Chapter 4: Entrenching Unaccompanied Children and Young People in Homelessness: Access to Multidisciplinary Responses

Safety First: The Medical System Failing Vulnerable Young People on Mental Health

This piece has been written with the support of the Hope Street team, as well as Donna Bennett, Jamileh Hargreaves and Sue Scott

Addressing the missing pieces of the intersection between the mental health system and youth homelessness services begins with early intervention psychological and mental health support with established community outreach services and local GPs. Fair and equitable access to mental health services is vital to ensure at-risk vulnerable young people receive the services they need to function day to day. This starts with access to bulk-billing doctors. Unfortunately, many young people find such services out of reach due to cost and a lack of established connections to primary healthcare providers. This makes it difficult for them to keep track of their health conditions or to receive a mental health care plan for better targeted health care.

In Victoria, the Legislative Council Legal and Social Issues Committee Inquiry into Homelessness and the Royal Commission into Victoria's Mental Health System[1] highlighted that primary health services, mental health plans and youth homelessness services must be inherently linked to affordable medical treatment from bulk-billing GPs and a long-term mental health plan, beyond the standard 10 sessions that are funded, to provide support to people who present to services. The need for better healthcare so vulnerable young people can succeed with independent living is connected to robust housing solutions with wrap-around support services.

It is well understood that individuals with mental health conditions are at heightened risk of homelessness and that, in turn, homelessness exacerbates the risk and severity of mental illness. As Frank Quinlan, CEO of Mental Health Australia, stated, *'poor housing and housing stress, together with other life stresses, reduce psychological wellbeing and exacerbate mental illness'*.[2] Yet those who are at heightened risk or presently experiencing severe mental ill-health find it the most difficult to access robust, best practice services primarily due to the unaffordability of health care and early intervention mental health support.

There are many conversations, reports and papers in and from the media, unions, social services sectors and individuals on the strain on health and support services for the working poor, people on social benefits and others who are income poor. These reports and Hope Street experiences with young people suggest that the norm means extended wait times, sometimes more than six months, and out-of-pocket costs to access general or specialist medical care. While there was an increase to the Medicare Benefit Schedule (MBS) bulk billing incentive payments in November 2023 for concession card holders and children under 16,[3] it is hard to see improved affordability for the young people and children to whom Hope Street provides essential support. No demographic experiences this harsh reality greater than those experiencing homelessness, with the most severe impact being on unaccompanied children and young people experiencing homelessness who lack the knowledge or finances to navigate the health care system.

On the 3 February 2021, the Royal Commission into Victoria's Mental Health System delivered its final report with recommendations grouped around four key features:[4]

1. A responsive and integrated system with community at its heart.
2. A system attuned to promoting inclusion and addressing inequalities.
3. Re-established public confidence through prioritisation and collaboration.
4. Contemporary and adaptable services.

On the surface, there appears to be strong, proactive recognition and prioritisation of mental health in the community. Yet what Hope Street Youth and Family Services team members witness is the harsh reality, that those in most in need of services face the greatest barriers in accessing them. Hope Street is not isolated in this experience, according to Orygen's feedback to the Productivity Commission's Draft Report into the Social and Economic Benefits of Mental Health,[5] which states:

> *'Many young people do not seek help. Young people aged 15 to 24 with a mental health condition were almost twice as likely to not see a GP because of cost barriers compared with those without a mental health condition and two and a half times more likely to delay or not get prescribed medication due to cost compared with those without a mental health condition.'*

As always, the answer sits with greater funding, advocacy, and prioritisation by all levels of government. For service providers, inter-organisational collaboration and wrap-around (multidisciplinary) support is essential to assist and resource young people and children to overcome their hardships and promote multidimensional self-actualisation. In practice, as a service model, Hope Street provides young people with residential

support workers, case managers, a youth reconciliation (counselling) practitioner and a Bolton Clarke Nurse, as well as link-in support to other services such as a local GP. The challenge is that more funding is needed for mental health services with no wait times to support young people. This would mean bolstering the workforce responding to youth homelessness with a robust mental health practitioner workforce for early intervention.

