

# Veteran homelessness in Australia: What do we know? What has been done? What do we need to do?

Australasian Psychiatry  
2023, Vol. 31(4) 454–457  
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DOI: 10.1177/10398562231167690  
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## Abstract

**Objective:** We report on the extent of veteran homelessness in Australia, what has already been done to address it and what actions are recommended to further improve the response.

**Conclusions:** Work conducted by not-for-profit organisations and the Department of Veterans' Affairs are outlined with positive prospects for significant coordinated action to further address the situation reported.

**Keywords:** veterans, suicide, homelessness, mental health

We now know that a lot of Australians have served or are currently serving in the Australian Defence Force (ADF). For the first time, the 2021 Australian Census included a question about military service which found 84,865 were current and 496,276, or around 2% of the Australian population, were former serving members.<sup>1</sup> Previously, the Department of Veterans' Affairs (DVA) could only estimate the total number of veterans based on those who chose to register with them.

About 10% of ADF personnel transition to civilian life each year, predominantly young males.<sup>2</sup> Around a third of separations are involuntary; either medically discharged or found unsuitable for further duty.<sup>2</sup> As a group, they have a suicide rate three times that of those who discharged voluntarily.<sup>3</sup> Prevalence of the most common mental disorders in transitioned ADF personnel are contained in **Box 1** with significantly higher rates seen in those who were medically discharged which comprised one-fifth of the cohort examined in this study.<sup>4</sup> About two-thirds (62.8%) of the sample were employed and 5.5% had retired. Schizophrenia was not studied, as the condition is rare in the ADF, probably from a healthy worker effect.

Major studies on the mental health of serving military personnel and veterans in Australia<sup>4–6</sup> along with

extensive investigations of veteran suicide<sup>7–9</sup> have informed concerns about veteran homelessness. Suicide and suicidality is more prevalent in people experiencing homelessness than those who are not.<sup>10,11</sup> United States research has shown that veterans have a 2 to 3 times higher risk of homelessness,<sup>12</sup> and that being homeless increases the risk of veteran suicide, which has in turn led to an increased effort to address homelessness as a way of reducing veteran suicide.<sup>13</sup> However, it is worth noting there are significant differences between the US and Australian veterans' compensation and health care systems.

While there is no definitive source of information on the prevalence of veterans' homelessness in Australia, it has been suggested that veterans are overrepresented in the homeless population of Australia, with 5800 veterans estimated to be homeless over a 12 month period.<sup>14</sup> Another study found that 5.6% of people sleeping rough in Australia were veterans, with veterans more likely to spend longer periods of time sleeping rough.<sup>15</sup> Also, 1300 persons who identified as current or former

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### Box 1. Estimated prevalence of 12-month mental disorder in Transitioned Australian Defence Force (ADF) - Key findings<sup>4</sup>

- Anxiety disorders 37% with Post-Traumatic Stress Disorder in 17.7%
- Affective disorders 23.5% with depressive episodes in 11.2%.
- Alcohol Use Disorder 12.9%.

serving members of the ADF were assisted by Specialist Homeless Services in 2020–21 with 54% identifying as homeless and 46% at risk of homelessness.<sup>3</sup> However, Nielszen et al.<sup>16</sup> did not find a single DVA client among 2140 adults who attended an inner-city homeless hostel clinic and had been admitted to a hospital in NSW between 2008 and 2021, suggesting either a lack of individuals identifying as former serving ADF members or a lack of uptake of DVA services by veterans who are homeless or at-risk of homelessness.

Homeless veterans in Australia are at a higher risk of experiencing psychological distress and are at significantly higher risk of suicidality, with evidence indicating that veteran suicidality increases in the period prior to homelessness,<sup>10</sup> emphasising the need to include housing stability as part of the mental health assessment of veterans.<sup>10</sup> Moreover, the risk factors for veteran homelessness, such as the presence of mental disorders, including substance use disorders, overlap with those for suicide.<sup>10,13,14</sup>

### What has been done?

State and territory governments have primary responsibility for delivering housing and homelessness services, and partner with the Commonwealth under the National Housing and Homelessness Agreement. Commonwealth, state and territory governments work together to prevent and address homelessness, and aim to improve access to affordable, safe and sustainable housing for Australians, including veterans. DVA works with state and territory housing and homelessness agencies to facilitate pathways for veterans to access their services, while also encouraging state and territory agencies to consider the support services DVA can offer their clients.

