

10

Mental health issues are more prevalent among homeless young people than the broad population of young people in Australia. In some cases, mental health is implicated in a young person becoming homeless, although it may be the case that the deterioration in the mental health of other family members tips young people into homelessness. However, becoming homeless is also an unhealthy lifestyle. There is evidence that psychological and psychiatric problems may result from homelessness. When young people with mental health issues also develop substance use problems, the situation of co-morbidity (or dual diagnosis) presents major difficulties for supported accommodation services, as well as for specialist services that deal with mental health and drug and alcohol issues. Mental health is a major issue amongst chronically homeless youth with high and complex needs.

Chapter 10 | Mental Health

I have had suicidal thoughts before. I have had the barrel of a shotgun in my hand. I couldn't pull the trigger...¹

Introduction

10.1 Homeless people often suffer from mental illnesses. While many young people appearing before the Inquiry were reluctant to discuss their mental health, youth workers commonly cited their clients' mental health problems as an issue they confronted on a daily basis. Mental illness is seen as a cause of homelessness. Existing mental illness can be exacerbated by homelessness and homelessness itself can be a cause of mental health problems. Mental illness often coincides with drug and alcohol abuse complicating the treatment and support of homeless young people even further.

10.2 The Burdekin Inquiry reported that the:

... transfer of many young people with intellectual and psychiatric disabilities from institutional to community care, without adequate preparation or support, has led to many becoming dependent on refuges which are ill-equipped to meet their needs.²

10.3 Nearly twenty years later, there continues to be inadequate support for young people with a mental illness who are homeless or at risk of homelessness. These young people are reliant on the service system to assist them to stabilise their lives but the system has many gaps, lacks coordination across sectors and does not reflect the complexity of young peoples' lives.

Mental Health

10.4 The World Health Organisation defines mental health as:

... a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.³

10.5 The term ‘mental illness’ is commonly used to refer to range of conditions that “... affect the way a person, thinks, feels and acts.”⁴ Mental illness can include:

* *behaviour disorders such as attention deficit/hyperactivity disorders;*

* *mood disorders such as depression and anxiety; and*

* *serious psychotic disorders such as schizophrenia and bipolar disorder that are characterised by hallucinations, delusions and thought disorders, and/or behavioural disturbances.*⁵

10.6 Having a mental illness, commonly depression, is a risk factor for self-harm and suicide although not all young people who self-harm or contemplate suicide have a mental illness.⁶ Self-harm refers to a range of behaviours from mild self-injury to attempted suicide but most often it involves cutting or overdosing on medication.⁷

10.7 According to Headspace, the National Youth Mental Health Foundation, mental illness “... is the number one health issue affecting young people in Australia today.”⁸ Common mental illnesses among young people are depression and anxiety disorders.⁹ Psychotic disorders are less common in the general youth population.

Young homeless people with mental health problems

10.8 The research evidence shows that homeless young people have mental illnesses at a higher rate than the general youth population. The extent to which homeless young people suffer from mental illness varies from study to study depending on how mental illness is defined.

10.9 In a survey of published literature and unpublished data collections, Kamieniecki (2001) concluded that homeless young people in Australia have extremely high rates of ‘psychological distress’ and ‘psychiatric disorders’.¹⁰

10.10 Project i, a study of homeless young people in Melbourne, found that:

- 26 per cent of those surveyed reported a level of psychological distress indicative of a psychiatric disorder;
- 14 per cent reported clinical levels of depression;
- 12 per cent had clinical levels of anxiety; and
- 12 per cent had clinical levels of psychosis.¹¹

10.11 Youth Homeless Outreach Team, Eastern Health Child and Adolescent Mental Health Service (Melbourne), provided the Inquiry with the results of a survey of 200 clients aged 18 to 25 years conducted in 2001-2002. This survey found that 89 per cent of clients had significant mental health problems.¹² Young men most commonly reported paranoia, depression and anxiety while young women reported obsessive-compulsive behaviours, somatisation (i.e. physical symptoms developed through stress or emotional problems) and psychotic disorders. Over half (53%) reported they had attempted suicide at some point and nearly three-quarters (72%) had significant self-harm issues.

