QCMHR
Queensland Centre for Mental Health Research

Stakeholder views on mental health supported housing in Queensland

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Summary

This document summarises discussions from the first stakeholder workshop held online in June 2026 as part of a broader project being undertaken by a team from the Queensland Centre for Mental Health Research and funded by the Queensland Mental Health Commission. The project aims to estimate the need for supported housing and associated support services for adults experiencing complex mental health needs in Queensland.

Workshop participants included people with lived and living experience, service providers, planners, and other stakeholders. Discussions focused on who needs supported housing, the challenges people with complex mental health needs face in accessing and maintaining housing and gaps in the current system, what an ideal system would look like, and what practical changes could be made to get there.

People who participated in the workshop made it clear that the current supported housing system is fragmented, difficult to navigate, and unable to meet demand. Participants identified a wide range of people who may benefit from supported housing and emphasised that need is often shaped by a combination of mental health challenges, housing instability, trauma, substance use, and other life circumstances. Many participants felt that people with the most complex needs face significant barriers accessing appropriate housing and support.

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Participants consistently described a vision for a supported housing system that is genuinely trauma-informed and recovery-oriented, and provides flexible, person-centred support. A well-designed and adequately funded supported housing system was seen as a critical foundation for the wellbeing, recovery, and social inclusion of Queenslanders with complex mental health challenges.

The findings from this workshop will inform the next stage of the project, including the development of planning estimates for mental health supported housing and associated support services in Queensland.

Acknowledgements

We would like to sincerely acknowledge the individual participants who generously shared their lived-living experience and personal experiences of the supported housing system. Their openness, honesty, and willingness to contribute their perspectives have been invaluable to this work. These contributions not only strengthen the findings of this project but will also help inform future efforts to improve outcomes and quality of life for people living with complex mental health challenges.

We would also like to thank Dr Xiaoyun Zhou and Dr Eryn Wright for their contributions in running the workshop.

Workshop aims

Supported housing includes a range of housing options and support services for people living with complex mental health challenges. These challenges can make it difficult to find and maintain tenancies in appropriate and stable housing and live safely and well in the community without additional person-centred psychosocial supports.

The *Planning estimates of need for mental health supported housing in Queensland* project aims to update the estimates of need for supported housing in Queensland to inform planning and commissioning of services for the sector. This includes looking at research evidence and data on mental health supported housing as well as drawing on the expertise of people with lived and living experience of mental health challenges, service providers, service planners, and other stakeholders through an Expert Advisory Group and two stakeholder workshops.

We need to hear directly from people with lived and living experience of mental health challenges and supported housing, as well as people who work in and plan for these services, to understand what is needed to create a supported housing system that works well for the people who need it and use it. The first, three-hour stakeholder workshop for this purpose was held online on the 4th of June 2026.

Methods

The workshop began with a presentation from the QCMHR team that provided background information about the project, including its aims and an overview of supported housing. The main purpose of the workshop was to gather perspectives on challenges within the current system, who needs supported housing, what an ideal supported housing system would look like, and how to achieve that vision.

To support these discussions, participants were divided into six breakout groups of four to eight people, with each group including people from a range of backgrounds and experiences. The groups took part in three guided discussion sessions, using prompt questions to explore each topic in more detail. The prompt questions for each breakout room are shown below in Table 1. The questions were intended to guide discussion, while allowing for discussion to unfold naturally based on the insights and experiences on those in each group. One member of each breakout room was nominated to take notes and report back to the wider group after each breakout session.

Additionally, Mentimeter was used to facilitate real-time participant engagement and data collection during the presentation phase of the workshop activities. Participants provided responses through their own devices to answer polls and open-text questions that are described below.

Table 1. Prompt questions and sub-questions provided to guide discussions in each of the three breakout sessions

Breakout Session	Prompt Question	Sub-questions
Session One (20 minutes)	Who are the people who need supported housing related to complex mental health needs?	a. What is happening in their lives that makes housing harder to get or keep? b. Are there particular subgroups or pathways into need that are important to recognise? c. Who tends to be missed or under-counted in the current system?
Session Two (20 minutes)	Imagine a system that worked well and met people's needs. What types of supported housing would be available?	a. What types of housing and support would people need before they reach crisis? b. What would help people stay in housing long-term? c. What would be different from what we see now?
Session Three (20 minutes)	Thinking about the ideal supported housing system we talked about before, what practical changes could be made to get there from where we are today?	a. What models are working well or could be expanded? b. What could change in the next 1-2 years? c. What could change over the next 5–10 years?

