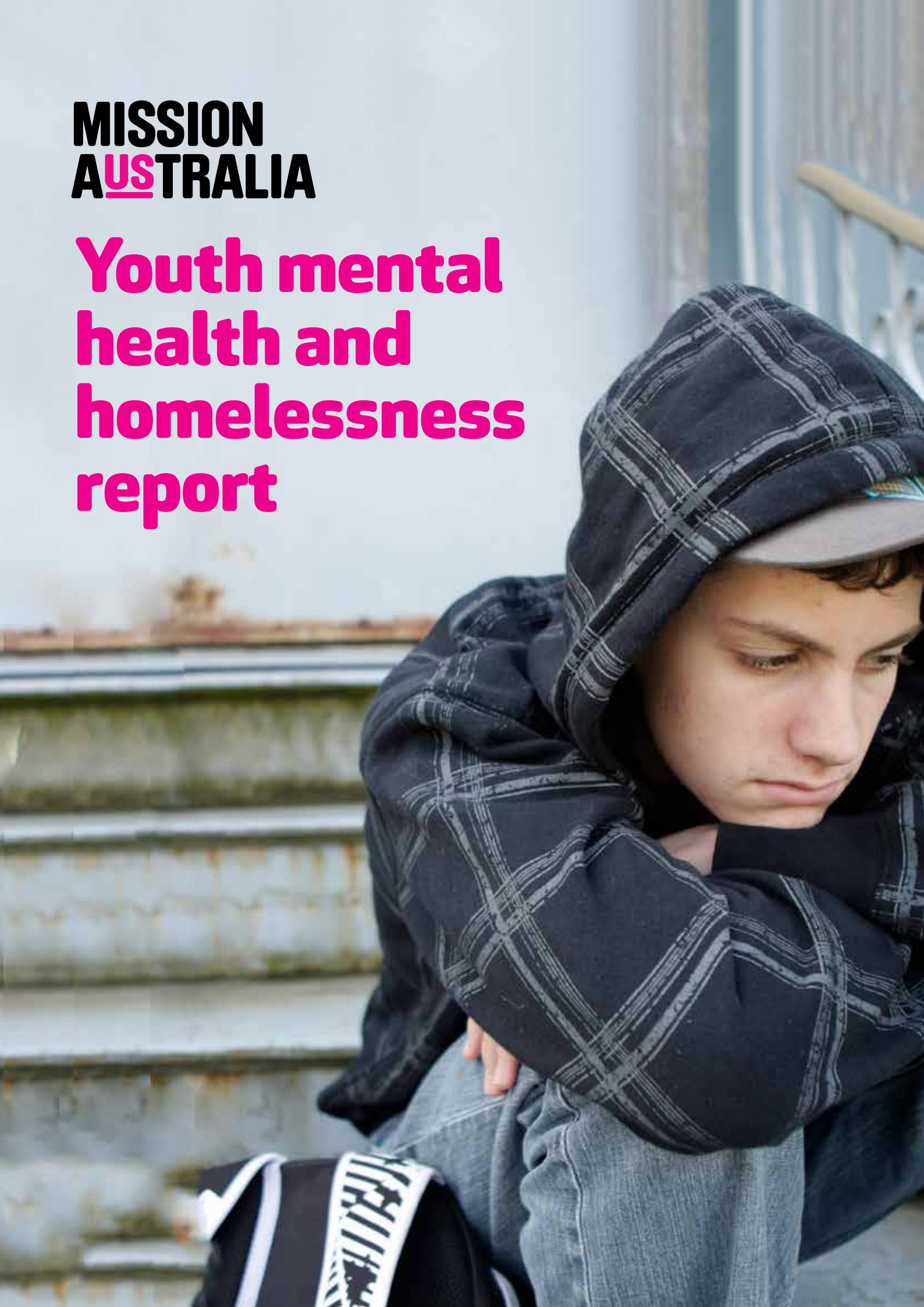
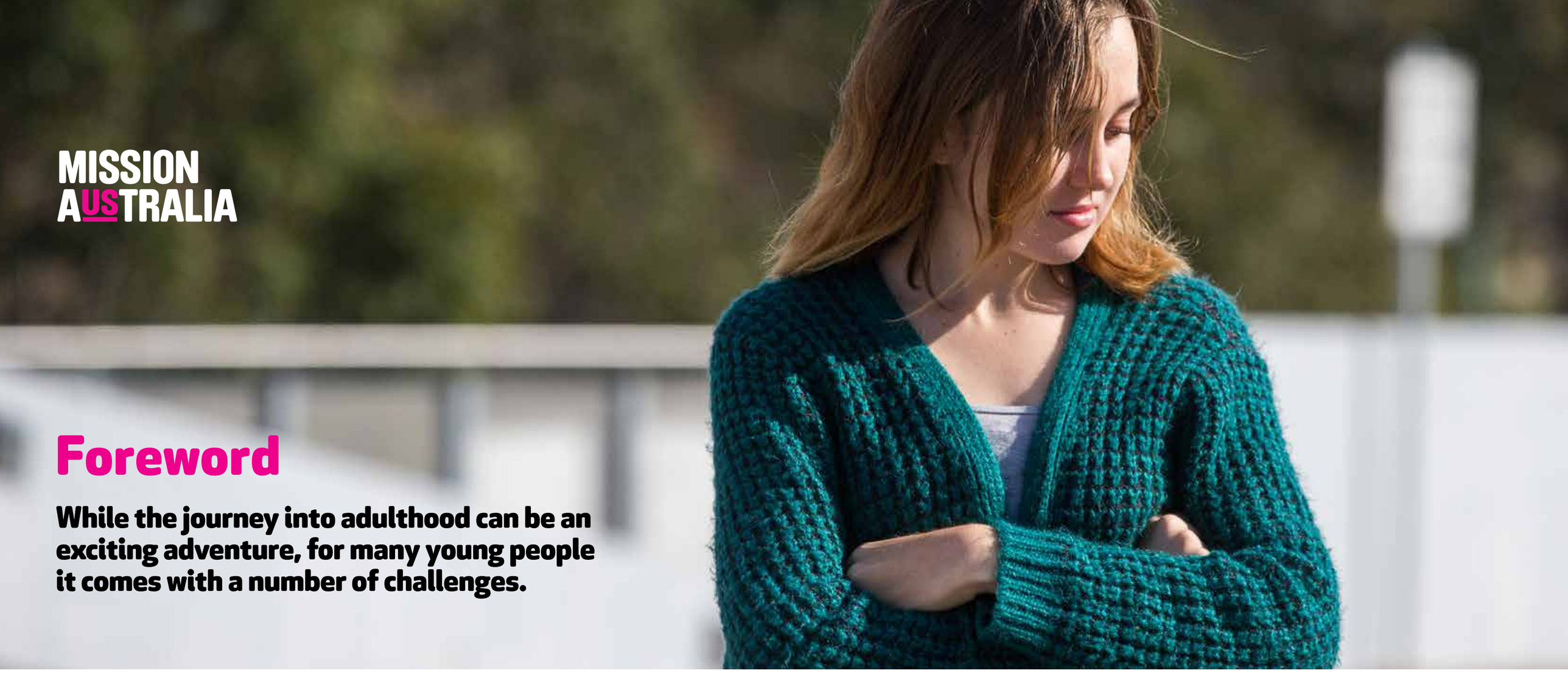
MISSION AUSTRALIA

Youth mental health and homelessness report





Foreword

While the journey into adulthood can be an exciting adventure, for many young people it comes with a number of challenges.

For many years, Mission Australia has advocated on behalf of young people using our *Youth Survey* as the platform to gather their concerns, values and aspirations.

Earlier this year we co-authored a report based on data collected in the *Youth Survey* with the Black Dog Institute looking at young people and mental illness over the past five years; prior to that we produced a report on young people and homelessness. Both of these reports were alarming to me, with the youth mental health report showing just how many young people were reporting mental illness and the youth homelessness report showing how many young people had experienced 'couch surfing' – staying away from home for short periods of time on couches, floors or in other insecure housing situations with relatives or friends.

In this *Youth Mental Health and Homelessness Report*, we took a further look at the findings to see how mental illness and homelessness were related.

The report finds that those young people who had a probable serious mental illness were more likely to experience couch surfing and on more occasions than those without a probable serious mental illness.

Additionally, those who reported having poor family functioning were more likely to have a probable serious mental illness, as well as being more likely to report couch surfing behaviours. This reveals that mental illness and poor family functioning both increase the risk of homelessness, while homelessness and poor family functioning also increase the risk of serious mental illness.

