

# Housing stress and the mental health and wellbeing of families

Elly Robinson and Rennell Adams

Housing is one of the most basic needs for families, and yet for many Australians it is increasingly at risk. The costs associated with the provision of housing are among the largest ongoing expenses that families will incur over their lifetime. Between 1996 and 2006, average Australian house prices, relative to income, almost doubled, even when controlling for inflation (Disney, 2006). More recent research has highlighted that this trend has been apparent for more than 20 years, finding that while income has doubled in the years 1985 to 2004, there has been a fourfold increase in house prices (National Centre for Social and Economic Modelling, 2008). The impact of higher housing costs is most strongly felt by lower-income groups, particularly low-income renters for whom home ownership is increasingly out of reach (Yates & Milligan, 2007).

This paper explores the relationship between housing affordability, housing stress, and mental health and wellbeing. The first section examines some recent statistics on housing affordability in Australia and defines some key terms. Some of the potential impacts of housing issues on health and wellbeing, and how this influences outcomes for Australian families are examined. The relevance of these issues to family and relationship service provision is explored, and ideas for service responses are provided.

## Housing affordability and housing stress

Rising housing costs and house prices in Australia have led to an increased interest in concepts such as housing affordability and housing stress. Affordable housing can be broadly defined as “housing of an adequate basic standard that provides reasonable access to work opportunities and community services and that is available at a cost which does not cause substantial hardship to the occupants” (Disney, 2006, p. 4). One of the more common measures of housing affordability is the “30/40 rule”. Housing affordability is compromised when households in the bottom 40% of income distribution spend more than 30% of their household income on housing, adjusted for household size (Yates & Milligan, 2007). Those who do not have affordable housing according to this criterion are said to be experiencing “housing stress”, which may be measured in terms of people’s subjective experiences of managing housing costs (Yates & Milligan, 2007)



## Australian Government

### Australian Institute of Family Studies

Australian Family Relationships Clearinghouse

The Australian Family Relationships Clearinghouse (AFRC) is an information and advisory unit funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. The Clearinghouse aims to enhance family relationships across the lifespan by offering a resource and a point of contact for providers of family relationship and support services, policy makers and members of the research and broader communities. The Clearinghouse collects, synthesises and disseminates information on family relationships and facilitates networking and information exchange.

## Contents

|  |   |
|--|---|
| <a href="#">Housing affordability and housing stress</a>         | 1 |
| <a href="#">Conceptualising housing and its impact on health</a> | 3 |
| <a href="#">Conclusion</a>                                       | 8 |
| <a href="#">Useful resources</a>                                 | 8 |
| <a href="#">References</a>                                       | 8 |

## The authors

**Elly Robinson** is Manager of the Australian Family Relationships Clearinghouse and Research Fellow at the Australian Institute of Family Studies.

**Ren Adams** is Project Officer with the Australian Family Relationships Clearinghouse.

## Acknowledgement

The authors would like to thank Dr Ian Winter for his suggestions and feedback on this paper.

© Commonwealth of Australia 2008

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at [www.ag.gov.au/cca](http://www.ag.gov.au/cca)

The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect Australian Government or Institute policy, or the opinions of the Editors or of the Director.

AFRC Manager: *Elly Robinson*

Australian Institute of Family Studies  
Level 20, 485 La Trobe Street, Melbourne VIC 3000 Australia  
Phone: (03) 9214 7888 Fax: (03) 9214 7839  
Email: [afrcaifs.gov.au](mailto:afrcaifs.gov.au)  
Internet: [www.aifs.gov.au](http://www.aifs.gov.au)

Edited and typeset by Lauren Di Salvia  
ISSN 1834-2434 (Online)

and/or material hardship. Additionally, shifting individual responsibilities for services such as health, education and retirement provision increases demands on an already stretched household budget (Yates & Milligan, 2007).

Applying the 30/40 rule, data from the 2002–03 Survey of Income and Housing show that just over 11% of all households (and 28% of all lower-income households) were paying at least 30% of their gross income on housing costs (Yates & Gabriel, 2006). Lower-income private renters and purchasers are particularly likely to be affected, with research indicating that the incidence of housing stress for these groups is 65% and 49% of total households respectively (Yates & Milligan, 2007).

