

POSITION PAPER

# Mental Health & Wellbeing and Homeless Young People in NSW

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for  
Youth Homelessness  
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## ABOUT

The Youth Homelessness Representative Council (YHRC) is a group of 10 young people (aged 18-25) all with lived experiences of youth homelessness. The YHRC meet every quarter to discuss and address issues that affect young people at-risk, or experiencing homelessness. The YHRC is the official youth steering committee for Yfoundations, the NSW youth homelessness peak body.

The purpose of this paper is to set out the position of the YHRC on Mental Health & Wellbeing. This paper provides a basis for advocacy for systemic changes to homelessness services, mental health services, as well as the healthcare system in NSW and Australia, and makes specific recommendations to improve service support, access, inclusion, and outcomes for young people at-risk of, or experiencing homelessness.

## HOMELESS YOUNG PEOPLE IN NSW

Youth homelessness is a significant social issue in NSW. Census data has revealed that the rate of youth homelessness in NSW (young people aged 12-24) increased from 6,631 in 2011 to 9,041 in 2016[1], which includes rough sleeping, couch surfing, sleeping in homeless shelters, or in severe overcrowding[2]. This alarming increase signifies that youth homelessness needs to be given more attention and resources.

Safety and stability is crucial during the transition from childhood into adulthood. When family support is not available young people are much more likely to experience long-term disadvantage, including disengaging from school, social isolation, unemployment, contact with the justice system, as well as physical and mental health issues, with flow on effects including severe financial hardship and limited pathways out of homelessness.

## MENTAL HEALTH & WELLBEING FOR HOMELESS YOUNG PEOPLE IN NSW

*"States Parties recognise 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 service"[3]*  
**- Article 24 of the International Convention on the Rights of the Child.**

It is vital that all young people, particularly during the formative stages of their development are physically, socially and emotionally well. Feeling healthy promotes self-worth and ensures young people are able to participate and engage positively in their communities.

Young people experiencing homelessness typically experience higher rates of illness, disease, and injury[4]. They are at risk of falling victim to violent crime, and being abused[5]. Poor health is further exacerbated by a lack of medical attention, which may be due to limited access to health care including the inability to pay for medical services[6]. All of these risk factors impact on positive growth and development.

The increasing prevalence of poor mental health among young Australians is a major concern. According to the Australian Child and Adolescent Survey of Mental Health and Wellbeing (2015), one in seven children and young Australians aged 4-17 had been assessed as having a mental illness in the previous 12 months[7]. Homeless young people experience mental health issues at a higher rate than the general population. The research report 'Cost of Youth Homelessness in Australia' (2016) found that more than half of homeless young people (53%) reported that they had been diagnosed, at some point in their lives, with at least one mental health condition[8]. The absence of safe and secure accommodation, compounded by poor health, financial limitations, and social isolation, have negative effects on young people's mental health and general wellbeing. Furthermore, it is not uncommon for young people experiencing homelessness to develop unsafe coping strategies (for example, drug and alcohol dependencies) in response to the trauma and daily struggles[9].

The average health care cost for an unemployed young person living in stable housing in Australia is \$1761 per person per year. By comparison the average health care cost of a homeless young person is \$8505 per person per year, or five times higher. The net difference in health and medical costs is an average of \$6744 per person per year[10]. Every year 13,879 young people aged 15 to 24 years present alone to a Specialist Homelessness Service in NSW (based on 2016-2017 AIHW statistics). Therefore, the estimated health and medical costs of youth homelessness in NSW is \$93.5 million annually[11]. From an economic standpoint alone, early intervention and homelessness support services for homeless young people will have a significant positive impact on the healthcare system in NSW – freeing up resources in hospitals and improving outcomes for patients.

It is vital that young people are aware of the importance of their mental health and wellbeing across all facets of their lives. For many young people who have experienced neglect and abuse during their formative years, knowledge of healthy behaviours may be limited. As a result homeless young people are likely to have poor sense of self and therefore not place significant emphasis on their own health and wellbeing. Young people need to be given the proper guidance and support to ensure they develop healthy behaviours within their younger years, which will assist them throughout life.