We know that young people who 'couch surf' are at greater risk of becoming homeless later in life. Addressing the issues that lead to young people leaving home, through building strong family relationships, providing identification opportunities for young people in schools who may be in need of support due to family conflict or other issues such as drug and alcohol problems, as well as more targeted support and early intervention when needed, has positive lifelong effects.

There are many great services out there. What is needed is more government investment in proven and evidence based models addressing both mental health and homelessness. Both homelessness and mental health services are required that work across the spectrum of need. As this report shows, often these need to be provided in tandem and combined with services that address family conflict.

Ensuring that young people have a safe and secure home that provides a firm foundation from which they can grow and thrive, allowing them to build strong social relationships, and to study, learn a trade or embark on their chosen career, is essential. All young people deserve that security and we have the means to provide it. All that is needed is the political will and the commitment from us all as a community.

Catherine Yeomans
CEO, Mission Australia

This Mission Australia report demonstrates the strong links between youth homelessness, mental illness and family functioning.

An analysis of the results from the Mission Australia *Youth Survey 2015* reveals that having a probable serious mental illness increased the likelihood that a young person had spent time away from home because they felt they couldn't go back. This is used an indicator of couch surfing behaviour which is a known risk for future homelessness. The likelihood that a young person would spend more occasions away from home also increased if they had a probable serious mental illness. While mental illness can increase the risk of homelessness, homelessness can also increase the risk of mental illness and there are similar risk factors for both mental illness and homelessness among young people, which are explored in this report.

The report also notes the importance of family functioning, with poor family relationships associated for those with both probable serious mental illness and/or spending time away from home. Spending time away from home increases as a young person's rating of family functioning decreases regardless of whether the young person had a probable serious mental illness or not. However having a probable serious mental illness places a young person at even more risk of spending time away from home where family relationships are rated as poor or fair.

The prevalence of couch surfing behaviour and probable serious mental illness among young people, as well as the relationship between mental health, homelessness and family functioning has important implications for how we act to prevent and address youth homelessness. These include the need for early identification of young people who are at risk of mental illness and/or homelessness and preventing escalation through provision of supports to the young person and their family. Young people who are homeless and/or experience mental illness require person-centred holistic supports that address the multitude of issues that may be arising.

Key findings

The specific findings and recommendations from this report are set out below:

Time spent away from home and probable serious mental illness

- Having a probable serious mental illness increased the likelihood that a young person had spent time away from home.
- Those with a probable serious mental illness are 3.5 times more likely to have spent time away from home than those without a probable serious mental illness (32.2% versus 8.6%).
- The likelihood that a young person would spend more occasions away from home increased if they had a probable serious mental illness. Of the young people who spent time away from home, nearly half (45.6%) of those with a probable serious mental illness had done so on six or more occasions in their lifetime. In contrast, one third (33.3%) of those without a probable serious mental illness who had spent time away from home had done so on six or more occasions.
- Of those with a probable serious mental illness females were more likely than males to not spend time away from home if they had a probable serious mental illness (1 in 5 compared to 1 in 10).

Issues of concern and time away from home

Young people who reported they were very concerned or extremely concerned about family conflict, depression, coping with stress and suicide were far more likely to have spent time away from home.

Compared to young people who had not spent time away from home, many more young people reported high levels of concern about:

- Family conflict (48.9% 'extremely' or 'very' concerned compared to 12.8%);
- Depression (46.0% 'extremely' or 'very' concerned compared to 15.3%);
- Coping with stress (58.6% 'extremely' or 'very' concerned compared to 35.2%); and
- Suicide (28.8% 'extremely' or 'very' concerned compared to 8.1%).

Compared to young people who did not have a probable serious mental illness, many more young people reported high levels of concern about:

- Depression (55.8% 'extremely' or 'very' concerned compared to 10.4%);
- Coping with stress (73.3% 'extremely' or 'very' concerned compared to 29.4%);
- Body image (53.2% 'extremely' or 'very' concerned compared to 19.4%); and
- School or study problems (59.5% 'extremely' or 'very' concerned compared to 26.8%).

Family functioning, mental illness and time spent away from home

Spending time away from home increases as rating of family functioning decreases regardless of whether the young person had a probable serious mental illness or not. But having a probable serious mental illness places a young person at even more risk of spending time away from home. An alarming 57.7% of those with a probable serious mental illness who rated their family functioning as poor had spent time away from home, as compared to 37.0% without a probable serious mental illness.

Key recommendations include:

Commonwealth, State and Territory governments should:

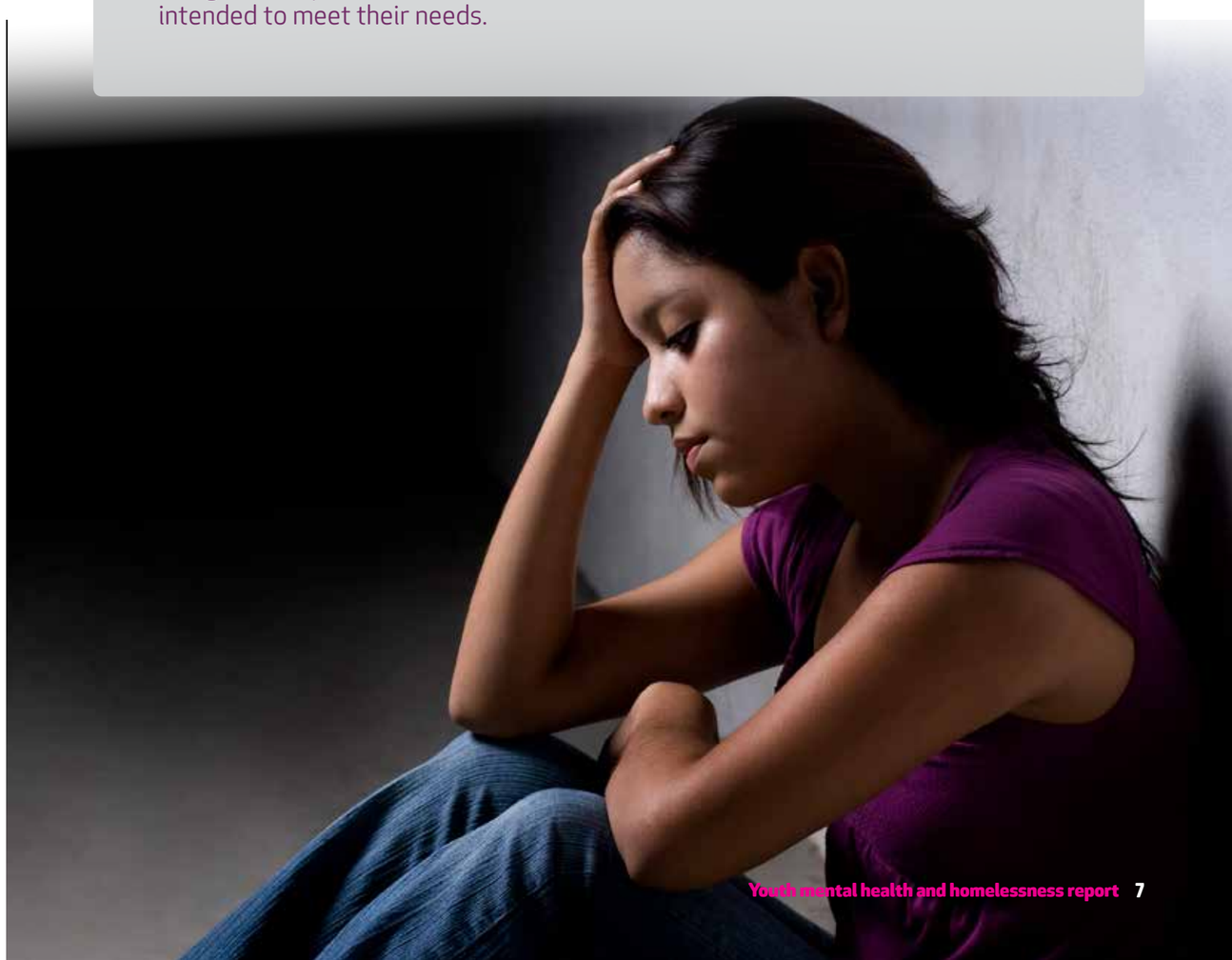
- Develop a multi-partisan policy to halve youth homelessness by 2020 which addresses mental health, education, employment and community participation outcomes for young people and is funded accordingly.
- Fund and expand proven early identification and intervention programs, such as the Reconnect Program and Community of Schools and Services (COSS) model to 'turn off the tap' of youth homelessness.
- Invest in supported accommodation models that are linked to education and employment such as the Foyer model as well as supported accommodation with more intensive case management supports as appropriate to the young person's needs or circumstances.
- Invest in more social and affordable housing that is appropriate and available for young people.
- Invest in a broad approach to youth mental health, encompassing young people themselves, their families and educational settings such as schools, community agencies, health care services and government.

