A WELCOME HOME

YOUTH HOMELESSNESS AND MENTAL HEALTH

ACRONYMS

ABS	Australian Bureau of Statistics
CSIRO	Commonwealth Scientific and Industrial Research Organisation
EFYF	Education First Youth Foyers
HASI	Housing and Accommodation Support Initiative
HIV	Human Immunodeficiency Virus
NHHA	National Housing and Homelessness Agreement
PTSD	Post-Traumatic Stress Disorder
SHSC	Specialist Homelessness Services Collection
STI	Sexually Transmitted Infection

ACKNOWLEDGEMENT OF COUNTRY

Orygen acknowledges the Traditional Custodians of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationship to their ancestral lands, which continue to be important to The First Nations Peoples living today.

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The final report reflects Orygen's analysis and independent conclusions. It may not necessarily reflect all the opinions or conclusions of key contributors.

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EXECUTIVE SUMMARY

THE ISSUE

On any given night in Australia, it is estimated that approximately one in 200 Australians are experiencing homelessness. The burden of homelessness is one that falls disproportionately on young Australians. While people aged 12 to 24 years make up just under 20 per cent of the Australian population, they comprise 25 per cent of individuals experiencing homelessness.

The pathways to homelessness are complex, and it is rare for there to be any one factor that can be identified as the direct cause of an individual experiencing homelessness. Instead, homelessness is generally understood to be caused by an interaction of adverse structural conditions such as poverty, housing availability and individual risk factors.

Homelessness causes a wide-ranging set of impacts across a variety of domains. Young people who experience homelessness have an increased likelihood of experiencing traumatic episodes. Approximately 83 per cent of adolescents experiencing homelessness are physically or sexually victimised after becoming homeless. They are more likely to contract infectious diseases and respiratory diseases due to the risks inherent while rough sleeping or in crowded shelters.

Young people experiencing homelessness are more likely to perform poorly in school testing, or repeat grades when compared to young people in stable housing. Young people experiencing homelessness are also more likely to be unemployed than their peers in stable housing.

THE RISKS AND IMPACTS OF HOMELESSNESS ON MENTAL HEALTH

One of the key individual risk factors to homelessness is mental ill-health. It has been estimated that mental ill-health is a contributing factor for as many as 35 per cent of young people who have experienced homelessness. It is also estimated that as many as 90 per cent of young people experiencing homelessness would probably meet the criteria for the diagnosis of at least one mental disorder. The experience of homelessness also can exacerbate, or contribute to, the onset of mental ill-health.

Mental ill-health can lead to a reduction in control over one's living environment, which increases perceived and actual housing instability and increases the risk of future experiences of homelessness. People with mental ill-health are also at increased risk of unemployment and financial hardship which can further destabilise housing and potentially lead to experiences of homelessness.

To minimise the impacts of homelessness, there is an additional importance in supporting adequate early intervention and prevention of homelessness among young people. By identifying young people who may be at risk of experiencing homelessness, and intervening before they experience homelessness, it may prevent further experiences of homelessness. Almost 75 per cent of young people who experience homelessness in adolescence will experience homelessness in later life.

One of the limitations with intervention and prevention programs, is that young people experiencing homelessness are a group at increased risk of disengaging from services. There is evidence to suggest that young people will engage with services if they are better tailored to their specific needs. This means that services should be accessible, collaborative, and supportive. It also means exploring the potential for approaches which can improve service use, such as outreach services, drop-in centres and care coordination. Young people need to be involved in co-designing services and programs which are designed to support their mental health. Engagement with young people affected by homelessness is critical to ensuring that services are appropriate, sustainable and aligned with their particular needs.

POLICY SOLUTIONS

The Australian government commences a trial of care coordination programs for young people experiencing mental ill-health in order to improve service access and to lessen the risks of experiencing homelessness.

Emphasising service use among young people with mental ill-health by focusing on approaches which have been seen to improve service engagement such as care coordination, outreach programs and involving young people in delivery and design of mental health and homelessness services.

THE AUSTRALIAN POLICY CONTEXT AND INTEGRATION

An examination of the Australian policy framework around mental health and homelessness shows a lack of integration between mental health and housing services. This increases the complexity of service settings for young people and increases the chance of disengagement. The limited amount of service integration is partly due to the limited integration between mental health and housing policies. This lack of strategic coordination minimises the connections that can be made between housing, mental health and homelessness services, and also ignores the evidence that integrated responses provide for better results than service settings which are not integrated.

While individual states and territories have implemented some promising approaches to improving integration between housing, homelessness and mental health services, there is a need for increased national oversight of these issues. This could be achieved by forming an inter-governmental working group to develop a national policy outlining a common approach to housing, homelessness, mental health and other key risk factors.

While improved strategic and systemic integration between health, housing and homelessness services will help support vulnerable young people, there is also a need for on the ground responses that will assist young people to navigate a complex system. Some potential ways in which service integration can be improved, include in care coordination, creation of drop-in centres, or enhancing service awareness.

POLICY SOLUTIONS

The Australian government develops guidelines outlining a national approach to housing, homelessness and mental health.

Emphasising the involvement of young people in delivery and development of services related to mental health, housing and homelessness.

HOMELESSNESS AND HOUSING

Housing is central to any response to homelessness. Housing is necessary to support individual health and wellbeing and is protective against a range of negative outcomes, including mental ill-health and homelessness. Despite the importance of housing, young people face a number of barriers to housing stability – both developmental barriers and structural barriers. There is a need in Australia for wide-ranging housing programs to enact Housing First methodologies which emphasise the provision of housing to young people who are at risk of homelessness.

For any housing solutions, there needs to be consideration for how housing can best support the mental health of young people. For example, tenancy laws can be unduly burdensome to people experiencing mental ill-health. Policies that are too strict, or where they don't consider the circumstances of tenants with mental ill-health, it can cause further distress to their mental health, their sense of housing stability and can place their housing at risk.

Further approaches centred around supported housing may also assist at risk young people achieve housing stability. There have been some strong results for supported housing programs which combine tenancy support services with clinical care services. To ensure that any such programs operate most effectively, supported housing for young people should consider their specific needs.

POLICY SOLUTIONS

Federal, state and territory governments recognise the role of housing in supporting mental health and work to address the shortfall of supported housing in Australia.

The Australian government trials a supported housing program which enshrines trauma-informed care in recognition of the key role that trauma plays when a young person experiences homelessness.

A review of tenancy rules and regulations to ensure that they are supportive of young people to minimise the risks of future experiences of homelessness.

INTRODUCTION

This policy paper will examine the relationship between homelessness and mental health and the specific challenges that exist for young Australians aged 12 to 25 years who experience, or are at risk of, experiencing homelessness. The policy paper will then examine the evidence behind particular intervention and prevention mechanisms and outline available policy solutions.

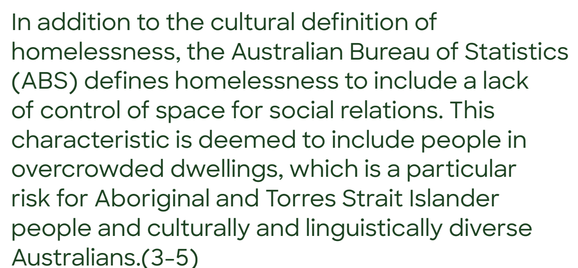
A Welcome Home is a policy paper developed by Orygen, the world's leading research and knowledge translation organisation focusing on youth mental health. The report has been informed through engagement with stakeholders and a review of the available literature to understand youth homelessness and the interaction with mental health. This involved a review of Australian, state and territory government's policies and plans across the areas of mental health, homelessness, housing, drug and alcohol, and justice. A review of evidence was also conducted to identify the most relevant research published in peer reviewed literature on mental health focused approaches to resolving youth homelessness. Representatives from the homelessness and youth mental health sectors were engaged in consultation in the development of the report.

WHAT IS HOMELESSNESS?

There are a variety of ways in which 'homelessness' as a concept can be defined and the definition used can impact the policy responses to homelessness.(1)

One of the definitions that has been influential in Australia is the cultural definition of homelessness.(2) The cultural definition of homelessness takes a wider view of what it is to experience homelessness. Young people who are transitioning from living in a family environment can often live in situations which are close to meeting cultural definition of homelessness, including insecure tenure and overcrowded dwellings.

In addition to the cultural definition of homelessness, the Australian Bureau of Statistics (ABS) defines homelessness to include a lack of control of space for social relations. This characteristic is deemed to include people in overcrowded dwellings, which is a particular risk for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse Australians.(3-5)



Aboriginal and Torres Strait Islander homelessness has also been defined as losing one's sense of control over or legitimacy in the place where one lives or an inability to access appropriate housing that caters to an individual's particular social and cultural needs.(6, 7) In addition, Aboriginal and Torres Strait Islander people also recognise spiritual homelessness which involves being disconnected from homeland, separation from family or kinship networks or not being familiar with one's heritage.(6)

WHAT IS YOUTH HOMELESSNESS?

In 2012 the ABS built upon the cultural definition of homelessness to develop a definition of homelessness which is informed by an understanding that homelessness is not 'rooflessness'. A person is considered homeless if their current living arrangement exhibits one of the following characteristics:

- Is in a dwelling that is inadequate. For a young person, this includes circumstances where they are sleeping rough, sleeping n a car or in unsuitable accommodation.
- Has no tenure or their initial tenure is short and not extendable. 'Couch-surfing' s a common example of this for young people, where they may be moving frequently from house to house.
- Does not allow them to have control of and access to space for social relations. If a young person is living in an overcrowded dwelling, it is considered that there is a lack of social control on their space.

PREVALENCE OF HOMELESSNESS IN AUSTRALIA

On any given night in Australia, it is estimated that approximately one in 200 people are homeless.(8) Experiences of homelessness disproportionately impact young people. People aged 12 to 24 years are less than 20 per cent of the Australian population, but comprise approximately 25 per cent of individuals experiencing homelessness.(8) A study published in 2019 on homelessness, estimated that as many as three to four per cent of young adults will experience homelessness in a given year.(9)

The increased exposure of young people to homelessness is a relatively recent phenomenon. After World War Two, through to the late 1960s, the homeless population in Australia was largely adult men who had a marginal attachment to the labour market, and who often had alcohol and/or mental health issues.(10, 11) By the late 1970s young people were becoming increasingly likely to experience homelessness due to rising levels of youth unemployment.(10)

The population of people experiencing homelessness is also spread across Australia. While the rate of homelessness has historically been lower in urban areas when compared to rural and regional areas, recent years have seen an increase in the rates of homelessness in urban areas.(12)

COUCH-SURFING AND YOUNG PEOPLE

Couch-surfing is a relatively unique challenge for young people and covers situations where the young person is outside of a family support environment and is moving frequently from one temporary arrangement to another.

In the past, young people who were couch-surfing were not necessarily perceived as experiencing homelessness. However, under the definition of homelessness used in Australia, an individual who is couch-surfing does not meet the minimum standard of secure housing and is therefore considered to be experiencing homelessness.

A CLEARER PICTURE OF YOUTH HOMELESSNESS IS NEEDED

A response to youth homelessness starts with understanding the nature and extent of young people experiencing homelessness. A clear understanding of youth homelessness will help ensure that policy solutions and existing programs and services are effectively targeted. Australia is reliant on two primary evidence sources to record youth homelessness – the Australian National Census and Specialist Homelessness Services Collection (SHSC) data.

The first evidence source is the census. The table below indicates how many Australians are classed as experiencing homelessness within the 2016 census.