As housing becomes less affordable, families who are “trapped” in the rental market may find that they have to compete for suitable housing with aspirant purchasers discouraged by rising prices, and with “lifestyle renters”, who can afford home ownership but choose to rent (Yates & Milligan, 2007). Additionally, many higher-income households remain in low-rent dwellings, limiting the number available for low-income households (Yates, Wulff, & Reynolds, 2005). Many families are also forced to make trade-offs to offset the impact of rising housing costs, such as choosing to live in cheaper areas than they would have previously; choosing to continue renting rather than buying; and making compromises on housing quality and suitability to keep costs down (Yates & Milligan, 2007).

Many families who rent privately not only face rising costs but also increased difficulty in finding appropriate housing. Vacancy rates for Australian rental properties have been consistently lower than the industry benchmark of 3.0%<sup>1</sup> since the start of 2005, with vacancy rates ranging from 1.0% in Sydney to 2.6% in Canberra in the October–December 2007 quarter (Real Estate Institute of Australia, 2008). The combination of rising costs and fewer housing opportunities paints a worrying picture for private renters in Australia.

A decrease in private rental opportunities may put added pressure on low-income households, who often struggle to afford private rental accommodation without financial support such as Centrelink's rent assistance. In recent years, the increase in average rents has outpaced the level of rent assistance available to recipients (Australian Bureau of Statistics [ABS], 2006), resulting in even more disposable income being directed to housing costs. Adding to this dilemma is a fall in the number of available public housing dwellings across the country—down from 365,000 in 1995 to 341,000

1. Vacancy rates lower than 3.0% indicate a strong demand for rental accommodation. Rates higher than 3.0% indicate an oversupply of rental accommodation.

in 2006 (Australian Institute of Health and Welfare, 2007)<sup>2</sup>—and in successful applications for available public housing, from 22% to less than 15% in the same period (ABS, 2007). There is a waiting list of up to seven years for available public housing stock (St Vincent de Paul Society, 2007). Opportunities for low-income families to secure adequate housing in the current climate are increasingly limited.

The above statistics indicate a concerning trend towards housing affordability and availability problems for Australian families. This raises the question of the impact of housing issues on family and family members' wellbeing. Do housing issues affect health and wellbeing in any significant way, and if so, how? The remainder of this paper examines some of the links between housing and health.

There are several areas that this paper will not be considering in detail. One of these is homelessness, as the health problems of people without housing do not logically belong in a discussion about links between housing and health (Dunn, Hayes, Hulchanski, Hwang, & Potvin, 2004); although this is not to deny the significant health consequences of homelessness. The paper will also largely concentrate on issues related to psychosocial health rather than physical health effects, as psychosocial health issues are more likely to be part of the presenting issues in a family and relationship service setting.

**The above statistics indicate a concerning trend towards housing affordability and availability problems for Australian families. This raises the question of the impact of housing issues on family and family members' wellbeing**

## Conceptualising housing and its impact on health

It is too simplistic to see housing as merely a physical dwelling in which one resides. The World Health Organization (WHO) (Bonney, 2007) defines housing as being based on four interlinked levels, with an array of possible health effects in each:

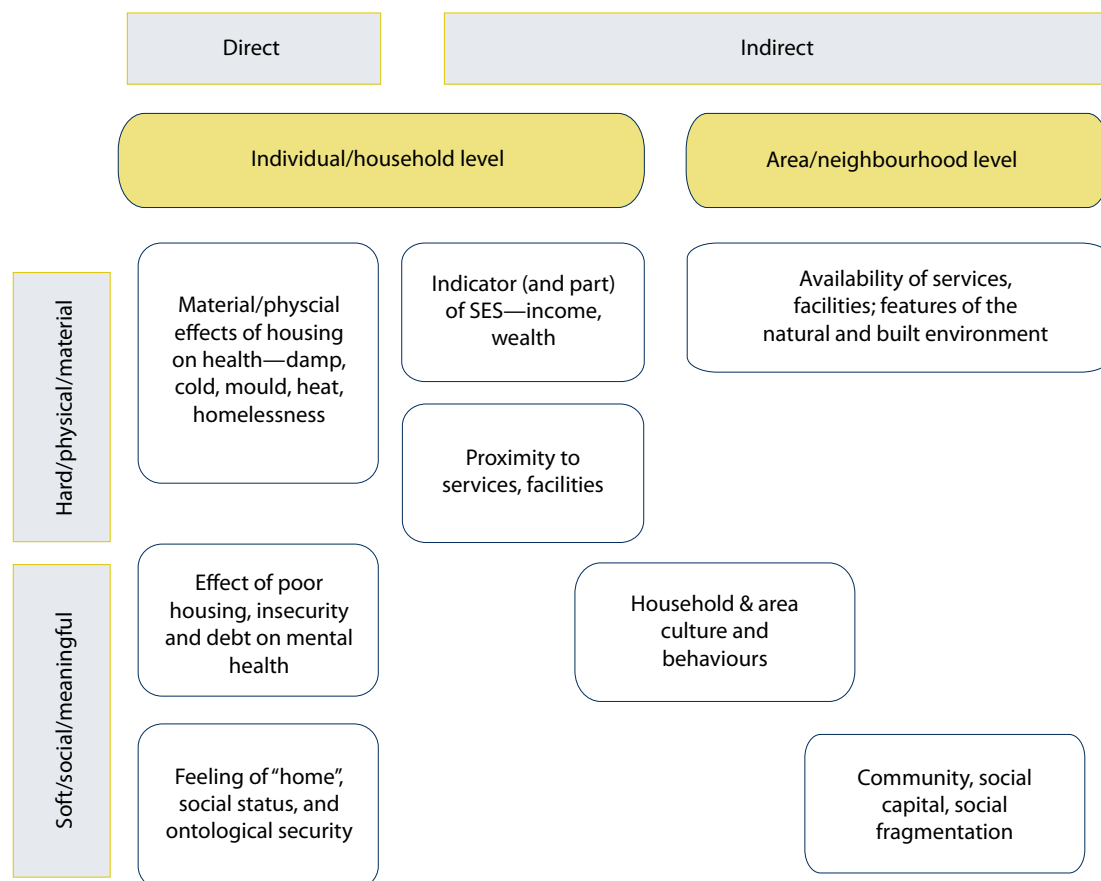
- the physical structure, including factors such as mould growth, quality, design, and noise exposure;
- the meaning of “home” as a protective, safe and intimate refuge where one develops a sense of identity and attachment;
- the immediate housing environment, including the quality of urban design (e.g., public services, playgrounds, green space, parks, places to socialise); and
- the community, that is, the quality of the neighbourhood and its relation to social cohesion, sense of trust and collective efficacy.

Shaw (2004) categorises these levels in a model that indicates how housing affects health, through direct and indirect, hard and soft ways (see Figure 1). This paper mainly concentrates on the direct, “soft” ways in which housing can influence health, that is, the effects of poor housing; insecurity and debt; and housing as a component of general wellbeing, ontological security<sup>3</sup> and social status perception. Each of these issues is addressed in the following sections.

### Poor quality housing/housing conditions

In his review of the relationship between the built environment and mental health, Evans (2003) notes that house type (e.g., high-rise), floor level, and housing quality (e.g., structural problems) have all been linked to mental health. Studies on house type have suggested that high-rise, multi-dwelling units are detrimental to psychological wellbeing, particularly that of mothers with young children and possibly the children themselves (Evans, Wells, & Moch, 2003). This may be due to social isolation, a lack of access to play spaces that promote social interaction, the stigmatisation of high-rise living, or a combination of these. Evans, Wells and Moch's (2003)

2. Losses in public housing dwellings may be partly offset by growth in community housing managed by welfare or not-for-profit organisations, community housing organisations and cooperatives, local government and church-based organisations. For more information, see the 2005–2006 Community Housing Mapping Project final report, authored by the Community Housing Federation of Australia, at: <http://www.chfa.com.au/Docs/Downloads/Community Housing Mapping Project May 2007.pdf>
3. Ontological security is defined as a sense of confidence, trust and reliability in the world as it appears to be (Dupuis & Thorns, 1998).



**Figure 1: Direct and indirect (hard and soft) ways in which housing can affect health**

Reproduced with permission from Shaw (2004)

review of 27 studies suggests that overall housing quality<sup>4</sup> is positively correlated with psychological wellbeing, although issues that may affect this relationship include identity/self-esteem, anxiety about structural hazards or a fear of crime.

