

# Mental Health-Housing In Reach Service Evaluation 2025

## Summary

---

September 2025



---

## Acknowledgement of Country

NSW Ministry of Health acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this document.

---

## Acknowledgement of Lived Experience

NSW Ministry of Health acknowledges the individual and collective contributions of those with a lived and living experience of mental ill-health and suicide. Your shared experiences and narratives are vital in shaping our understanding and advancing the conversation on mental health and suicide prevention

---

## Published by

Mental Health-Housing In Reach Service Evaluation 2025 Summary

Published by NSW Ministry of Health

Website: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

SHPH: SHPN (MHB) 250621

First Published: September 2025

Copyright and disclaimer

© State of New South Wales through NSW Health 2025. Information contained in this publication is based on knowledge and understanding at the time of writing, April 2025, and is subject to change. For more information, please visit <https://www.health.nsw.gov.au/Pages/copyright.aspx>.

# Summary

---

## The Mental Health-Housing In Reach Service program

The Mental Health-Housing In Reach Service (MH-HIRS) pilot program is a joint initiative between NSW Health and the Department of Communities and Justice (DCJ)/Homes NSW.

MH-HIRS provides targeted support to individuals who are at risk of homelessness on discharge from mental health inpatient services through pre and post discharge case management support. The program aims to prevent homelessness by establishing and maintaining continuity of care in the community using a holistic and person-centred approach to identifying pathways to stable accommodation.

The program operates in 3 local health districts (LHD): Sydney and South Eastern Sydney (delivered by Wesley Mission) and Central Coast (delivered by Uniting NSW.ACT).

MH-HIRS promotes cross-agency collaboration and strategically aligns with key NSW Government policy frameworks, including the Housing and Mental Health Agreement 2022 (HMHA 22) and No Exits from Government Services into Homelessness: A framework for multi-agency action.

---

## The MH-HIRS evaluation

The Ministry of Health commissioned Health Consulting Collaborative to undertake an 18 month evaluation of the MH-HIRS program. The evaluation ran from June 2022 to December 2023. Methods included data analysis and linkage of 253 program participants and consultations with LHDs and non-government organisations (NGOs).

---

## Summary of findings

The evaluation results indicate that the program is working to provide MH-HIRS participants with greater continuity of care and accommodation in the community, while enhancing cross-agency partnerships.

- The evaluation highlighted the viability of an integrated health and housing approach in improving participant outcomes. It demonstrated that participants at risk of being discharged to homelessness could be identified during a mental health inpatient admission and could be successfully supported to transition from hospital to stable accommodation.
- The program reaffirmed the need for strong collaboration and partnerships between government and NGOs to support participants with complex needs. The focus group findings revealed effective LHD, DCJ, and NGO partnerships built a sense of enhanced collaboration and resource utilisation amongst staff to support participant outcomes.
- Qualitative insights from the evaluation suggest that consistent pre and post discharge case management support increased participant engagement with community mental health care and housing services. This is represented as a decrease in the rate of mental health unit separations and emergency department presentations by MH-HIRS participants, which contributes to the quality of life for participants and relieves pressure on hospital resources and spending.
- Qualitative feedback indicates that the program is well-received by participants and stakeholders, as demonstrated in case studies and focus groups used throughout the evaluation.

- Stakeholders reported that consistent communication through the program fosters participant comfort and community integration, while tailored support enhances housing prioritisation and recovery. This is reflected in increased participant involvement in collaborative discharge planning, continuity of mental health care in the community, and ongoing accommodation support.
- Nearly all the participants accessing the MH-HIRS program reported increased engagement with Specialist Homelessness Services (SHS) and other referrals to support their needs. The program also identified and supported consumers who existed outside of the service system to access SHS services which they otherwise may have not known about during their hospital admission.

---

## Future Considerations

The evaluation identified some future considerations for policy and practice:

- Strengthening interagency partnerships can improve client outcomes and address service gaps and inefficiencies.
- Emphasising the principle of 'Housing First' may increase the commitment of housing providers to providing permanent housing solutions for individuals with complex needs and improve access to appropriate housing stock.
- Establishing clear agreements between relevant agencies can ensure resources and policies align with program objectives to ensure long-term sustainability and impact.
- It is possible to enhance data collection and analysis by creating a comprehensive Health and Housing data linkage system through initiatives such as the Housing and Mental Health Agreement 2022.

---

## Evaluation limitations

The evaluators identified a number of challenges and limitations in the data and evaluation process and some of the evaluation findings should therefore be treated with caution.

- The housing and homelessness and health data presented in the report should be seen as providing valuable observational insights about the pilot program.
- The qualitative observations presented in the evaluation should be seen as providing confidence in the feasibility and potential impact of joint delivery across agencies to support people with complex and enduring needs.
- The evaluation findings and the conclusions drawn from them should be seen as preliminary.