Results

Participants

There were 38 participants from a range of backgrounds including those with lived-living experience of mental health and housing challenges and those who work in government or non-government roles related to mental health, housing, homelessness, and disability services.

Using Mentimeter, participants located themselves on a map of Queensland as shown in Figure 1, with the majority located in the Brisbane region and others coming from the Sunshine Coast, Gold Coast, Moreton Bay, Logan and Ipswich regions, with only one participant outside of the Southeast Queensland region around Townsville.

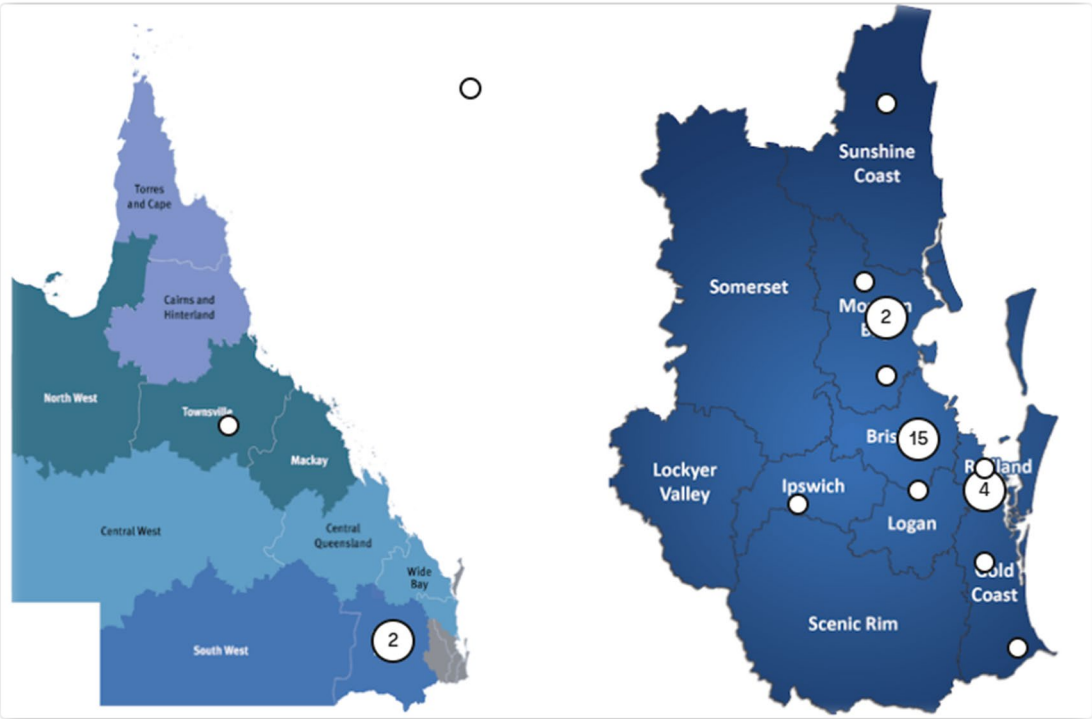

Figure 1. Location of workshop participants on a map of Queensland (from Mentimeter)

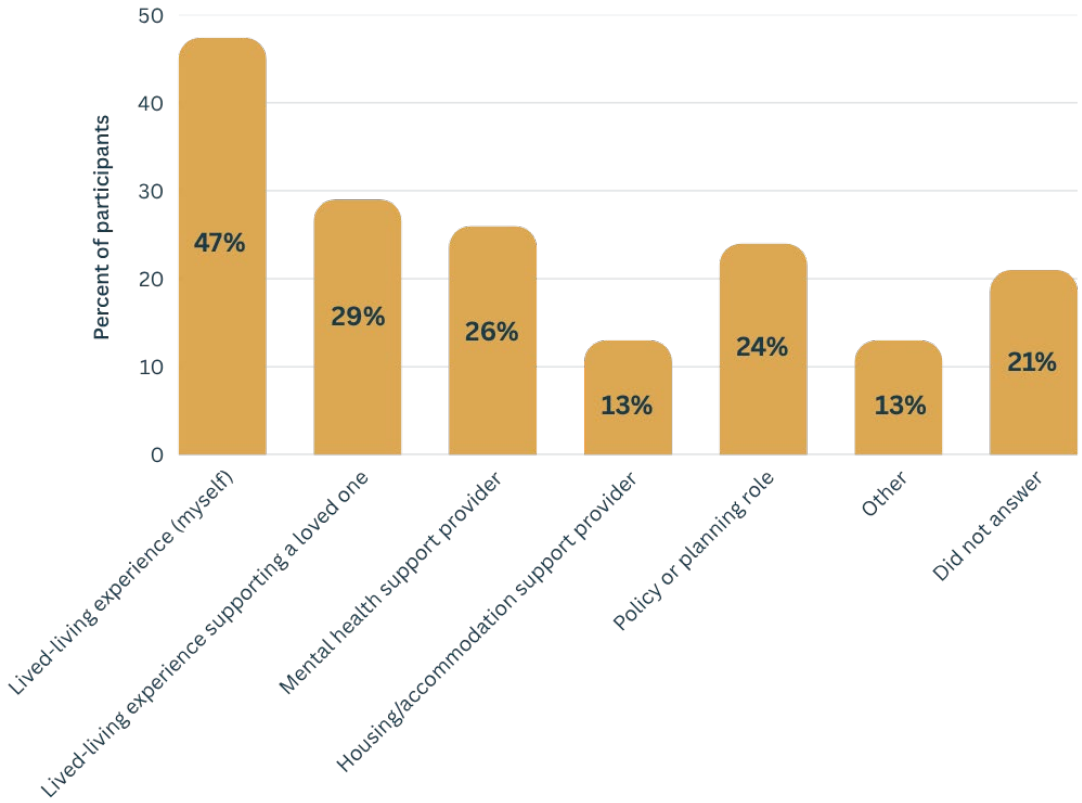

Figure 2. Background of workshop participants

Almost half of the participants (47%) identified themselves as having lived-living experience, with 29% having lived-living experience of supporting a loved one. This strong lived-living experience is critical to understand the need for and best practice in supported housing in Queensland. Twenty-six per cent of participants were mental health support providers and 24% were in a policy or planning role. Thirteen percent of participants worked as an accommodation or housing support provider. Participants could select multiple roles, and many wore more than one hat. This mix of perspectives supported rich discussion throughout the workshop.

1. Main challenges in the current supported housing system

Using Mentimeter to provide free-text responses, participants answered the question: What are the main challenges in the current supported housing system? There were 95 total responses from 33 participants. Additionally, across the workshop and breakout discussions, participants spoke frequently of the challenges and failings of the current supported housing system. There were several common themes that described the challenges in the current supported housing system that sit at the government and policy level, challenges of the supported housing system itself, and challenges that are related to the individual who needs supported housing. These are shown in Figure 3 below and expanded on in Appendix A.

Figure 3. Snapshot of main challenges in the supported housing system identified by participants in the workshop

For people who need supported housing, participants emphasised that difficulties accessing and maintaining housing often arise from a combination of personal circumstances and barriers within the service system. Many people experience challenges finding their way through complex housing and support systems, accessing the services they need, and maintaining stable housing once they are housed. These challenges can be made worse by limited access to technology, practical difficulties attending appointments, the complexity of service systems, and, for some people, negative past experiences that can lead to distrust of services and disengagement.

Participants also highlighted that limitations within the supported housing system can reduce people's choice and, in some cases, affect their safety, wellbeing, and rights. Examples included being placed in housing that does not meet a person's needs, challenges associated with shared living arrangements, and limited access to ongoing support.

Participants also highlighted a number of system-level barriers that contribute to unmet need for supported housing. These included a shortage of affordable and appropriate housing, inadequate funding, long waitlists, and limited service availability in some areas. Participants also described fragmented systems, poor coordination between services, restrictive eligibility criteria, and challenges accessing high-quality, trauma-informed, and culturally appropriate support. Together, these factors were seen as limiting access to housing and support and making it harder for people to achieve stable housing and recovery

2. Who needs supported housing services

The first breakout room focused on the question: who needs supported housing services? Discussion was guided by the following sub-questions: (a) what is happening in people's lives that makes housing harder to obtain or sustain; (b) whether there are particular groups or pathways into need that should be recognised; and (c) who may be missed or undercounted within the current system.

Participants drew on their professional and lived-living experiences to describe the people who need supported housing services. Discussion ranged from specific mental health diagnoses to the complex lived and living experiences of individuals, often highlighting how these interact with structural barriers in the supported housing system. Participants highlighted that becoming homelessness can be the trigger for mental health crisis and emphasised that system complexities and failings can contribute to deteriorating mental health.

