VICTORIA'S MOST VULNERABLE CITIZENS: YOUNG PEOPLE WHO ARE EXPERIENCING BOTH HOMELESSNESS AND MENTAL ILL-HEALTH.

Submission by Hope Street Youth and Family Services to the Royal Commission into Victoria's Mental Health System

July 2019

Contents

Introduction 2
Young people, homelessness and mental health 2
What is already working well 3
Hope Street foyer-like models of supported transitional housing 3
Hope Street Hope to Home program 4
Homeless Youth Dual Diagnosis Initiative 5
What can be done better 7
Plugging the gaps in the intersection between homelessness and mental health issues for young people 7
Increasing maximum service times for mental health support for young people who are experiencing homelessness 7
Increasing the capacity of homelessness service sector to respond to mental health challenges in young people who are experiencing homelessness 7
Addressing barriers to service usage 8
Key recommendations 8
Conclusion 9
Contributing authors 9
Case study for Hope Street foyer-like supported transitional housing model 9
Contact for further information 10

Introduction

This submission, prepared by Hope Street Youth and Family Services, addresses Question 2 of the formal submission process: *What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?*

Hope Street Youth and Family Services ("Hope Street") is one of the longest serving specialist youth homelessness services providers in Melbourne, with 38 years' experience in providing responsive services to young people in local communities in Melbourne's northern and western growth corridors.

Hope Street provides both strategically targeted and holistic programs for young people and young families who are experiencing or at risk or homeless. Our current program suite includes:

- Youth refuges providing short-term supported crisis accommodation;
- An enhanced youth refuge response initiative (BOOST);
- Medium term (1-2 years) foyer-like models of supported transitional housing for both individuals and young families;
- Mobile outreach services provided 365 days per year including after-hours;
- Youth counselling and family reconciliation services;
- Advocacy, resource and referral services; and
- Private rental assistance programs.

As Hope Street is a specialist youth homelessness service provider, we have responded to Question 2 through this lens and our reflections on what is working well and what can be done better pertain specifically to young people aged 16-24 years old and young families who are experiencing both homelessness and mental health challenges – who are arguably Victoria's most vulnerable citizens.

Young people, homelessness and mental health

There are roughly 6000 young Victorians aged 12-24 years old who are homeless on any given night, representing over 40% of all people experiencing homelessness.[1] A further 8,000 young people are living in caravan parks and overcrowded or improvised dwellings.

Amongst young people, there is a bidirectional relationship between housing and mental health, where poorer mental health is associated with a lower likelihood of achieving stable housing, and unstable housing contributes to worsening mental health.

International studies that used validated tools to investigate the prevalence of mental health disorders in homeless youth populations have revealed that 86% of homeless youth have at least one substance use disorder and up to 98% have at least one mental health disorder[2].Between 27% and 73% of homeless young people have contemplated suicide in their lifetime and between 21% and 57% have attempted suicide on at least one occasion[3].

Studies of the prevalence of mental health issues amongst Australian homeless youth populations have relied on self-reported diagnoses, which are predicted to be under-reported. According to the

[1] Australian Bureau of Statistics, Census 2011
[2]Bender, Brown, Thompson, Ferguson, & Langenderfer, 2015; Hodgson, Shelton, & van den Bree, 2014; Hodgson, Shelton, van den Bree, & Los, 2013; Medlow, Klineberg, & Steinbeck, 2014; Saperstein, Lee, Ronan, Seeman, & Medalia, 2014; Scivoletto, da Silva, & Rosenheck, 2011.
[3]Hodgson et al., 2013; Medlow et al., 2014.

Costs of Youth Homelessness in Australia report[4], 53% of homeless youth in Australia reported having being diagnosed with at least one mental health condition in their lifetime in contrast to 26% for the general Australian youth population[5]. The report also showed that high or very high levels of psychological distress were found in 57% of homeless youth, compared to 21% of the general population who reported a mental health diagnosis[4] or 4% of the general population[5].

Within Hope Street's own programs, 50.5% of clients in the Brunswick West Youth Refuge over the period July 2018 – June 2019 had previously been diagnosed with a mental health condition by a health professional.

Stable, adequate, affordable and available housing can prevent mental ill-health, achieve positive treatment outcomes and sustain mental health gains into the future. On the flip side, experiencing homelessness can exacerbate experiences of mental ill-health.