Evans (2003) provides some explanations for the possible link between issues with housing quality and mental health, including insecurity/tenure concerns, difficulties with repairs and landlords, frequent relocations, less controllable social interactions, and stigma associated with poor housing. There is some evidence to suggest that when people move to better quality housing, mental health can improve (AHURI, 2005; Evans, Wells, Chan, & Saltzman, 2000; Wells & Harris, 2007), with Evans, Wells, Chan, & Saltzman (2000) finding that the degree of improvement in housing predicted the level of change in psychological distress.

One large-scale, cross-sectional, European housing and health study by the World Health Organization has indicated a relationship between depression/anxiety and living in a dwelling that: has insufficient protection against external aggressions, e.g., cold, draughts, noise; has little space for solitude or freedom; lacks light and/or an external view; does not facilitate socialisation; and is prone to vandalism. Low socioeconomic status, fear of losing dwelling, an inability to move due to financial constraints, and a bad image of the neighbourhood also contributed to anxiety and depression (Bonney et al., 2004).

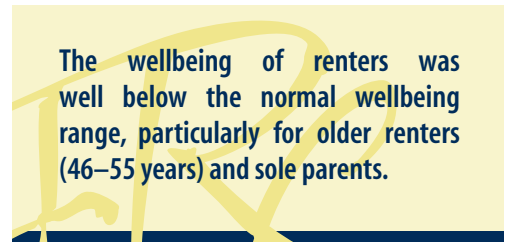
### Insecurity and debt

The figures outlined earlier in this paper indicate that the number of families who are experiencing some form of housing stress is increasing. Research on the effects of housing payment problems on health indicates that the health effects can be significant. For example, in one Australian study, Yates and Milligan (2007) found that experiences common to stressed renters

4. Overall housing quality is defined by Evans, Wells & Moch (2003) as including structural deficiencies, cockroach and rodent infestations, dampness, mould, housing dissatisfaction, neighbourhood comparisons, and comparisons of “difficult-to-rent” versus low-vacancy housing.

and stressed recent purchasers included the constant stress associated with a lack of money (which contributed to health problems and stress on family relationships), and financial hardship outcomes (such as children missing out on school activities and adequate health care). In this sense, housing problems are another component of the multiple disadvantages that can combine to affect (and be affected by) health and wellbeing.

As mentioned in the introduction, both stressed renters and stressed recent purchasers may face the need to make trade-offs in relation to housing quality and location. This can impact on health and family wellbeing through increased commuting, social polarisation and pressures on household budgets (Yates & Milligan, 2007). One Australian study found that people in rental accommodation were more likely than homeowners to report fair/poor health and visit the doctor more often, but the cause and effect relationship is unclear (AHURI, 2002). Cummins, Woerner, Tomy, Gibson and Knapp (2006) also found that worrying over not being able to make mortgage or rental payments contributes to significant damage to wellbeing. More generally, the wellbeing of renters was well below the normal wellbeing range, particularly for older renters (46–55 years) and sole parents.



**The wellbeing of renters was well below the normal wellbeing range, particularly for older renters (46–55 years) and sole parents.**

Overseas studies paint a similar picture. A large-scale Canadian study found a gradient in mental health status by housing tenure, even after controlling for demographic variables such as age, gender, marital status and education levels (Cairney & Boyle, 2004). Home owners without mortgages reported less psychological distress than home owners with mortgages, who in turn reported less distress than renters.

Taylor, Pevalin, and Todd (2007) analysed the first 13 annual waves of the British Household Panel Survey to illustrate the relationship between unsustainable housing commitments (payment problems or rent/mortgage arrears) and mental health. Housing payment problems and entering arrears were found to have significant psychological costs, above and beyond the financial aspect and similar to that experienced as a result of life events such as marital breakdown or unemployment. The authors concluded that threats to housing represented a major life event affecting mental health. Similar findings occurred in a qualitative UK study on the health consequences of mortgage possession<sup>5</sup>, in which families describe the sense of loss as equal to losing a loved one or part of themselves (Nettleton & Burrows, 2000).

