

Chapter 4: The Outer and Beyond

Responding to Youth Homelessness in Melbourne's North: Partnerships for Dual Diagnosis

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The Northern Youth Dual Diagnosis Initiative (HYDDI) is a Department of Health and Human Services Youth Homelessness initiative implemented through a partnership between Hope Street Youth and Family Services ('Hope Street') and the NorthWestern Mental Health (NWMH), the mental health arm of Melbourne Health. A HYDDI Practitioner is employed by NWMH's Substance Use and Mental Illness Treatment Team (SUMITT) and is co-located at Hope Street's youth refuge in Brunswick West.

The initiative focuses on developing the knowledge, abilities and capacity of youth Specialist Homelessness Services workers in the north of Melbourne to identify and respond with early intervention to the complex needs of young people (aged 16 to 25 years) who are dually experiencing homelessness and difficulties related to mental health or substance use.

The initiative fosters ongoing partnerships between mental health, drug and alcohol and youth homelessness services and provides the following:

- primary consultation offering a confidential specialist mental health and substance use assessment, with the case manager present to promote capacity building
- secondary consultation advising case managers on brief interventions and strategies, information on referral for specialist treatment, services coordination and clinical problem solving
- individual and group support for case managers on working with clients with a dual diagnosis
- short-term co-case management of clients with an emerging or current complex needs or dual diagnosis
- training and development for staff on clients with complex needs.

We spoke with Brendan Pearl, the Northern HYDDI Specialist Practitioner, about his work in increasing the capacity of the youth homelessness sector to respond to the complex needs of young people experiencing both homelessness and difficulties relating to mental health or substance use.

Q: Can you tell us about the direct clinical work you undertake with young people?

A: I work within an in-reach model where I will typically see young people on-site at the agency they are associated with. This work is either undertaken alongside a young person's key supports or, if the person prefers and consents, this work can take place separately from the agencies.

This direct work takes the form of primary or secondary consultations that aim to answer specific questions relating to problems arising from mental health or alcohol and other drug issues.

By undertaking this clinical work alongside the person's key supports, I am able to discuss the information learned throughout the consultations with the person's key supports to develop shared understandings of the person's needs and plans to support that person. The decision of whether the work occurs alongside key supports, or is conducted separately, is made by the young person who has autonomy to decide what information is shared with their supports.

Q: You also run workshops for youth homelessness agencies. Can you tell us about those?

A: These are usually run as part of an agency's professional development calendar and cover

a variety of topics relevant to dual diagnosis among young people who are experiencing homelessness, including brief interventions in alcohol and other drug (AOD) work, risk assessment and management and responding to challenging behaviours.

I also run reflective practice workshops within teams whereby one practitioner puts forward a specific scenario or question to the group, and everyone uses their knowledge and experience to respond to it in a dynamic collaborative discussion.

Q: What's one element of your role that you love?

A: I have the advantage of being onsite across a number of agencies, which gives me the opportunity to learn from practitioners who have skills and expertise in areas that I have never studied or worked in. In this way I'm constantly learning. Being onsite at the agencies at least once per week also enables capacity development to take place on an ad-hoc basis where practitioners identify a particular need.

Q: Is your work with young people always short-term?

A: Mostly, yes. However, from mid-2017, my role expanded slightly to include longer-term therapeutic work to a small number of young people. The Hope Street Youth Reconciliation Practitioner and I have been working with a small number of young people whose needs require additional outreach support across a one to two-year timeframe.

Our role is to provide the therapeutic input required to address particularly complex sets of needs that have impacted upon the ability of Youth Specialist Homeless System agencies to remain engaged over the long term.

Typically, these needs will appear in the form of particularly challenging behaviours that stem from multiple, complex traumatic experiences during their formative years that affect adult interpersonal relationships.

The cohort who we work with over the long term are those who do not meet criteria for tertiary mental health service involvement and where other forms of time-limited, clinic based supports have not been supportive.

Q: We understand you are also undertaking a PhD — can you tell us about that?