What is already working well

Hope Street foyer-like models of supported transitional housing

Foyer-like models of supported transitional housing provide safe, secure and affordable medium-term self-contained accommodation for young people (16-25 years old) and young families who are experiencing both homelessness and mental health challenges.

Hope Street currently operates foyer-like models in the City of Melton and the City of Whittlesea, providing a total of 13 units for young single people and 8 units for young families who are experiencing homelessness. Young people can stay in the units for 1-2 years and become active participants in creating opportunities to strengthen their housing, employment, education, training and personal and social development.

Intensive, individualised, long-term case management and onsite support (including after hours and on weekends) assists young people to have their immediate needs met and to work towards transitioning out of the homelessness service system. Strong one-to-one relationships are formed between the client and the Case Worker, with support provided through a flexible service delivery model that includes tailored levels of support to match young peoples' needs.

Hope Street delivers holistic programs and activities (including a Life Skills program) designed to achieve development for young people across the areas of employment, education/training, maintaining successful tenancies, social and recreational development and citizen participation. Various engagement activities, including the L2P Learner Driver Mentor Program, Homework Clubs, employment readiness programs and group outings.

Foyer-like models of supported transitional housing provide young people who are experiencing homelessness and mental health challenges with the support they need, which is both greater and different from that of the adult population.

Please see attached case study on a young person who has been accommodated in Hope Street's foyer-like model of supported transitional housing in the City of Whittlesea for the past two years.

[4] Mackenzie et al., 2016
[5] Australian Bureau of Statistics, 2008

Hope Street Hope to Home program

It is well known that change and situations of housing stress can trigger and re-trigger mental ill-health for young people. When young people are transitioning into private rental accommodation it is critical that they have adequate wrap-around support to improve mental health and therefore accommodation outcomes.

Hope Street's Hope to Home program provides support to young people who are transitioning from homelessness into private rental accommodation. The program aims to reduce the number of young people (aged 18-25 years old) and their children at risk of homelessness in growth corridors by providing supportive access to private rental housing. It does this by engaging the support of community stakeholders, including local real estate agents, private landlords and local city councils, in providing a more open and inclusive access to private rental properties for young people who are at risk of homelessness.

The Hope to Home program has been piloted in The City of Melton and The City of Whittlesea from January 2016, in partnership with Gandel Philanthropy (Jan 2016 – Jul 2018) and The Lord Mayor's Charitable Foundation (Jun 2017 – Jun 2019). Demonstrated impact and potential for scaling were identified in the 2018 research evaluation report on the program published by Victoria University. The report can be downloaded here.

Program key features:

- Cost effective with no capital investment required;
- Utilises existing housing stock in the communities where young people want to remain;
- Exclusively youth-focused (18 – 25 year olds);
- Hope Street co-signs the rental agreement for the first six months;
- Rental subsidies for four months;
- Case management and episodical wrap-around support (including an afterhours
- telephone support response) for up to 12 months;
- Workshops to help young people acquire tenancy life skills;
- Tailored training and employment opportunities from local business; and
- Local place approach, assisting young people to remain connected to their local
- communities

Key program outcomes:

- Homelessness is prevented and diverted;
- Young people have a rental history, enabling access to other tenancies in the future and reducing the risk of returning to the Homelessness Service System; and
- Young people have a place they can call home that is affordable, sustainable and long-term.

Key achievements of the Hope Streets Hope to Home pilot program January 2016 - July 2019:

- The Hope to Home pilot housed 72 people in total, including 45 (from 73 referrals) young people and 27 dependent children across 31 tenancies. This number was greater than expected;
- The average age of clients was 20 years, with most clients relying on temporary, unsuitable accommodation with friends and family prior to entering the program;
- Clients were successfully housed in private rental, on average, within five and a half weeks of commencing the program;