More specific recommendations for improving the mental health of young people can be found in our recent *Youth mental health report 2012-16*.

- Adopt a 'zero tolerance' approach to people becoming homeless when they exit state care including hospitals and drug and alcohol facilities, correction facilities, detention centres and mental health institutions, as well as young people exiting the out of home care system.

A funded and comprehensive service system should:

- Identify young people at risk of homelessness and mental illness, especially those experiencing family breakdown, and intervene early to address issues before they escalate including through family reunification or counselling where appropriate.
- Provide outreach services to reach children and young people who are experiencing or at risk of homelessness or probable serious mental illness in the areas they frequent.
- Provide a variety of housing options to young people including: support to maintain tenancies; supported accommodation models including Youth Foyers and more intensive case management models for young people with complex needs; and accelerated access to public housing.
- Provide holistic wrap around services to young people that can address a range of areas including housing, homelessness and mental health by engaging their broader networks such as families, schools and peers where appropriate.
- Ensure young people with lived experience of mental illness and homelessness are involved in the design and implementation of services intended to meet their needs.
- Ensure service design, development and implementation processes acknowledge the diversity of young people so as to cater for their specific needs and provide appropriate and adapted services for Aboriginal and Torres Strait Islander young people, Lesbian, Gay, Bi-sexual, Transgender, Intersex and Queer (LGBTIQ) young people, young people from culturally and linguistically diverse (CALD) backgrounds, young people with disability and those living in rural, regional and remote areas.



Introduction

Young people aged between 12-24 years old make up at least 25% of the homeless population, with over 26,000 young people experiencing homelessness in Australia.[1] That includes young people who are experiencing homelessness with their families. Most children under the age of 15 who access Specialist Homelessness Services (SHS) do so as part of a family, usually with their mother.[2] While Mission Australia recognises the importance of family homelessness, this report focuses on those young people aged 15 to 19 who responded to the Mission Australia *Youth Survey 2015*.

The reason for this is that it is well known that many young people experiencing homelessness are not captured in census data due to the characteristics of youth homelessness, which is typified by activities colloquially known as 'couch surfing'. Couch surfing encompasses a range of activities such as sleeping at a friend's or relative's house, but also includes sleeping in sheds, garages and cars as well as a range of other informal arrangements which are not captured in census data due to their intermittent and informal nature. Couch surfing is often the first and most common way young people experience homelessness.

While young people accounted for only 15% of the total number of clients supported by Specialist Homelessness Services (SHS) in 2015-2016[3], 30% of young people reported they were couch surfing when first accessing SHS services. *The Cost of Youth Homelessness in Australia Study* report noted that more than 86% of young people experiencing homelessness had spent time couch surfing before they were 18.[4] Even amongst young people not experiencing homelessness, 38% had couch surfed at some point.[5]

It is important that organisations, government and policy makers are aware of the number of young people who spend time away from home couch surfing, as it is a predictor of later homelessness.[6] A study conducted in the United States found that young people are twice as likely to become homeless by the age of 25 if they had a history of running away from home as a child or teenager.[7] Likewise, the paper *The Australian Youth Homeless Experience* reported that 35% of young people who became homeless reported that they had previously often stayed with family members or friends, and a further 37% reported having stayed away from home on more than one occasion.[8]

Another common characteristic of young people experiencing homelessness is exposure to family violence. *The Australian Youth Homeless Experience* found half of young people who became homeless reported police had come to their home because of violence between parents on one or more occasions, with 14% experiencing police coming to their house more than 10 times before becoming homeless.[9] A report by Brackertz, Fotheringham, and Winter (2016) also found that family conflict is a major predictor of youth homelessness, noting that the main risk factors that lead to homelessness among young people include: family violence, child abuse, parental alcohol or drug dependence or mental illness.[10] Similarly, SHS data reveals the three main reasons for young people seeking assistance are housing crisis (21%), domestic and family violence (15%) and relationship or family breakdown (12%).[11] In contrast strong family bonds, routine, cohesion and support are likely to be build resilience which in turn is a protective factor for young people, and especially vulnerable young people.[12] Together, this suggests that stress and conflict within the home are risk factors for homelessness, while strong family relationships can protect against homelessness, indicating the need for evidence-based prevention, early intervention and programs for young people and their families.

Youth homelessness is an important issue of concern as research shows that experience of homelessness while young leads to a greater risk of homelessness in the future.[13] Young people experiencing homelessness often leave school before completing year 12, have dramatically higher likelihood of unemployment in

comparison to other young people, are more likely to have been placed in out of home care, or more likely to have been diagnosed with at least one mental health condition.[14]

The link between homelessness and mental illness among young people appears to be bi-directional: those with mental illness are at increased risk of homelessness and those who are homeless are at increased risk of mental illness. Extremely high proportions of young people experiencing homelessness have a mental illness. In the *Cost of Youth Homelessness* report over half of those in the homeless cohort reported that they had been diagnosed with at least one mental health condition in their lifetime.[15]

Knowing the relationship between young people homelessness and mental health, it is important to consider the incidence of mental health for young people. The *Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, found 14% of adolescents aged 12-17 years experienced a mental disorder in the previous 12 months and of those, 23% had a severe disorder.[16] The most common mental illnesses are anxiety disorders (7%), ADHD (6%) and major depressive disorders (5%).

It is well known that having a mental illness has significant detrimental effects on wellbeing, functioning and development in adolescence and is associated with impaired academic achievement, unemployment, poor social functioning and substance abuse.[17,18, 19, 20] These negative effects may extend well beyond adolescence, creating an ongoing cycle of dysfunction and disadvantage.[21, 22] There are a number of socio-demographic factors that increase the likelihood of a young person having a mental illness. Young people in step, blended, one parent or carer families versus two parent families; young people from families in the lowest income bracket (less than $52,000 per year) or with no parent or carer in employment; those who lived out of capital cities; or those who had poor family functioning all have an increased risk of experiencing a mental illness. Of these, the most significant variable appears to be poor family functioning, with over a third of children living in families with poor functioning experiencing a mental illness.[23]

Introduction (cont)

Importantly, there are similarities in the risk factors that expose a young person to both homelessness and mental illness, most notably around family conflict or relationship with parents, although factors such as socio-economic status, family structure, and carer or parent not in employment also reoccur. Many young people experiencing homelessness had experienced family conflict or a feeling of abandonment and neglect from their family, in addition to the trauma they have experienced while being homeless.[24]

Youth homelessness and mental illness are of particular concern for some groups of young people who may be at heightened risk. Homelessness in the general Aboriginal and Torres Strait Islander population is statistically a larger problem than in the non-Aboriginal and Torres Strait Islander population, and it incorporates both a spiritual and physical dimension. The drivers of homelessness for Aboriginal and Torres Strait Islander young people and children are generally the same as for non- Aboriginal and Torres Strait people, but the prevalence of homelessness is higher due to socioeconomic disadvantage, a severe shortage of appropriate housing in remote locations and history of dispossession.

Aboriginal and Torres Strait Islander children and young people are also over-represented in out-of-home care and juvenile detention, adding to their risks of homelessness once leaving those systems. Mental health concerns are also disproportionately high. In 2008, about a third of Aboriginal and Torres Strait Islander people reported having had experienced psychological distress, twice the rate for non-Aboriginal or Torres Strait Islander people.[25]

For people already experiencing homelessness, barriers such as finances, lack of transportation, lack of Medicare or health insurance, awareness of available services, negative past experiences or lack of permanent contact details are all reported to contribute to low utilisation of mental health services.[26] However, in order to recover from a mental illness, stable housing is a necessity. Those who used services found the best ones were those that provided holistic packages that work with the young person to address a range of issues.[27] Unfortunately, only 40% of homelessness services also provide mental health services. In addition many young people aren't able to reach services, particularly those living in rural areas where public transport is limited or non-existent.[28] Lack of services that offer wrap around support and ease of access to services that are offered is an ongoing issue, particularly outside metropolitan centres.

A report conducted by the University of Melbourne using data from the Journeys Home survey found that from people experiencing homelessness, gay, lesbian and bisexual people were particularly over represented in the homelessness sector compared to heterosexual people. Gay, lesbian or bisexual people experiencing homelessness were also 30% more likely than heterosexual people experiencing homelessness to utilise mental health services.[29] While there is little research of this in the youth homelessness sector, we can assume that for young gay, lesbian and bisexual people there would be equivalent over representation in this sector.

