No place like home: The role of general practitioners in a housing crisis

Brooke Ah Shay, Roxane Craig

AUSTRALIA IS IN THE MIDST of a housing crisis. House prices have increased across the country over the decade to 2024, while the cost of private rental accommodation has risen substantially over recent years.[1] Approximately one million low-income households were in financial housing stress in 2019–20, spending more than 30% of their income on housing.[1]

Furthermore, on any given night, over 120,000 Australians are experiencing homelessness,[2] with some demographic groups more vulnerable than others. Aboriginal and Torres Strait Islander people, for example, represent approximately 4% of the Australian population,[3] yet account for approximately 20% of people experiencing homelessness.[4]

Housing is a significant determinant of health.[5] Access to good-quality, affordable housing is fundamental to wellbeing.[1] It can help reduce poverty and enhance equality of opportunity, social inclusion and mobility,[1] which are some of the social determinants of health. Housing also affects healthcare access, with people experiencing homelessness having significantly less access to health services than the general population for reasons including financial hardship, lack of transportation, lack of identification or Medicare card, and difficulty maintaining appointments or adhering to treatment regimens.[6]

Homelessness is linked to an increase in morbidity and multimorbidity.[5] Health issues commonly associated with homelessness include depression, anxiety, malnutrition, chronic pain, skin diseases, musculoskeletal disorders and poor dental health.[5] People experiencing homelessness are vulnerable to infections such as pneumonia, tuberculosis, hepatitis C and HIV.[5] People experiencing homelessness and other socially excluded population groups living in high-income countries also have mortality rates approximately 10-fold that of the general population.[7]

Housing affordability itself has been found to influence health. There is evidence from Australian research that housing affordability problems negatively influence health, especially mental health.[8] High housing costs (either rent or mortgage payments) are a major influence on the amount of household budget available for food, transport, education and other life necessities.[8]

Evidence also supports a direct association between poor-quality housing and health consequences such as respiratory illness, cardiovascular disease and poor mental health.[9] There is clear evidence of a substantial stock of poor-quality housing in Australia.[9] Almost one million Australians live in housing regarded as being in poor condition.[9] Young people, people with long-term health conditions and disabilities, those in low-income households, the unemployed and underemployed, and Aboriginal and Torres Strait Islander Australians are over-represented among those living in poor condition housing stock.[9]

The association between housing quality in remote Aboriginal and Torres Strait Islander communities and health, in particular, is well documented.[10] Furthermore, remote Indigenous Australian communities are excluded from the energy security protections provided to most Australians under the National Energy Retail Rules, creating another barrier to addressing energy poverty and thermal safety in remote Indigenous Australian homes.[10]

The Royal Australian College of General Practitioners (RACGP) has acknowledged the significance of this problem, with the release of a position statement on homelessness, housing instability and health in September 2024.[6] This statement calls for a 'housing first' approach to healthcare, appropriate resourcing of general practice to deliver effective healthcare, and better integration of health and social care in the community.[6]

General practitioners (GPs) are usually the first point of contact in the Australian healthcare system[11] and therefore are often 'first responders' to housing distress. Although housing is primarily a policy issue, GPs nevertheless have a crucial role to play. Practical constraints (such as lack of time and funding) notwithstanding, GPs can identify housing distress and play a key role in support, referral and advocacy.

It is important to identify housing issues, but patients might not always divulge such information unless explicitly asked. Contrary to popular belief, sleeping rough on the street accounts for only about 6% of Australia's population of people experiencing homelessness.[12] The remaining 94% are in unstable housing situations, including supported accommodation and couch surfing.[12] This means that it might not be obvious to GPs whether someone is homeless.[13] It is therefore important that GPs incorporate relevant and specific housing questions into history taking (refer to Table 1 for example questions).

GPs should be aware of the health consequences of housing issues and screen for them. This might include malnutrition secondary to food insecurity from high housing costs, mental illness stemming from housing stress, or asthma exacerbations caused by mould.

GPs can then document housing-related health impacts in their notes and referrals, and provide letters of support to help patients access priority housing. Refer to Box 1 for a suggested template, which can be tailored to the patient's and clinician's specific needs and circumstances. This letter should be completed following a discussion with the patient to confirm their awareness of, and consent to, the information being shared. GPs should also refer to local social workers, legal aid services and tenancy advice services, where required.

It can be particularly valuable for GPs to involve other members of the patient's care team, such as clinic nurses and/or Indigenous

Table 1. History-taking prompts to identify housing issues

Topic	Example questions
General housing stability	• Where are you living right now? • Is your current place to stay a long-term option? • Do you feel secure where you are staying? • Are you worried about losing your housing in the near future?
Identifying hidden homelessness	• Are you currently or have you recently had to couch surf because you had nowhere else to go? • Are you currently or have you recently stayed in your car, a tent, a hotel/motel or a crisis accommodation shelter? • In the past few months, have you had to move often or sleep in different places?
Assessing overcrowding or inadequate housing	• How many people (adults and children) are living in the place that you're in? • How many bedrooms are in this place? • Do you have your own bedroom or bed? • Does your home have airconditioning/heating? • Are there issues with mould in your home? • Does your home have functioning plumbing?
History-taking prompts	• Is your current housing affecting your health in any way? • Have housing issues made it hard for you to keep appointments or take medications?

Box 1. Housing letter template

[*General practice letterhead*]

[*Date*]

To whom it may concern,

Re: Support for priority housing – [*Patient's full name, date of birth*]

I am a general practitioner who is providing medical care for [*patient name*]. I am writing to support their application for priority access to housing.