- There were 21 tenancies of longer than six months' duration at the time of data analysis;
- More than 75% of clients found their accommodation both affordable and suitable and gave them access to schools, employment, services, family and friends;
- Prior to their engagement with Hope to Home, 69% of clients were experiencing or at risk of homelessness but not yet within the homelessness service sector (they were staying with friends, couch surfing or staying in motels) – which indicates that the program prevents people from needing to access homelessness services;
- Prior to their engagement with Hope to Home, 31% of clients were living in supported accommodation within the homelessness service sector – which indicates that the program alleviates the burden on the sector;
- The range of services provided included assistance finding houses available to rent, assistance with inspections and the application process, liaising with landlords, securing properties (bond and rent), and setting up the house for the occupancy;
- Many clients benefited from cash brokerage and shopping vouchers, which helped them maintain their tenancies;
- Overwhelmingly, clients reported that their lack of rental history was a barrier to renting. Hope to Home services and lease co-signing helped to overcome this;
- Clients reported gaining skills and knowledge that could help them secure and maintain leases in the future; and
- Hope to Home supported clients to pursue employment and education, including assistance with finding opportunities, submitting applications and help with the costs of education. 71% of Melton clients and 50% of Whittlesea clients were involved in education during their tenancies; whilst 55% of clients in Melton and 33% of clients at Whittlesea were employed.

Hope Street believes that the Hope to Home model is a proven powerful conduit to transition young people and young families who are experiencing, or at risk of, homelessness into private rental accommodation. This model is proven to reduce the number of young people experiencing homelessness and to provide young people with a rental history to equip them for future rental tenancies. With a track record of implementing government-funded programs that address youth homelessness, Hope Street is now ready to roll out and scale this program in the City of Whittlesea and the City of Melton – both growth areas with high rates of youth homelessness which are expected to increase in the future.

Homeless Youth Dual Diagnosis Initiative

The Northern and Western Homeless Youth Dual Diagnosis Initiative (HYDDI) is a joint project of the Department of Health and Human Services (Housing and Community Building) in conjunction with the Department of Health (Mental Health and Drugs Division), implemented through a partnership between Hope Street Youth and Family Services, Melbourne City Mission and the Substance Use and Mental Illness Treatment Team of North Western Mental Health (NWMH). A HYDDI Practitioner is employed and is co-located at Hope Street's youth refuge in Brunswick West.

The initiative focuses on developing the knowledge, abilities and capacity of Specialist Youth Homelessness Services workers in the north and west 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;
- Long term (i.e. greater than 12 months) individual counselling and therapeutic work for people with complex needs who otherwise cannot access treatment and support; and
- Training and development for staff on clients with complex needs.

During 2018-2019, the Northern HYDDI Specialist Practitioner:

- Conducted 185 sessions of direct clinical work with young people;
- Provided co-case management to 7 young people;
- Provided long term (i.e. ongoing for more than 12 months) counselling / therapeutic interventions for 2 young people;
- Saw 33 young people for single session consultations;
- Provided 234 secondary consultations to workers within the sector; and
- Conducted 198 capacity building and educational sessions.

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; Springboard);
- Merri Outreach Support Service (Catchment Youth Refuge);
- Salvation Army Tranmere St Program; and
- Bolton Clarke Homeless Persons Program.

By being co-located at Hope Street's youth refuge in Brunswick West, the HYDDI Practitioner is able to provide timely support and consultation to homelessness sector staff, which allows clients to bypass lengthy in-take processes and prevents them from falling through the gaps between Headspace and the Area Mental Health Services.

The onsite model also enables the HYDDI Practitioner to build long-term relationships of trust with both refuge staff and clients, which itself in turn enables improved client mental health outcomes.

Primary focus is to build the capacity of front-line youth homelessness workers via co-location in youth refuges. This also includes reviewing, improving agency screening and internal systems for better responding to the needs of young people with drug and alcohol and mental health issues. We build capacity through co-case management.

What can be done better

Plugging the gaps in the intersection between homelessness and mental health issues for young people

Young people who are experiencing both homelessness and mental health issues are falling into gaps that currently exist in Victoria's healthcare and homelessness systems.

Currently, mental health issues and disorders within young people who are experiencing homelessness are either self-reported by clients, or are reported by non-clinical homelessness workers who have not been adequately trained to recognise clinical mental health disorders. The result is that many young people who are experiencing homelessness in Victoria do not receive a timely recognition and assessment of their mental health issues and disorders.

Anecdotally, the Northern Homeless Youth Dual Diagnosis Initiative (HYDDI) Practitioner who is co-located at Hope Street's youth refuge in Brunswick West, reports that young people who are within the homelessness service sector frequently fall into a gap that exists between headspace and Area Mental Health Services. They are too mentally unwell and their level of need is too complex for headspace, and the long wait lists of six to eight weeks for an intake phone call aren't feasible given their transience. However, they are not acutely mentally unwell enough for the Area Mental Health Services, and their referrals are frequently knocked back from psychiatric triage. Housing and homelessness services are then left managing high risk profile clients, despite not having staff who are qualified to deal with mental health disorders.