Method

The data used in this report was taken from Mission Australia's *Youth Survey 2015* of 15-19 year olds. The survey collects socio-demographic information and asks young Australians about their current circumstances, values, concerns and aspirations.

Each year, following ethics approval from State and Territory Education Departments (as well as Catholic Education Offices from 2014), secondary school Principals across Australia are approached with information about Mission Australia's *Youth Survey* and an electronic link to the online version of the survey, to request participation. Information is also distributed to Mission Australia services, networks of other service providers, Commonwealth Government departments and agencies, State/Territory and local government departments, youth organisations and peak bodies. The online version of the survey is also promoted through online networks. Data is collected between April and August each year. The survey collects predominately quantitative data with some opportunity for qualitative responses.

For this report responses from the *Youth Survey 2015* were included only if the respondent answered both the couch surfing and the Kessler questions, giving a final sample size of 17,146. Data was analysed for gender, age, and geography differences. The GCCSA was used as the geographic structure to conduct analyses by geography. All comparisons reported were tested for statistical significance using an appropriate statistical test, such as the chi-square test.

Method (cont)

Measures

Since 2012 the *Youth Survey* has included a measure of non-specific psychological distress, the Kessler 6 (K6). The K6 is a widely used and accepted measure of non-specific psychological distress, consisting of a brief six item scale that asks about the experience of anxiety and depressive symptoms during the past four weeks. It has been shown to be a useful tool in screening for serious mental illness.[30, 31, 32] The K6 classifies *Youth Survey* respondents into two groups – those with a 'probable serious mental illness' and those with 'no probable serious mental illness'.[33]

Each year the Mission Australia *Youth Survey* includes a special focus topic. In 2015, respondents were asked about various aspects of their home life and housing including instances, frequency and length of time spent away from home due to feeling unable to return (a proxy measure for 'couch surfing'). The *Youth Survey* also collects socio-demographic information and captures the views of young people on a range of issues including what they are concerned about and how well they feel their family functions. In this report, responses to the K6 and other information captured in the Youth Survey were used to examine:

1. The relationship between probable serious mental illness and spending time away from home;

2. The link between rating of family functioning, probable serious mental illness and spending time away from home.

Demographics

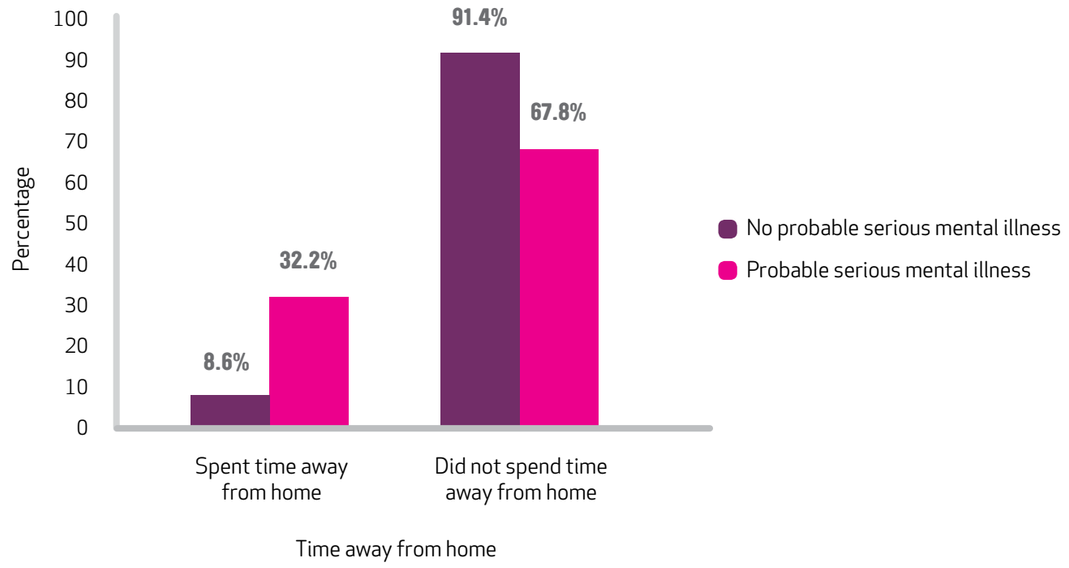
The final sample consisted of 17,146 young people, of which 44.2% were male and 55.8% were female. A full breakdown of participants by their state or territory, gender and Indigenous status can be seen in Appendix 1.

From the sample, 78.8% did not have a probable serious mental illness, and 21.1% did have a probable serious mental illness (for a detailed report on mental illness among young people see Mission Australia's *Youth Mental Health Report 2012-2016*). In addition, 13.5% of the sample had spent time away from home as they felt they could not return and 86.5% of the sample had not spent time away from home as they felt they could not return (for a detailed report on homelessness among young people see Mission Australia's *Home & Away Report (2016)*).

Mental illness and time spent away from home

In line with the literature, results from the *Youth Survey* reveal that having a probable serious mental illness increased the likelihood that a young person had spent time away from home. As seen in Figure 1. Young people with a probable serious mental illness were 3.5 times more likely than young people without a probable serious mental illness to have spent time away from home.

Figure 1: Time spent away from home

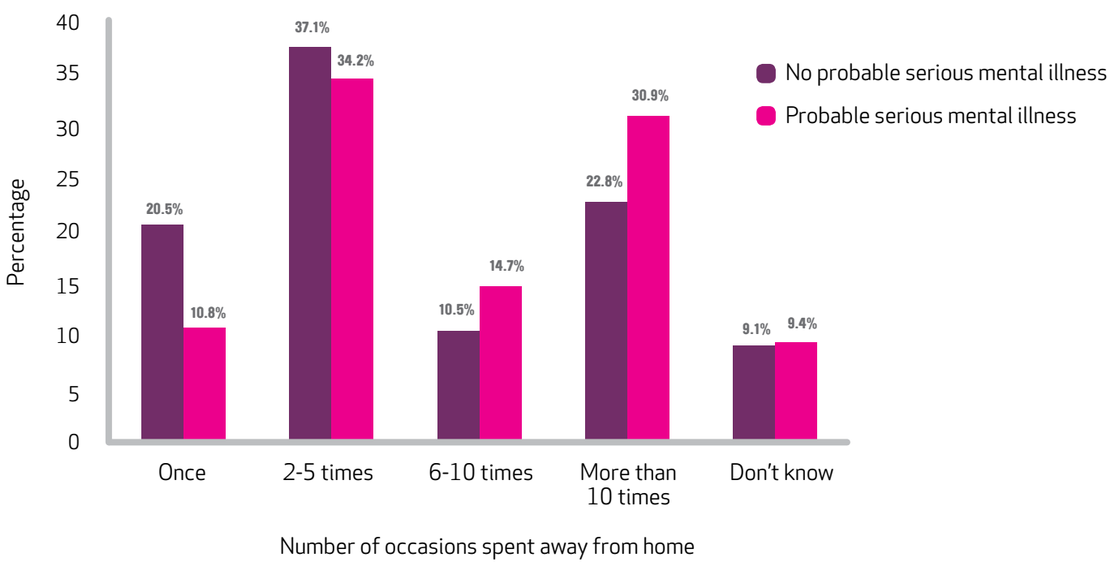


Mental illness and time spent away from home (cont)

For young people both with and without a probable serious mental illness who spent time away from home, the most common number of times spent away from home was between 2 and 5 times, as seen in Figure 2. The likelihood that a young person would spend more occasions away from home increased if they had a probable serious mental illness. Those with a probable serious mental illness were likely to have experienced more than 10 occasions of time spent away from home.

When considering all young people who reported spending time away from home, there were no significant differences in the overall length of time spent away between those with or without probable serious mental illness, as seen in Appendix 2.

Figure 2: A comparison of the number of occasions spent away from home, comparing young people with and without probable serious mental illness, where time away from home was reported



As reported in the *Youth Mental Health Report 2012-16*, in 2015 young females were almost twice as likely to have a probable serious mental illness than young males (26.5% of females, compared to 13.9% of males).[34] However, females were more likely than males to have not spent time away from home if they had a probable serious mental illness. As seen in Table 1, roughly half of males and females who had spent time away from home had a probable serious mental illness. Of the young people who had not spent time away from home, females were twice as likely to have a probable serious mental illness than males (1 in 5 versus 1 in 10). The full breakdown of proportions for males and females can be seen in Appendix 6.