There is some suggestion that chronic stress in particular, including stress related to housing issues, can adversely affect health and wellbeing. This type of low-level, “everyday hassles” stress may be more difficult to address than stress associated with significant life events (Reding & Wijnberg, 2001), indicating that paying attention to low-level stresses may be just as important as paying attention to bigger stressors. Housing affordability can be a source of independent chronic stress, often in addition to other stressors, for low-income people in particular (Mueller & Tighe, 2007). Stressors can also have widespread repercussions, with responses to the stress creating further stressful circumstances for the self and others. For example, the anxiety and stress associated with a lack of permanent, affordable housing may contribute to child neglect, with children in turn becoming depressed, aggressive or difficult for parents to handle (Leslie, 2005).

Lack of secure tenure is another potential chronic stressor related to housing. The effect of security of tenure on family stability in relation to public housing residents is described in a study by AHURI (2006). Security of tenure resulted in less residential mobility, which in turn meant residents felt more in control, more settled and less stressed. As a result they had more “mental room” to focus on things such as relationships or their children’s education. Shaw (2004), however, points out that although housing tenure is associated with better health outcomes, it is context-dependent, with a range of material factors (e.g., gardens, less damp/mould) and meaningful factors (e.g., able to do what you want with home) involved. More research is needed to clarify the relationship between these factors, housing tenure, and health and wellbeing.

5. More generally referred to as mortgage repossession in Australia.

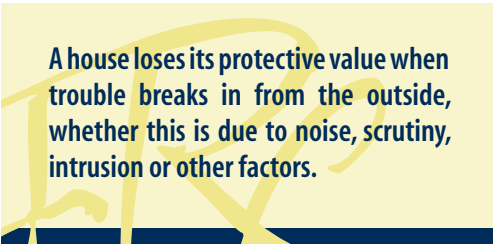
## Feelings of “home” and ontological security

As discussed previously, home is not just a physical shelter but it also provides a level of psychological wellbeing. One of the concepts discussed in the literature is that of housing providing “ontological security”, defined as a sense of confidence, trust and reliability in the world as it appears to be (Dupuis & Thorns, 1998). In interviews of older New Zealand residents, Dupuis and Thorns (1998) found that ontological security was present if four conditions were met:

- Home is a site of constancy in the social and material environment, that is, a source of control and privacy. A sense of permanency and continuity has been created through home ownership and family ownership over time.
- Home is a space for day-to-day routine and rituals, especially involving children.
- Home is a refuge that provides freedom from the surveillance of the contemporary world, thus enhancing an individual’s sense of control over his/her life. Bonnefoy (2007) also suggests that there is a link between home and mental health, as home provides a basis for place attachment and identity, and a refuge from daily life.
- Home ownership is a rite of passage, achievement and source of pride, which forms part of an adult identity.

The meaning of home was, nevertheless, seen as context-specific and varies according to demographic variables such as age.

Bonnefoy (2007) suggested that a house becomes a home when it acts like a “physical and psychological envelope” that fosters the growth of relationship intimacy and development among its occupants. A house loses its protective value when trouble breaks in from the outside, whether this is due to noise, scrutiny, intrusion or other factors. It is important to point out, however, that the meaning of “home” is highly individualised and it may not always be a refuge. Experiences of abuse or family violence may characterise the home as a negative experience (Shaw, 2004).



**A house loses its protective value when trouble breaks in from the outside, whether this is due to noise, scrutiny, intrusion or other factors.**

## Methodological and research limitations

The complexity of the link between housing and health is reflected in the literature, as outlined in the previous sections, and several methodological problems in many of the relevant studies exist as a result. Bonnefoy (2007) suggests that no straightforward mechanisms have yet been established to link environmental quality, quality of housing, and other living conditions to physical and psychosocial health, even though it is intuitive that the housing environment is one of the main settings that influence health.

The impact of poor housing conditions on mental health in particular has been poorly covered, if not neglected (Bonnefoy et al, 2004). Many methodological problems exist in the relevant research, including self-selection bias, reliance on cross-sectional data and the impact of other variables (Evans, 2003; Evans, Wells, & Moch, 2003). For example, a literature review conducted by Evans, Wells, and Moch (2003) found that a number of studies suggested that multi-dwelling housing, particularly high-rise housing, is associated with poor mental health; however, people with mental health problems may be more likely to reside in high-rise settings in the first place.