A: In late 2017, both SUMITT and Hope Street agreed to support me in the Northern HYDDI role to undertake a PhD through the University of Melbourne. The focus of the PhD is on the support needs of young people engaging with youth specialist homelessness service agencies to exit homelessness.

The project aims to recruit a group of young people who have previously or are currently exiting homelessness as an expert reference group who will advise upon the design and conduct of a mixed methods analysis.

Q: Any exciting developments coming up in the next year for the role?

A: For 2019–2020, I'm going to be the Chair of the Building Up Dual Diagnosis in Youth Services (BUDDYS), which is a cross sector group auspiced by the Victorian Dual Diagnosis Initiative to support the development of dual diagnosis capacity development across youth services in general. BUDDYS currently run a biannual practice development workshop open to youth services and is currently reassessing the other training and capacity development materials that are provided.

Q: Your role is the output of a number of partnerships between government and various youth homelessness agencies. What do you see as the role of partnerships in furthering the sector?

A: Partnerships are important to the sector because the needs of young people who are

homeless are not limited to or defined by the term 'homeless'.

Many people could do better justice to definitions or conceptualisations of homelessness than I can, but in terms of partnerships, homelessness is simultaneously one intersecting factor that affects young people and the result of many intersecting factors that lead to homelessness. In this way it is not possible to address any one factor or issue without regard to all of the mechanisms that have led to homelessness.

No single agency or support from any sector can possibly have the experience or knowledge to help young people address all of the factors that intersect in homelessness. It is only through partnerships that any sector can develop the capacity to respond in an individual way that is consistent with the young person's lived experiences.

Q: Hope Street is focussing on providing youth homelessness services in growth corridors in outer suburban areas such as Melton and the City of Whittlesea. In your clinical experience, do you think that the effects of youth homelessness differ depending on physical and social location? How, and in what ways, does location impact on the effects of youth homelessness?

A: Without overly simplifying the needs of growth corridors, these areas have needs that are unique compared to suburbs closer in to the city. The main difference is the location of services. Young people in growth corridors, particularly those with limited access to public transport, face extra challenges because they have to travel greater distances into suburbs they may have never heard of in order to receive support. While some people have the capability to travel to receive support, my experience in growth corridors is that more people prefer to remain physically located within the area where they grew up and know the services. This allows them the flexibility to maintain or work on issues arising from social connections while being supported to exit homelessness.

Q: If you had one pearl of wisdom to share with youth homelessness service providers to assist them in their work with young people, what would it be?

A: My main pearl of wisdom would be that our responses to challenging behaviours determine whether young people will feel heard when they are distressed and learn new adaptive ways of responding to distress. Each perspective you bring to the work, whether it is from neurobiology, Trauma Informed Care, Object Relations Theory, Positive Youth Development, or the Power Threat Meaning Framework, can bring an understanding of the fact that our responses to behaviours should not be directed at 'stopping' the behaviour unless there is an immediate threat to someone's safety. This is because the behaviour serves a purpose, even if the purpose is not immediately clear to the young person or the service provider. Getting the person to simply stop the behaviour without understanding why it is occurring, especially if we limit our responses to explaining why the behaviour needs to cease, causes the distress to be further internalised. This does not help the person develop an understanding of what caused the person and service provider to react the way they did. When we demonstrate that both the person and service provider can reflect upon the behaviour and mutually commit to responding in a different way, we model adaptive behaviour which is an important skill for both practitioners and clients.

During 2017–2018, the Northern HYDDI Specialist Practitioner:

- conducted 164 instances of direct clinical work with young people
- provided co-case management to 27 young people
- provided 139 secondary consultations to workers within the sector
- conducted 222 formal and informal education sessions for workers.

This work was conducted alongside workers from the following agencies and sites:

- **Hope Street Youth and Family Services** (West Brunswick refuge; Brunswick Town Hall; Thomastown and Melton transitional programs; BOOST outreach; Youth Reconciliation Program)
- **Melbourne City Mission** (Stopover, Vicky's Place, WRAP, and Iramoo youth refuges; Foyer transitional programs; Frontyard)
- **Merri Outreach Support Service** (Catchment Youth Refuge).