The census provides good coverage, but it is a point-in-time count that is only conducted every five years. Point-in-time approaches to counting homelessness are limited in that they do not provide information on the duration of homelessness and the causes of homelessness.(13) They may also overestimate chronic homelessness and underestimate short periods of homelessness.(14) The census also is likely to underestimate youth homelessness. The ABS has suggested that couch-surfing is likely to be a key reason for this under-estimation and has previously noted that young people who are couch-surfing may report an address for various reasons and not be recorded as homeless.(8)

There are more than 1,500 Specialist Homelessness Services currently providing support and accommodation services to people who are homeless, or at risk of, homelessness. A challenge with SHSC data collection is that it relies on attendance at homelessness services.

While service utilisation is a challenge for all individuals experiencing homelessness, it is a particular challenge in youth homelessness. Young people experiencing homelessness tend to have low engagement with health services and other key support services.(15, 16)

The reliance on the census and SHSC data increases the challenge for government and service providers to efficiently allocate resources and design programs to respond to youth homelessness. To ensure that resources are utilised effectively and efficiently, it is necessary to consider alternative methods of identifying young people experiencing homelessness.

POLICY SOLUTIONS

Enhancing current methods of data collection on Australia's homeless population to help ensure that resources are adequately directed to aid young people experiencing homelessness.

TABLE 1: NUMBER OF PERSONS EXPERIENCING HOMELESSNESS BY OPERATIONAL DEFINITION IN THE 2016 AUSTRALIAN CENSUS

OPERATIONAL GROUP	NUMBER OF PEOPLE	PERCENTAGE OF TOTAL NUMBER OF PEOPLE EXPERIENCING HOMELESSNESS
Persons living in improvised dwellings, tents, or sleeping out.	8,200	7
Persons in supported accommodation for the homeless.	21,235	18
Persons staying temporarily with other householders.	17,725	15
Persons living in boarding houses.	17,503	15
Persons in other temporary lodgings.	678	1
Persons living in 'severely' crowded dwellings.	51,088	44

Source: Australian Bureau of Statistics (2016)

One alternative solution is longitudinal research. Longitudinal analysis can help to establish a better understanding of the conditions associated with entering and escaping from homelessness, the consequences of becoming homeless, and the conditions that prevent homelessness either from reoccurring or occurring at all.(17) The primary challenge of longitudinal research is ensuring that there are sufficient resources to develop a study with appropriate utility.

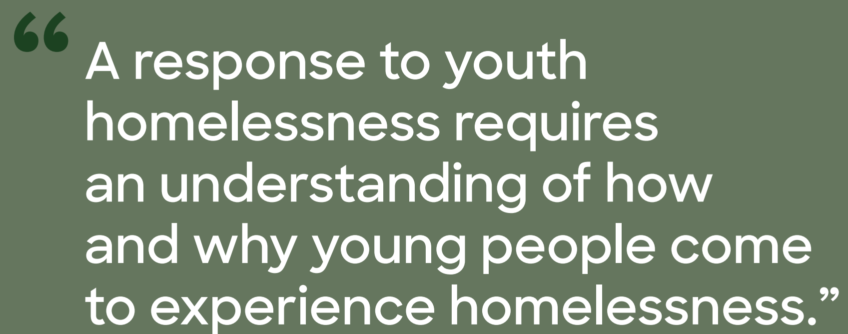
A further alternative is to use youth focused surveys to assist in identifying young people who are experiencing homelessness. In these general surveys, a question which asks where the young person typically sleeps at night rather than asking if they are homeless, can provide a more accurate identification of young people who may be couch-surfing or staying in overcrowded situations.(18) In Australia, a possible vehicle for such a question could be Mission Australia's annual youth survey, which has been successful in reaching a wide range of young people in Australia.

SUMMARY

Australia uses a cultural definition of homelessness, which defines homelessness to include an inadequate dwelling, having insecure tenure, or not having control/access to space for social relations.

Experiences of homelessness disproportionately impact young people. People aged 12 to 24 years are less than 20 per cent of the Australian population, but comprise approximately 25 per cent of individuals experiencing homelessness.

The current methods used to record youth homelessness are flawed and it is likely that there is an undercounting of the numbers of young people who have experienced homelessness.



> “A response to youth homelessness requires an understanding of how and why young people come to experience homelessness.”

MENTAL HEALTH AS A RISK TO HOMELESSNESS

The causes of homelessness are complex. It is rare for an individual who has experienced homelessness to be able to describe a simple cause and effect between any one issue and the experience of homelessness.(19) Instead, homelessness is understood to be generally caused by an interaction of adverse structural conditions and individual risk factors.(20, 21)

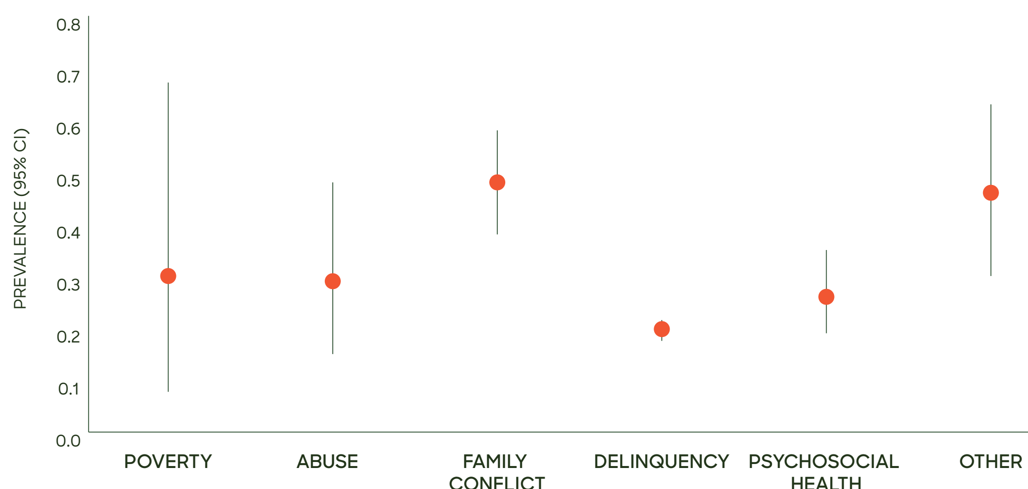
Structural causes of homelessness include poverty, housing and labour market conditions, household dissolution and de-institutionalisation. Individual factors that are commonly cited as causes of homelessness include alcohol and other drug use, mental ill-health, education or welfare dependency.(13) Understanding the individual vulnerabilities related to experiencing homelessness will inform future policies and allocation of public resources aimed at reducing the public health problems and societal costs associated with homelessness. A systematic response to homelessness ideally involves consideration of each of the key structural and individual factors that can place an individual at risk of experiencing homelessness. This paper will not examine all of these factors but instead focuses on the role of mental ill-health.

MENTAL ILL-HEALTH AS A RISK FACTOR

Studies of homelessness risk factors have continually identified mental ill-health as a significant risk factor which can lead to a young person experiencing homelessness. Psychosocial health issues are estimated to be a contributing factor for 19 to 35 per cent of young people's experiences of homelessness. (22) The prevalence of psychosocial issues was found to be equivalent to other key risk factors for young people including abuse, poverty and delinquency. Only family conflict was found to have a significantly greater prevalence.

Evidence has been found of a wide range of psychiatric disorders among young people experiencing homelessness, including disorders as varied as major depression, psychosis, mania and hypomania, suicidal thoughts, post-traumatic stress disorder, and attention deficit/hyperactivity disorder.(22) Interestingly, it was not necessarily the type, but instead the severity, of psychiatric disorder which determined a young person's level of risk.

FIGURE 1: PREVALENCE ESTIMATES (WITH 95 PER CENT CONFIDENCE INTERVALS) FOR CAUSES OF HOMELESSNESS



Source: Embleton, Lee, & Gunn (2016)

A 2019 systematic review and meta-analysis of the individual predictors of homelessness confirmed that mental ill-health is a risk for homelessness regardless of demographics. (23) The study found that having any mental health issue increased the risk of experiencing homelessness by 70 per cent. The review found psychotic disorders increased the risk by 110 per cent, personality disorders by 100 per cent, affective disorders by 70 per cent and anxiety disorders by 40 per cent.(23)

The wide range of mental disorders that are present in young people who have experienced homelessness indicates that if left untreated mental ill-health will continue to pose a risk for future experiences of homelessness. Innovative responses to increase the delivery of early interventions acceptable to young people are required to minimise the likelihood that a young person will experience homelessness.

MENTAL HEALTH AND HOUSING STABILITY

Mental ill-health is a recognised risk factor for young people and homelessness. Mental ill-health and housing instability have an exacerbating effect on one another, in that, mental ill-health can cause instability, which in-turn, can worsen the young person's mental ill-health.

Mental ill-health can lead to a reduction in control over one's living environment, which increases perceived, and actual, housing instability and increases the risk of future experiences of homelessness.(24) It's been found that housing instability and frequent changes of location can also exacerbate poor mental health.(25)

Symptoms of mental ill-health can impact an individual's ability to independently manage housing tasks such as budgeting, paying rent or utility bills on time, opening mail or maintaining a property.(26, 27) Symptoms can also lead to unsociable behaviour, such as aggression, that can cause disturbances or conflicts with family, flatmates, neighbours, landlords and employers.(26, 27) These factors can operate in isolation or synchronously to destabilise a person's living arrangements.

People with mental ill-health also have an increased risk of experiencing financial hardship which can contribute to housing instability. The recent *Trajectories* report by Mind Australia and the Australian Housing and Urban Research Institute found that this risk lasts for two years following an episode of severe psychological distress. It was noted that people who experienced severe psychological distress had an 89 per cent increased likelihood of experiencing financial hardship in the following year and a 96 per cent increased likelihood of experiencing financial hardship within two years. In addition, people with severe psychological distress had a 28 per cent increased likelihood of experiencing a forced move in the following year and a 26 per cent increased likelihood of experiencing a forced move in the following two years.(28)

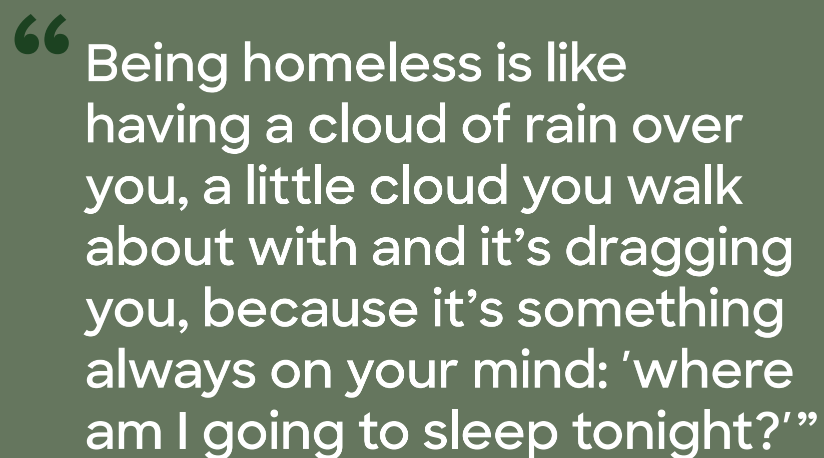
The *Trajectories* report further found that people with a diagnosed mental health condition had a 44 per cent increased likelihood of financial hardship within one year and a 46 per cent increased likelihood of financial hardship within two years, as well as a 39 per cent increased likelihood of a forced move within one year and a 32 per cent increased likelihood of a forced move within two years.(28)

SUMMARY

One of the key individual risk factors for experiencing homelessness is mental ill-health. It has been estimated that mental ill-health is a contributing factor for as many as 35 per cent of young people who have experienced homelessness.

Mental health can lead to homelessness by reducing perceived and actual housing stability, as well as impacting a young person's ability to maintain control over their living environment.

Many young people who experience homelessness will have histories of trauma, and homelessness often leads to further trauma.



"Being homeless is like having a cloud of rain over you, a little cloud you walk about with and it's dragging you, because it's something always on your mind: 'where am I going to sleep tonight?'"