Commonly discussed was that those with mental illness often have other challenges, including drug and alcohol problems, trauma, justice system involvement, and there was a feeling that this complexity creates additional barriers to accessing services due to being passed between different services and a lack of responsibility being taken by the system. It was also made clear that the current system is difficult to navigate and expecting those with severe and complex mental health challenges to be able to advocate for themselves, fill in forms, or travel to services in person is often a barrier to accessing services. Relatedly, some participants spoke about a lack of trust in the system due to its repeated failures, and a reluctance to access services while in crisis. Participants also discussed the fluctuating nature of mental health

challenges, and the catch-22 of being unable to navigate services while in crisis or acutely unwell and being overlooked when in a period of relative health and functional ability.

Participants identified a wide range of individuals who may require supported housing services. *Table 2* provides an overview of these groups, organised into broad categories reflecting shared characteristics, experiences, and pathways into need.

Table 2. Who are the people that need supported housing services?

Theme	Individuals
People experiencing complex and intersecting needs	• Individuals with severe and persistent mental illness (e.g., schizophrenia, bipolar disorder, psychosis, personality disorders) • People with psychosocial disability • People on community treatment orders • Individuals with multiple diagnoses (mental health + alcohol and other drugs (AOD), intellectual disability, acquired brain injury (ABI), Alzheimer's and dementia) • People with complex medication regimes that they need support managing • People with fluctuating capacity or functioning • Those whose needs are too complex for existing services
People experiencing trauma and safety risks	• Survivors of domestic and family violence, child abuse, and sexual assault • People who require immediate safety in housing • Those affected by complex trauma and post-traumatic stress disorder (PTSD), which is often overlooked • Individuals impacted by crime
People at transition points	• People discharging from mental health inpatient units • Individuals leaving custody or the justice system • Young people transitioning from child safety or youth justice • People leaving residential care

Theme	Individuals
Disadvantaged groups	• Aboriginal and Torres Strait Islander peoples • Women (including single mothers, pregnant women, widows) • Young people, particularly those estranged from family • Older adults • Immigrants without support networks • People without family or informal supports
People with situational need	• People experiencing crises (e.g., domestic violence, bereavement, loss of a carer) • People who may only need temporary support but still face housing instability • People who could maintain private housing with the right supports in place
Individual barriers to obtaining or maintaining housing	• Unstable mental health symptoms, including psychosis • Behaviour during episodes of illness (e.g., police involvement, domestic violence orders) • Alcohol and other drug use, often as self-medication including as a response to system failures • Trauma, cognitive impairment, and poor functioning (not necessarily related to a specific diagnosis) • Difficulty with daily living, tenancy skills, and decision-making • Issues adhering to housing requirements resulting in eviction • Lack of system navigation capacity, particularly during crisis • Limited technology access to apply for housing/services • Unable to physically attend appointments • Distrust of systems leading to non-engagement

What are the pathways into need?

Across the discussions, participants highlighted that people who have little contact with services, or who avoid services because of past trauma, negative experiences, or distrust of the system, are often overlooked despite having significant support needs. Participants also noted that some people experiencing housing instability may not be recognised as needing support. This includes people who are couch surfing, living in cars, or staying in unsafe, insecure, or temporary housing arrangements that do not meet their needs but may not satisfy strict eligibility criteria for housing services.

Participants identified several points in people's lives when the need for supported housing may increase and when people are at greater risk of falling through gaps in the system. One of the most commonly discussed examples was discharge from a mental health inpatient unit. Several participants with lived-living experience described leaving hospital without enough follow-up support. Other key transition points included leaving prison or youth detention, exiting residential care, and transitioning out of child protection services.

Participants also spoke about people whose mental health gradually affects their ability to maintain employment, education, relationships, or housing. These individuals may appear to be coping until a crisis occurs, such as homelessness, increasing alcohol or other drug use, or severe psychological distress. Participants suggested that support is often not available until problems have already escalated.

In addition to these life transitions, participants highlighted situations that can trigger an immediate need for supported housing, such as experiencing domestic and family violence. They also emphasised the needs of people who become trapped in repeated cycles of hospital admissions, homelessness, crisis service use, and contact with police, often without receiving the ongoing support needed to break this pattern.