Increasing maximum service times for mental health support for young people who are experiencing homelessness

Young people who are experiencing homelessness require long-term therapeutic relationships with mental health clinicians, rather than the current short-term service times that exist within Government funded programs and initiatives. Young people who have come from the out-of-home-care system and very neglectful families require a longer period of time to form trusting relationships. Despite this, the current Better Access scheme only provides for up to 10 sessions with a private mental health clinician. Time-limited models of care do not reflect the reality for the majority of young people who are experiencing homelessness and have multiple, complex mental health issues. The Blue Knot Foundation has pioneered a long-term relational model of working with people who have experienced complex trauma, which could be adapted for the youth homelessness service sector.

Increasing the capacity of homelessness service sector to respond to mental health challenges in young people who are experiencing homelessness

Given that well over 50% of young people who are accessing homelessness services are experiencing mental health challenges, it is essential that these workers are trained and equipped to provide the best response possible for young people. Currently, most training available to front-line staff in the homelessness sector centres on mental health first-aid, designed to provide a short-term crisis response and assistance. More training needs to be provided around the longer-term nuances and complexities of responding to challenging trauma-based behaviours of young people with co-morbid homelessness, mental health challenges and substance use.

Addressing barriers to service usage

Internationally, the structural and service level barriers to mental health support experienced by young people who are experiencing homelessness have been well documented.[6] Young people who are experiencing homelessness may be excluded from mental health services because they are not able to meet the eligibility criteria due to not having a fixed address or not having the required identification documents. Even if they meet eligibility criteria, young people who are experiencing homelessness are unlikely to access services that have long waiting periods, or have significant out-of-pocket costs including transport costs. Additionally, homeless young people are unlikely to use services where they encounter environments that are unwelcoming or uncomfortable for young people or are co-located with services for older adults. In numerous studies, young people who are experiencing homelessness report being reluctant to access services due to concerns about stigma, embarrassment, confidentiality, a lack of control over their service use and a lack of motivation or perceived need. They also report a lack of knowledge of available services, and difficulties navigating health care systems, especially when services are uncoordinated and they have to repetitively retell their stories.

Key recommendations

Based on the discussions above, Hope Street would like the Royal Commission for Mental Health to consider the following recommendations:

- Substantial expansion of the Hope Street foyer-like models of supported transitional housing for young people, a model in which young people who are experiencing homelessness and mental ill-health can learn to live independently whilst receiving the wrap-around support and long-term case management they required;
- State Government funding of the Hope Street Hope to Home model in the City of Whittlesea and the City of Melton to ensure young people are adequately supported through their transition into private rental accommodation and that their mental ill-health is not triggered/retriggered by their change in accommodation;
- Substantial expansion of the Homeless Youth Dual Diagnosis Initiative within all Victorian areas and regions, co-located in youth homelessness crisis accommodation sites and youth emergency outreach services, to enable regular onsite presence of mental health clinicians at youth homelessness services;
- A move towards a relational model of service with increased maximum service times for mental health support for young people who are experiencing homelessness;
- Increased mental health and AOD training for all front-line homelessness sector staff; and
- Provision of mental health services for young people who are experiencing homelessness that actively address the existing barriers to service usage, including addressing the eligibility criteria, the location and travel distance to access services, the environment in which services are being provided and the ease with which client files can be transferred between service providers to prevent the repetitive retelling of clients' backgrounds and stories.

Conclusion

Hope Street is grateful to the Andrews Government and the Royal Commission for their commitment to improving the mental health system for Victorians. We are passionate about young people who are experiencing both homelessness and mental ill-health being able to access and sustain and

[6] Darbyshire, Muir-Cochrane, Fereday, Jureidini, & Drummond, 2006; Dawson & Jackson, 2013; Edidin et al., 2012; Hodgson et al., 2014; Hudson et al., 2010; Kozloff et al., 2013

support and services they need. We know that homelessness and mental ill-health are inextricably interlinked, and that having a safe and secure place to call home can have a positive impact on mental health and, similarly, receiving adequate and accessible mental health services and interventions can in turn prevent homelessness. Addressing Victoria's housing crisis will reduce the significant number of young people who develop mental ill-health resulting from homelessness. We believe the costs of acting now in a significant way are much less than the long-term costs of not acting.