Arguably, there needs to be more funding for specific early intervention mental health support from the established youth homelessness service providers across Victoria and around Australia. A significant professional gap for young people experiencing acute mental health issues and presenting to psychiatric wards is a specialist who can liaise between homelessness service providers, social services and mental health practitioners. There is a lack of homelessness-specific understanding among mental health practitioners and currently no designated role in psychiatric units dedicated to servicing the youth homelessness service sector.

To access primary youth mental health services, commonly the first hurdle to overcome is to obtain a mental health treatment plan from a GP. A young person can struggle to engage with a GP because of their own historical marginalisation or trauma, or because of financial and other barriers. The State Government must do more to ensure GP clinics are accessible for different areas and provide incentives for bulk-billing.

> *'Early intervention for young people experiencing mental health issues and other health issues during or after homelessness is a means to prevent their healthcare from deteriorating further.'*
>
> — Sue Scott, Operations Manager, Hope Street.

In Victoria, there is a need for legislative reform in healthcare that protects the right to accessible medical care, including mental health services that are affordable and that intervene before a young person experiences an acute mental health issue due to a lack of affordable services. Better access to state-funded mental health care for young people on low incomes would alleviate pressure on the already strained hospital system.

Headspace confirms the link between homelessness and mental illness for young people: *'Homelessness is a risk factor for mental and physical ill-health and mental illness is a risk factor for homelessness. 48 per cent to 82 per cent of homeless young people have a diagnosable mental illness (including mood, anxiety, substance use and post-traumatic stress disorders)'*.[6]

The lack of adequate funding for specialist services that provide support to this vulnerable cohort is not acceptable and further marginalises young people and increases the risk of homelessness and acute mental health issues.

> *'Due to a lack of support and a lack of sustainable housing options for young people with complex mental health issues and/or emerging psychological issues, the risk of becoming homeless long term inevitably increases. This is a loss of opportunity and an immediate and short- to long-term cost to community as vulnerable people continue to remain disconnected from society, and their health and mental health further deteriorates.'*
>
> — Sue Scott, Operations Manager, Hope Street Youth and Family Services.

To link a young person to mental health support has its challenges, due to financial constraints and due to private providers being unable to accommodate at-risk young people who are experiencing homelessness and on a low income. The healthcare and mental health services infrastructure that accommodates young people experiencing or at risk of homelessness needs to be protected by legislation to ensure that, as Victoria grows in population and urban spawl, services can match community demand.

At present, Hope Street has two successful models that have been tested, one for 10 years and one for over 30 years, to provide support for young people with general and specialist health crises as well as dual diagnosis crises. The Homelessness Youth Dual Diagnosis Initiative (HYDDI), and the Youth Homelessness Community Nurse, referred to as the 'Bolton Clarke Nurse,' has demonstrated enormous benefit to a young person's health with flow-on economic benefits to the wider community. Based on a youth crisis (refuge) service co-location model to respond immediately to young people's needs when at they are at crisis point and on their first entry to the youth homelessness sector, these two specialist health programs are unique and highly successful.

> *'To complement the youth homelessness services sector, these models can be scaled up across Victoria and around Australia with adequate funding. The ideal outcome would be to scale up these successful service models to enhance the current system, which has significant gaps due to lack of funding. This service model could be matched with opportunities for long-term social housing options including wrap-around support and would work directly with youth homelessness service providers and their in-house mental health teams, public healthcare providers such as GPs, hospitals and youth psychologists.'*
>
> — Sue Scott, Operations Manager, Hope Street Youth and Family Services.

Currently, the need for funding and scaling up of the HYDDI model and the Bolton Clarke Homeless Persons Program Youth Nurse service is evident in the demand for youth homelessness services and the intersection between homelessness and health, including mental health.

It is fortunate that Hope Street Youth and Family Services has a strong relationship with a local area clinic which has willingly provided bulk billing exclusively to clients in the inner northwestern metropolitan area, however, this isn't guaranteed for all services and is a testament to the said clinic's proactive community care.