10.12 The Supported Accommodation Assistance Program (SAAP) data also shows that significant numbers of young people are presenting to SAAP services with mental health problems.¹³ The Inquiry was told that:

... the SAAP data shows that mental health was one of the highest level of unmet needs¹⁴

10.13 Numerous youth health workers, specialist mental health workers, youth workers and others supporting homeless young people told the Inquiry that mental health problems such as suicide ideation, self harm and depressive mood states were common characteristics of their clients. Their evidence to the Inquiry confirmed Kamieniecki's conclusion, the Project i results, the Eastern Health Child and Adolescent Mental Health Service findings and the SAAP data.

10.14 For example, St John's Youth Services, in Adelaide, told the Inquiry that mental health problems are the largest health issue homeless young people experience. They reported that around 40 per cent of their intake into SAAP accommodation had a diagnosed mental health condition.¹⁵ Wollongong City Council's Youth Services estimated that approximately 60 per cent of the young people they assisted with accommodation needs had mental health issues.¹⁶

10.15 Open Doors Youth Service, a Reconnect service for gay, lesbian and transgender young people in Queensland, told the Inquiry that:

Forty-two percent of the young people who access our services have been diagnosed with a mental health condition, and the majority of them have practised or considered self harm, have suicidal thoughts.¹⁷

10.16 Some service providers told the Inquiry of the increasing incidence of young people presenting with serious mental health issues, particularly suicide and self-harm. For example, a Reconnect worker believed that her service had:

... seen a real increase of young people presenting with suicide ideation, self-harm issues... [and] young people who have made serious attempts at suicide.¹⁸

Dual Diagnosis

10.17 Homeless young people are presenting to services with combinations of issues, commonly mental health problems in combination with alcohol and drug use. This is often termed 'dual diagnosis' or 'co-morbidity' though both these terms can include a range of conditions that exist together.

10.18 The Inquiry heard a range of estimates of the incidence of homeless young people with both mental health issues and substance use problems. Headspace, the National Youth Mental Health Foundation, wrote in their submission that:

Dual diagnosis has been reported as prevalent in up to 50 per cent of people with mental health problems, and is particularly common among homeless young people.¹⁹

10.19 The experiences of supported accommodation services confirm the co-occurrence of mental illness and drug and alcohol use. One service estimated that:

Approximately a third of the client group has a dual diagnosis, that is, they face a

*combination of mental health and drug and alcohol issues.*²⁰

10.20 HomeGround Services, which operates Transitional Housing in Melbourne, believes that:

*There are many people in the homeless population with substance use issues and mental health problems and more than half have developed these problems after becoming homeless.*²¹

Mental Illness: A cause and consequence of homelessness

10.21 Mental health problems are generally believed to be a cause of homelessness though this point tends to be overemphasised. Mental health issues can also be a consequence of experiencing homelessness. In a survey of service providers by Project i, mental health problems were cited one of the most important reasons for young people leaving home.²² In particular, serious mental illnesses place pressures on family relationships causing conflict or an inability of parents to manage the situation with little or no support available. These factors can be the trigger for a young person to leave home.