Table 1: Percentage of males and females with a probable serious mental illness who had not spent time away from home

Gender	% with a probable serious mental illness who had not spent time away from home
Male	9.7%
Female	21.2%

The *Youth Survey* also asked young people to rank whether they were extremely concerned, concerned, somewhat concerned, slightly concerned or not concerned on a range of predetermined concerns (Appendices 3 and 4). Young people who reported spending time away from home or with probable serious mental illness were also more likely to report having high concern levels about multiple issues. They were extremely or very concerned about several, many or all topics listed in the survey: alcohol, body image, bullying/emotional abuse, coping with stress, depression, discrimination, drugs, family conflict, gambling, personal safety, school or study problems and suicide.

Importantly, compared to young people who had not spent time away from home, many more young people who had spent time away from home reported high levels of concern about:

- Family conflict (48.9% 'extremely' or 'very' concerned compared to 12.8%);
- Depression (46.0% 'extremely' or 'very' concerned compared to 15.3%);
- Coping with stress (58.6% 'extremely' or 'very' concerned compared to 35.2%); and
- Suicide (28.8% 'extremely' or 'very' concerned compared to 8.1%).

Compared to young people who did not have a probable serious mental illness, many more young people with a probable serious mental illness reported high levels of concern about:

- Depression (55.8% 'extremely' or 'very' concerned compared to 10.4%);
- Coping with stress (73.3% 'extremely' or 'very' concerned compared to 29.4%);
- Body image (53.2% 'extremely' or 'very' concerned compared to 19.4%); and
- School or study problems (59.5% 'extremely' or 'very' concerned compared to 26.8%).

There were state or territory variations in the proportion of young people with a probable serious mental illness who spent time away from home, which can be seen in Appendix 5.

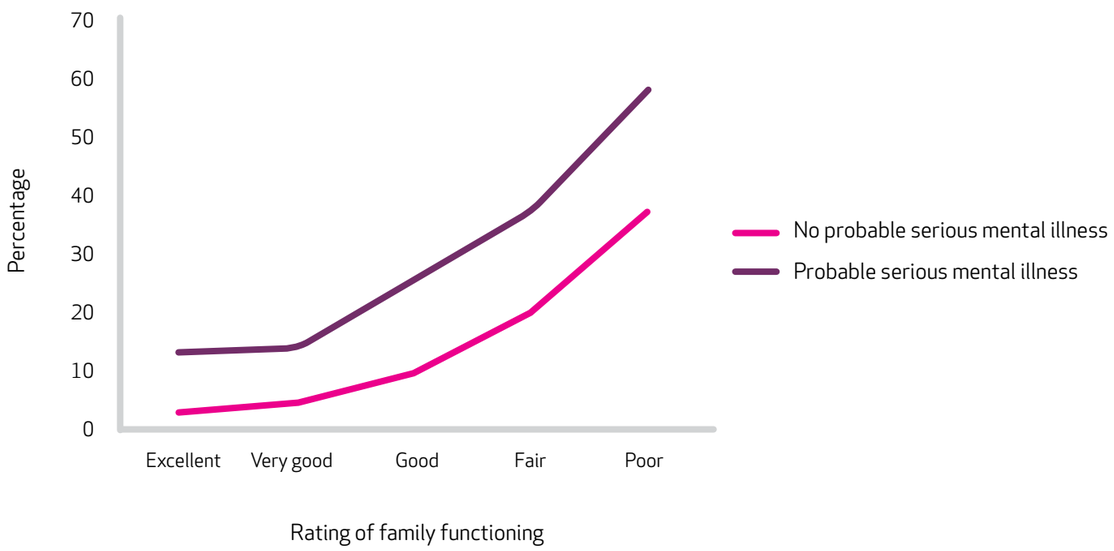
Family functioning, mental illness and spending time away from home

In line with previous literature, the *Youth Survey* results showed family functioning to be a risk factor for both mental illness and spending time away from home. Figure 3 demonstrates that instances of spending time away from home increase as rating of family functioning decreases regardless of whether the young person had a probable serious mental illness or not.

Having a probable serious mental illness places a young person at even more risk of spending time away from home. An overwhelming 57.7% of those with a probable serious mental illness who rated their family functioning as poor had spent time away from home, versus 37.0% without a probable serious mental illness who rated their family functioning as poor. Young people who were concerned about family conflict are also far more likely to spend time away from home than people who are not concerned about family conflict.

Figure 3. Shows the percentage of young people who had spent time away from home with or without probable serious mental illness, given how they rated their family functioning.

Figure 3: Rating of family functioning



Implications for policy and practice

This report demonstrates the relationships between mental illness, family functioning and homelessness for young people. The interactions are compounding and complex with homelessness being a risk factor for mental illness and mental illness being a risk factor for homelessness, as well as poor family functioning being a risk factor for both homelessness and mental illness.

Homelessness, family functioning and mental illness have serious implications for many other aspects of a young person's life including education, alcohol and drug addictions, general health and wellbeing, employment and community engagement. A comprehensive response to these intersecting issues requires early identification and intervention, as well as suitable housing and supports and responding to young people in all their diversity.

Identification, Prevention and Early Intervention

Prevention and early intervention responses are vital in resolving homelessness and mental health issues affecting young people.

The vast majority of children live as part of a family and receive support as they mature towards independence. A large proportion of young people and families experience stressors, which can include family conflict, mental health or substance misuse issues affecting themselves or another family member, parental or self-imposed expectations of academic or work performance, or domestic and family violence.[35] Families with low incomes more frequently experience other stressors, including unemployment, poverty and unstable housing.

When young people feel that they cannot go home, including for reasons of family conflict, they may couch surf for intermittent periods with friends or non-immediate family. In many cases, the young person will move back home. Where this is not safe or possible, some may transition to independent living, while others will fall into a pathway of more entrenched homelessness.[36]

Specialist services can assist young people and their families with reconciliation and reconnection. Where it is safe to do so, they can teach skills such as conflict resolution and resilience, to enable better family functioning, so that the young person can return or stay at home.

Early intervention supports such as counselling for mental health issues, access to secure and appropriate housing, and educational and/or employment support are particularly important for vulnerable and at-risk children and young people who may be starting to couch surf and experience mental illness, to prevent them falling into more entrenched homelessness. Some examples of successful early identification and early intervention programs are set out below.

Implications for policy and practice (cont)

Northern Sydney Youth Homelessness Service

Mission Australia's Northern Sydney Youth Homelessness service provides early intervention support for young people aged 12-24 years, and their families, to reduce and/or prevent homelessness and family breakdown through case management or therapeutic counselling practices in coordination with other sector organisations.

The aim of the service is to support young people and their families who are experiencing issues that may place them 'at risk of homelessness' and address the barriers which prevent them from maintaining safe and secure housing. Young people experiencing issues relating to mental health, drug and alcohol misuse, disengagement from school or relationship breakdown are considered at higher risk of homelessness.

The service focus is also based on developing the young persons' ability to enhance their independence and maintain a level of connectedness through employment, education and social activities whilst developing their own personal skills through enhancing their ability to make positive life choices.

The Northern Sydney youth team also work in partnership with Taldumande Youth Service who are able to provide the varying levels of youth accommodation.

Case Study

Sarah* whose family history and childhood experience was a story of trauma and loss, was supported to finish year 12 at high school last year.

She completed her education irrespective of her previous struggles with a sense of disengagement, loss and anxiety, and she has recently successfully transitioned to TAFE studies to further her education this year. As a child, Sarah was removed by child protection authorities from parents who both struggled with serious drug addictions and mental health issues. She experienced grief and loss at the beginning of her final year at school, with the deaths of two of her beloved carers, but persevered with support, counselling and mentoring and was able to finish the year and pass her exams, even though some teachers told her she should give up and leave school.

Sarah is now happily pursuing her dreams to become a game designer or animation artist, and has embraced vocational education as a means to achieve her goals. She reports that she is finally beginning to feel comfortable with who she is, and happy with her life in general.

* Names are changed to protect the identity of the people we help.

Reconnect

The Commonwealth funded Reconnect program uses community-based early intervention services to assist young people aged 12-18 years who are homeless or at risk of homelessness, and their families.

Reconnect assists young people to stabilise their living situation through early interventions including counselling and mediation (where appropriate) and to improve their level of engagement with family, work, education, training and their local community.[37]

Reconnect is also able to broker support from other services to provide additional resources to the young person, including accommodation and specialised mental health services.

Mission Australia's evaluation of the Reconnect program found that young people who participated in this program demonstrated positive outcomes in relation to control over life, housing permanency, and relationships within families and with the community.[38]

Implications for policy and practice (cont)

Community of Schools and Youth Services (COSS)

The Geelong Project has modelled a 'community of schools and youth services' approach to early intervention by using population screening, a flexible practice framework and youth-focused, family-centred case management as well as a collective impact approach.