## Responses to housing affordability issues

It is self-evident that a substantial part of the response to housing affordability problems for families needs to occur at a policy level. Yates and Milligan (2007) provide several contemporary policy-level responses to housing stress and housing affordability issues, which are unable to be covered in depth in this paper. Interested readers can access this document, and other AHURI publications, via the AHURI website.<sup>6</sup>

From a health perspective, Bonnefoy (2007) points out that there needs to be government-level health involvement in housing issues, which have traditionally been the domain of the building, construction and environment industries. Shaw (2004) also suggests that it is up to

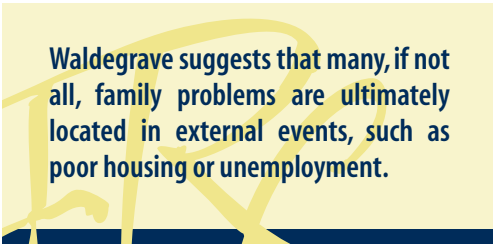
6. [www.ahuri.edu.au](http://www.ahuri.edu.au)



all those involved in public health to determinedly address issues of poor-quality housing and neighbourhoods. This, she argues, is because when housing demand exceeds supply, housing becomes a blatant expression of inequality and thus becomes a central element in tackling broader health inequalities.

While policy review across government is important, it is also timely to ask how service level practitioners, such as therapists and counsellors, can have an impact on an issue that predominantly has its roots at a macro level. This question does not appear to be directly addressed in any detailed way in the literature, which may highlight the difficulties inherent in finding ways to impact on large-scale issues at a practitioner-client level. Leslie (2005), discussing child welfare, argues that part of the problem is that the complexity of macro-level factors often becomes a “background blur”, particularly when there are urgent safety and wellbeing issues present. The means to effective solutions to problems at a macro level are also often ill-defined, more expensive than dealing with individuals and families, and uncertain in terms of the efficacy of outcomes. However, Leslie, in the context of child maltreatment, also sees services as only having part of the solution if they merely address frontline issues and problems without examining predisposing or precipitating factors. These factors, such as surrounding environment and social systems, need to be recognised as being key contributors to some parents’ or families’ actions. Such issues may be seen as common to many helping professions.

Other researchers argue this line even more strongly. Waldegrave (2005) suggests that many, if not all, family problems are ultimately located in external events, such as poor housing or unemployment. While competent therapists may be able to shift the depression, sending them back to the same conditions may simply adjust people to poverty. Cutrona, Wallace, and Wesner (2006) go so far as to claim that the field of psychology has paid insufficient attention to contextual factors of wellbeing. This is based on the idea that neighbourhood context affects psychological processes by increasing “stress load”, intensifying reactions to negative life events, and damaging the quality of interpersonal relationships. Personal characteristics may, however, also moderate the impact of neighbourhoods on adjustment.



**Waldegrave suggests that many, if not all, family problems are ultimately located in external events, such as poor housing or unemployment.**

When contextual factors, such as housing issues, are identified as important in a clients life, is there anything that practitioners can do? The following points draw upon the literature outlined above to suggest some strategies to help practitioners deal with the impact of housing issues on clients’ mental health:

- Include housing tenure and quality and associated financial commitments in client assessment, to help gauge the level and source of housing stress. Security of tenure and financial difficulties may be addressed by exploring alternative housing options and/or accessing financial counselling.
- Help clients explore ways in which their living conditions can be improved. For example: advocating on behalf a client with their real estate agent for repairs to a rental property; helping clients to access a tenants union; organising pest control; helping them to draw boundaries around contact with neighbours; increasing safety; linking at-home parents to play groups or identifying close-by outdoor play areas.
- Asking family members to draw a plan of their house may help to highlight family dynamics and patterns of interaction, spaces that members identify as their own, how physical space is organised and how this may impact on the wellbeing of family members. Practitioners may then be able to question a family’s organisation of space and provide ideas for change (Rochkovski, 2006).
- Strengths-based approaches may help families recognise the impact of circumstances that are beyond their control on their lives, such as housing policies, and then help them to recognise their strengths and use these as stepping stones to surviving without self-blame, or to develop strategies to move to a more secure place (Waldegrave, 2005).
- While confidentiality issues prevent therapists from discussing individual circumstances, repeating themes of clients’ circumstances, such as inadequate housing, could be brought to the public arena via a relevant conference or reporting to institutions of change (Waldegrave, 2005).