THE IMPACT OF YOUTH HOMELESSNESS

The impacts of homelessness are significant, widespread and impact the individual experiencing homelessness, their circle of support and the wider society. Homelessness has been associated with numerous adverse outcomes across multiple domains which are explored below. Whereas some of these effects may be short-lived and limited to the period of homelessness, others are more enduring in nature.(29) The enduring impacts of homelessness are commonly linked to a deterioration in mental health, which can further lead to an increased risk of experiencing homelessness.

ON THE YOUNG PERSON

At an individual level, any experience of homelessness at any stage in life carries with it an immense personal cost and it is a cost that only becomes greater the longer that homelessness is experienced.(29) Exposure to homelessness is associated with mental and physical ill-health, trauma, alcohol and other drug use, loss of social support, and disengagement from education and work.

MENTAL HEALTH

Young people who experience homelessness are more likely to experience mental ill-health than those in stable housing. It has been estimated that the prevalence of mental ill-health is at least 300 to 400 per cent higher among people experiencing homelessness when compared to people in stable housing.(30)

In addition to the increased prevalence of mental ill-health among young people experiencing homelessness, it has also been shown that homelessness can increase the severity of mental ill-health. Research has found elevated levels of psychosis, anxiety, depression, Post Traumatic Stress Disorder (PTSD) and alcohol and other drug use among people who are homeless.(31) As many as 90 per cent of young people experiencing homelessness have been estimated to meet criteria for diagnosis of at least one mental disorder.(32) Young people experiencing homelessness are also at elevated risk for suicidal ideation (40 to 80 per cent) and suicide attempts (23 to 67 per cent).(33)

Anxiety and mood disorders are particularly prevalent among young people experiencing homelessness.(34) PTSD is also common, with studies indicating that 25 to 30 percent of homeless young people meet criteria for this disorder. (35) Approximately 40 percent of young people experiencing homelessness meet the criteria for diagnosis with major depressive disorder and bipolar disorder.(36)

Behavioural disorders are also prevalent among young people experiencing homelessness. There is evidence suggesting that as many as 75 percent of homeless young people meet the criteria for conduct disorder.(35, 37) Attention deficit hyperactivity disorder is also common, with one study finding almost 30 percent of participants meeting criteria for diagnosis.(36)

Given the high incidence rates of mental ill-health among young people experiencing homelessness, it has been noted that there is a high rate of comorbidity with approximately 75 per cent of homeless young people meeting criteria for multiple diagnoses.(36)

The impacts of mental ill-health experienced by young people experiencing homelessness cannot solely be attributed to the young person's experience of homelessness. There are often external factors that predate the experience of homelessness, which can include a lack of parental care or support, sexual and physical abuse, and alcohol and other drug use.(29)

The impacts to a young person's mental health during their experiences of homelessness may be short-lived and limited to the period of homelessness, while other impacts are more enduring in nature.(38) In general, the longer that a young person is homeless, the greater the risk for more severe symptoms of mental ill-health.(39)

VIOLENCE AND TRAUMA

A critical aspect of understanding mental disorders among young people experiencing homelessness is the presence of trauma, both before and after homelessness. There are many forms that trauma can take, but in general, trauma is an event or a series of negative experiences, that creates a sense of fear, helplessness or horror, and overwhelms a person's capacity to cope.(40) Trauma can stretch across generations and become engrained within a group.(41) Intergenerational trauma has often been discussed in relation to specific groups of people, including Aboriginal and Torres Strait Islander young people and refugee families.(42, 43)

Trauma has often been found to be a key component of an individual's pathway to homelessness. International studies have found that between 50 to 75 per cent of young people who have experienced homelessness have experienced physical abuse and approximately 30 per cent will have experienced sexual abuse. (44, 45) Experiences of trauma in an individual's childhood and adolescence has been found to increase the likelihood they will experience repeated episodes of homelessness and increase the barriers to finding stable housing.(46)

While there is little Australian-specific data on the prevalence of trauma in young people, evidence suggests that as many as 75 percent of Australians will experience a potentially traumatic event at some point in their lives.(47, 48) International studies also suggest around 50 per cent to 65 per cent of young people will have been exposed to at least one traumatic event by the age of 16 years.(49, 50) The high rates of trauma among young people is a large potential risk for future experiences of homelessness.

In addition to young people experiencing homelessness, there are particular groups of young people in Australia who have a heightened risk of traumatic experiences. This includes children and young people living in out-of-home care, which is already a population that is at heightened risk of experiencing homelessness.(51, 52)

Trauma is not only a risk factor for homelessness, individuals who experience homelessness have an increased likelihood of experiencing further traumatic episodes. Approximately 83 per cent of adolescents experiencing homelessness were physically or sexually victimised after becoming homeless.(53) There is also a significantly increased risk that young people experiencing homelessness will witness traumatic events. (54) Trauma experiences can increase the risk of the onset of mental ill-health, lengthen the duration of the illness, compound the severity and complexity of mental ill-health and impact on responses to treatment.(55) Due to the high prevalence of trauma among people who have experienced homelessness, it is difficult to respond to the challenge of homelessness without also addressing the underlying trauma that is often interwoven through experiences of homelessness.

PHYSICAL HEALTH

Young people experiencing homelessness are at risk of a higher incidence rate of physical illness than their housed peers.(29) They are also more likely to contract infectious diseases, such as influenza(56) and skin and respiratory diseases, such as asthma and pneumonia, due to the risks inherent while rough sleeping or in crowded shelters.(57)

Sexually transmitted infections (STIs) are also common among young people experiencing homelessness. Evidence suggests that young people experiencing homelessness are more likely to engage in risky sexual behaviours, such as unprotected sex, survival sex prostitution and having sex with multiple partners.(58, 59) As such, young people experiencing homelessness have a heightened risk of contracting STIs including HIV and AIDS.(60, 61) As with other domains, the longer that a young person experiences homelessness, the greater the risk that they will engage in high-risk sexual behaviours and increase the chance of exposure to STIs.(62)

ALCOHOL AND OTHER DRUG USE

Research has consistently found that alcohol and other drug use is more prevalent in young people experiencing homelessness than housed young people.(63-65) Rates of alcohol and other drug use have been found to be as high as 90 per cent among young people experiencing homelessness.(65, 66) Alcohol and other drug use extends across a wide range of drugs. For example, one American study found that among young people experiencing homelessness 94 per cent percent used tobacco and alcohol, 97 per cent used marijuana, 73 per cent used amphetamines, 56 per cent used crack/cocaine, and 40 per cent had used heroin in the past year.(67)

Alcohol and other drug use is not consistent among young people experiencing homelessness and there are factors that impact individual use. Age is one such factor that influences alcohol and other drug use patterns. A study of drug use in young people older than 21 years and those younger than 21 years who were experiencing homelessness, found that the older group were more likely to use heavier substances and engage in intravenous drug use, while the younger group were more likely to have engaged in binge drinking.(68) The longer a young person experiences homelessness, the greater the risk they will develop a pattern of alcohol and other drug use.(69) Many young people experiencing homelessness also engage in heavy alcohol and/or other drug use, which may involve the use of multiple substances, large doses, and intravenous drug use. It has been found that approximately 30 per cent of young people experiencing homelessness have used multiple substances within a three month period.(70)

SOCIAL RELATIONSHIPS

Difficulty maintaining a level of social support and healthy relationships can have a significant impact on the health and wellbeing of people.(71) An experience of mental ill-health alone can cause individuals to both withdraw from, or overly rely on, their support networks.(72) In addition, an episode of homelessness can also potentially narrow a young person's available social support circle(73) and disrupt social relationships as a result of residential mobility, loss of phone service, or relocation to new neighbourhoods.(73)

The loss of relationships is not purely due to the experience of homelessness and in some cases, the loss of social relationships can, such as a family or relationship breakdown, predate homelessness.(73)

EDUCATION

Young people experiencing homelessness face increased challenges with their education. A combination of difficulties attending school, meeting academic demands and the lack of adequate support services mean many young people experiencing homelessness are at risk of disengaging or have disengaged from education.

Young people experiencing homelessness have been found to have lower levels of achievement on standardised tests in reading, spelling, math, and science.(74, 75) Young people experiencing homelessness also have a high rate of school mobility which has been linked to lower levels of academic success and increased rates of disengaging from education.(75, 76) Young people experiencing homelessness are also more likely to be exposed to stressful and traumatic events which are also associated with low levels of achievement.(76) Additionally, young people experiencing homelessness are more likely to fail classes or repeat grades when compared to their housed peers. In one study of young people experiencing homelessness, it was found that 45 per cent had repeated a grade, 25 per cent had failed a class, and 42 per cent were at risk of failing a current class.(76) Evidence from the US suggests that as few as 20 to 30 per cent of young people experiencing homelessness graduate from high school.(36)

EMPLOYMENT

Young people experiencing homelessness commonly have difficulty finding and retaining work. This can occur for several reasons including difficulties arising in communicating with and meeting the requirements of potential employers and Centrelink.(77) Even when people experiencing homelessness have worked, their engagement in the labour market is often limited to low-paying and sporadic jobs.(78)

Young people experiencing homelessness are more likely to be unemployed than their securely housed colleagues. In 2017-18, the Australian Institute of Health and Welfare estimated just 12 per cent of homelessness service clients, aged 15 years and over, were employed full-time or part-time; 48 per cent were unemployed and 40 per cent were not in the labour force.(79)

It is vital that young people at risk of, or experiencing homelessness are aided to find secure employment. Participation in the labour market can help prevent young people from becoming homeless and move people out of homelessness by providing income to assist in maintaining stable housing.(80)

ECONOMIC IMPACT

Studies have commonly found that health and justice costs for young people experiencing homelessness were well above those experienced by the general population and more than twice the recurrent and capital cost of providing accommodation and other support services to the adult homeless population.(81-83)

The *Cost of Youth Homelessness in Australia* report has endeavoured to determine the societal and individual economic cost of youth homelessness. It estimated that youth homelessness costs Australia an estimated $626 million per year in health and justice service costs. At the time of the report, it was estimated that this cost was greater than the total spend on homelessness services for all age groups.(11)

This estimated annual cost stems from a variety of sources. Young people who experience homelessness have greater incidence rates of physical and mental ill-health and accordingly have a greater use of health services.(11) There is also a far greater risk that young people experiencing homelessness will come into contact with the justice system when compared to young people in safe and secure housing.(84) It was estimated in the *Costs of Youth Homelessness in Australia* report that young people experiencing homelessness used approximately $15,000 more in health and justice services than unemployed young people who were in stable housing.(11) The average cost per person per year of health care in to the community has been estimated at $2,271 per person while the health cost of young people experiencing homelessness is $8,505 per person per year, or 30 per cent higher than the average for the general population.(11) As noted above, young people experiencing homelessness are more likely to be unemployed. This high rate of unemployment has both a societal and an individual cost through lost output and poorer mental health outcomes.(11, 85)

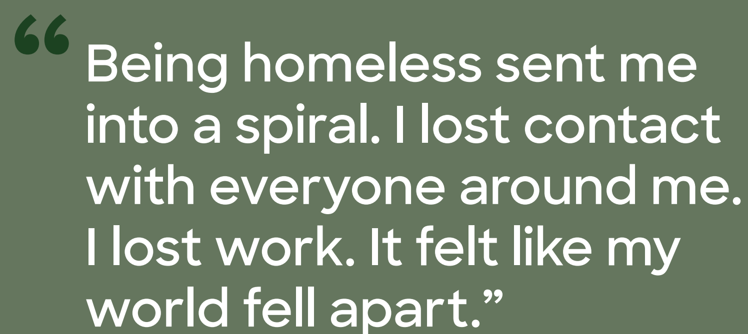
The economic costs of homelessness increase with each successive experience of homelessness.(11) The lifetime cost of homelessness to government services has been estimated to range from $900,000 to $5.5 million per person.(86) As the economic costs of homelessness only become greater with time, investment in early interventions with young people at risk of, or experiencing homelessness, has the potential to limit the future economic cost of experiences of homelessness. If effective and sustainable supports are put in place, then this may reduce the use of health and justice services to levels more consistent with the general population, and consequentially, produce a net economic benefit.