The model builds-in longitudinal follow-up and support to reduce homelessness, and achieve sustainable education and lifetime outcomes.[39] Based on the successful outcomes of The Geelong Project, the COSS model has been replicated in a number of other States and Territories across Australia.

The Ryde project, based on the successful Geelong Project, aims to reduce youth homelessness and education disengagement by building capacity and resilience, ensuring safe and supportive environments, maintaining positive engagement with education, and connecting young people and families to their community. This is achieved through the universal screening of young people and the provision of support to schools, young people, and their families through a collaborative network of the partners that make up The Ryde Project.

Community of Schools and Youth Services SA is funding the University of South Australia to pilot COSS SA from 2016-2018.[40]

Outreach to engage young people with support services

Young people are often not aware of the supports available to them when facing difficulties including mental illness and homelessness. Advocates play an essential role in assisting young people to navigate complex and unfamiliar service structures.

In providing further feedback on issues affecting young people, Mission Australia's *Youth Survey* respondents highlighted concerns in relation to lack of awareness about available services and supports, with one respondent noting a need for:

> **More support for young homeless people... more awareness of the services available for homeless young people**
>
> **Male, 18, NSW**

Outreach services are particularly useful in reaching children and young people who are experiencing or at risk of homelessness, as they are able to go to the areas they frequent. Outreach services can develop rapport, care for immediate needs, and provide linkages to services and resources to help young people navigate the services system.[41] Outreach programs can build connections with local communities and develop relationships with children and young people due to their more informal service delivery model. They need to be funded as an integral piece of the service response.

Youth Beat

Youth Beat is a Mission Australia safety and early intervention program supporting young people on the streets of South East Tasmania and Perth's metro area.

The Youth Beat van and foot patrols provide outreach to the streets and skate parks to engage young people, some of whom are homeless, intoxicated and drug affected, have physical and mental health issues or are displaying anti-social behaviour.

Youth Beat has the ability to quickly assess the needs of each individual and assist them in accessing services that will meet their immediate needs. This includes referral to accommodation, medical care, meals, showers, harm minimisation and advice on sexual, physical and mental health. This support is often ongoing and recurring. Youth Beat aims to be a constant, accessible and non-threatening source of information and support for young people in need.

Youth Beat offers a wide range of services and approaches such as:

- **Support for young people and their families, including referrals to counsellors**
- **Interactive activities based on the young person's needs and interests**
- **Identifying and addressing anti-social behaviour**
- **Support, referral and intervention for young people in crisis**
- **Access to other services and social support networks**

Youth Beat works hard to build trust and confidence with young people and works collaboratively with other agencies that support young people in need.

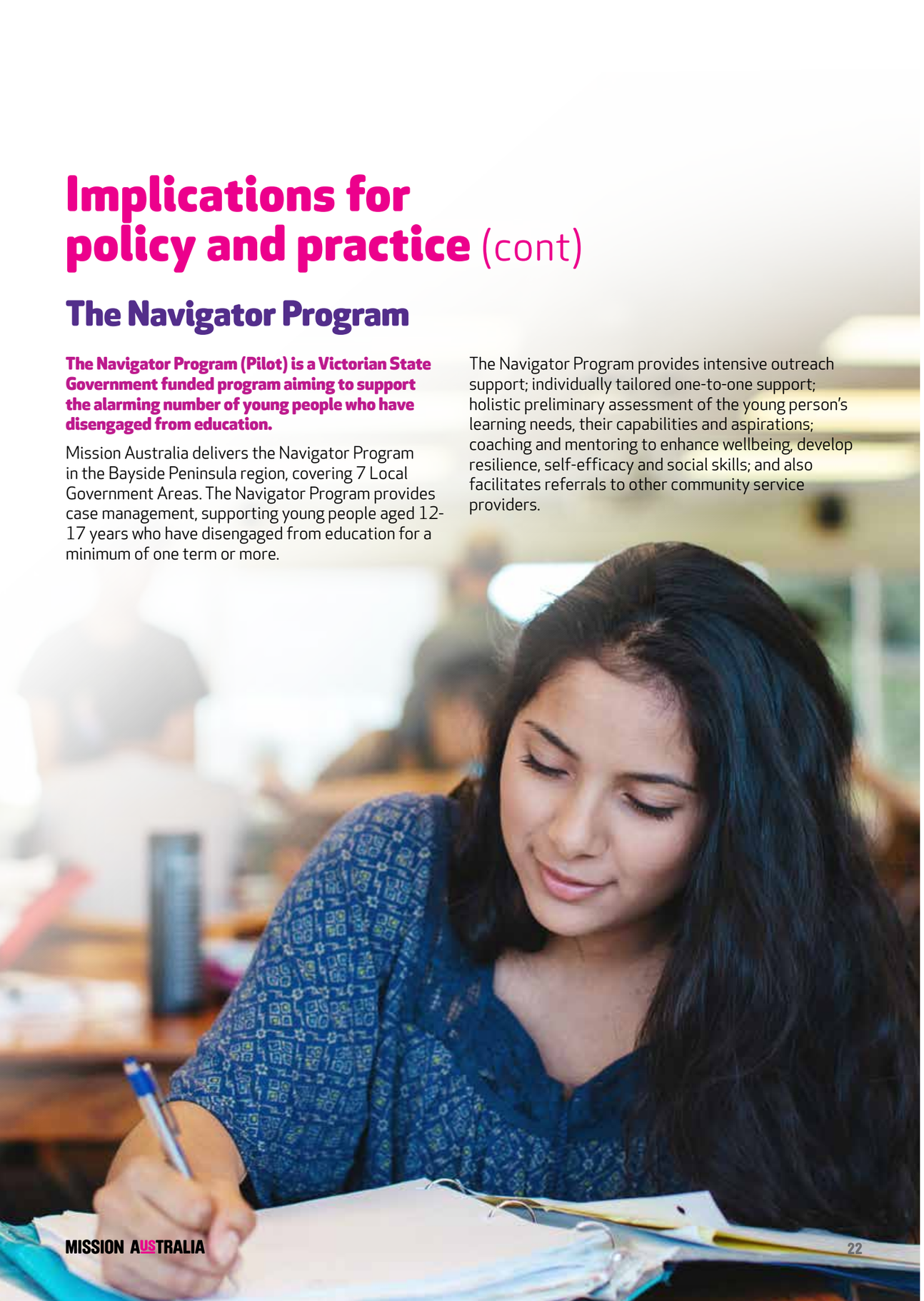
Implications for policy and practice (cont)

The Navigator Program

The Navigator Program (Pilot) is a Victorian State Government funded program aiming to support the alarming number of young people who have disengaged from education.

Mission Australia delivers the Navigator Program in the Bayside Peninsula region, covering 7 Local Government Areas. The Navigator Program provides case management, supporting young people aged 12-17 years who have disengaged from education for a minimum of one term or more.

The Navigator Program provides intensive outreach support; individually tailored one-to-one support; holistic preliminary assessment of the young person's learning needs, their capabilities and aspirations; coaching and mentoring to enhance wellbeing, develop resilience, self-efficacy and social skills; and also facilitates referrals to other community service providers.



Case Study

Lizzy* (15) was referred to the Navigator Program by the school health nurse when the nurse noticed Lizzy hadn't been to school for the last three weeks.

Prior to this, Lizzy's attendance was sporadic and the days she did attend, she was often late. Teachers reported that Lizzy lacked concentration in class, and homework was not completed. Lizzy had been diagnosed with mild intellectual disability when she was 11 years old, and has access to an integration aid two days a week at school.

The school became aware that Lizzy's father had been placed in an aged care facility with a rare degenerative disorder. Lizzy highlighted her concerns about her father and how the situation impacts her family. Lizzy stated that her mother is struggling financially and relies on her Centrelink payments to maintain the household expenses. Lizzy reports that her mother is irritable, stressed and often spends a lot of time in her room .Most nights she hears her mother crying in her room at night.

Lizzy identifies as same sex attracted and has been a member of the school's support group for sexually diverse young people. Lizzy has reported that she is terrified of her mother becoming aware of her sexuality as she has strong religious beliefs and would disapprove if she knew.

The following supports were offered to Lizzy via the Navigator Program:

- An initial intake and assessment was conducted to identify the barriers impacting on Lizzy's education;
- Lizzy was supported and encouraged to continue to attend appointments with her psychiatrist;
- Lizzy was provided with information, and case manager facilitated referral pathways into community/youth services;
- An Individual Pathways Plan was developed with Lizzy – outlining her educational goals and future education aspirations;
- Meetings were held to discuss sustainable and achievable educational outcomes; and
- Advocacy and facilitation were provided to Lizzy and her family to access financial support.