Some participants felt that requiring a formal diagnosis can create barriers to accessing support. They described people whose needs are significant but who may not meet eligibility criteria for particular services, including the National Disability Insurance Scheme (NDIS). Participants also noted that some mental health conditions, such as borderline personality disorder (BPD) and complex post-traumatic stress disorder (cPTSD), are not always well understood or well supported within the current system. More broadly, participants felt that many people needing supported housing fall into a gap where they are considered too well for acute services but have needs that are too complex to be adequately supported through existing community-based services.

3. The ideal supported housing system

The second breakout room explored participants' views on what an effective supported housing system would look like. Discussion focused on the types of housing and support that would be needed across the continuum of need, including supports that could prevent crisis, sustain long-term housing outcomes, and address the limitations of the current system.

The continuum of types of housing and support

Participants felt strongly that an ideal supported housing system would provide a spectrum of housing and support options, ranging from temporary crisis accommodation through to long-term independent housing within the community. Participants emphasised that supported housing should be personalised to the individual's needs rather than based on a one-size-fits-all approach. A key feature of an effective system would be its ability to respond to someone's changing needs over time. An ideal system would allow people to move seamlessly between different housing options and levels of support intensity as their needs change.

There was a strong emphasis on choice, control, agency, and dignity. Participants described an ideal supported housing system as one that enables people to live meaningful lives, participate in the activities that support their wellbeing, and make decisions about what works best for them.

There was also support for separating housing from support services, as this was seen as giving individuals greater choice and control over where they live, the supports they access, and who provides those supports. Participants viewed this approach as an important way to promote autonomy, flexibility, and self-determination, while ensuring that people are not required to forgo their housing if they wish to change support providers or if their support needs change over time.

Participants identified a need for alternatives to hospital admission, including respite services, crisis accommodation, and community-based crisis supports designed to stabilise people in calm and therapeutic environments that do not replicate the institutional nature of hospitals. Participants also suggested that time-limited crisis supports, such as accommodation capped at three days, are often insufficient for people to stabilise. Leaving crisis services prematurely was seen as increasing the risk of repeated crises and cyclical service use. Participants also identified a need for medium term (3-6 month) retreat and recovery models, for example, small-scale settings in rural environments, with low resident numbers and high levels of qualified staffing.

Participants also expressed a strong view that discharge from hospital into homelessness is unacceptable. There was a perception that current hospital systems can struggle with discharge planning, referral pathways, and post-discharge follow-up, leaving some individuals, particularly those without family or informal supports, with nowhere to go and no clear pathway into supported housing or ongoing support services.

Prevention and early intervention were also viewed as critical elements of a successful supported housing system. Participants suggested a range of preventative approaches, including tenancy sustainment supports for people in the private rental market, assistance to prevent eviction, community-based social supports to reduce isolation, and proactive outreach to individuals who may not seek support themselves.

There was strong support for a broad range of housing options that recognise differing preferences and needs. Participants suggested options for people who wish to live alone, people who prefer shared housing, congregate settings for those who value social connection, and housing across metropolitan, regional, rural, and remote locations.

Recovery-oriented and trauma-informed services supported by a lived-living experience workforce

Participants described a system that is structured to actively promote recovery. A recovery-oriented approach was seen as one that builds capacity and skills, fosters independence, and recognises that people's needs, abilities and levels of functioning may fluctuate over time. While participants strongly supported a recovery-focused model, they also cautioned against an overemphasis on moving people out of the system. Instead, they recognised that some individuals may require ongoing support throughout their lives, and that a successful system should be able to provide long-term support where needed while still promoting recovery, autonomy, and quality of life.

Trauma-informed practice was identified as a key element of a supported housing system that would prevent crisis and support long-term housing stability. Some participants shared that genuine trauma-informed practice is often difficult to find. Participants described trauma-informed practice as involving an understanding of how trauma and mental health challenges influence an individual's behaviour, relationships, and functioning. Some suggested that trauma-informed practice is most effective in settings that embed the voices of people with lived-living experience and do not privilege clinical perspectives above all others. Genuine trauma-informed practice was seen as one that builds trust, promotes safety, and avoids causing further harm through systems that have often failed or traumatised people with mental health challenges.

The inclusion of lived and living experience within the supported housing workforce was identified as critical to embedding both trauma-informed practice and a recovery-oriented approach. Participants emphasised the unique value that peer workers bring through their lived expertise, particularly in fostering trust and understanding among service users.