SUMMARY

Homelessness can lead to wide-ranging negative impacts at both an individual and a societal level.

For the individual young person who has experienced homelessness, they are increasingly likely to experience mental and physical ill-health, alcohol and other drug use, and social disengagement. Young people experiencing homelessness are also more likely to have poorer education and employment outcomes than stably housed cohorts.

These impacts are exacerbated the longer a young person experiences homelessness, but the harm of homelessness can be minimised by intervening early to reduce the duration of homelessness.



THE POLICY FRAMEWORK IN AUSTRALIA

An examination of the Australian policy framework around mental health and homelessness shows a lack of integration between these key areas. While there is evidence of links between mental health and homelessness, this is not reflected in the key strategic documents. Housing, homelessness and mental health policies are distinct systems that are not integrated in a constructive way.(3)

MENTAL HEALTH POLICIES

All state and territory mental health policies and plans align, to differing degrees, with the Commonwealth priorities and policy direction described in *The Fifth National Mental Health and Suicide Prevention Plan.*

Mental health policies promote a range of interventions which are varied according to need. Public health programs promote mental wellbeing for those in the general community while efforts around early intervention and prevention are targeted to those at risk (e.g. young people in school). Mental health policies are generally premised upon a person-centred approach whereby the needs of the person and their carers are prioritised, with services wrapping around in a seamless fashion.(3)

Mental health policies often mention housing as being important in a general sense as part of supporting good mental health in the community. Stable and secure housing, and supported housing services are often cited as important in supporting people recovering from mental illness in the community. Some policies acknowledge the links between mental illness and homelessness. Similarly, policies recognise supported housing in the community as an important means to support those with complex needs including those with mental illnesses.

These mental health policies generally recognise the importance of housing to support mental health but do not provide any specific policy suggestions, instead this is left to housing policies. There is generally a recognition that greater integration and coordination is needed between mental health services and housing services in the community, yet there is a lack of specific reference to how these systematic connections could occur.(3, 28)

HOUSING POLICIES

State and territory housing policies exist under the ambit of the National Housing and Homelessness Agreement (NHHA). The NHHA operates as a combination of a multilateral agreement outlining the objectives and outcomes to which the jurisdictions agree, and a series of bilateral agreements between the Australian government and the states.(3)

While the NHHA does demonstrate a degree of policy oversight through specific priority areas, Australia has no national housing strategy. Instead, the individual state and territories are provided autonomy to develop distinct strategies or plans. As there is no national strategy, policy areas which are the responsibility of the Federal government (e.g. taxation and income support) are not directly considered.(3) Even though the Federal government has great scope to impact housing availability and prices. This limitation places a ceiling on how impactful any state or territories' housing strategy can be.

There is a reasonably significant degree of individual variance between states and territories in how housing services are associated with mental health. Some policies make links with mental health issues or services from antisocial behaviour policies through to training of staff in trauma and mental health first aid. Most recommend there be better alignment or coordination between social housing and mental health systems, including non-government providers of psychosocial supports for long-term mental health consumers. However, they rarely make systematic connections between these services, and connections at a program or strategic level are limited.(3, 28)

CURRENT APPROACHES TO INTEGRATION

At a strategic level, there is little integration of mental health and housing policies. Australia's mental health policies generally recognise the importance of housing to support mental health but do not provide any specific policy suggestions, instead, this is left to housing policies. As there is no national housing policy, it is the responsibility of the states and territories to develop their own housing policies. These state and territory housing policies often make the link between mental health issues and housing, but they rarely make systematic connections between these services, and connections at a program or strategic level are limited.(28)

A number of Australian state and territory governments have achieved a degree of system integration in housing and mental health service provision. However, this is a recent phenomenon and has occurred in an ad hoc manner with significant differences between states and territories in the scope of system integration. Examples of this move to a more integrated approach are outlined below.

POLICY SOLUTIONS

The Australian government develops guidelines outlining a national approach to housing, homelessness and mental health.

Emphasising the involvement of young people in delivery and development of services related to mental health, housing and homelessness.

NEW SOUTH WALES

New South Wales instituted the Housing and Mental Health Agreement as an attempt to improve collaboration between the housing and mental health systems in Australia.(3) The agreement provides the overarching framework for planning, coordinating and delivering mental health, accommodation support and social housing services for people with mental ill-health who are living in social housing or who are homeless or at risk of homelessness. It includes a high level action plan to support the implementation of the agreement.(3)

While the approach of New South Wales provided an encouraging degree of integration between government agencies, there was little consideration of community housing providers and the role that they could play in supporting better mental health and housing outcomes.

SOUTH AUSTRALIA

South Australia has in place a memorandum of understanding between Housing SA and SA Health, Mental Health and Substance Abuse. It was established in 2007 and updated in 2012 to help coordinate the delivery of mental health services, psychosocial support and general housing services.(3) The agreement provides management guidelines for information sharing; timely proactive, early intervention and preventative approaches; sensitive tenancy monitoring approaches; and collaborative and flexible arrangements between housing agencies.(3)

VICTORIA

While Victoria does not have specific government-level systemic integration (as per the examples above) the Doorways program is one Victorian example which demonstrates how integration can occur at a program level. (3) Each participant to the Doorways program is appointed a support worker who provides weekly support both in developing tenancy skills and their mental health recovery. While this program has shown encouraging results, it is only available to people with severe mental illness and is further only funded for a limited number of potential participants.

EARLY INTERVENTION AND PREVENTION

Across a variety of domains, it has been shown that service responses and programs focused on early intervention and prevention present the best opportunity to change the course of a given issue. This section will outline why prevention and early intervention is important for individuals experiencing homelessness and mental ill-health.

THE IMPORTANCE FOR MENTAL HEALTH

The onset of mental ill-health generally occurs in young people with 50 per cent of mental ill-health onset occurring before the age of 15 years, and 75 per cent by the age of 24 years.(87) This period of a young person's life is a time of key developmental milestones. Left untreated, the trajectory and lifelong impacts of mental ill-health are borne by the individual, their families, their communities and society. This can lead to experiences of homelessness, but can also include; unemployment or underemployment; social exclusion; poor physical health; substance abuse; and premature mortality.(88)

There are also societal impacts from a lack of early responses to the onset of mental ill-health. If a person is in a state of mental wellbeing, they are in an optimal position to engage with education and employment and be part of a healthy social environment. Untreated or poorly treated mental ill-health can also increase the risk of homelessness, poorer physical health and justice involvement.

There is a growing body of international evidence that targeting preventive measures and effective early interventions for young people presents the best opportunity to reduce the economic burden of mental ill-health over the lifespan. In Australia, a Deloitte Access Economics report in 2009 found the return on investment in early intervention for mental health was approximately $6.19 for every dollar spent.(89)

THE IMPORTANCE FOR HOMELESSNESS

While an individual of any age can experience homelessness, there is an increased importance in supporting adequate interventions and preventions of homelessness among young people. Experiences of homelessness as a young person greatly increase the risk of further experiences of homelessness later in life. It has been estimated that almost 75 per cent of young people who experience homelessness in adolescence will experience homelessness in later life.(90) A single experience of homelessness also significantly increases the risk of ongoing homelessness. Studies have found that 20 per cent of people who have one episode of homelessness will go on to become chronically homeless.(14, 91)

As such, there is a need to identify young people who may be at risk of experiencing homelessness, and intervening before they become homeless. Mental ill-health is a key risk factor and is a contributing factor in up to 30 per cent of young people's experiences of homelessness.(22) Targeted intervention for risk factors to homelessness is critical because, in addition to preventing homelessness, it may also prevent trauma, mental ill-health and alcohol and other drug use problems.(92)

Lastly, the younger a person is during their experience of homelessness, the greater the chance that they will exit homelessness if provided with the necessary supports.(93) Accordingly, solutions for homelessness which are directed at young people have a higher chance of resulting in meaningful change. In order for there to be the most efficient and effective use of resources in prevention and intervention of homelessness, there should be an increased focus upon the mental health of young people.

EARLY INTERVENTION AND PREVENTATIVE MEASURES FOR YOUNG PEOPLE

Although the need for mental health treatment is high among young people experiencing homelessness, many miss out.(16, 94) Overcoming lower utilisation rates is an implementation challenge for preventions and interventions with young people. Numerous barriers that have been identified for young people using services, including availability of services/waiting lists, awareness of services, cost limitations, a lack of social support, poor motivation and stigma/ shame around health-seeking.(16, 94, 95)

One of the key ways to help improve utilisation of services is to ensure that young people are involved in the development of presentation and early intervention services and programs. Engagement with the impacted members of a population is critical to ensuring that services are appropriate, aligned with population needs, and sustainable.(96)

As young people are disproportionately represented in the homeless population, as well as being a key at risk cohort for mental ill-health, it is vital that young people are involved in the development of preventative and early intervention services and programs to address both homelessness and mental ill-health.

HEALTH SERVICES AND YOUNG PEOPLE EXPERIENCING HOMELESSNESS

Homelessness services are supported by the clinical health sector which can include community-based support, Primary Health Network (PHN) programs, specialised care, private hospitals and mental health services.

People who are experiencing homelessness access the health system in a variety of ways. While some may access the system by a general practitioner or mental health professional, it is more common for people experiencing homelessness access to the health system via hospitals.

SERVICE USE BY YOUNG PEOPLE EXPERIENCING HOMELESSNESS

Specialist homeless services provide supports to people experiencing homelessness including case management; referrals; practical support; material aid; alcohol and other drug support; mental health support, counselling; legal and court support; advice and information; and in some cases, short or medium-term transitional accommodation. The service organisations are non-governmental bodies and many are supported by government funding.

Research has consistently indicated that despite acute needs, young people experiencing homelessness can be reluctant to engage with services.(97) Available evidence suggests that only a small to moderate proportion of young people experiencing homelessness use shelters, ranging from 7 to 40 per cent.(15) Other services, such as food programs and street outreach, tend to have higher rates of utilisation but even then it has been found that only approximately 50 per cent of young people experiencing homelessness will use those services.(98) Young people also demonstrate a similar reluctance to the use of mental health services. It's been estimated that as few as 25 per cent of Australian adolescents seek professional help for their mental health problems.(99) Health service use among young people experiencing homelessness is similarly low, with only 30 per cent of those experiencing mental ill-health using mental health services and approximately 25 per cent having visited a hospital emergency department.(16)

There is evidence that increasing service engagement may help young people to exit homelessness.(100) The more that a young person is connected with formal and informal social systems, the more likely they are to spend a shorter amount of time experiencing homelessness.(101)

MAKING SERVICES RELEVANT FOR YOUNG PEOPLE

Young people are a cohort which can struggle to engage with services. This is because there are numerous barriers which limit service engagement including lack of awareness of services; stigma/shame around seeking help; poor motivation for treatment; fear that their needs will not be met, reliance on informal supports; peer pressure; lack of support for treatment; concerns about confidentiality; trust and anonymity; negative past experiences with services; limited treatment options; treatment cost; and waiting lists.(102)

Young people who have experienced homelessness face additional barriers to service use. It has been suggested that underdeveloped organisational skills; lack of opportunity for involvement with the treatment process; lack of service coordination; and lack of youth-friendly services are challenges which are relatively specific to young people experiencing homelessness.(102)

The following section will examine some of the primary approaches to aid in increasing this service use by young people experiencing homelessness. It should be noted there is significant variability in how young people experience homelessness and mental ill-health, and responses to these issues need to be flexible and informed by consultation with young people with lived experience.(103)

POLICY SOLUTION

Emphasising service use among young people with mental ill-health by focusing on approaches which have been seen to improve service engagement such as care coordination, outreach programs and involving young people in delivery and design of mental health and homelessness services.