Outcomes

- A reduced timetable was developed by the school with the support of Navigator, and Lizzy has since been able to achieve her academic goals;
- Regular professional support meetings are being held; and
- Lizzy has been referred to and is now accessing additional community support services to address the non-educational barriers she has been experiencing.

* Names are changed to protect the identity of the people we help.

Implications for policy and practice (cont)

Suitable housing with supports as needed

The availability of suitable housing is essential to reducing homelessness and a safe home is a key foundation for a young person's wellbeing. A secure home is also widely recognised as providing a fundamental basis for building mental health.[42]

Stable housing tenure has been found to impact positively on the mental health of parents and on family stability.[43] Continuity of housing is important to support educational and social development, as it can provide a consistent school and a stable social network.[44] Stable housing is also a platform for other supports around the family, such as social services and having someone you can turn to in a crisis.[45]

The research above indicates a strong link between young people who were concerned about family conflict and time spent away from home. Family reconciliation is crucial for many young people at early intervention stage. Wrap around supports that facilitate family reconciliation should be offered to the young person and their family, including counselling and interventions that address underlying issues. However in some circumstances reunification may not be possible, where it will not be safe or in the best interest of the young person. Thus, alternative accommodation supports must be made available to young people including access to supportive accommodation models that help young people gain the skills needed for independent living.

Foyer-like approaches are becoming increasingly common, both in Australia and internationally. This model assists young people, usually aged 16-24 years, to engage in education and employment, and gradually to reduce their dependence on social services. Youth Foyers generally have self-contained accommodation, on-site support workers, education programs, variable levels of support where a young person can progress to more independent living, onsite facilities (for example health services) and social enterprises (such as a café). Participation in education, training and employment is a condition of the accommodation. In these ways and because of their focus on independence, Foyers are different from traditional supported accommodation models.[46] Youth Foyer models are yet to be fully evaluated in the Australian context but offer great prospects in helping young people transition to independence.

However, Youth Foyer approaches do not suit every young person experiencing or at risk of homelessness. Supportive accommodation is also needed for the most marginalised young people, particularly those with alcohol and drug problems, mental health issues and contact with the justice system. Young people who have experienced trauma and hardship in their past need intensive case management supports in addition to safe and affordable housing.

In addition, there is simply not enough affordable and available supportive housing, social housing or affordable private rental accommodation for young people in Australia, which increases youth homelessness rates. Addressing this requires a coordinated approach to housing policy across all governments encompassing tax, welfare and planning settings.

As one young person who responded to the *Youth Survey* noted:

> **There needs to be more programs for teenagers with mental health issues, facilities for rehabilitation, places where kids can go to be safe and more public housing**
>
> **Female, 19, QLD**

Triple Care Farm

Mission Australia's Triple Care Farm is a residential Alcohol and Other Drugs rehabilitation and treatment program for young people with co-morbid mental health and substance misuse issues based in New South Wales.

The program assists young people to recover from their addictions whilst engaging in a range of other supports including, mental health supports. Often these young people are referred to other Mission Australia services such as housing, employment and educational support programs to ensure meaningful and effective continuity of supports. The treatment model is a holistic psychosocial rehabilitation program based on harm minimisation and health promotion.

Triple Care Farm's vision is to provide 'a safe place for change' and the program operates with the goal of treating every young person as an individual, catering for his or her specific needs in order to create 'a life worth living'. This includes providing vocational and educational training so young people can re-engage with education and find pathways to employment. Importantly, at Triple Care Farm there is a six month period for follow up and after care.

Our new youth detox facility, David Martin Place, is co-located at Triple Care Farm.

Unfortunately, demand regularly outstrips supply in the Specialist Homelessness Services (SHS) sector nationally. Over 43,000 young people aged 15- 24 years approached a SHS alone in 2015–16 and over 50 per cent were homeless.[47] The most substantial unmet need for young people presenting alone to SHS was for short term or emergency accommodation.[48] Just over half (56%) of young people presenting alone who needed short-term or emergency housing were provided with it, leaving many young people in precarious situations.[49]

There is a clear need for more services for young people experiencing or at risk of homelessness. While ongoing homelessness funding was secured in the most recent Federal Budget, this will only maintain current service levels and will not meet the needs of all young people at the crucial time when they need support. More investment is needed in early intervention and crisis services, in supported accommodation models and to increase social and affordable housing that is available to young people.

Implications for policy and practice (cont)

Mental health responses

Young people need appropriate and timely access to evidence based services and interventions across the continuum, from prevention activities such as mental health promotion and stigma reduction, through to early intervention and primary care services.

In our *Youth mental health report 2012-2016* in conjunction with the Black Dog Institute we found increasing rates of probable mental illness among young people. A broad range of responses are recommended relating to young people themselves, their families, educational settings such as schools, community agencies, health care services and government.

In the absence of emotional support or a place to live and other material support provided by parents or supportive friends, young people with a severe mental illness are at very high risk of homelessness.[50] For young people experiencing homelessness, integrated mental health and community services are important. Community based recovery-orientated supports are needed to complement clinical and acute care services. These supports can maximise opportunities to prevent the impact of mental illness by intervening early and reducing the need for crisis care and hospitalisations, while improving individual wellbeing and strengthening communities.

Community mental health services work with people in their community, encouraging social inclusion and holistic support directed by the individual. These services should be responsive to cultural backgrounds and personal experiences and provide support that is integrated, holistic and tailored to meet individual needs for recovery.

More specific recommendations for improving the mental health of young people can be found in our *Youth mental health report 2012-2016*.

Family Mental Health Support Services (FMHSS)[51]

FMHSS aims to improve mental health outcomes for children and young people, and their families, by providing early intervention support to assist vulnerable families with children and young people who are at risk of, or affected by, mental illness.

These services support parents to reduce stress and support young people to reach their potential.

The supports include intensive, long-term, early intervention support for children, young people and their families which may include: assessment and identification of needs; practical assistance and home-based support; linking with other relevant services; and, targeted therapeutic groups.

Highest priority is given to vulnerable children and young people, and their families, including those from Aboriginal and Torres Strait Islander or culturally and linguistically diverse (CALD) backgrounds, children and families in contact with the child protection system, and young people transitioning from out-of-home care.

Wrap around person-centred approaches

The ability to provide wrap around services that focus on all aspects of a young person's life – including family, friends and other social relationships, education or employment, mental and physical health – is paramount in providing sustainable and effective supports for young people.

Young people at risk of or experiencing homelessness may require a combination of supports in addition to safe and affordable housing (transitional and permanent) including mental health, addiction and drug misuse related supports, and financial assistance.

To achieve long-term and sustainable outcomes through service delivery, it is imperative that young people are provided with the necessary supports that encompass all aspects of their lives. However, it has been noted that Australia's human services delivery system is often fragmented, failing to address particular needs and providing conflicting advice and treatment to clients with multiple needs that include housing, mental health and drug and alcohol related supports.[52] If positive outcomes are to be achieved, this fragmentation needs to be addressed.

Young people leaving care

Nearly 35%of young people who leave out-of-home-care become homeless within the first year[53] and some care-leavers experience a multitude of negative outcomes including substance misuse, mental health issues, unstable housing, periods of unemployment and dependence on welfare benefits, and offending.[54]

Mission Australia believes that out-of-home care systems must be well equipped to provide access to a range of supports to transition young people to adulthood whilst empowering them to maintain stable, independent accommodation, thus avoiding homelessness.

Young people leaving other institutionalised settings including acute mental health care facilities and the juvenile justice system will also need intensive supports when integrating back to the community. Mission Australia recommends that governments adopt a 'zero tolerance' to people becoming homeless when they exit any form of state care. Supports need to be provided to young people well before they exit these institutions and governments should be held accountable for these outcomes over the medium term.

Springboard

In Victoria, Mission Australia delivers the Springboard program which provides intensive youth focussed assistance to those aged 16-18 years in residential out-of-home care, or up to 21 years who have left residential care.

It is intended to support both these groups to gain secure long-term employment by re-engaging with appropriate education, training and/or supported employment opportunities. This program is also available for those who are currently in or have been in foster care or kinship care and are disengaged from education, training or employment.

The program provides young people with flexible one-on-one case work support that helps them identify and negotiate access to appropriate reengagement, education, training or employment opportunities. The young people in the program tend to have complex needs and multiple barriers and are likely to have experienced childhood trauma as well as multiple disruptions to their education. It is a culturally sensitive service with expertise in working with Aboriginal and Torres Strait Islander young people and refugees. Springboard is funded by the Victorian Department of Human Services.