[1] Australia Bureau of Statistics (2018), Census reveals a rise in the rate of homelessness in Australia, viewed 2 May 2019, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0>

[2] Ibid

[3] United Nations (1989) Convention on the Rights of the Child, Article 24. Retrieved 3rd May 2019 from <https://www.humanrights.gov.au/convention-rights-child>

[4] National Youth Commission (2008), Australia's Homeless Youth: A Report of the National Youth Commission Inquiry into Youth Homelessness, Brunswick Victoria.

[5] Kufeldt, K, & Burrows, B A (1994), Issues affecting public policies and services for homeless youth. Ottawa: Human Resources Development Canada.

[6] 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>

[7] Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

[8] MacKenzie, D, Flatau, P, Steen, A, and Thielking, M (2016) The Cost of Youth Homelessness in Australia, Research Briefing.

[9] Kidd S A, Carroll, M R (2007). Coping and suicidality among homeless youth, *Journal of Adolescence*, Volume 30, Issue 2, April, Page 283-296

[10] MacKenzie, D, Flatau, P, Steen, A, and Thielking, M (2016) The Cost of Youth Homelessness in Australia, Research Briefing.

[11] Ibid

## KEY ISSUES IDENTIFIED BY THE YHRC

- 1 The mental health system is broken and crisis focused. Young people are often required to wait until they are critically unwell before help is available.
- 2 Wait times for mental health support is too long. Treatment needs to be available quickly in a timely manner for young people to take advantage of their willingness and motivation to improve/change.
- 3 Need for more mental health rebate sessions under Better Access System. Ten Medicare-subsidised sessions with a single mental health care professional is not enough, and paying for psychologists out of pocket can be costly.
- 4 Need to improve service support for children and young people in remote and rural communities – they are isolated, lonely and don't know where to turn to for help.
- 5 Young people are too often not at the centre of service design. Support should be youth friendly and needs to be tailored to the individual.
- 6 Reduce the burden placed on costly in-patient hospital admissions. Hospital should be a last resort for young people, not their only option.
- 7 There is a critical need for more long-term, stable, safe, and supported housing options for children and young people 12-25 years old experiencing homelessness.
- 8 Young people are leaving care (Out-Of-Home-Care and Juvenile Justice) without stable housing, without education or employment opportunities, without identification, without linkages with their community, and without a plan - causing unnecessary stress and anxiety.
- 9 Headspace doesn't offer enough for those with moderate to severe mental health issues. Headspace seems tailored to support capable young people with mild issues, such as stress at school or mild anxiety. Young people with significant trauma or complex issues are missing out on support.
- 10 There are too many barriers for young people seeking support – the cost of transport, the time it takes to travel, and the anxiety of visiting an unfamiliar area.
- 11 Young people with severe or complex mental health issues need additional support to navigate the health care system. It can be confusing and distressing, adding to their already fragile state. The system should be streamlined, and young people should be able to access care coordination support.

## RECOMMENDATIONS FROM THE YHRC

More needs to be done to support what is a broken system lacking consistent long term planning, policy, and resources. The YHRC recommends that the NSW government commit to an inclusive, accessible, and flexible mental health care system, to ensure young people at-risk of, or experiencing homelessness are able to access the help and support they need.

- 1 Invest in Early Intervention** – The vast majority of mental health funding is allocated to supporting those at the high needs end of the spectrum[1]. We must intervene earlier to prevent the deterioration of mental illness among young people. Evidence shows that a intensive early intervention effort can deliver significant benefits by preventing individuals from experiencing the effects of poor mental health, and avoiding financial costs to the individual, government, and community[2]. By funding and expanding early intervention programs, such as Community of Schools and Services (COSS), could save young people from the harmful effects of a lifetime of poor mental health and disadvantage. By focusing on prevention, young people will build resilience and better understand their support needs and how to access services.
- 2 Reduce waiting periods** – Emergency mental health services should be made available to children and young people to avoid disengagement due to long waiting periods. A quality mental health services should be a priority for both the State and Federal Governments. Everyone should be able to access mental health treatment and support when and where they need it.
- 3 More Medicare-subsidised mental health sessions** – The YHRC would like to see the Better Access Program expanded to offer more than 10 Medicare-subsidised mental health sessions each year. A young person with complex or severe mental health needs (e.g. a severe eating disorder) may need weekly contact with a psychologist, in addition to a GP, social worker, and a dietician in order to recover from their illness. The YHRC recommend a three-tier system (reviewed with their GP and Psychologist every three to six months). Tier One would be for people at-risk, or with mild mental health issues, and would offer up to 12 rebate sessions annually. Tier Two would be for people with moderate mental health issues and would be offered up to 26 sessions annually. And Tier Three would be for people with severe or complex mental health issues and would be offered up to 52 sessions annually. Further to this, children as young as 12 should be able to obtain their own Medicare Card (independent of their parents), this is particularly crucial for homeless children who are not residing with or in contact with their parents.
- 4 Improve access for young people in rural and remote areas** – Mental health professionals are chronically underrepresented in remote and rural communities. Rural areas are isolated and need more outreach hubs to enable young people to access care in their area. To further support young people in rural and remote communities, voice or video phone counselling services should be improved by offering an online portal whereby a young person can write in their specific issue or concern and they can receive a voice or video phone call back at an appropriate pre-planned time from a mental health professional trained to specifically address their needs.
- 5 Allow young people with mental health problems a significant say in their treatment** – Young people with mental health issues are the experts of their own lives, but too often they are not given the opportunity to decide what support would be most beneficial (e.g. therapy, peer-to-peer support, dieticians, sleep clinicians, group support etc). Person-centred design should be at the forefront of any mental health care plan.