IMPROVING SERVICE AWARENESS

A lack of service awareness is a significant factor limiting service use among young people experiencing homelessness.(102, 104) Young people experiencing homelessness also often lack experience in service navigation. Studies of people of all ages who have experienced homelessness have found that those who are newly homeless are much less likely to be aware of available services than those experiencing chronic or periodic homelessness.(105)

There are options available to improve awareness of services. Educational, community programs and outreach services for young people experiencing homelessness can increase recognition of existing services.(102) It is also important for existing services to utilise engagement opportunities to improve awareness with other possible services. It has been noted that young people who are engaged with one service are more likely to have discussions about services more generally, with the net effect of improving broader service engagement.(97)

OUTREACH PROGRAMS

Outreach programs are another approach to improving service use by young people experiencing homelessness. These programs make proactive contact with people who may otherwise be unlikely to access traditional service settings and improve their service utilisation.(106) Outreach programs can take a variety of forms, but are commonly based on an active approach to potential clients with the intention of offering support and engaging the young person with services.

A meta-analysis of 16 outreach programs found that 63 per cent of young people who were contacted through active outreach participated in the offered service.(107) This would serve as a significant improvement over usage rates among young people experiencing homelessness, with only 30 per cent with mental ill-health using mental health services.(104)

For outreach services to be most effective, there is a need for continued support to ensure ongoing service use. A 2020 Canadian study of mental health service use by young people experiencing homelessness, found a significant drop off in follow-up after the first appointment, even if there had been active outreach to assist the young person to attend the initial appointment.(108) A further way to ensure that outreach services are most effective is to utilise young people with lived experience to assist in making connections. Studies of outreach programs have found that most young people learn about services through peer-to-peer street interactions.(109)

There are few examples of youth-specific outreach programs currently operating in Australia. One example is the Hope Street Youth Mobile Outreach Service in Melbourne, Victoria. This program identifies and engages with young people who are, or who are at risk of, experiencing homelessness and helps them to navigate services and access accommodation.

DROP-IN CENTRES

Another approach to improving service use are drop-in centres, which are a single location where young people can access support for their immediate needs (i.e. food, hygiene, bedding), but also be connected for higher-level needs, including mental health care. Unlike shelters that have restrictive rules that young people must follow (e.g., curfews, abstinence from substance use), drop-in centres typically try to break down barriers and take a ‘come as you are’ approach to engaging youth in services.(109)

There is evidence that drop-in centre services are associated with better health outcomes across a range of domains for young people experiencing homelessness. A comparison of drop-in centres to crisis shelters found that use of the drop-in centres was associated with improved service use, lower alcohol use and better HIV-related outcomes.(100) Further studies of drop-in centres have found improvement in a wide range of domains including mental health, housing and substance abuse.(110) Integrating services in this way increases service awareness as well as improving young people’s perception of mental health care.(111)

As with outreach programs, there are a limited number of Australian drop-in centres which are directed at young people experiencing homelessness. One example is the Oasis Youth Support & Drop-in Centre in Sydney which is managed by The Salvation Army. This centre also provides outreach support to young people aged between 16 and 21 years who are at risk of homelessness or experiencing homelessness.

CARE COORDINATION

Approaches to improve service use often involve elements of care coordination, which comprises working directly with at-need members of the population, carers, clinicians and providers from other sectors, to establish the types of services needed and help in accessing and coordinating those services. For young people with mental ill-health, care coordination has been found effective in a variety of domains including service use, care satisfaction and health outcomes.(112)

Recommendation 15.4 of the Productivity Commission’s *Report on Mental Health* provides that governments should assess the number of people who require care coordination services and ensure that care coordination programs are available to match local needs. This recommendation is supported by studies demonstrating the effectiveness of integrated care for young people experiencing mental ill-health. A meta-analysis of integrated primary health care and mental health care found that young people would be approximately 65 per cent more likely to receive a better outcome from integrated care than non-integrated treatment as usual alternatives.

As care coordination has been successful in improving outcomes for young people, it should be extended in practice for young people experiencing homelessness and young people transitioning from homelessness. To ensure that care coordination is accessible for the greatest number of young people, care coordination should be embedded within housing and mental health services for young people.

Examples of how care coordination could work for young people experiencing homelessness can be seen with Homeless Outreach Mental Health Service in Melbourne. This service offers case management and mental health services to people with severe mental illness and a history of homelessness. Homeless Healthcare in Perth is another care coordination service which provides outreach healthcare to people who are homeless. An evaluation of this service by the University of Western Australia found this model produced benefits for participants in terms of health care use.(113)

POLICY SOLUTION

Trialling care coordination programs for young people experiencing mental ill-health in order to improve service access by young people and to lessen the risks of experiencing homelessness.

> **“I think it’d be great to have time to look with a case manager … if they can take you out, or have time to go through websites.”**
>
> YOUNG PERSON

TAILORING SERVICES FOR YOUNG PEOPLE

There are a variety of ways in which services can be tailored to better fit the needs of young people. Specific factors which can improve service use are dependent upon the individual needs of the young person, but commonly identified facilitators of service use include:

- A focus upon personal relationships between staff and the young person. Young people are more likely to utilise services if there is a sense of personal familiarity and support with staff at the relevant service.
- An understanding of developmental, long-term and short-term goals. More than older adults, young people are likely to place a strong emphasis on how current activities can align with developmental goals.(114)
- Collaboration and integration with other services.
- Access to services through flexible entry criteria, after hours availability, and/or being located close to public transport).(97) (70)

Services that are tailored in these ways have been found to improve service use among young people experiencing homelessness.(97) The best way to ensure that these factors are present in mental health services is for those services to be tailored for young people by involving young people in the development and delivery of those services.(115) As young people are disproportionately represented in the homeless population, as well as being a key at risk cohort, it is essential for young people with lived experience of homelessness to have a voice in the services that are intended to respond to their needs. A recent example of this can be seen with the Youth Affairs Council of Victoria who facilitated discussions with young people with lived experience as part of their submission in the Victorian Legislative Council's *Inquiry into Homelessness in Victoria.*

> **"Young people need to be involved in the solutions. This is the best way to help young people."**
>
> YOUNG PERSON

EMPHASISING ASSISTANCE FOR AT RISK YOUNG PEOPLE

While young people are a population group that are at an increased risk of experiencing homelessness when compared to the general population, there are further subsets of young people who have increased risks of mental ill-health and low service engagement, furthering the risk of homelessness. These key groups include:

- Aboriginal and Torres Strait Islander young people who experience mental health problems, suicide risk and social and economic exclusion at much greater rates.(116) Aboriginal and Torres Strait Islander people are drastically overrepresented among the homeless population. Only 3.3 per cent of Australia's population is Aboriginal or Torres Strait Islander, but that group comprises 28 per cent of the total homeless population.(117)
- Young people from culturally and linguistically diverse backgrounds, particularly refugees. This is a group who often has unmet mental health needs and also can struggle to access the health care system in Australia.(118) These young people are also more likely to be in precarious housing situations either due to challenges with accessing housing, or are living in insufficient housing.(119)
- Young people who identify as LGBTIQ. This population is also more likely to experience mental health issues and experience many barriers to their service use and social and economic participation. It has also been noted that LGBTIQ young people are twice as likely to experience homelessness as other equivalent young people.(120)

For these groups of young people, mental health care providers need to be aware of their increased risks of housing instability and homelessness and be prepared to link these young people with housing or tenancy support services if it is considered necessary.

EXTENDING AVAILABILITY OF TRAUMA-INFORMED CARE

Despite the prevalence of trauma experiences, and its impact on mental ill-health, trauma is often poorly understood and treated by the mental health system. There are a number of barriers to providing effective treatment for trauma. These include inadequate diagnostic frameworks for young people with complex trauma experiences and a limited number of appropriate mental health practitioners who are skilled in trauma-informed care.(40)

A focus on trauma-informed care is a viable approach to ensuring that underlying trauma is recognised and responded to. Trauma-informed care refers to interventions and services which are designed to address the impact of trauma, by focusing on the physical, psychological and emotional safety of the client and clinician, and aims to prevent re-traumatisation by the service or system.(40)

For trauma-informed care to operate most effectively, it has been suggested that it include the following key elements:

- development of a theory-based model to ensure service consistency;
- avoiding practices that may be traumatizing;
- universal systematic screening for trauma history;
- integration of trauma-informed care with other key services – particularly mental health and alcohol and other drug use;
- inclusion of trauma-informed services for children and young people to increase resiliency;
- programs should encourage consumer involvement to assist with participation in service programs; and
- cultural and linguistic competence. (40)

While there have been attempts at implementing trauma-informed care in general health services, it has often been inadequately implemented in services with a focus on single training sessions rather than the necessary system-wide implementation and policies needed to permeate care with a trauma-informed response. There is a need to develop system-spanning framework to ensure that trauma-informed care is implemented effectively.

Further information and policy direction on trauma-informed approaches to care for young people and service implementation can be found in Orygen's policy report Trauma and Young People.

SERVICE BARRIERS AND INTEGRATION

Integration of services is often the key to improving service engagement and use. A lack of service awareness can be improved through geographic colocation of services, or by improving staff awareness of other existing services. Approaches designed to assist young people, like care coordinators, are more effective if there is a cohesively integrated service industry which is less complicated to navigate.

For young people who are experiencing homelessness, or who are at risk of homelessness, there is a clear need for integrated service settings. Both the causes and the impacts of homelessness are a mix of various issues and factors.(20, 21) For example, approximately 71 per cent of people who access mental health services also experience some form of alcohol and other drug use addiction.(121) People experiencing mental ill-health also have significantly lower rates of educational attainment and workforce participation.(122)

Despite these potentially complex needs, young people too often need to respond to these needs through differing service providers. This increases the difficulty of navigating the service system and can lead to estrangement from service settings. To ensure that people who are at risk of homelessness are provided the best levels of support, there is the opportunity to improve service access through the integration of services in the following ways:

- Increasing the proportion of salaried funding to facilitate case coordination within and between services including out-of-home care, housing services, educational services, alcohol and drug addiction services.
- Integrated mental health services with social, community and justice services. These are particularly important for young people in the justice system who need early intervention to effectively treat mental disorders, reduce rates of recidivism, and build more functional pathways to housing, schooling or employment.

Evidence shows that service settings which seek to integrate responses to various domains – such as mental health, trauma, alcohol and other drug use and physical health – had better results than service settings which were not integrated.(123)

It is not the responsibility of individual service providers to improve service integration with other services, although they do need to be receptive to the need for service integration. Instead, there is the opportunity for lawmakers and policy makers to establish a system, supported by strategic oversight, that readily allows for a simpler service landscape. For further information on the current state of homelessness, housing, and mental health policies in Australia, see the section titled 'The Policy Framework in Australia'.

MENTAL HEALTH, HOMELESSNESS AND HOSPITAL DISCHARGES

Despite experiencing poorer health outcomes than the general population, a significant proportion of individuals experiencing homelessness do not access healthcare services or have a stable, comprehensive source of primary healthcare.(124) As a result of limited access to, and use of, primary healthcare, the main point of entry into the healthcare system for people experiencing homelessness is often hospitals and emergency departments.(125) While young people experiencing mental ill-health generally access the system by a general practitioner or mental health professional, it is not unusual for young people to access the health system via hospitals.(28)

While hospitals are vital care institutions for young people experiencing homelessness or mental ill-health, there is less clarity on what occurs for the young person post-discharge. Upon discharge, there is a risk that young people may be unable, or may find it difficult to, return to stable housing. An Australian study looked into the risk of discharges into homelessness and found that almost seven per cent of participants who had been admitted to a psychiatric inpatient hospital in the previous year had not been assisted with transitions into accommodation and had nowhere to go.(126) The point of discharge is a high-risk interval which can lead to negative outcomes such as being discharged into homelessness.

Recommendation 20 of the Productivity Commission's Report on Mental Health outlined that state and territory governments commit to a nationally consistent policy of 'no exits into homelessness'. This places the onus on the discharging institution to prevent people being discharged into homelessness and also requires the institution to assist with finding housing. To support such a program, the discharging institution needs to design adequate program architecture to support the operation of a 'no discharges' program of this type.

POLICY SOLUTION

Federal, state and territory governments review discharge procedures from entities like hospitals to ensure that young people are not discharged into homelessness.

PROGRAM DESIGN

In order to ensure that young people are not discharged into homelessness, there are certain features that should be present within a program. Transition programs for young people should endeavour to identify the housing situation of patients while in the hospital to identify the potential need for support around discharge. Early awareness of housing status is associated with better quality discharge for young people experiencing homelessness. Strong coordination between hospitals and housing services will also help protect at risk young people from discharges into homelessness. (127)

People who have experienced homelessness commonly feel distrust of providers and of the healthcare system as a result of past negative experiences.(128) This can mean that people who experience homelessness are hesitant to disclose their homeless status to hospital staff due to concerns that this disclosure would result in inferior treatment.(127) Accordingly, any transition program should emphasise creating a non-discriminatory, stigma-free environment to improve the perception of the support program and lead to improved results.

The Productivity Commission's *Report on Mental Health* identified three key examples of programs instituted in Australia which served as strong examples of assistance to those transitioning from mental health care - the Transitional Housing Teams program in Queensland, Royal Perth Hospital's Homeless Team, and the National program providing Housing Support Workers. Each of these programs provide intensive support for people who may be at risk of homelessness.

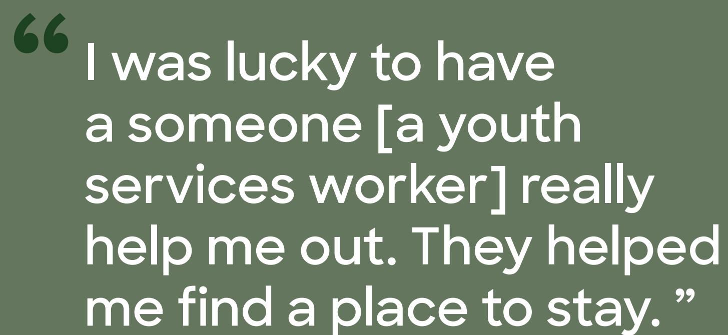
While early indications from these programs have been promising, there is limited evidence on the degree to which these specific programs assist in helping people transition from mental health care settings into stable housing. As such, there should be consideration of further evaluations of exit programs to determine how they can be best designed for young people who are at risk of homelessness.

SUMMARY

Early intervention is vital to prevent future experiences of mental health and homelessness for young people.

One of the factors that limits early interventions for homelessness and mental ill-health are the low rates of service engagement and utilisation by young people.

However, young people are more likely to engage with services if those services are relevant to the needs of young people. Ways in which services can be adapted include an emphasis on outreach, care coordination and improving integration with other services.



> "I was lucky to have a someone [a youth services worker] really help me out. They helped me find a place to stay."
>
> **YOUNG PERSON**

HOUSING AND YOUTH HOMELESSNESS

It is impossible to consider responses to homelessness without significant reference to housing. Only those interventions and programs which focus on helping people find stable housing can be considered a direct response to homelessness.(129) There is also a need for any early intervention response to have an ultimate goal providing stable housing because successfully responding to any of the other issues that may be present in an individual experiencing homelessness (i.e. mental ill-health, alcohol and other drug use, lack of employment/education), is increasingly difficult without housing.(130)

WHY IS HOUSING IMPORTANT?

Housing is a vital determinant of an individual's health and there is a significant body of evidence indicating the health benefits of housing for individuals who have experienced homelessness. It has been found that permanent housing is expected to positively impact life outcomes for people with a history of chronic homelessness across a broad set of domains, including mental health.(131)

Due to the importance of housing for health and for intervention and prevention of homelessness, this section examines approaches to ensure that people are housed, and maintain housing. Specifically, the focus is on ensuring that young people who are experiencing mental ill-health are given the opportunity to access housing and/or achieve housing stability.

> "Having a place to stay just makes everything else so much easier."
>
> YOUNG PERSON

BARRIERS TO HOUSING AMONG YOUNG PEOPLE

Young people in general experience a range of barriers to housing and independence that are unique to their developmental needs and lack of experience with adult roles and responsibilities. This includes an insufficient time to amass savings, underdeveloped basic life skills, and limited qualifications leading to entry-level, lower-paying jobs.(132) Accordingly, young people often need structural or educational supports to develop the necessary skills to transition between adolescence and young adulthood.(133)

In a similar vein, young people who have experienced homelessness also require support to address employment, education, and independent living skills.(134) Young people who transition into independent housing from homelessness may experience significant difficulty reintegrating within the community, and this may result in a loss of hope, especially when they face continued challenges with work and education.(134) Employment, education and the resulting sense of independence have been identified as particularly important to ensure that a young person successfully transitions from homelessness.(130)

There is evidence that people who experience homelessness may be ambivalent about their goals for employment, and that they may not have the routines to support active occupational engagement. This stems partly from the fact that homelessness greatly disrupts any previous momentum for education and employment, and can make it more difficult to re-establish their previous level of education or employment.(135)

Factors such as community participation, and social support are also important in assisting a young person to transition from homelessness. Programs which have built-in social and leisure participation are likely to assist such young people.(136) The following sections will examine specific mechanisms through which young people can be stably housed. For each of these approaches, there should be consideration for the integration of skill-building, participation in productive occupations, and social inclusion.

TYPES OF HOUSING TENURE IN AUSTRALIA

There are three broad categories of housing tenure:

- private ownership, either fully-owned or mortgaged;
- rented from a private landlord; and
- social housing run by a state or territory housing authority.

In Australia it is estimated that 66 per cent of Australians privately own their home, 25 per cent rent from a private landlord, and four per cent were in social housing. For young people, it is more likely that they will be either renting or in social housing.

MAKING HOUSING ACCESSIBLE FOR YOUNG PEOPLE WITH MENTAL ILL-HEALTH

There is an increased prevalence of mental ill-health among young people experiencing homelessness. Mental health services need to be integrated into programs that support young people to transition out of homelessness. However, the housing and rental market can be a difficult challenge for such young people.

Services for young people transitioning from homelessness who have experienced mental ill-health need to consider the potential reasons why the young person experienced homelessness. For example, young people often leave home as a result of sexual or physical abuse, parental or personal substance use, family conflict, poverty, parental rejection, mental health issues, or a combination of these influential factors.(29) These various traumas require a considered response to assist the young person to achieve housing stability.

For young people who are in social housing, the policies governing that housing can impact people with mental ill-health. If these policies are too strict, there is the potential that they will unduly impact tenants experiencing mental ill-health. For example, tenants who exhibit episodes of unsociable behaviour as a symptom of mental ill-health may be issued with eviction warnings and potentially be evicted. This can cause further distress to tenant's mental health, their sense of housing stability and puts their housing at risk.(3)

In the Productivity Commission's *Report on Mental Health*, it was noted that New South Wales has a temporary absence policy which allows people to be absent from their primary residence for up to six months if they are hospitalised or require institutional care. This policy provides that the tenant must plan to continue to pay their rent and water usage, and satisfy the social housing provider that the property will be adequately cared for while they are away. Accomplishing these tasks can be difficult for young people experiencing mental ill-health. The challenges for young people in managing these tasks can be made more difficult as young people experiencing mental ill-health may face increased difficulties maintaining social networks which could assist with managing their affairs.

The Productivity Commission further noted that navigating the administrative procedures for social housing can be particularly difficult for people with mental ill-health. It found that 90 per cent of people experiencing mental ill-health have found difficulties in applying for public housing that created further challenges for them.(137) Young people with mental ill-health may also face increased difficulties in navigating the administrative requirements of housing.(138)

The physical location of housing is also very important. Young people with mental ill-health need to be in reasonable proximity from health services and other supports.(138) This is particularly important for young people, as they are less likely to independently own a vehicle and be more reliant on public transport or access by foot.

MAKING HOUSING ACCESSIBLE FOR YOUNG PEOPLE TRANSITIONING FROM HOMELESSNESS

Young people transitioning from homelessness face many barriers which can lead to a return to homelessness, but there are certain measures that can assist this population achieve housing stability. This section of the paper will look at supported housing, 'Housing First' approaches and tenancy support.

A HELPING HAND - SUPPORTED HOUSING

Young people who are transitioning from homelessness, or who are at risk of homelessness, often have complex needs. These young people are also generally limited by fewer social and financial resources relative to the general population, and therefore often rely on supported housing.

Supported housing programs emerged following the policy of deinstitutionalisation of people with mental ill-health into the community. This policy created a need for community based treatment and support services.(139) Programs were designed to provide a comprehensive range of services, with different levels of supervision available to meet individual needs.(139) Specifically, supported housing programs integrated access to housing, tenancy, or psychosocial support services and mental health services under the one umbrella. Supported housing can be achieved in either social housing, the private rental market or a hybrid of the two.

Supported housing models that facilitate recovery and community reintegration for people with serious mental illness have been shown to have a positive influence on overall wellbeing across various domains. For instance, supported housing has been associated with increased housing stability, reduced utilisation of mental health services, and improved family and other social ties.(140, 141) A 2018 systematic review of supported housing approaches for people with mental ill-health found evidence that supported accommodation is effective across a range of psychosocial outcomes.(142) There was also strong evidence for the effectiveness of the permanent supported accommodation model in generating improvements in housing retention and stability, reducing hospitalisation rates and improving appropriate service use.(142)

SUPPORTED HOUSING IN AUSTRALIA

Supported housing programs have been trialled, or are being trialled, across most Australian states and territories. The Housing and Accommodation Support Initiative (HASI) in New South Wales provides an example of how supported housing programs can assist individuals with mental ill-health. HASI integrates housing with tenancy support services and clinical and psychosocial rehabilitation services. An evaluation of HASI program found positive outcomes for participants with approximately 90 per cent successfully maintaining their tenancy. Participants also had a 59 per cent decrease in the average number of days each year spent in a mental health inpatient hospital. There was also an improvement in life skills, an increase in community participation and a reduction in behavioural issues among program participants.(143)

The key limitation on these programs is the shortfall of social and affordable housing in Australia. Without investment to increase the housing stock, estimated to be $200 million to $700 million per year by the Productivity Commission, supported housing programs will never meet their potential as a key assist for young people with mental ill-health.

POLICY SOLUTION

Federal, state and territory governments recognise the role of housing in supporting mental health and work to address the shortfall of supported housing in Australia.

PROVIDING A PLACE TO LIVE – THE 'HOUSING FIRST' APPROACH

Not all young people transitioning from homelessness meet the requirements or need for supported housing. For this group, 'Housing First' is an approach which emphasises the provision of housing. 'Housing First' is an evidence-based approach to addressing chronic homelessness and rough sleeping that maintains the provision of housing to people who are experiencing homelessness should not be contingent on them first meeting certain readiness requirements.

The five core principles of a 'Housing First' approach are:

- **Access** – People are provided with assistance to obtain safe, secure and permanent housing as soon as possible, with no requirement they demonstrate that they have addressed personal issues before being deemed 'ready' for housing.
- **Choice and self-determination** – People are able to exercise some choice in relation to the housing they access, subject to local availability, and can decide which supports they use and when.
- **Recovery** – There is a focus, not just on meeting a person's basic needs, but on supporting their recovery.
- **Individualised supports** – There is a recognition that each person requires a set of supports tailored to their individual situation.
- **Social and community integration** – There is assistance to help people to integrate into the community and participate in meaningful activities.(144)

'Housing First' approaches contrast with 'Treatment First' approaches, which instead provide temporary accommodation alongside services to address health needs, particularly alcohol and other drug use. The client then progresses to transitional housing before achieving permanent housing, which is conditional on adherence to treatment for mental health and problematic alcohol and other drug use.(144) Both 'Housing First' and 'Treatment First' approaches seek to integrate housing with necessary supports, but 'Housing First' prioritises stable housing as a foundation for subsequent treatment.

The 'Housing First' approach aims to assist clients to access permanent housing as an initial step in addressing homelessness. Housing provision is not contingent on compliance with health treatment or abstinence from alcohol and/or other drugs. Additionally, 'Housing First' includes ongoing support, through case management or community support initiatives.(145)

EVIDENCE FOR 'HOUSING FIRST' APPROACHES

There is clear evidence of the benefits of 'Housing First' approaches. A 2019 systematic review found that programs which implemented a 'Housing First' methodology found significant improvements in housing stability as well as a reduction in non-routine use of healthcare services.(146)

A number of countries have introduced explicit 'Housing First' approaches and the body of evidence to date outlines its effectiveness. In Finland, the introduction of the *Paavo I Housing and Homelessness Strategy* saw the adoption of a 'Housing First' model. A review of this strategy found a 28 per cent reduction in homelessness over a three-year period.(147) Canada introduced the *At Home – Chez Soi* program in 2009. It started as a trial conducted in five Canadian cities between 2009 and 2013. After completion of the trial, it was found that people receiving 'Housing First' assistance achieved superior housing outcomes and showed more rapid improvements in community functioning and quality of life than those receiving treatment as usual.(148)

An example of the 'Housing First' approach for people experiencing mental ill-health in Australia can be seen with the Doorway program in Victoria. This program is focused on housing and recovery for people experiencing mental ill-health who are homeless or at risk of homelessness. The program helps secure and sustain a home in the private rental market. This program is built upon the 'Housing First' model in that it emphasises the provision of housing to support those experiencing severe and persistent mental ill-health. A CSIRO study of the Doorway program in 2017 noted the positive impact of the program and found that participants within the program had significantly improved mental health and housing stability. There was also a reduction in the use and cost of health services.(149)

TAILORING HOUSING FIRST FOR YOUNG PEOPLE

While 'Housing First' approaches are promising in terms of how they can improve outcomes for people transitioning from homelessness, many of the studies into 'Housing First' approaches have been focused on adults and it is an open question whether these approaches are appropriate for young people. Young people, depending on age, may experience significant developmental changes that impact on decision-making, social relationships, inclusion and opportunities. They may also have limited experience of independent living and the associated challenges that come with it. Young people who experienced homelessness can also be estranged from services and social supports and those relationships may require rebuilding.(150)

Many young people experiencing homelessness have experiences of trauma that require a housing approach that is adapted to a trauma-informed approach in addition to developmental needs.(151) These needs include a balance of desire for independence, and need for structure, and the importance of a safe place to live. They also include considerations of sexual identity and orientation which is a frequent reason for why young people leave home.(152) Ultimately, for 'Housing First' approaches to be effective for young people, there does need to be consideration of young people's distinct needs.

YOUTH FOYERS

Youth foyers is a potential approach that meets the requirements for a successful youth focused 'Housing First' approach. Youth foyers are integrated learning and accommodation settings for young people, typically aged 16 – 24 years, who are at risk of or experiencing homelessness. Youth foyers provide a point-in-time service that enables young people in transition to develop and achieve educational and employment pathways, exiting in a sustainable way from welfare and service systems. The aim is to develop a resident's life skills and build resilience and self-confidence to enable them to live independently. Housing and accommodation are a part of the total package of support.(11) As a condition of residency, every young person enters into a formal agreement with the foyer operator, which details their commitments with respect to education, training or employment activities that they will undertake.

Youth foyers in the United Kingdom have been successful in helping young people transition to independent living as well as increasing participation in employment, education and training.(153) However, there has been a lack of high-quality studies of youth foyers, and a specific lack of comparisons against other measures. In Australia, there are a limited number of foyers in place, many of which are Education First Youth Foyers (EFYF) which are overseen by the Brotherhood of St Laurence. EFYFs partner with tertiary education institutions to promote educational attainment. A recent longitudinal review of EFYF found that the experience of the EFYF improved participants' education, employment, housing, and health and wellbeing outcomes, and these improvements were largely sustained a year after exit.(154)

It is worth noting that entry to EFYFs require young people to demonstrate 'foyer readiness' which can be limiting for young people who have alcohol and other drug use issues or severe mental ill-health. However, due to the promising results of EFYFs internationally and domestically, there is value in undertaking independent trials of foyers to determine whether further investment is warranted.

KEEPING YOUNG PEOPLE IN HOUSING – TENANCY SUPPORT SERVICES

Tenancy support services intervene to assist individuals to achieve improved housing stability and prevent them from becoming homeless. Tenancy support services are not specifically designed for people experiencing mental ill-health, but mental ill-health is a common reason for seeking support. Tenancy support services are particularly relevant for young people as young people are increasingly living in the private rental sector for longer periods of their lives because they are unable to access homeownership or social housing.(155)

Services can range from general housing advice to more intensive supports, including:

- help maintaining a tenancy – such as help with budgeting, support to access existing financial assistance, welfare benefits, tenancy advice, debt counselling, financial management and resolving rent arrears;
- assistance to improve a tenant's economic participation, such as help to find employment; and
- linking tenants with broader support services, such as mental health services.

In general, these support services have been found to be effective at stabilising housing. An evaluation of tenancy support programs across Australia found that, regardless of the type of program, between 81 to 92 per cent of people maintained their existing tenancy, 8 to 17 per cent of people moved home for a variety of reasons, and less than four per cent of people were evicted. This rate of eviction was considerably lower than the more than16 percent of public housing tenants who do not receive tenancy support services.(156)

Particular success has been seen with support services that focus on directed case management for vulnerable individuals. A review of Homebase, a multi-method intensive intervention for people facing eviction, found that the program reduced homeless shelter entries by an estimated 5 to 11 per cent over a period of four years.(157)

There are limitations in the implementation of tenancy support programs across Australia. The Productivity Commission identified in its *Report on Mental Health* a gap in the availability of tenancy support services. In 2017-18, approximately 15 per cent of people who tried to access services to assist them to maintain their housing had their need unmet. Almost 50 per cent of this group - over 5000 people - experienced mental ill-health.

Accordingly, there is a limited number of tenancy supports available to people living in private rental. However, the risk factors to homelessness, such as mental ill-health, are not limited to individuals living in public housing. As such, there should be consideration given to expanding the government-run tenancy support programs to provide assistance to those in private rental.

POLICY SOLUTION

A review of tenancy rules and regulations to ensure that they are supportive of young people to minimise the risks of future experiences of homelessness.

SOCIAL SUPPORT AND HOUSING

Housing for young people takes a variety of forms, but regardless of the form, housing is most accessible for young people if done with the support of their social circle. Young people experiencing homelessness commonly experience social isolation both during homelessness and following a transition back into housing.(158) Having social support, particularly family support, can help enable a young person in transitioning back into housing stability.(159, 160) There are also mental health benefits from reconnecting with family and friends.(160) By emphasising social support, young people can be protected from experiences of homelessness, or can be helped to exit homelessness.

Much of the focus of social support programs is on reconnection with family, but it is important to note that reconnecting to family may not be appropriate in all circumstances. Young people who have experienced homelessness too often come from difficult family environments which include abuse or neglect.(45) As such, there is a need to consider the specific circumstances of the young person's social relationships. An examination of young people experiencing homelessness has found that only 12 per cent of that population have a family member in their social network.(161)

There is evidence that young people who leave their family home to escape family conflict, but where differences are not considered irreconcilable, are more likely to return home.(162, 163) Young people can have greater difficulty reconnecting with family if there is a history of involvement with the justice system or child protection, alcohol and other drug use and education issues.(163) Social support can assist by reconnecting young people who have become disengaged from family and are at risk of homelessness.

An example of social support can be seen with Mission Australia's Family Connect program, which is a program integrated into schools and other community based services that young people and their families engage. Through early detection and assessment, this program is designed to help young people and their families manage and resolve conflicts, so that young people either remain at home, or if this is not possible, are able to move into supportive housing in a planned way.

In summary, program and service delivery for young people needs to be flexible to reflect the differing needs of young people experiencing homelessness, or at risk of homelessness. Approaches which are singularly focused on the provision of self-sufficient housing risks missing the benefits that can be found with social reconnection with family. While many young people experiencing homelessness do come from difficult and abusive family backgrounds, a large number have potentially redeemable relationships with at least some family members.

SUMMARY

Providing stable and secure housing is vital in responding to the impacts of homelessness.

Young people who have experienced homelessness, or who are at-risk of homelessness, have unique needs which often require consideration.

Specific approaches which can help young people secure tenure include supported housing, 'Housing First' approaches, and tenancy-support programs.

> "Now that I've got a home ... I just feel safe."
>
> **YOUNG PERSON**

THE PATH FORWARD

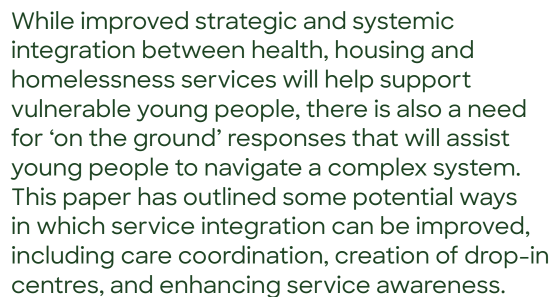
A number of key implications have been identified through this paper for consideration in the future development of trauma responses across youth mental health and other youth focused policies, services and systems. These are summarised below.

STRATEGIC INTEGRATION SUPPORTED BY SERVICE INTEGRATION

There is limited integration between housing and mental health policies in Australia. Mental health strategies may mention the importance of housing, while housing strategies sometimes refer to tenants' complex needs, such as mental ill-health, that may impact housing stability. Despite references, there is inconsistency between the states and territories and a general lack of strategic coordination between housing, homelessness and mental health.

This lack of strategic coordination minimises the connections that can be made between housing, mental health and homelessness, and also ignores the evidence that integrated responses provide for better results than service settings which were not integrated.

While individual states and territories have implemented some promising approaches to improving integration between housing, homelessness and mental health services, there is a need for increased national oversight to these issues. Oversight could be achieved by forming an inter-governmental working group to develop a national policy outlining a common approach to housing, homelessness, mental health and other key risk factors.



While improved strategic and systemic integration between health, housing and homelessness services will help support vulnerable young people, there is also a need for 'on the ground' responses that will assist young people to navigate a complex system. This paper has outlined some potential ways in which service integration can be improved, including care coordination, creation of drop-in centres, and enhancing service awareness.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME
AN INTEGRATED APPROACH TO HOMELESSNESS AND MENTAL HEALTH		
Establish an intra-governmental working group to develop guidelines to work towards an integrated approach to mental health and homelessness. **The guidelines should focus on young people, in order to minimise chronic or sustained homelessness.** **The key objectives for this working group are to put in place guidelines:** • **to improve service use among young people experiencing homelessness;** • **to stabilise housing for young people through tenancy support programs and ensuring that housing supports the wellbeing of young people;** • **that involve young people in service development and delivery; and** • **promote collaboration between research, service providers and government.**	Integrated responses provide for better results than service settings which were not integrated. 75 per cent of young people who experience homelessness in adolescence will experience homelessness in later life. A single experience of homelessness also significantly increases the risk of ongoing homelessness. Preventing homelessness prevents trauma, mental ill-health and alcohol and other drug use problems. Also, the younger a person is during their experience of homelessness, the greater the chance that they will exit homelessness.	Development of an intra-governmental working group. National youth health and housing guidelines to be developed following consultation with impacted populations.
SERVICE INTEGRATION TO BE LED BY CARE COORDINATORS		
Trial of a centralised care coordination program for young people with mental ill-health and/or high needs. The purpose of this program is to simplify service access across services which have only limited integration. **Four PHNs are initially selected to trial and evaluate a centrally managed care coordination program. The sites chosen are at the discretion of the four PHNs, but consideration should be given to placing care coordinators in both mental health services and housing services to measure their respective impact.** **The program itself would be:** • **informed by a paper on care coordination principles and practices developed by the National Mental Health Commission and implemented by the intra-governmental working group referred to above; and** • **delivered following consultation with young people and peak bodies.**	Having a care coordinator in place can assist vulnerable young people with mental ill-health, and/or young people experiencing homelessness. Having a care coordinator in place at mental health and housing services (to be chosen by the relevant PHNs) to assist young people at risk of homelessness, or transitioning from homelessness can lead to improved outcomes.	Evidence base for an expanded care coordination program.

IMPROVING SERVICE ENGAGEMENT BY YOUNG PEOPLE

Young people in general, but particularly young people experiencing homelessness can be reluctant to engage with services. (97) (100) It has been estimated that as few as 25 per cent of Australian adolescents seek professional help for their mental health problems.

There is evidence to suggest that young people will engage with services if they are better tailored to their specific needs. This means that services should be accessible, collaborative, and supportive. This also means exploring the potential for approaches which can improve service use, such as outreach services, drop-in centres, and care coordination. Young people need to be involved in the tailoring services and programs. Engagement with the impacted members of a population is critical to ensuring that services are appropriate, aligned with population needs, and sustainable.

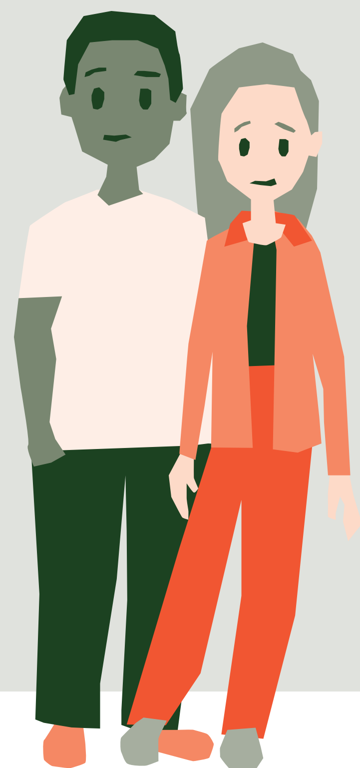
POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME
IMPROVING SERVICE USE AMONG YOUNG PEOPLE WITH MENTAL ILL-HEALTH		
Increasing the availability of mental health services targeting young people experiencing homelessness. **To improve service utilisation there needs to be:** • **an emphasis on care coordination and navigation;** • **the provision of a range of service approaches such as,outreach programs and drop-in centres;** • **involvement of young people with lived experience of homelessness in the design, delivery and review of youth mental health or homelessness services; and** • **a review of existing mental health literacy and awareness campaigns to determine how appropriate and accessible they are for young people at risk of, or experiencing, homelessness.**	The onset of mental ill-health generally occurs while people are young. Mental ill-health among young people is a risk factor for future experiences of homelessness. Young people in general, but particularly young people experiencing homelessness, can be reluctant to engage with services. It's been estimated that as few as 25 per cent of Australian adolescents seek professional help for their mental health problems. However, young people will engage with services if they are better tailored for the specific needs of young people.	Improvements in the rates of service use by young people. Involvement of young people is enshrined in service commissioning and development processes.

TRAUMA AND HOMELESSNESS

Trauma is a major risk factor for homelessness. Between 50 to 75 per cent of young people who have experienced homelessness have experienced physical abuse and approximately 30 per cent will have experienced sexual abuse. (44, 45) Trauma is also a large part of people's experiences of homelessness. Approximately 83 per cent of adolescents experiencing homelessness have been physically or sexually victimised after becoming homeless.(53) There is also a significantly increased risk that young people experiencing homelessness will witness traumatic events. (54)

Due to the important role that trauma plays through experiences of homelessness, there is a need for an increase in the number of service providers who are able to respond effectively to trauma and mitigate against the risk of vicarious trauma experienced by staff working with clients who have trauma histories. Trauma-informed care should be enshrined within the supports for young people who are endeavouring to transition from homelessness into the housing or rental market.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME
TRAUMA AND HOMELESSNESS		
Trial of a supported housing program in three PHNs where young people who are transitioning from homelessness are provided housing with support from a trauma-informed mental health professional to examine how trauma-informed care impacts housing stability and mental health.	Trauma can lead to homelessness. Between 50 to 75 percent of young people who have experienced homelessness have previously experienced trauma. Once a person experiences homelessness, there is an increased likelihood of further traumatic episodes.	Trial of trauma-informed care program for young people in supported housing.



HOUSING WHICH SUPPORTS YOUNG PEOPLE'S MENTAL HEALTH

Young people who experience mental ill-health are a key population at risk of experiencing homelessness. Also, young people who are transitioning out of homelessness have often been subject to abuse and trauma. Accordingly, any housing services and solutions for young people experiencing mental ill-health should support their mental health needs.

There is value in examining existing state and territory tenancy laws to determine whether there are any existing provisions which may be unduly burdensome to people experiencing mental ill-health. Policies that are too strict or do not consider the circumstances of tenants with mental ill-health, can cause further distress to a tenant's mental health, their sense of housing stability and can place their housing at risk.

Further approaches centred around supported housing may also assist at risk young people achieve housing stability. There have been some strong results for supported housing programs which combine tenancy support services with clinical care services. To ensure that any such programs operate most effectively, any supported housing for young people should consider their particular needs.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME
RECOGNITION OF THE ROLE OF HOUSING IN MENTAL HEALTH		
A focus on the importance of stable and secure housing in maintaining mental health and helping end homelessness. This includes an emphasis on the following measures: • **addressing the shortfall in supported housing in Australia; and** • **supported housing or 'Housing First' programs tailored to recognise the unique developmental challenges of young people endeavouring to access housing. In particular, housing programs for young people should emphasis skills and knowledge development, engagement with education and/or work, and social interaction.**	Housing is a vital determinant of an individual's health and permanent housing is expected to positively impact life outcomes across a broad set of domains, including mental health. There is an insufficient property stock nationally to provided supported housing for those who need it. Not all tenants currently have the option of tenancy support despite evidence of its benefits in improving housing stability.	The provision of stable housing is approached as a health issue in addition to being considered as a planning or infrastructure issue.

TENANCY SUPPORT SERVICES FOR ALL RENTERS

Young people are more likely to live in rental properties than other age groups.(155). As such, there is an increased need for young people to have access to services which can support their tenancy.

While state and territory governments have put in place a variety of tenancy support programs, these are generally limited to social or public housing. The Productivity Commission has recommended in Action 20.1 that state and territory governments, with support from the Australian government, should ensure that tenants experiencing mental ill-health who live in the private rental market have the same ready access to tenancy support services as those in social housing by meeting the unmet demand for these services. This recommendation would assist vulnerable young people remain in the rental market and minimise the risk of them experiencing homelessness.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME
SUPPORT FOR YOUNG TENANTS		
As young people are increasingly unlikely to own their own home, it is vital that tenancy laws are supportive of young people in order to minimise the risk of future experiences of homelessness. This includes the following: • **That the Federal government supports state and territory governments to develop a consistent national program providing tenancy support services for tenants in the social and private housing markets.** • **That state and territory governments review existing residential policies and legislation to ensure that there are not laws or procedures in place which may be unduly detrimental to young people experiencing mental ill-health.**	More than any previous generation, young people are increasingly living in the rental properties because they are unable to access homeownership or social housing. While state and territory governments have put in place a variety of tenancy support programs, these are generally limited to social or public housing. There is evidence that housing policies can unduly impact people experiencing mental ill-health, which can lead to further distress and could decrease housing stability.	Young people in all tenancy situations are able to access necessary supports to minimise the risk of future experiences of homelessness.

PREVENTING DISCHARGES INTO HOMELESSNESS

Young people experiencing mental ill-health may end up receiving care at an institutional setting, particularly hospitals. The point of discharge from these institutions is a high-risk interval which can lead to negative outcomes such as being discharged into homelessness.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME
PREVENTING DISCHARGES INTO HOMELESSNESS		
Federal, state and territory governments should undertake a review of existing discharge procedures from government-managed institutions, such as hospitals and prisons, to ensure that young people are not discharged into homelessness. **On completion of this review, there should be the introduction of new procedures which compel discharging institutions to take all reasonable actions to ensure that the discharged individual is returned to safe housing.**	For a young person who has experienced mental ill-health, there is a risk that they will spend time in institutional care situations such as hospital or prison. The point of discharge is a high-risk interval which can lead to negative outcomes such as being discharged into homelessness.	Independent consultants to be appointed to review existing discharge procedures. Evaluation report containing future policy directions.

RECORDING YOUTH HOMELESSNESS

There are shortcomings in the current primary methods used to record youth homelessness. It is likely that there is an incomplete record of the number of young people in Australia who have experienced homelessness. The census is a point-in-time count which does not provide information on the duration and causes of homelessness.(13) The SHSC data relies upon attendance at homelessness services and service utilisation is low among young people experiencing homelessness.(15)

There is a need to analyse alternative data collection methods to better identify individuals who are experiencing homelessness. This may include the completion of longitudinal studies to increase understanding of the causes of homelessness, in addition to youth-specific data collection which is accessible to young people.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME
ENHANCED METHODS OF COLLECTING DATA ON AUSTRALIA'S HOMELESS POPULATION		
Develop a data collection method suited to identifying individuals who are experiencing homelessness. This method would include: • **A longitudinal data collection of experiences of homelessness and related risk and protective factors.** • **A youth-specific component that captures factors relevant to this population. A recommended option is support of Mission Australia's annual youth survey to add questions related to homelessness which is made accessible through an assertive outreach approach to young people experiencing homelessness.**	The census is a point-in-time count which does not provide information on the duration and causes of homelessness. The SHSC data relies upon attendance at homelessness services and service utilisation is low among young people experiencing homelessness.	Independent consultants to be appointed to review existing data collection methods. Evaluation report containing future policy directions.

RESEARCH

There are a number of issues within youth homelessness and mental health in which there is a paucity of evidence. There is a lack of research on youth focused housing programs and specifically, how housing approaches, such as 'Housing First' and supported housing, can best meet the needs of young people.

Further evidence is still required on what factors facilitate service utilisation among young people experiencing homelessness and mental ill-health. There is also a need to understand more about what factors lead to experiences of homelessness among young people.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME
ESTABLISHING A HIGH-QUALITY EVIDENCE BASE		
Support of a research agenda that focuses on: • **identifying the individual and systemic factors that lead to experiences of homelessness among young people in Australia;** • **an examination of youth focused housing programs, and how those programs can best meet the needs of young people; and** • **comparative trials on what factors facilitate service use among young people experiencing homelessness.**	Research on housing, homelessness and mental health has commonly used population-wide data which has meant that there is often limited specific evidence relevant to young people.	A research emphasis on young people's experiences of homelessness and mental ill-health to assist in developing a strong evidence base to inform effective implementation and policy decisions.

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