Beyond access to a clinic and obtaining a mental health treatment plan, young people can face other barriers: wait times following referral, and support options. The mental health treatment plan, part of the Better Access Initiative, entitles

an individual up to 10 individual and 10 group sessions with a mental health professional in a calendar year, starting with six sessions and then a review by the referring doctor to determine if the further sessions are required. These sessions are subsidised or free, however, any free mental health services that might be available in one's area commonly have the greatest wait times (with no prioritisation on vulnerability). Despite subsidies, there can still be an out-of-pocket cost of anywhere between $70–150 per session. That can be an unsurmountable expense when a young person's weekly income is $256 per week and shelter and food are an essential priority.

Photo courtesy of Hope Street

Finally, if some of the most vulnerable individuals are unable to access responsive mental health support due to excessive wait periods (three to six+ months) they can continually destabilise to the point of becoming acute (experiencing significant and distressing symptoms requiring immediate treatment), requiring the Youth Assessment and Treatment Team (YATT) or police connecting to the area mental health triage, potentially leading to compulsory assessment and treatment as per the *Mental Health and Wellbeing Act 2022*. At this point the cost to the wider community increases significantly, when it could have been prevented.

This overview illustrates the stark reality that many homeless young people encounter when navigating their mental health journey. That is, the difficulty to proactively engage with general and specialist health services, to the point where one destabilises and support is mandated for them, commonly reported as a dehumanising experience, regardless of legitimacy of care. The situation is also exacerbated by the housing crisis, severe poverty, cost of living crisis and social isolation.

During this current housing and mental health crisis, services on the ground must be a government priority. In the Northeast areas of Melbourne, Hope Street Youth and Family Services is fortunate to have a Youth Reconciliation Practitioner to provide free, accessible counselling to young people experiencing homelessness. The need to have responsive, robust mental health support where it can meet young people in safe and neutral locations only highlights the clear need for further expansion of this role, to encompass a team of practitioners, rather than a handful of youth and family reconciliation practitioners funded through specialist homelessness dollars, scattered across various metropolitan regions.

Commonly, Hope Street's young people are deemed too complex when referred to ongoing, youth focused services (public or private). This has resulted in area mental health triage direction to contain young people as long as possible, then escalate to police when they become acute. This is neither sustainable nor acceptable for a youth mental health ecosystem. Now, more than ever, there needs to be strong, clear leadership standing up for the most vulnerable members of society, signaling to young people they are valued citizens as part of this community. Developing the youth homelessness workforce requires career pathways for more psychologists and mental health practitioners who specialise in youth homelessness. In reflecting on the Mental Health Royal Commission, resources must support the growth of the mental health workforce to provide comprehensive services to the youth homelessness sector.

Solutions need to also include a greater expansion of youth services, significantly increasing capacity to provide youth focused support and specialist youth accommodation and housing options for young vulnerable Australians. This is paramount to lifting Australia towards its mantra of equity, opportunity, and 'a fair go'. A lack of action at community, state and federal levels to provide early intervention mental health, in tandem with housing options, further marginalises an already vulnerable population in crisis and prevents them from achieving their full potential as valued citizens.

Endnotes

1. State of Victoria 2021, Royal Commission into Victoria's *Mental Health System, Final Report*. *https://www.vic.gov.au/royal-commission-victorias-mental-health-system-final-report*
2. Mental Health Australia 2024, *Housing Stress Exacerbates Mental Illness, media release. https://mhaustralia.org/media-releases/housing-stress-exacerbates-mental-illness*
3. Australian Government, Department of Health 2023, *Increases to Incentives for Bulk Billing Incentive Payments. https://www.health.gov.au/our-work/increases-to-bulk-billing-incentive-payments*
4. State of Victoria 2021, op cit.
5. Orygen Institute 2024, *Productivity Commission Draft Report into Social and Economic Benefit of Mental Health: Orygen Feedback. https://www.orygen.org.au/Orygen-Institute/Policy-Areas/Health-economics-and-costs/Response-productivity-commission-draft-report-into/orygen-feedback-PC-draft-report?ext=.*
6. headspace, *Clinical Toolkit, At-Risk group: Homeless Young People, https://headspace.org.au/assets/clinical-toolkit/CT-At-Risk-Homeless.pdf*