However, it was also noted that lived experience roles must be appropriately remunerated, supported, and developed, with investment in workforce capacity building to ensure these roles are sustainable and valued as a core component of the supported housing system.

Navigation and continuity across services

A recurring theme across the workshop was the difficulty people experienced navigating complex mental health and housing systems, with service fragmentation and geographic boundaries creating additional barriers to accessing support. Participants also felt that systems often lacked understanding of the challenges faced by people with mental health conditions, particularly those who may struggle to complete forms, navigate multiple-step application processes, or attend appointments in person. These challenges were seen as being influenced by individuals' level of functioning, as well as practical factors such as access to transport, smartphones, and other resources needed to engage with services.

To address this, there was strong support for dedicated service navigation assistance, such as case management or social work roles that can operate across multiple systems, including housing, mental health, disability, alcohol and other drug services, gambling support, and physical health services. Participants viewed these roles as important for helping individuals navigate complex service systems and helping to advocate for their needs.

Participants also highlighted the importance of continuity of care when people move between service regions or service types. Effective communication and coordination between services were seen as essential for supporting smooth transitions and reducing the risk of people falling through service gaps. Participants noted that periods of transition can be particularly vulnerable times, during which crisis may emerge if appropriate supports are not in place.

Safe and appropriate housing

Participants emphasised that safety is fundamental to successful supported housing. Housing should protect residents from violence, exploitation, triggering environments, and other unsafe living situations. This included concerns about placing vulnerable people alongside others whose behaviours may negatively affect their wellbeing or recovery.

Housing environments were described as needing to be stable, calm and non-clinical, while actively promoting wellbeing and recovery. Participants highlighted the importance of protecting privacy, sleep, dignity and personal choice, and avoiding environments that replicate institutional settings or create concentrated pockets of disadvantage. Concentrating large numbers of people with mental health challenges within social housing settings,

particularly where some residents exhibit antisocial behaviours, can contribute to stigma and discrimination. Integrating supported housing within the broader community was identified as one approach to addressing this issue. Other participants suggested that community-level psychoeducation, alongside anti-stigma and anti-discrimination initiatives, could help foster greater acceptance and inclusion of people living in supported housing, while also reducing social isolation and strengthening community connectedness.

At the same time, participants acknowledged that community-integrated housing is not appropriate for everyone. Some individuals may benefit more from group-based settings, either because they require a higher level of professional support or because they value the opportunity for social connection with others.

Participants emphasised that supported housing should foster meaningful social connection and help residents build and maintain relationships. One participant summarised this by expressing a desire for a place where they were not simply tolerated but genuinely included. Creating opportunities for inclusion and community participation was viewed as fundamental to wellbeing, recovery, and long-term housing stability.

Funding and system accountability

Central to a successful supported housing system was the availability of sufficient, secure and long-term funding that supports the full continuum of housing and support options, while allowing services to respond flexibly to individual needs. Participants argued that funding should be protected from political cycles and support long-term planning and investment, particularly in the context of an ongoing housing shortage that is expected to worsen over time.

Participants also emphasised the importance of transparency and accountability within the system. This included clear and independent complaints and appeals processes, mechanisms for consumers to provide feedback on their experiences, and timely communication regarding the progress of applications and support requests. Such processes were viewed as important for building trust, ensuring fairness, and improving the responsiveness of supported housing services.

4. How do we get from where we are today to the ideal supported housing system?

The third breakout session asked participants to consider what practical changes could be made to get to the ideal system that was discussed from where we are today. Three interrelated questions guided the discussion: (a) what models are working well and could be expanded; (b) what could change in the next 1-2 years; and (c) what could change over the next 5-10 years.

There was support for models that strengthen community connection, including mentoring relationships, peer-led supports, opportunities to connect with nature, and community-based support environments. Participants identified several existing models that may provide useful foundations for future reform. Models or approaches regarded positively included:

- Housing and Support Program (HASP)
- Partners in Recovery
- Community-led models with clinical support
- Clubhouse models
- Community Care Units (CCUs)
- Youth residential rehabilitation services
- Stride services
- Evergrow model (Karakan)
- Modified therapeutic community models

Additionally, a "no wrong door" approach was considered an important principle, which ensures that individuals can get support regardless of where they first present.

Participants discussed both short-term opportunities for change and the longer-term reforms needed over the next 5-10 years. While these longer-term changes would require greater time and investment, they were viewed as essential to moving toward a more effective supported housing system.