[*Patient name*] is currently experiencing housing instability, which is having a significant impact on their health and wellbeing. Secure and appropriate housing is essential for the management of their medical conditions and for the improvement of their overall health outcomes.

While I will not go into detailed medical history for confidentiality reasons, I can confirm that:

[*Patient name*] is managing one or more health conditions that are being exacerbated by their current housing situation.

Their living environment is unsuitable for their medical needs (*eg overcrowded, unsafe, temporary, unsuitable for recovery or treatment*).

Without stable housing, their ability to maintain healthcare, follow-up and medication adherence is severely compromised.

It is my clinical opinion that [*patient name*] would greatly benefit from access to secure and appropriate housing as a matter of priority. I respectfully request that their application for housing be considered under urgent or special priority criteria on medical grounds.

Yours sincerely,

[*General practitioner's full name*]

[*Qualifications*]

[*Provider number*]

Health Workers, in managing these issues. The undertaking of health assessments or GP Chronic Condition Management Plans can be an ideal time for this.

It is important to acknowledge, however, that some patients might not consider housing as 'core business' for general practice and, therefore, the sensitive, gradual integration of these conversations – framed in terms of relevance to patient health – is essential in fostering patient acceptance and trust.

Finally, GPs can advocate on broader levels, lobbying governments to treat housing as a public health concern. This might look like direct lobbying to local Members of Parliament, submissions to government, participation in advisory committees, media engagement (eg letters to the editor or op-eds) and/or involvement in college-led initiatives.

The profession should particularly advocate for the strengthening of housing standards for remote Indigenous Australian dwellings, given the significant issues present there.[10] A more coordinated approach to homeless health in Australia should also be advocated for.[13] Colleges such as the RACGP could support members by developing relevant resources, such as education modules.

Policymakers and healthcare professionals alike must understand that if housing is not effectively addressed by the government, no amount of clinical care can close the health gap. However, the housing crisis is a health issue, and GPs across Australia are seeing the impacts every day. With appropriate resources and support, GPs can play a meaningful role in contributing on both an individual and broader community level.

Authors

Brooke Ah Shay MBBS, FRACGP-RG, MPHTM, GradDipHlthRemExtEnv, Independent Researcher, Cairns, Qld

Roxane Craig BSc (Psych), MBBS, FRACGP, FASLM, Independent Researcher, Darwin, NT

Competing interests: None.

Funding: None.

Provenance and peer review: Not commissioned, externally peer reviewed.

AI declaration: The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

Correspondence to:

brooke.ahshay@my.jcu.edu.au

References

References are available online only.

References

1. Australian Institute of Health and Welfare (AIHW). Housing affordability. AIHW, 2025. Available at www.aihw.gov.au/reports/australias-welfare/housing-affordability [Accessed 5 July 2025].
2. Australian Bureau of Statistics (ABS). Homelessness. ABS, 2025. Available at www.abs.gov.au/statistics/measuring-what-matters/measuring-what-matters-themes-and-indicators/secure/homelessness [Accessed 5 July 2025].
3. Australian Bureau of Statistics (ABS). Estimates of Aboriginal and Torres Strait Islander Australians, 30 June 2021. ABS, 2023. Available at www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/30-june-2021 [Accessed 15 June 2025].
4. Australian Bureau of Statistics (ABS). Aboriginal and Torres Strait Islander peoples experiencing homelessness. ABS, 2023. Available at www.abs.gov.au/articles/aboriginal-and-torres-strait-islander-peoples-experiencing-homelessness [Accessed 5 July 2025].
5. Onapa H, Sharpley CF, Bitsika V, et al. The physical and mental health effects of housing homeless people: A systematic review. Health Soc Care Community 2022;30(2):448–68. doi: 10.1111/hsc.13486.
6. The Royal Australian College of General Practitioners (RACGP). Homelessness and housing instability – Position statement. RACGP, 2024. Available at www.racgp.org.au/getmedia/cbc335ac-9a58-4ec0-93b3-99b3739ebacb/Homelessness-and-housing-instability-RACGP-position-statement.pdf [Accessed 5 July 2025].
7. Aldridge RW, Story A, Hwang SW, et al. Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: A systematic review and meta-analysis. Lancet 2018;391(10117):241–50. doi: 10.1016/S0140-6736(17)31869-X.
8. Baker E, Lester L, Mason K, Bentley R. Mental health and prolonged exposure to unaffordable housing: A longitudinal analysis. Soc Psychiatry Psychiatr Epidemiol 2020;55(6):715–21. doi: 10.1007/s00127-020-01849-1.
9. Baker E, Lester LH, Bentley R, Beer A. Poor housing quality: Prevalence and health effects. J Prev Interv Community 2016;44(4):219–32. doi: 10.1080/10852352.2016.1197714.
10. Quilty S, Frank Jupurrurla N, Bailie RS, Gruen RL. Climate, housing, energy and Indigenous health: A call to action. Med J Aust 2022;217(1):9–12. doi: 10.5694/mja2.51610.
11. Australian Institute of Health and Welfare (AIHW). General practice and allied health primary health care. AIHW, 2025. Available at www.aihw.gov.au/reports/primary-health-care/general-practice-allied-health-primary-care [Accessed 5 July 2025].
12. Australian Institute of Health and Welfare (AIHW). Health of people experiencing homelessness. AIHW, 2025. Available at www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness [Accessed 5 July 2025].
13. Davies A, Wood LJ. Homeless health care: Meeting the challenges of providing primary care. Med J Aust 2018;209(5):230–34. doi: 10.5694/mja17.01264.