The Community Housing Industry Association (CHIA) is the national peak body representing registered not-for-profit social and affordable housing providers to policy and key decision makers in the Federal Government and its agencies. Motivated by Australian Housing and Urban Research Institute (AHURI) research commissioned by DVA<sup>17</sup> that found veterans were less likely to access mainstream services and reported high rates of dissatisfaction with services provided, CHIA together with RSL Care SA, have been collaborating to strengthen housing responses for homeless veterans. This research also identified that pathways to veteran homelessness, while similar to those of the general homeless population, also differ in that there can be a very rapid descent into

homelessness for veterans once they separate from the ADF.<sup>18</sup>

With support from DVA, CHIA developed a toolkit<sup>19</sup> for community housing organisations (CHOs) to enable them to more effectively respond to veterans who are eligible for social or affordable housing. Whilst CHOs are experienced in working with vulnerable tenants, many of whom have complex needs, veteran households have rarely been assisted. The toolkit is composed of a range of practical resources that explain the veteran experience, the role CHOs can play in assisting homeless veterans and how to best to enable veterans to sustain their tenancies.<sup>19</sup>

As the intention was to produce a guide that would change practice, the toolkit project received input from services that are currently providing support to veterans who are homeless or at risk of homelessness. It also brought together CHOs with veteran service organisations to test ideas and build relationships where none had existed. The toolkit also incorporates a standard that sets clear criteria against which CHOs can assess whether the services and accommodation they provide are veteran friendly.

The Australian Government recently made several commitments to support veterans who are homeless or at risk of homelessness. The 2022–23 Budget included establishment of the \$10 billion Housing Australia Future Fund which includes a \$30 million commitment to build more housing and fund specialist services for veterans who are experiencing homelessness or at risk of homelessness.<sup>20</sup> Also, \$3.6 million was promised to establish the Scott Palmer Services Centre in Darwin that will provide temporary accommodation for veterans experiencing homelessness.

In addition to these measures, DVA is also working in partnership with RSL Care SA, to trial an 'assertive in-reach program pilot' supporting veterans residing in the Andrew Russell Veteran Living Centre in Adelaide. The pilot commenced in October 2019 and aims to enable veterans to develop skills and networks for ongoing support through community-based agencies and providers, underpinned by ready access to entitlements and DVA and Open Arms services. While homelessness services are the primary remit of states and territories, DVA provides a range of important services and supports to address the risk factors relating to homelessness that are listed in [Box 2](#).

### What do we need to do?

A variety of intensive, outreach, and community mental health services are required to support veterans

## Box 2. Department of Veterans Affairs' services provided to address risk factors relating to homelessness

- Access to free mental health care for life for anyone with a single day of continuous full-time service in the Australian Defence Force (ADF) (DVA White Card)
- Intensive case management for veterans in at risk cohorts
- Targeted rehabilitation programs to support vocational and non-vocational outcomes
- Tailored support for transitioning members, including access to DVA's Veteran Support Officers on many ADF bases around the country and provision of a DVA White Card to transitioning members
- Provisional Access to Medical Treatment, which provides eligible ex-serving ADF members access to medical and allied health treatment for the 20 most commonly accepted conditions before their claim is processed
- Support for veterans and families to access entitlements, including a crisis payment, incapacity payments and the Veteran Payment, referrals to local accommodation services and information about other organisations that can assist them.

experiencing homelessness.<sup>13</sup> Such services should coordinate with housing support and addiction services to provide more effective treatment with the aim of preventing suicides.<sup>13</sup> Housing First, which aims to provide stable accommodation as the initial step, is increasingly viewed as an effective approach to address psychiatric disorder associated with homelessness.<sup>21</sup>

The interim report of the National Commissioner for Defence and Veteran Suicide Prevention recommended revising transition processes for serving members to include an assessment of housing vulnerability. Those identified as being vulnerable were recommended for support to contact community housing organisations to discuss housing options and pathways.<sup>9</sup> This seems a practical and direct recommendation that could be readily implemented with rapid results.

While the toolkit project revealed that improved CHO practice is just one element of the service system that needs to change if veterans in housing stress are to be helped, acknowledging DVA constraints in terms of accommodation provision is critical in developing a response for homeless veterans. However, the CHIA has identified three areas where the Commonwealth, state and territory governments can provide further assistance. Firstly, to address the need for more veteran accommodation options. Currently, there are only a few housing projects specifically targeted at the veteran community in Australia. Those that exist were initiated primarily by non-government veterans' services and CHOs and set up without government support. In almost all cases there are no formal links with DVA or other veteran support services. Most existing projects are designed to meet crisis needs (up to 3 months) through to medium-term accommodation (18 months). Where projects have been evaluated, they have demonstrated positive outcomes, including enhanced

mental health and wellbeing and employment.<sup>18,22</sup> They have also highlighted problems where longer term 'move on' housing is lacking.

Secondly, to identify specific veteran housing needs, then provide access to tailored, intensive, outreach, community mental health services to allow a response to veteran needs that goes beyond the currently limited emergency assistance available from Open Arms Veterans and Families Counselling, the treatment arm of DVA.

Finally, to provide housing that is specifically linked to specialist support services. AHURI research has demonstrated that for some veterans, a positive transition process from service would be enabled by targeted accommodation linked to specialist support services.

## Conclusion

The Australian Government has committed to build housing and fund specialist services for veterans who are experiencing homelessness or at-risk of homelessness.<sup>20</sup> This is in addition to the current range of supports and programs to address the risk factors of veteran homelessness, including mental health care and supports. However, further research is required to determine if current Commonwealth, state and territory governments' supports, including DVA and Open Arms mental health and case management services, have the capacity to engage with the estimated numbers of veterans experiencing homelessness and connect them with the right housing supports. If not, further funding for the development of support services including direct clinical service delivery by DVA may be required.

## Acknowledgements

The authors acknowledge the grateful assistance of the Department of Veterans' Affairs in the preparation of this paper. The Commonwealth Department of Veterans' Affairs was consulted about this paper.

<sup>1</sup>Community Housing Industry Association 2022, [Working with Veterans: Community Housing Toolkit and Standard](#).

## Declaration of conflicting interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: DW is a member of the Department of Veterans Affairs, Chief Health Officer's Mental Health Expert Advisory Group. KH is an employee of the Royal Australian and New Zealand College of Psychiatrists. SC is contracted by Community Housing Industry Association (CHIA) to support the development of housing resources for community housing organisations.

## Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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## References

1. *Service with the Australian defence force: Census information on service with the Australian defence force*. Canberra: Australian Bureau of Statistics. Australian Government, 2021.
2. *Annual report 2021-22*. Canberra: Department of Defence. Australian Government.
3. Australian Institute of Health and Welfare. *Specialist homelessness services annual report 2020-21*. Canberra: Australian Government, 2022.
4. Van Hooff M, Lawrence-Wood E, Hodson S, et al. *Mental health prevalence, mental health and wellbeing transition study*. Canberra: Department of Defence and Department of Veterans Affairs, 2018.
5. McFarlane A, Hodson S, Van Hooff M, et al. *Mental health in the Australian defence force: 2010. ADF mental health prevalence and wellbeing study: full report*. Canberra: Department of Defence, Australian Government. , 2011.
6. Forbes D, Van Hooff M, Lawrence-Wood E, et al. *Pathways to care, mental health and wellbeing transition study*. Canberra: Department of Defence and the Department of Veterans' Affairs, 2018.
7. Australian Institute of Health and Welfare. *National suicide monitoring of serving and ex-serving Australian defence force personnel: 2019 update*. Canberra: Australian Government, 2019.
8. Royal Commission into Defence and Veteran Suicide, <https://defenceveteransuicide.royalcommission.gov.au>
9. Interim National Commissioner for Defence and Veteran Suicide Prevention. *Preliminary interim report*. Canberra, Australia: Australian Government, 2021.
10. Brackertz N. *The role of housing insecurity and homelessness in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours: a review of the evidence*. Melbourne: Australian Housing and Urban Research Institute Limited, 2020.
11. Tsai J and Cao X. Association between suicide attempts and homelessness in a population-based sample of US veterans and non-veterans. *J Epidemiol Community Health* 2019; 73: 346–352. DOI: [10.1136/jech-2018-211065](https://doi.org/10.1136/jech-2018-211065).
12. Fargo J, Metraux S, Byrne T, et al. Prevalence and risk of homelessness among US veterans. *Prev Chronic Dis* 2012; 9: E45. DOI: [10.5888/pcd9.110112](https://doi.org/10.5888/pcd9.110112).
13. Tsai J, Trevisan L, Huang M, et al. Addressing veteran homelessness to prevent veteran suicides. *Psychiatr Serv* 2018; 69: 935–937. DOI: [10.1176/appi.ps.201700482](https://doi.org/10.1176/appi.ps.201700482).
14. Hilferty F, Katz I and Van Hooff M. How many Australian veterans are homeless? Reporting prevalence findings and method from a national study. *Aust J Soc Issues* 2021; 56: 114–127. DOI: [10.1002/ajs4.123](https://doi.org/10.1002/ajs4.123).
15. Wood L, Flatau P, Seiwright A, et al. Out of the trenches; prevalence of Australian veterans among the homeless population and the implications for public health. *Aust N Z J Public Health* 2022; 46: 134–141. DOI: [10.1111/1753-6405.13175](https://doi.org/10.1111/1753-6405.13175).
16. Nielssen OB, Stone W, Jones NM, et al. Characteristics of people attending psychiatric clinics in inner Sydney homeless hostels. *Med J Aust* 2018; 208: 169–173. DOI: [10.5694/mja17.00858](https://doi.org/10.5694/mja17.00858).
17. Hilferty F, Katz I, Zmudzki F, et al. *Homelessness amongst Australian veterans*. 2019. Melbourne: Australian Housing and Urban Research Institute Limited.
18. Klinge N and Ollwitz R. Andrew Russell: Veteran living-meeting the needs of homeless veterans in South Australia. *Parity* 2020; 33: 23–26.
19. Community Housing Industry Association. *Working with veterans: community housing toolkit and standard*. Sydney, NSW, <https://www.communityhousing.com.au/working-with-veterans-community-housing-toolkit-and-standard/>
20. Collins J. *Helping more Australians into homes*. Canberra: Australian Government. <https://ministers.dss.gov.au/media-releases/9511>
21. Hayhurst W. Finding a stable home base. *Parity* 2020; 33: 29–30.
22. Letts J. Lived experience of veterans' homelessness: before and after. *Parity* 2020; 33: 37–39.