10.22 Anglicare Tasmania spoke to the Inquiry about young people who were discharged from the psychiatric ward of a hospital where:

*... the families are under a lot of pressure already and these young people are getting discharged from hospital, and there's nowhere else for them to go, they end up back with their families. The families have very little emotional energy and the young people are beginning to take on the onset of symptoms of mental illness and in some cases too, we know, because we work with the families, [are] undiagnosed. And with the young people returning back to their families from hospital, because there's nowhere else to go, the families are breaking down, and then the young people become homeless.*²³

10.23 Assistance to families with adolescents with a mental illness may assist in preventing youth homelessness.

10.24 For young people already living alone or in shared rental accommodation, it can be hard to sustain a tenancy with a serious mental illness. In a report on mental illness and homelessness, the Mental Health Coordinating Council (NSW) suggest that:

Mental illness increases a person's vulnerability to homelessness. Its various symptoms of paranoia, anxiety, depression, delusions, hallucinations and disordered thoughts may fundamentally affect a person's organisational skills, their relationships with family, flatmates and neighbours, employment opportunities and their ability to maintain tenancy.

*Mental disorders may be cyclical in nature and occur and recur with only minimal warning. Not uncommonly, symptoms return during times of increased stress or trauma and can result in individuals facing difficulty managing day-to-day needs and responding to role responsibilities, such as worker, parent or tenant.*²⁴

10.25 Serious mental illness is generally accepted as a cause of homelessness. What is less generally accepted is that milder mental health problems are also a risk factor for homelessness. Jigsaw Young Persons Health Service told the Inquiry:

*We have tended to see homelessness as a risk just for psychotic disorders but in our catchment in fact, substance use, personality disorders, depression still increases the risk of homelessness, which I guess is reasonably new.*²⁵

10.26 The Mental Illness Fellowship (Barwon Region) in Victoria concurred telling the Inquiry that:

*... [a] feature of mental illness is that young people, not only ... those with serious mental illness, quite often experience a lack of volition and disorganisation. It is quite often the reason they become homeless.*²⁶

10.27 The Mental Illness Fellowship also pointed out that mental health problems are a consequence of homelessness:

*There is no doubt if we consider the stress vulnerability model in terms of mental illness, then homelessness is a significant contributor.*²⁷

10.28 Open Doors Youth Service (Qld) pointed out that the experiences of gay and lesbian young people, many of whom were medicated for mental illnesses including depression, had an impact on their mental health. Open Doors told the Inquiry that:

*... without a doubt, being discriminated against, being bullied, being put down, and experiencing violence on a daily basis, must affect your mental health. Trauma affects mental health and at the end of the day [homeless] young people are experiencing trauma on a daily basis.*²⁸

10.29 That homelessness causes mental health problems is generally accepted. However, the degree to which homelessness causes serious mental illness is less generally believed. The Homeless Outreach Mental Health Services in Geelong (Vic) said it was an exaggeration to claim that homelessness was a cause of serious mental illness. The witness considered that homelessness could cause "... anxiety, but it's transient sort of stuff".²⁹ The witness went on to talk about the complex interactions of homelessness, drug and alcohol abuse, and pre-existing mental illness. The Inquiry was told that:

*... you will find some family history of mental illness there that indicate[s], you know, there is a primary sort of mental health condition that is exacerbated by substance use rather than caused by substance use. And then there are the destabilising influences and effects of homelessness in itself.*³⁰

10.30 The causal relationship between homelessness and mental illness may differ depending on the nature of the mental illness. That is, the causal link for those with psychotic disorders such as schizophrenia may be different than for people living with the more common disorders such as depression and anxiety.³¹ Clearly, the relationship between homelessness and mental illness is complex.

10.31 Catherine Robinson confirmed the complexity of the interactions between homelessness and mental illness in her research in Australia that covered people aged

14 to 63 years, the largest percentage of the group were aged 14 to 25 years.³² She found that people with a mental illness experience cycles of homelessness where they move chaotically through various forms of tenuous housing and periods of living on the street.³³ This research points to a failure in the service systems to support homeless people with a mental illness.

Experiences of homeless young people with mental illnesses and SAAP services

10.32 Many homeless young people with a mental illness present to Supported Accommodation Assistance Program (SAAP) services seeking assistance with accommodation and yet half of all SAAP clients with a mental illness remain homeless after their period of support with SAAP ends.³⁴ SAAP is the main support program for homeless people.

