mental health or substance use problem by the end of their period of support (in 86% and 89% of services requested respectively) (Table 6). However, these clients were slightly more likely than clients without these problems to have a service they requested remain unmet (neither provided nor referred on). Five per cent of services requested by the mental health group, 4% of services requested by the substance use group and 3% of services requested by the neither group remained unmet. Clients with a mental health or substance use problem were also more likely than those without these problems to have a referral arranged when a service could not be provided directly. This was the case in 10% of requests for the mental health group and in 7% for the substance use group, compared with 6% for the neither group. This meant that, overall, 14% of requested services for the mental health group and 11% for the substance use group were not provided directly, compared with 9% for the neither group.

These differences in the total provision of requested services could, at least in part, be due to the nature of the requests being made by members of the groups. Clients with mental health or substance use problems were more likely to request specialist services than clients without these problems. In the mental health and substance use groups, for example, 18% and 15%, respectively, of services requested were specialist services, compared with 4% for those in the neither group (derived from Table 6). The category 'specialist services' includes, among other things, psychological and psychiatric services and drug and/or alcohol support or intervention services.

Overall, the broad type of service that was most often not provided directly (that is, was unmet or was referred only) was specialist services (Table 6). For the mental health group 41% of requests for specialist services were not provided (11% unmet, 30% referred only), as were 30% of such requests for the substance use group (9% unmet, 21% referred only), compared with 21% for the neither group (4% unmet, 17% referred only). Clients with a mental health or substance use problem are, therefore, more likely to request a specialist service and less likely to have that requested service provided directly than clients without these problems.

Data on the individual support services provided to clients with a mental health or substance use problem indicate that the agencies supporting these clients are more equipped to deal with substance use problems than with mental health problems

(Figure 5). Clients with a mental health problem commonly seek support because of psychiatric illness (see Table 5), however, their requests for psychiatric services remained unmet following 13% of closed support periods, were referred on in 41% and were provided directly in only 46% (Table 7). Likewise requests made by these clients for psychological services remained unmet in 16%, were referred on in 42% and were provided directly in only 42%. Indicating the complex needs of some clients with a mental health problem, drug and/or alcohol support or intervention services were requested in 29% of their closed support periods. Requests for this type of service remained unmet following 13% of closed support periods, were referred on in 16% and were provided directly in 71%.



Source: Table 7.

**Figure 5: Selected SAAP services requested by clients in closed support periods, by provision and client group, Australia, 2004–05 (per cent)**

For clients with a substance use problem, requests for drug and/or alcohol support or intervention services remained unmet following 11% of closed support periods, were referred on in 16% and were provided directly in 73%. Some of these clients also experienced a mental health problem and psychiatric and psychological services were requested in 9% and 8% of their closed support periods respectively. However, requests for psychiatric services remained unmet following 14% of closed support periods, were referred on in 36% and were provided directly in 50%. Requests for psychological services remained unmet following 18% of closed support periods, were referred on in 38%, and were provided directly in 44%.

Housing and/or accommodation services were slightly more often provided to the mental health and substance use groups than to the neither group (provided in 87% of requests by the mental health group and in 89% by the substance use group, compared with in 83% by the neither group) (Table 6).