## Conclusion

It is evident that housing is far more complex than simply the provision of physical shelter. Suitability, affordability and quality are among the factors that help to determine the experience of housing for Australian families, and increasingly families are facing serious issues such as affordability and housing stress. Financial issues are clearly a significant aspect of housing stress, but psychosocial outcomes are also influenced and these in turn may have an impact on family and relationship functioning.

Considering the growing concerns regarding housing affordability and associated housing stress in Australia, more research is needed to better define the relationship between housing and health, particularly mental health. However, it seems important for family and relationship service providers to recognise housing issues as being possible underlying problems that place considerable stress on families, including their health and wellbeing. General themes regarding clients' struggles with housing may also be useful to consider and promote in ways that may impact on the macro-level drivers of housing stress.

## Useful resources

Government housing departments, tenants unions, other housing services and financial counsellors exist in each state and territory of Australia. Details can be accessed via a web search engine or telephone directory.

### Australian Housing and Urban Research Institute (AHURI)

<http://www.ahuri.edu.au>

The AHURI website has a vast range of publications, data and resources that address many issues related to housing and the urban environment.

### Community Housing Federation of Australia (CHFA)

<http://www.chfa.com.au/index.asp>

CHFA is the national peak organisation representing the views of community housing providers in Australia. The site has a clearinghouse that hosts documents from the CHFA library, and a links page with access to a range of sites related to housing issues.

### World Health Organization, Regional Office for Europe

<http://www.euro.who.int/housing>

The WHO has a project on housing and health operating from the Regional Office, which seeks to assess and quantify the health impact of housing conditions.

## References

- Australian Bureau of Statistics. (2006). *Australian social trends, 2006* (Cat. No. 4102.0). Canberra: Author.
- Australian Bureau of Statistics. (2007). *Australian social trends, 2007: Data cube. Table 1: Housing, national summary, 1996–2006* (Cat. No. 4102.0). Canberra: Author.
- Australian Housing and Urban Research Institute. (2002). *Do housing conditions make a difference to our health?* (AHURI Research and Policy Bulletin No. 6). Melbourne: Author. Retrieved 25 February 2008, from <http://www.ahuri.edu.au/publications/projects/p30002>
- Australian Housing and Urban Research Institute. (2005). *The health, employment and education benefits of public housing* (AHURI Research and Policy Bulletin, 54). Melbourne: Author. Retrieved 4 April 2008, from [http://www.ahuri.edu.au/publications/download/rap\\_issue\\_54](http://www.ahuri.edu.au/publications/download/rap_issue_54)
- Australian Housing and Urban Research Institute. (2006). *How does security of tenure impact on public housing tenants?* (AHURI Research and Policy Bulletin, 78). Melbourne: Author. Retrieved 7 March, 2008 from [http://www.ahuri.edu.au/publications/download/rap\\_issue\\_78](http://www.ahuri.edu.au/publications/download/rap_issue_78)
- Australian Institute of Health and Welfare. (2007). *Australia's welfare 2007*. Canberra: Author.
- Bonnefoy, X. (2007). Inadequate housing and health: an overview. *International Journal of Environment and Pollution*, 30(3/4), 411–429.