10.33 Many SAAP workers do not have the training to support clients with mental health problems. As one SAAP worker told the Inquiry:

*We don't have the capacity in our programs and we don't have the training, the medical training, the mental health training, to be able to supervise a young person and determine whether or not they are going to be safe at that level like if somebody is seriously at risk of harm.*³⁵

10.34 Some SAAP workers told the Inquiry that the SAAP accommodation system was not suitable for young people with serious mental illnesses. As one refuge worker said:

*I think there's some young people out there that we are not addressing, they're too difficult. They don't really fit into the refuge system, and the refuge system in my opinion really isn't the best system anyhow.*³⁶

10.35 Homeless young people with mental health problems are a significant challenge for the SAAP sector. For example, young people who self-harm are particularly difficult to maintain in a SAAP service. One SAAP worker told the Inquiry:

*About three-quarters of the young women who are accessing our service, are actively self-harming and this has huge issues for supported accommodation providers. They're really worried how they treat these people, how to support them. They're worried with the effect on other young people by their self-harming behaviour, a massive sort of issue. And, often for those behaviours, and other things, they're not seen as suitable for certain types of models of accommodation.*³⁷

10.36 Shire Wide Youth Services in southern Sydney, told the Inquiry about one young man with a serious mental health problem that meant that:

*... his needs [were] actually too complex for us to be able to support him in our accommodation. he actually went into the mental health unit. They haven't identified that he has any mental health issues. They then give us a ring and say okay we're letting him out; you guys need to find him somewhere to live.*³⁸

10.37 With no crisis accommodation options capable of accepting him and insufficient money available to place him in a caravan or other temporary abode with the support he needs it is not surprising that the service maintained only minimal contact with this client. The solution would have been to place him in:

*... some residential option that would actually be able to provide him with a level of guidance and support and some supervision. if I had a housing project where I was able to have 24-hour staffing, providing him with supervision and support, a little bit of both, then the opportunity for these guys to be able to work with them on some of the other issues that he's presenting with and link him in with some of the other services would be great.*³⁹

10.38 There are no easy solutions for homeless young people with mental illnesses. Providing accommodation in and of itself will not resolve their homelessness or their mental illness:

*The expectation of even offering a house to many of our young people is not an answer ... because their capacity for independent living is obviously compromised. But, sometimes you do follow that line because the unstable, or at risk, unsafe home life is the only alternative. In which case you make a call about that kind of thing. But once they are more stable in accommodation, obviously our capacity to provide health support is enhanced.*⁴⁰

10.39 Clearly there is a need for SAAP agencies and mental health services to work together to stabilise a homeless young person with a mental illness in accommodation and provide appropriate health support. However, evidence provided to the Inquiry suggested that SAAP services and mental health services frequently have difficulty in providing what the young client needs. Should a SAAP agency provide accommodation while the young person waits to access the mental health service. The timeliness of the mental health treatment is an issue. Or, a young person accesses a mental health service but can't get into a SAAP service at that time. Access to SAAP is an issue.

10.40 The lack of coordination between SAAP and mental health services can exacerbate a young person's situation. For example, one young person illustrated how SAAP workers and mental health workers have different perspectives on whether a young person with a mental illness can be supported in the community. This young person told the Inquiry a harrowing tale of being bounced between the psychiatric ward of a hospital and a youth refuge:

*[The refuge workers said] look you're becoming a little bit unwell so let's call the CAT team. They called the CAT team and the CAT team would section me and I'd be in hospital for like two days and [then] the hospital said ... 'you're fine'. So then I'd call back up to go back to that place [the refuge] and they'd say yes, and then I go back there and a couple of days later they did the same thing ...*⁴¹

10.41 The following case study, presented to the Inquiry by a SAAP worker in Darwin, illustrates how the mental health system and SAAP fail to work together to support homeless young people with a mental health problem. The case is of a 17 year-

old young man:

... with a history of family violence, physical abuse, depression and other early signs of mental illness. He came to Darwin after meeting his new girlfriend over the Internet, and moved from Queensland and he was invited to stay with this young woman's family. However pretty soon after he started to live with them things broke down fairly quickly and this young man was expressing suicidal ideations, and he was a very problematic, very complex young man. We accessed the mental health services in the public system for him to be assessed and he was informed by the psychologist that his issues were not mental health issues, they were environmental issues and he in fact needed to find alternative accommodation. It was the family environment that was impacting on his mental health. He was then placed in a medium-term SAAP accommodation, which proved to be inappropriate and very soon afterwards the young man attempted to suicide twice. Both suicide attempts saw the young man being taken to the Emergency Department at the Royal Darwin Hospital, and both times the young man was assessed by the on-call Registrar for three minutes each time. The first time ... the assessment was that he actually didn't mean to do it, he was really just looking for some attention and he was lonely, so subsequently he went back to his girlfriend's family's place after that attempt. After the second attempt, a similar assessment, was told that he doesn't have mental health issues, he was just a bit sad. However, the SAAP worker and myself needed to look at whether or not this accommodation was appropriate for him. We didn't really have another option because of his mental issues, the only youth refuge in Darwin, Casey House, would have been unable to take him given his mental health issues and the dynamics and how that might have affected other young people within the seven bed refuge. So, for this young man we had to really start looking at other options but the end result was that he ended up going back to Queensland to live with his father in an abusive environment.⁴²

10.42 In this case the mental health service at the hospital did not consider the young man's condition to be serious enough for admission to the psychiatric ward but the SAAP service considered his condition to be too serious for him to be accommodated in the SAAP service. Unfortunately, this type of situation occurs all too often and highlights the gaps between the service systems.

10.43 Other SAAP workers reported good coordination between SAAP and mental health services, although the system is damned by faint praise. For example, a SAAP worker in Adelaide told the Inquiry:

I think there are really strong collaborative links, certainly within mental health. We're constantly working with mental health services, particularly around our young people so that we do have a really good collaboration going with them. We're not arguing with them and they're not arguing with us. We're very aware of what they can do and their limitations and they're quite aware of ours. And, we do that across a range of services.⁴³

Conclusions

10.44 Clearly the research shows that significant numbers of homeless young people suffer from poor mental health with some suffering from serious mental illnesses. Further, significant numbers of homeless young people have mental health problems and abuse drugs and alcohol.

10.45 From the evidence presented to the Inquiry the connections between mental health services and supported accommodation need to be improved to properly assist homeless young people with mental health problems. Additional funding to support services is required to maintain young people in appropriate accommodation.

10.46 Chapter 14 Supported Accommodation discusses the major issues with the support accommodation system while Chapter 17 Health discusses the issues with the provision of health services, including mental health services, to homeless young people.

