Health effects of housing: some recent evidence from our program of research
Q: Is there a relationship between unaffordable housing and health?

Yes.

There is a relationship between housing affordability and both mental and physical health. **People with poorer mental and/or physical health are more likely to live in unaffordable housing.**

People living in affordable housing have significantly higher average mental health than those living in unaffordable housing.

Q: But, does poor housing affordability cause worse health?

Yes, but the detail is important.

On average, people whose housing became unaffordable experienced a decline in their mental health scores.

**Poor housing affordability leads to lower average mental health in the short-term** (perhaps because of the stress of the financial burden of high housing costs on a relatively low income).

A mental health effect of poor housing affordability is observed for low to moderate income households. (A smaller effect is observed in higher income households.) This supports the widespread focus of affordability interventions on lower income households.

Evidence of a cumulative mental health effect of longer-term unaffordable housing is limited. Associations between mental health and more than two years in unaffordable housing appeared to be largely due to other characteristics of the groups of the people who experience long-term unaffordable housing. This area of research needs further investigation.

Interestingly, we have not found evidence to suggest that housing affordability causes poorer physical health.

Q: So how important is the influence of housing affordability over mental health?

The effects measured were independent of income and household characteristics – in other words, **over and above the influence of income and household characteristics housing affordability affects mental health.**
Q: Is there a difference in mental health of home owners compared to renters?

Yes. Homeowners have the best mental health of all the tenure types, followed by private renters. Public renters have the poorest mental health on average.

Q: Is this difference caused by tenure (renting/owning) or is it selection bias?

Though average mental health scores differ by tenure, we found little evidence for a causal effect of tenure type on mental health.

In Australia different people get access to home ownership, private rental and public rental, and the observed differences in mental health appear to reflect underlying differences in these populations (such as age, household type and socio-economic position).

Q: Are the effects of poor housing affordability experienced differently for home owners and renters?

Yes.

Low income renters experience, on average, a decline in their mental health if their housing becomes unaffordable, while owners, on average, do not.

So not only does the population of renters have a worse average mental health score than people who are paying off a mortgage on their own home (due to underlying differences in the populations who enter these tenure types), if the housing affordability of a renter worsens, they’re also more likely than owners to experience a decline in their mental health as a result of their increased relative housing costs.

This work builds from currently and previously supported research:

- Pathways to Health and Wellbeing through Housing: a new causal understanding of relationships, processes and interventions, Australian Research Council Discovery Grant.
- The Importance of Gender and Socio-economic Disadvantage for the Mental Health of People Living with Disabilities, Australian Research Council Linkage Grant.
- New Directions in Health Inequalities Research: Understanding the intersection between housing, employment and health in Australia, Australian Research Council Linkage Grant.
- New directions in health inequalities: Understanding the intersection between housing, employment and health in Australia, VicHealth Research Grant.
Our methods

We use two types of large Australian datasets:

• Cross-sectional datasets that have information on individuals at one point in time. These allow us to estimate prevalence and correlation. In these analyses we are able to answer questions such as who is most vulnerable to affordability problems, and what are the other characteristics of those individuals.

• A longitudinal dataset that has information on the same people and households collected annually over ten years. This increases our capacity to research how changing health status relates to changing housing conditions. This study design is more causally focused. For example, in one study we tracked the mental health, and housing affordability status, of a large group of individuals (a representative population of >15,000 Australians) over a decade. To see if mental health outcomes differed depending on housing affordability, we compared changes in mental health among people whose housing remained affordable with people whose housing costs rose relative to their income (becoming unaffordable).

For more detailed information:


