



*Yfoundations has identified five foundations as integral to the process of ending youth homelessness. These foundations should be accessible to every young person. Furthermore, all services that work with young people experiencing homelessness should be considering these foundations within the work that they do.*

### **Health and Wellness**

Physical health | Social competency | Mental health | Self-worth | Safety | Access

*It is vital that all young people, particularly during the formative stages of their growth and development, are physically, socially and emotionally well. To ensure this, young people must have access to all the necessary prerequisites for achieving health and wellness. Being well and feeling healthy will promote self-worth and ensure young people feel competent to participate in their communities.*

A young person cannot adequately end their experience of youth homelessness if they are unable to access the support necessary to live a healthy and safe life. The need for young people to feel healthy is fundamental to the foundation of wellness. Wellness refers to being healthy in every facet of life. The World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”<sup>1</sup>. As recognised in the International Convention on the Rights of the Child, every young person has the right to make healthy life choices and access health care services when required<sup>2</sup>. It is thus important that all young people are encouraged and supported to achieve their optimum *Health and Wellness*.

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<sup>1</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

<sup>2</sup> *Article 24* - States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. Australia ratified this Convention in 1990. Convention on the Rights of the Child. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49

Young people experiencing homelessness have greater physical, social and emotional health concerns than other young people who may live in stable and secure housing. The homeless experience results in sleep deprivation, difficulties in maintaining personal hygiene (which may result in lice and skin problems) and inadequate diet and poor nutrition<sup>3</sup>. Young people experiencing homelessness typically experience higher rates of communicable diseases and injury, and poor dental health. Young people experiencing homelessness are at-risk of falling victim to violent crime, being abused on the street and victimizing others through such activities as theft, assault or drug dealing<sup>4</sup>. They are more likely to make poor sexual health choices, typically engaging in unsafe sex leaving them at risk of contracting sexually transmitted infections and unplanned pregnancies. Poor health is further exacerbated by a lack of medical attention, which may be due to a limited access to health care including the inability to pay for medical services<sup>5</sup>.

The way young people meet their emotional and physical needs when on the street also places them at greater risk. Lacking ongoing care and nurturing relationships in mainstream society, street youth form ties to other youth on the street. These connections, loosely described as ‘street families’, provide emotional support and some financial assistance (e.g. pooling resources to help each other out) while simultaneously entrenching these young people further in the street lifestyle<sup>6</sup>.

All of these risk factors impede positive growth and development. Young people must feel well, not only in terms of physical, social and mental health, but it is also important that they feel confident and respectful of themselves and others. Confidence, demonstrated in the ability to access appropriate care when needed, is as an important part of wellness. Safety is also an important component. It is imperative that young people not only feel safe, but also are safe, within their *Home and Place* in the world, within their *Connections* to others, and finally within their *Education and Employment* networks.

The increasing prevalence of poor mental health among young Australians is a major concern. According to the Australian Bureau of Statistics (ABS), 1.3 million<sup>7</sup> Australian children and young people

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<sup>3</sup> <http://www.cyh.com/healthtopics/healthtopicdetails.aspx?p=240&np=300&id=2116>

<sup>4</sup> Kufeldt, K., & Burrows, B. A. (1994). Issues affecting public policies and services for homeless youth. Ottawa: Human Resources Development Canada.

<sup>5</sup> Higgitt, N., Wingert, S., & Ristock, J. with Brown, M., Ballantyne, M., Caett, S., Coy, K., Quoquat, R., & Operation Go Home. (2003). Voices from the margins: Experiences of street-involved youth in Winnipeg. Winnipeg: University of Winnipeg. Retrieved from <http://ius.uwinnipeg.ca/pdf/Street-kidsReportfinalSeptember903.pdf>

<sup>6</sup> McCreary Centre Society. (2002). Between the cracks: Homeless youth in Vancouver. Vancouver: The McCreary Centre Society; Higgitt, N., Wingert, S., & Ristock, J. with Brown, M., Ballantyne, M., Caett, S., Coy, K., Quoquat, R., & Operation Go Home. (2003). Voices from the margins: Experiences of street-involved youth in Winnipeg. Winnipeg: University of Winnipeg. Retrieved from <http://ius.uwinnipeg.ca/pdf/Street-kidsReportfinalSeptember903.pdf>

<sup>7</sup> (393,000 4-11 year old children, 370,000 12-17 year olds and 634,000 young people)

aged 4-25 years experience at least one mental health disorder<sup>8</sup>. Many young homeless people homelessness have endured significant trauma prior to becoming homeless, while for others, poor mental health is a direct result of their homeless state. The prevalence of mood disorders, anxiety disorders, substance use disorder and co-morbid disorders for this group is twice as high when compare to youth that are housed appropriately<sup>9</sup>. Further, it is not uncommon for young people experiencing homelessness to develop maladaptive coping mechanisms (for example, drug and alcohol dependencies) in response to the trauma and daily struggle of life on the street<sup>10</sup>.

Mental health literature affirms that onset of serious mental health disorders including schizophrenia, depression and anxiety typically occurs during the adolescent or pre-adolescent phase, even though symptoms may not manifest until well into adulthood<sup>11</sup>. It is therefore important that young people are protected during their formative developmental years and given every opportunity to grow into mentally stable and physically well adults.

Similar to other core foundations of a young person's life, the *Health and Wellness* foundation recognises that every young person is unique and will require an individualised bundle of support. The interpretation of *Health and Wellness* and its important elements will vary on the basis of the age, ethnicity, and sexual, cultural or spiritual orientation of a young person. For example, we know that the life expectancy of Aboriginal and Torres Strait Islanders is significantly lower than non-Aboriginal Australians (Indigenous Australians born in the period 1996-2001 are estimated to have a life expectancy at birth of 59.4 years for males, and 64.8 years for females. This is approximately 16-17 years less than the life expectancy of the overall Australian population born over the same period (ABS 2007 cat. no. 3302.0)<sup>12</sup>.

Similarly, mortality rates are significantly higher for Aboriginal Australians than non-Aboriginal Australians (for example, circulatory diseases - twice the rate; diabetes - almost 7 times the rate; kidney disease - 7 times the rate)<sup>13</sup>. It is also the case that young refugees and asylum seekers who have fled traumatic situations may require specific and intensive psychosocial support relevant to their experience.

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<sup>8</sup> Zubrick, S et al, (2000) Mental Health Disorders in Children and Young People: Scope, Cause and Prevention, *Aust N Z J Psychiatry* vol. 34 no. 4 570-578

<sup>9</sup> Kamieniecki. G.W. (2001). Prevalence of Psychological Distress and Psychiatric Disorders Among Homeless Youth in Australia: A Comparative Review, *Aust N Z J Psychiatry* 35: 352-358,

<sup>10</sup> Kidd, S. A., Carroll, M. R. (2007). Coping and suicidality among homeless youth, *Journal of Adolescence*, Volume 30, Issue 2, April, Pages 283–296

<sup>11</sup> Gaetz and Scott, (2012). Live learn grow. Supporting Transitions to adulthood for homeless youth, as framework for the foyer in Canada

<sup>12</sup> <http://www.aihw.gov.au/indigenous-life-expectancy/>

<sup>13</sup> Australian Institute of Health and Welfare 2013. Aboriginal and Torres Strait Islander Health Performance Framework 2012: detailed analyses. Cat. no. IHW 94. Canberra: AIHW

Other subgroups, such as lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) individuals, experience additional vulnerabilities. There is substantial evidence of targeted violence against LGBTQI individuals<sup>14</sup>. For people who are homeless and struggling with issues around their identity, the pressure to do this may be especially profound. LGBTQI individuals experiencing homelessness are dealing with multiple levels of marginalisation that operate concurrently and compound each other. Social exclusion and marginalisation happens systematically through the daily actions of individuals. For individuals who are stigmatised by multiple identities (homeless, LGBTQI, mentally ill or a drug user), distress and isolation may be cumulative<sup>15</sup>.

It is therefore important that the individual's needs always remain at the forefront of everything we do. It is important to assess whether our practice is reflecting the needs of our young clients and identify that our response is appropriate?

It is vital that young people are aware of the importance of their *Health and Wellness* across all facets of their lives. For many young people who have experienced neglect and hardship during their formative years, knowledge of healthy behaviours may be limited. The young person is also likely to have a poor sense of self and therefore not place significant emphasis on his or her own *Health and Wellness*. Young people need to be given the proper guidance and support, to ensure they develop healthy behaviours within their younger years, which will assist their Health and Wellness throughout life.

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<sup>14</sup> Stonewall .(1995). *Queer Bashing*. London: Stonewall

<sup>15</sup> Roche, B, (2005). *Sexuality and Homelessness* , Crisis