Contributing authors

- Olivia Myeza, Business Development and Partnerships Manager at Hope Street Youth and Family Services
- Brendan Pearl, the Northern HYDDI Specialist Practitioner

Case study for Hope Street foyer-like supported transitional housing model

Jesse (name changed to protect his identity) is [redacted] old and has been living in a Hope Street residential unit [redacted] after becoming homeless [redacted] when his family kicked him out.

"I failed year 11 because I got diagnosed with diabetes that year and before the diagnosis I kept falling asleep in class – I just couldn't keep my eyes open. I ended up in hospital for a month. When I got out I tried my hardest to get back into schooling and to do well, but I ended up failing. My parents, they didn't like that."

Jesse's parents enrolled him in another school where he was forced to wear dresses and skirts despite his identity as a transgender male. "I couldn't bring myself to do that. I know education means a lot, but to me being able to be myself meant much more," he says.

At that point he was kicked out of home and spent the [redacted] couch-surfing at extended family and friends' houses. He was sleeping in the school that his then girlfriend attended when the teachers discovered him. They allowed him to sleep in an empty classroom and connected him into homelessness services, which led him to Hope Street Youth and Family Services.

Within two weeks of connecting with Hope Street, Jesse was moved into the foyer-like supported transitional housing units in the City of Whittlesea. The site accommodates young people aged 16 to 25 years who are experiencing homelessness. They live independently in their own units and receive case management, counselling and life skills training.

Jesse arrived at Hope Street aged 18, with no driver's licence, having failed year 11, being unemployed, estranged from his family and never having lived alone. Now, three years later, he has completed year 11 and year 12 through VCAL, he has his driver's licence, he knows how to live independently and cook (he is known as the residential chef) and clean (though he says he doesn't like cleaning much), he has a close group of friends, he is reunited with his family and visits them regularly, and he has performed at a number of Hope Street events and presentations – he is a gifted self-taught singer, song-writer and guitarist.

When asked what Hope Street means to him, Jesse struggled to hide his emotions. "I don't want to get emotional... I can't even put it into words how grateful I am for this place. All the workers I've gotten to meet and all the opportunities I've got to have, like performing at schools or at homeless awareness events. Hope Street was the first place I ever found that really accepted me as someone who's transgender. I could just come here and people were so supportive of me just being myself. Even when I was unsure about it because of all the stress of my family not accepting it, the Hope Street team was there to support me. The workers don't even let other people know that I'm transgender – I'm just me and that's just it. I really like that. Hope Street is always there for you, no matter what," he said.

He now enjoys a tight sense of community with the other young people staying at the [redacted] site. "The friends I've made here and the other tenants, we're family now. We go out as a group all the time, at least once per week. We do sleep overs, we cook together, we play games, we play basketball. We try to include everyone, even the young people who can't speak much English.

What might the future hold? Jesse is currently looking for a job. Whilst his work experience is in the cooking/chef area, he's now hoping to find a job in the retail sector. "I'd like to help someone else feel good – people buy clothes to make themselves feel better, and I'd like to be part of that," he said.

And ultimately he'd like to make it as a singer-songwriter. "That's my dream, that's my goal. With everything that I've ever gone through, it's always been that tiny bit of hope that I might be famous one day that's kept me alive. I cherish music more than anything in the world," he said. He also dreams of attending university one day and completing a Bachelor of Arts, majoring in ancient history.

When asked if he had a message to share with other young people who are experiencing homelessness, Jesse said this: "Homeless is neglect from your family. It's never easy, no-one ever wants it. Be open to help. As a young person you're not homeless for no reason. You've been kicked out of your home and your family and the neglect you feel is always heavy – you think who else would want you if your family doesn't. But the people who are here to help, they are not like your family. When people are willing to help, just try your hardest to open up and let them help you. They're not going to leave you or kick you out – they will help you."

Jesse says he no longer feels homeless. "I don't feel homeless when I'm here. This place is my home. I look forward to getting home every single day."

Contact for further information

For further information on this submission or the work of Hope Street Youth and Family Services, please contact:

Olivia Myeza
Business Development and Partnerships Manager
E: Olivia.myeza@hopest.org
P: 0401 473 923