Table 3. Summary of participant perspectives on short-term and long-term changes needed to improve the supported housing system

Shorter term changes	Longer-term changes (5-10 years)
Improve communication between services and government departments	Develop and implement a long-term vision for supported housing
Improve communication with service users	Expand supported housing models across Queensland
Increase accessibility of information about what is currently available	Establish clearer system leadership
Introduce system navigator, housing facilitator, or case management roles	Create multidisciplinary support systems
Reform complex application processes and provide assistance with forms	Build the capacity of the lived-living experience workforce
Introduce additional peer workers or support workers in supported housing settings	Develop one-stop-shop models and integrated service hubs
Strengthen hospital discharge planning and housing assessments	Increase availability of preventative, early intervention, and transitional supports
Improve referral pathways across services and regions	Reduce reliance on clinical and institutional approaches
Fund evaluation of existing services and identify successful models for expansion	Address mental health stigma through broad community education and awareness initiatives
	Develop funding arrangements that support the full continuum of supported housing

Participants also emphasised that these changes need to be coupled with significant investment in housing supply. To do this, it was suggested that the system could build more

supported housing across the spectrum of need, acquire additional housing stock, and explore partnerships with private developers and investors.

It was frequently stated that any reforms must be supported by stable, long-term funding models and informed by evaluation of existing models. Participants argued that meaningful change requires a clear long-term vision supported by government leadership and accountability. Some advocated for the creation of a dedicated supported housing portfolio or department to provide system leadership and long-term planning.

Conclusion

This workshop brought together people with lived-living experience, service providers, planners, and other stakeholders to explore perspectives on the supported housing system in Queensland. Participants described a diverse range of people who may benefit from supported housing, while emphasising that need is often shaped not only by mental health challenges, but also by experiences of trauma, homelessness, substance use, justice system involvement, poverty, and other life circumstances.

A consistent message across discussions was that many people fall through the cracks of the current system. Participants highlighted barriers related to service accessibility, fragmented systems, limited housing supply, restrictive eligibility criteria, and a lack of coordination between services. Particular concern was expressed for people experiencing major life transitions, those with low engagement with services, and those whose needs do not align with existing service thresholds.

The findings highlight the importance of a supported housing system that is flexible, person-centred, and responsive to the diverse needs and recovery journeys of people experiencing mental health challenges. The perspectives shared through this workshop will inform the next stage of the project, including the development of planning estimates for supported housing and associated supports in Queensland. Together, these findings provide an important foundation for ensuring future planning reflects both population need and the real-world experiences of people who rely on supported housing services.

Appendix A

Table 4. Summary of the main challenges in the current supported housing system (Mentimeter and breakout room responses)

Theme	Government and policy factors	Current supported housing system factors	Individual factors
Funding and affordability	• General housing affordability • Insufficient funding • Ineffective funding models • Funding not linked to lived experience and actual need	• Affordability of supported housing • Financial pressures on providers • Providers shutting down due to lack of funding	• Financial pressure
Availability and supply	• Lack of housing stock • Lack of housing in regional and remote areas	• Lack of long-term housing • Waitlists and delays	• Waitlists and delays exacerbating mental health challenges • Lack of places specifically for young people
Accessibility and system navigation	• Decision-maker knowledge gaps • Lack of overall responsibility	• Fragmented systems • Lack of communication between services • Lack of clear pathways through services • System navigation barriers • Rigid eligibility requirements and system rules	• Limited awareness of available supports • Limited knowledge of rights and ability to advocate for rights
Suitability, quality, and safety of housing	• Enforcement of housing standards • Enforcement of tenants' rights	• Unsuitable or unsafe housing • Separation (or not) of housing and support	• Safety concerns in shared housing • Lack of choice and control • Human rights concerns • Stigma and discrimination • Racism
Quality and appropriateness of support	• Models not linked to lived experience and actual need	• Low-quality support • Support staff underqualified or lacking capacity to respond to complex mental health challenges • Limited trauma-informed care • Limited culturally appropriate care	• Lack of meaningful and ongoing support • Lack of individually tailored support
Coordination and continuity of care	• Lack of overall responsibility for the system	• Fragmented services • Poor communication between services in different regions • Unclear pathways through support systems • Separation of housing and support creating coordination challenges	• Individuals required to navigate multiple disconnected systems