



headspace

National Youth Mental Health Foundation

Street 47-51 Chetwynd Street North Melbourne

Mail PO Box 473 North Melbourne VIC 3051

Tel +61 3 9027 0100 Fax +61 3 9027 0199

headspace.org.au

Position Paper - homelessness

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Homelessness

the issue

There is a strong association between homelessness and mental health. Homelessness is a risk factor for mental health and wellbeing, and mental illness is a risk factor for homelessness. Homeless young people are more likely to experience psychological distress, psychiatric disorder, self-harm and suicidal behaviour, and the risk of developing such problems increases the longer they are homeless [1]. Homelessness has a wide range of harmful consequences for young people including impacts on longer-term health and wellbeing, sense of self-worth and ability to participate in the community.

Homelessness is difficult to define and is more than 'houselessness' [2]. The Australian Bureau of Statistics [3] identifies different types of homelessness:

- *Primary homelessness*: people without conventional accommodation such as those who 'sleep out', or use derelict buildings, cars, railway stations for shelter.
- *Secondary homelessness*: people who frequently move from temporary accommodation such as emergency accommodation, refuges, and temporary shelters. People may use boarding houses or family accommodation just on a temporary basis.
- *Tertiary homelessness*: people who live in rooming houses or boarding houses, medium or long-term, where they do not have their own bathroom and kitchen facilities and tenure is not secured by a lease.
- *Marginally housed*: people in housing situations close to the minimum standard.

The reasons for homelessness among young Australians are many and diverse, and include experiencing abuse, neglect and family violence. Homelessness is associated with significant barriers to seeking help for mental health and other health problems, and requires new models of care to reach out to and coordinate service responses for young people who are homeless and those at risk. The vulnerability of this population, and nature of their transient engagement with multiple services, requires a coordinated and consolidated system response.

evidence

- It is estimated that 105,000 people are homeless across Australia on any given night [4]. Census data from 2001 showed that 49 per cent were staying temporarily with other households; 14 per cent in improvised dwellings, tents or sleeping out; and 23 per cent were staying in boarding houses [5].
- Young people are over-represented in homelessness statistics, with young Australians aged 12-24 years making up 36 per cent of those who were homeless [5].
- Aboriginal and Torres Strait Islander Australians are over-represented in the homeless population [4].
- The third national census of homeless school students revealed that just over half are female (55%), and that three groups are over-represented: Aboriginal and Torres Strait Islander students; young people from single parent and blended families; and teenagers who have been in State care and protection [6].
- When teenagers first become homeless, they usually stay at other people's houses and then move from one friend's place to another [6], commonly referred to as 'couch surfing'.
- Studies show that between 48 per cent and 82 per cent of homeless young people have a diagnosable mental illness and that the most common are mood disorders and anxiety disorders, such as post-traumatic stress disorder, and substance use disorders [1].
- One in 10 homeless young people reported attempting suicide in the last three months, and 28 per cent who had made an attempt had not told anyone [7].
- Co-occurring mental illness and substance use disorder is particularly common among homeless young people. [8]. While alcohol and other drug use by Australian young people has declined in recent years, use amongst young people who are homeless has increased [9].
- Young people who are homeless are more susceptible to a wide range of general health problems, including malnutrition, dental problems, sexually transmitted disease, tissue injuries and disabilities [9].
- Young people experiencing homelessness are less likely to seek help for mental health problems [10], and when they do seek help, they may not receive an adequate response because of their multiple and complex needs, including dual diagnosis, and consequently often fall between the gaps in service delivery [1] [11].

- The introduction of early intervention services has been cited as a key factor in the reduction of homeless teenagers from 26,060 in 2001 to 21,940 in 2006 [9].

position statements

- The causes of homelessness are complex and include family conflict, family violence, abuse, substance abuse and mental illness.
- Young people who are homeless are at greater risk of mental health problems, self-harm, suicide and substance use disorders. They also experience poorer general health and are susceptible to a variety of health concerns, including poor nutrition and sexually transmitted diseases.
- Mental illness and alcohol and other drug problems can be a barrier for accessing accommodation and other services for a young person who is homeless.
- Young people who are homeless access services at a much lower rate, despite their higher level of need, and consequently require a concerted collaborative service response.
- Barriers to care for health and mental health for young homeless people are significant and numerous and need to be addressed. Integrated early intervention models such as **headspace** centres are required to provide appropriate services when and where they are needed.
- Homelessness is a complex issue requiring a multi-pronged approach. Structural factors such as cost of housing, unemployment, and entrenched poverty need to be addressed.

headspace recommends

- Development of better linkages between homelessness assistance services and mental health services, including **headspace** centres.
- Youth accommodation workers be provided appropriate mental health training, and specialist youth mental health workers be placed within youth homelessness services, such as youth refuges and youth transitional support services.
- Implementation of early intervention and prevention programs that address risk factors for youth homelessness, such as programs that enhance family relationships and reduce family violence.
- Strong support for programs to enable homeless young people to maintain connection or reconnect with education and training.
- Regular cross-sector practice forums with mental health services, alcohol and other drug services, and homeless services to reflect, discuss and debate cross-sector practice responses and integrated responses to young people who are homeless.
- Provision of supported residential opportunities for young people who have mental health problems or co-occurring disorders that can assist them to access health and mental health support, reconnect with education and employment, and develop independent living skills.
- The trial co-location of youth specific homelessness assistance services with key specialist services such as mental health and alcohol and other drug services, including **headspace** centres.
- Advocacy to Federal, State and Territory governments to address the structural factors that impact on young people who are homeless including poverty, youth unemployment and an affordable housing strategy addressing both public and private system barriers for youth access and new models of housing and support.
- Continued advocacy for the needs of young people who are homeless in policy submissions.
- Development of a long-term research agenda to improve the evidence related to improving responses to homelessness for young people.

headspace will

work collaboratively with other services so that young people who are homeless or at risk of homelessness receive the early intervention service responses they need, and advocate to improve services for homeless young people.

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