ENDNOTES

- 1 Young Person, Brisbane Day 6, 11-04-2007.
- 2 HREOC (1989) *Our homeless children*, AGPS, Canberra, p.238.
- 3 World Health Organisation (2007) *Mental health: a state of well-being*, <www.who.int/features/factfiles/mental_health/en/index.html, last update 03-09-2007>, accessed 07-09-2007.
- 4 Australian Institute of Health and Welfare (2007) *Young Australians: their health and wellbeing 2007*. Cat. no. PHE 87, AIHW, Canberra, p.22.
- 5 *Ibid*, pp. 22-23.
- 6 *Ibid*, p.27.
- 7 *Ibid*, p.27.
- 8 Submission 75, Headspace, National Youth Mental Health Foundation.
- 9 Australian Institute of Health and Welfare (2007) *Young Australians: their health and wellbeing 2007*. Cat. no. PHE 87, AIHW, Canberra.
- 10 Kamieniecki, G. W. (2001) "Prevalence of psychological distress and psychiatric disorders among homeless youth in Australia: a comparative review." in *Australian & New Zealand Journal of Psychiatry*. Vol 35 No.3, pp 352-358, June 2001.
- 11 Rossiter, B., Mallett, S., Myers, P. & Rosenthal, D. (2003) *Living well? Homeless young people in Melbourne*. The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.
- 12 H. Mildred, Eastern Health Child and Adolescent Mental Health Service, Supplementary Material, Melbourne Day 14, 24-04-2007.
- 13 Australian Institute of Health and Welfare (2007) *Homeless SAAP clients with mental health and substance use problems 2004–05: A report from the SAAP National Data Collection*, Bulletin 51, AIHW, Canberra.
- 14 M. Leebeck, Queensland Youth Housing Coalition, Brisbane Day 5, 10-04-2007.
- 15 Submission 15, St John's Youth Services.
- 16 Submission 71, Wollongong Youth Services, Wollongong City Council.
- 17 L. Thorpy, Open Doors Youth Service, Brisbane Day 6, 11-04-2007.
- 18 K. Holliday, Connect, Anglicare NT, Darwin Day 4, 04-04-2007.
- 19 Submission 75, Headspace, National Youth Mental Health Foundation.
- 20 Submission 37, South Port Community Housing Group.
- 21 Submission 50, HomeGround Services.
- 22 Project i Broadsheet, Pathways into homelessness, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

- 23 R. Favelle-Dickson, Mental Health Services, Anglicare Tasmania, Hobart Day 17, 03-05-2007.
- 24 Parker, P., Limbers, L. & McKeon, E. (2002) Homelessness and mental illness: mapping the way home, Mental Health Coordinating Council (NSW), Sydney, p.11, available <<http://www.mhcc.org.au>>, accessed 06-09-2007.
- 25 M. O'Shea, Jigsaw Young Persons Health Service, Geelong Day 1, 26-03-2007.
- 26 S. Buggy, Mental Illness Fellowship (Barwon Region), Geelong Day 1, 26-03-2007.
- 27 Ibid.
- 28 L. Thorpy, Open Doors Youth Service, Brisbane Day 6, 11-04-2007.
- 29 S. Richards, Homeless Outreach Mental Health Services, Barwon Health, Geelong Day 1, 26-03-2007.
- 30 Ibid.
- 31 St. Vincent's Mental Health Service (Melbourne) & Craze Lateral Solutions (2005) Homelessness and mental health linkages: review of national and international literature, Australian Department of Health and Ageing, Canberra, p.8.
- 32 Robinson, C. (2003) Understanding iterative homelessness: the case of people with mental disorders, AHURI Final Report No. 45, Australian Housing and Urban Research Institute
- 33 Robinson, C. (2004) Cycles of homelessness, AHURI Research and Policy Bulletin Issue 39, Australian Housing and Urban Research Institute.
- 34 Australian Institute of Health and Welfare (2007) Homeless SAAP clients with mental health and substance use problems 2004–05: A report from the SAAP National Data Collection, Bulletin 51, AIHW, Canberra.
- 35 C. Hilton, YWCA Darwin, Darwin Day 3, 03-04-2007.
- 36 J. Whitcombe, Oasis Youth Residential Service, Salvation Army, Canberra Day 12, 20-04-2007.
- 37 D. Tulley, UnitingCare Wesley, Adelaide Day 16, 27-04-2007.
- 38 D. Curtis, Shire Wide Youth Services, Sydney Day 8, 16/04/2007.
- 39 Ibid.
- 40 M. O'Shea, Jigsaw Young Persons Health Service, Geelong Day 1, 26-04-2007.
- 41 Young Person, Melbourne Day 13, 23-04-2007.
- 42 T. Lee, Health Connections, Darwin Day 3, 03-04-2007.
- 43 C. Rosa, Southern Junction Community Services, Adelaide Day 16, 27-04-2007.