- Bonnefoy, X., Annesi-Maesano, I., Aznar, L., Braubach, M., Croxford, B., Davidson, M. et al. (2004, June). *Review of evidence on housing and health*. Paper presented at the Fourth Ministerial Conference on Environment and Health, Budapest, Hungary.
- Cairney, J., & Boyle, M. (2004). Home ownership, mortgages and psychological distress. *Housing Studies*, 19(2), 161–174.
- Cummins, R., Woerner, J., Tomy, A., Gibson, A., & Knapp, T. (2006). *The wellbeing of Australians: Mortgage payments and home ownership* (Australian Unity Wellbeing Index, Survey 16. Part A: The report). Melbourne: Australian Centre on Quality of Life.
- Cutrona, C., Wallace, G., & Wesner, K. (2006). Neighbourhood characteristics and depression. *Current Directions in Psychological Science*, 15(4), 188–192.
- Disney, J. (2006). Over our heads: Housing costs & Australian families. *Australian Quarterly*, 78(2), 4–11.
- Dunn, J., Hayes, M., Hulchanski, D., Hwang, S., & Potvin, L. (2004). Housing as a socio-economic determinant of health: A Canadian research framework. In P. Howden-Chapman & P. Carroll (Eds.), *Housing and health: Research, policy and innovation*. Wellington, NZ: Steele Roberts Ltd.
- Dupuis, A., & Thorns, D. (1998). Home, home ownership and the search for ontological security. *Sociological Review*, 46, 25–47.
- Evans, G. (2003). The built environment and mental health. *Journal of Urban Health*, 80(4), 536–555.
- Evans, G., Wells, N., Chan, H., & Saltzman, H. (2000). Housing quality and mental health. *Journal of Consulting and Clinical Psychology*, 68(3), 526–530.
- Evans, G., Wells, N., & Moch, A. (2003). Housing and mental health: A review of the evidence and a methodological and conceptual critique. *Journal of Social Issues*, 59(3), 475–500.
- Leslie, B. (2005) Housing issues in child welfare: A practice response with service and policy implications. In J. Scott & H. Ward (Eds.), *Safeguarding and promoting the well-being of children, families and communities* (pp. 213–227). London, Philadelphia: Jessica Kingsley Publishers.
- Mueller, E., & Tighe, J. (2007). Making the case for affordable housing: Connecting housing with health and education outcomes. *Journal of Planning Literature*, 21, 371–385.
- National Centre for Social and Economic Modelling. (2008). *Wherever I lay my debt, that's my home: Trends in housing affordability and housing stress, 1995–96 to 2005–06* (AMP–NATSEM Income and Wealth Report, Issue 19, March 2008). Sydney: AMP.
- Nettleton, S., & Burrows, R. (2000). When a capital investment becomes an emotional loss: The health consequences of the experience of mortgage possession in England. *Housing Studies*, 15(3), 463–479.
- Real Estate Institute of Australia. (2008). *Real estate market facts, December 2007*. Canberra: Author.
- Reding, K., & Wijnberg, M. (2001). Chronic stress: A conceptual perspective. *Families in Society: The Journal of Contemporary Human Services*, 82(4), 345–354.
- Rochkovski, O. (2006). Houses are a necessary illusion: Uncovering family process through asking families to draw a plan of their homes. *Australian and New Zealand Journal of Family Therapy*, 27(1), 10–15.
- Shaw, M. (2004). Housing and public health. *Annual Review of Public Health*, 25, 397–418.
- St Vincent de Paul Society. (2007) *Don't dream it's over: Housing stress in Australia's private rental market*. Retrieved 1 February 2008, from <http://www.vinnies.org.au/UserFiles/File/DONT%20DREAM%20ITS%20OVER%20-%20St%20Vincent%20de%20Paul%20Report.PDF>
- Taylor, M., Pevalin, D., & Todd, J. (2007). The psychological costs of unsustainable housing commitments. *Psychological Medicine*, 37, 1027–1036.
- Waldegrave, C. (2005). “Just therapy” with families on low income. *Child Welfare*, 84(2), 265–276.
- Wells, N., & Harris, J. (2007). Housing quality, psychological distress, and the mediating role of social withdrawal: A longitudinal study of low-income women. *Journal of Environmental Psychology*, 27, 69–78.
- Yates, J., & Gabriel, M. (2006). *Housing affordability in Australia. National research venture 3: Housing affordability for lower income Australians* (Research Paper 3). Retrieved 19 May 2008, from [http://www.ahuri.edu.au/nrv/nrv3/NRV3\\_Assoc\\_docs.html](http://www.ahuri.edu.au/nrv/nrv3/NRV3_Assoc_docs.html)
- Yates, J., & Milligan, V. (2007). *Housing affordability: A 21st century problem. National research venture 3: Housing affordability for lower income Australians* (AHURI Final Report No. 105). Retrieved 28 March 2008, from [http://www.ahuri.edu.au/publications/download/nrv3\\_final\\_report](http://www.ahuri.edu.au/publications/download/nrv3_final_report)
- Yates, J., Wulff, M., & Reynolds, M. (2005). *Supply and demand in the low rent private market* (AHURI Research and Policy Bulletin 50). Retrieved 8 May 2008, from [http://www.ahuri.edu.au/publications/download/rap\\_issue\\_50](http://www.ahuri.edu.au/publications/download/rap_issue_50)