- 6 **Invest in non-hospital community residential support services** – The bright lights, noises, and high stress atmosphere of hospitals are not conducive with treatment of mental illness. Emergency rooms should not be the first point of call for young people with mental health needs. A non-hospital specialised community residential accommodation service option for young people (16-24) with complex mental health needs is needed in every Local Health District across NSW to reduce the burden on expensive in-patient hospitals. The non-hospital community residential support services would be a safe therapeutic community away from distractions offering a nurturing and interactive program teaching positive life skills, coping strategies, and providing a clear and positive pathway forward.
  
- 7 **More medium-to-long term Specialist Homelessness Services for young people** – Young people with mental illness are at increased risk of homelessness, and those who are homeless are at increased risk of mental illness. The prevalence of mood disorders, anxiety disorders, substance use disorders, and co-morbid disorders are twice as high for homeless young people when compared to those living in stable housing. Supported medium-long term housing is needed to help young people settle, to develop healthy routines, to improve their living skills, to reach their education and employment potential, and to feel happy, safe, and supported. These medium-long term Specialist Homelessness Services should be trauma informed, with easy and regular access to mental health support.
  
- 8 **Improve exit planning for young people leaving care** – There is a clear link between homelessness and those exiting Out-of-Home-Care (OOHC). One in three (35%) of young people exiting OOHC experience homelessness within a year[3]. This instability, coupled with a history of abuse, neglect, and trauma, places these young people at high risk of mental illness. The NSW government should adopt a whole of government approach to prevent young people becoming homeless, through improved exit planning for young people leaving care, increase wrap-around supports, the option to extend care placements to 21 years old, improve after care support, and appropriate affordable independent accommodation options. Further to this the government must commit to 'no exits into homelessness' across all government agencies including Hospitals, Out of Home Care, and Juvenile Justice.
  
- 9 **Headspace, and other youth specific services, to provide integrate, holistic, and wrap-around support** – Wherever possible, youth health services should take into account the wider social and personal issues impacting young people, including social isolation, housing, education and employment, drug and alcohol issues, financial issues, sexual health, and physical and emotional wellbeing. Headspace and other youth specific support services should be a one-stop-shop to treat all issues impacting young peoples lives. These services should provide holistic and wrap-around support, as well as provide a sense of community close to public transport, in a youth friendly environment.
  
- 10 **Specialised nurses to be employed to coordinate care for homeless young people with severe or complex mental health needs** – Adequate funding is needed to support young people with severe and complex needs to navigate the healthcare system. The YHRC is calling on governments to employ mental health nurses (for example, through the Mental Health Nurse Incentive Program) to coordinate clinical care for homeless young people with severe or complex mental health disorders. The role of the nurse would be to provide assessment, coordinate care, and help the young person to understand their treatment options.

[1] Department of Health (2015), A new blueprint for mental health services

<https://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediareel-yr2015-ley151126.htm>

[2] Reach Out (2015), A Way Forward: Equipping Australia's Mental Health System for the Next Generation,

<http://about.au.reachout.com/wp-content/uploads/2015/05/A-Way-Forward.pdf>

[3] McDowall, J.J (2009), CREATE Report Card 2009 – Transitioning from care: Tracking progress, Sydney, CREATE Foundation.