Implications for policy and practice (cont)

Young people at the centre of policy and practice

Harnessing young people's perspectives and insights improves the design, implementation and effectiveness of the programs offered.

Young people and their families should be engaged in the design and development of services and programs that are not only evidence-based but also youth-friendly and appealing, such as headspace.[55] The headspace Youth National Reference Group was established to provide consultation on headspace activities, including the eheadspace service model, marketing campaigns, factsheets, website material and policy submissions.[56] Members also sit on headspace committees and advisory groups and are involved in youth engagement strategies, including the development of a Youth Participation and Community Engagement handbook.

headspace

headspace is a free one-stop-shop for young people aged 12-25 years. The centres help young people access health workers including GPs, psychologists, social workers, alcohol and drug workers, counsellors, vocational workers or youth workers. Headspace works to reduce the impact of mental health issues and drug and alcohol use on young people. Headspace is about making a difference to the lives of young people, offering support for social and emotional wellbeing, to help people get support quickly. Headspace also offers an online service – eheadspace – for young people who don't have services nearby or don't want to visit a centre.

Supporting young people in all their diversity

Effective, youth friendly programs to assist young people to overcome a multitude of barriers should consider individual circumstances and life experiences and tailor the services to meet individual needs.

Therefore, it is imperative that specific sensitivities in relation to Aboriginal and Torres Strait Islander young people, Lesbian, Gay, Bi-sexual, Transgender, Intersex and Queer (LGBTIQ) young people, young people from culturally and linguistically diverse (CALD) backgrounds, young people with disability and those living in rural, regional and remote areas are taken into account when designing and delivering these vital services. The impact and the role of family or family breakdown and access to appropriate services can be different in each case. There should be meaningful engagement of young people with lived experiences in the development and implementation of programs that can assist them.

Aboriginal and Torres Strait Islander Young People

Research clearly indicates that Aboriginal and Torres Strait Islander people are highly overrepresented among the homeless population.[57] Further, 22% of Aboriginal and Torres Strait Islander young people aged15 -24 years have a long-term mental health condition.[58] Aboriginal and Torres Strait Islander led solutions are vital to addressing youth homelessness and mental health issues for young people and the government must take urgent steps to fund and facilitate meaningful and effective approaches.

Young People from culturally and linguistically diverse (CALD) backgrounds

It is estimated that 30% of the homeless population come from a CALD background.[59] Pre and post migration experiences, limited communication skills and unfamiliarity with Australian support services may further isolate young people from CALD backgrounds. The relationships with immediate and extended family may also play a critical role in young people's lives. Culturally sensitive and appropriate supports at the initial stages of settlement are essential for these young people, particularly those who have had traumatic experiences prior to migration.

Lesbian, Gay, Bi-sexual, Transgender, Intersex and gender Questioning (LGBTIQ) young people

Access and equity related barriers are compounded for LGBTIQ people due to discrimination, stigma and lack of sensitive and appropriate supports. Rejection by family and the community is a main driver of homelessness among LGBTIQ young people. The 2014 General Social Survey in Australia recorded that 13% of heterosexual people had ever experienced homelessness compared to 21% of bisexual people and 34% of lesbian/gay people.[60] A study conducted by La Trobe University found that the mental health of LGBTIQ people is among the poorest in Australia.[61] In the 16- 24 age cohort, 55% of Lesbian Bisexual and Transgender (LBT) women experienced psychological distress compared to 18% young women who do not identify as LBT. The results were similar for Gay, Bisexual and Transgender (GBT) men (40%) compared to men who do not identify as GBT (7%).[62]

The Rainbow Network

The Rainbow Network provides transitional housing for LGBTIQ young people aged 15-25 years who are experiencing or are at risk of homelessness in Victoria.

In addition to the provision of accommodation support, they also organise a weekly support group for these young people.[63] Successful programs like these should be replicated across Australia to support young people from LGBTIQ backgrounds and other homelessness programs need to understand the specific issues faced by LGBTIQ people.

Implications for policy and practice (cont)

Young people with disabilities

Young people with physical disabilities also face a multitude of issues, whether they are physical or intellectual disabilities. Young people with intellectual developmental disability are at increased risk of developing co-occurring mental health difficulties and disorders.[64] There is a significant gap between the demand for and availability of accessible and appropriate housing for people with disability.[65]

Young people living in regional, rural and remote areas

Limited availability of supports and services in rural, remote and regional areas also further isolate young people. Travel cost and time can be a deterrent for young people who live in areas where access to public transport is expensive and scarce. It is imperative that these factors are given due consideration during service design, development and implementation stages to ensure young people receive the necessary supports to lead meaningful lives.

Although the evidence is inconclusive, there is sufficient research and evidence to indicate that young people who access services and supports online have experienced positive outcomes.[66] Headspace, the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds, initiated eheadspace, an online and telephone service that supports young people and their families. This model has been effective as it provides flexible, cost-effective and confidential mental health supports for young people.

Conclusions

This *Youth Survey* report found that many young people were experiencing both probable serious mental illness and spending time away from home because they felt like they could not go back (a proxy indicator for couch surfing behaviour). Those who reported poor or fair family functioning were also more likely to have probable serious mental illness and to couch surf.

These findings have implications for the way in which we deliver services to young people. Primarily, we need services that can identify issues early, including mental health issues, housing issues and family conflict. Early identification followed by evidence based appropriate service provision will prevent issues escalating into more serious problems.

We cannot tackle youth homelessness and mental health as isolated incidences, as they often go hand in hand and need a more holistic service response that includes family conflict resolution where appropriate. This includes the need for early identification of young people who are at risk of mental illness and/or homelessness and preventing escalation through provision of supports to the young person and their family. Young people who are homeless and/or experience mental illness require person-centred holistic supports that address the multitude of issues that may be arising. Young people should also be involved in the design of services that are intended to benefit them and services should cater to the diversity of young people's experiences and needs.

Governments should commit to halving youth homelessness by 2020 and fund outcomes accordingly, including the expansion of evidence based prevention, early intervention and support services to meet growing need. Further investment is also required in supported accommodation models for young people and more social and affordable housing.

Supporting the mental health of young people is also crucial and more detailed recommendations on this can be found in our *Youth mental health report 2012-2016*.

Conclusions (cont)

The specific recommendations from this report are set out below:

Commonwealth, State and Territory governments should:

- Develop a multi-partisan policy to halve youth homelessness by 2020 which addresses mental health, education, employment and community participation outcomes for young people and is funded accordingly.
- Fund and expand proven early identification and intervention programs, such as the Reconnect Program and Community of Schools and Services (COSS) model to 'turn off the tap' of youth homelessness.
- Invest in supported accommodation models that are linked to education and employment such as the Foyer model, as well as supported accommodation with more intensive case management supports as appropriate to the young person's needs or circumstances.
- Invest in more social and affordable housing that is appropriate and available for young people.
- Invest in a broad approach to youth mental health, encompassing young people themselves, their families, educational settings such as schools, community agencies, health care services and government. More specific recommendations for improving the mental health of young people can be found in our recent *Youth mental health report 2012-2016*.
- Adopt a 'zero tolerance' approach to people becoming homeless when they exit state care including hospitals and drug and alcohol facilities, correction facilities, detention centres and mental health institutions, as well as young people exiting the out-of-home care system.

A funded and comprehensive service system should:

- Identify young people at risk of homelessness and mental illness including those experiencing family breakdown and intervene early to address issues before they escalate into major problems including through family reunification or counselling where appropriate.
- Provide outreach services to reach children and young people who are experiencing or at risk of homelessness or probable serious mental illness, in the areas they frequent.
- Provide a variety of housing options to young people including support to maintain tenancies, supported accommodation models including Youth Foyers and more intensive case management models for young people with complex needs as well as accelerated access to public housing.
- Provide holistic, wrap around services to young people that address a range of areas including housing, homelessness and mental health, by engaging their broader networks such as families, schools and peers where appropriate.
- Ensure young people with lived experience of homelessness and mental illness are involved in the design and implementation of services intended to meet their needs.
- Ensure service design, development and implementation processes acknowledge the diversity of young people to cater for their specific needs and provide appropriate and adapted services for Aboriginal and Torres Strait Islander young people, Lesbian, Gay, Bi-sexual, Transgender, Intersex and Queer (LGBTIQ) young people, young people from culturally and linguistically diverse (CALD) backgrounds, young people with disability and those living in rural, regional and remote areas.

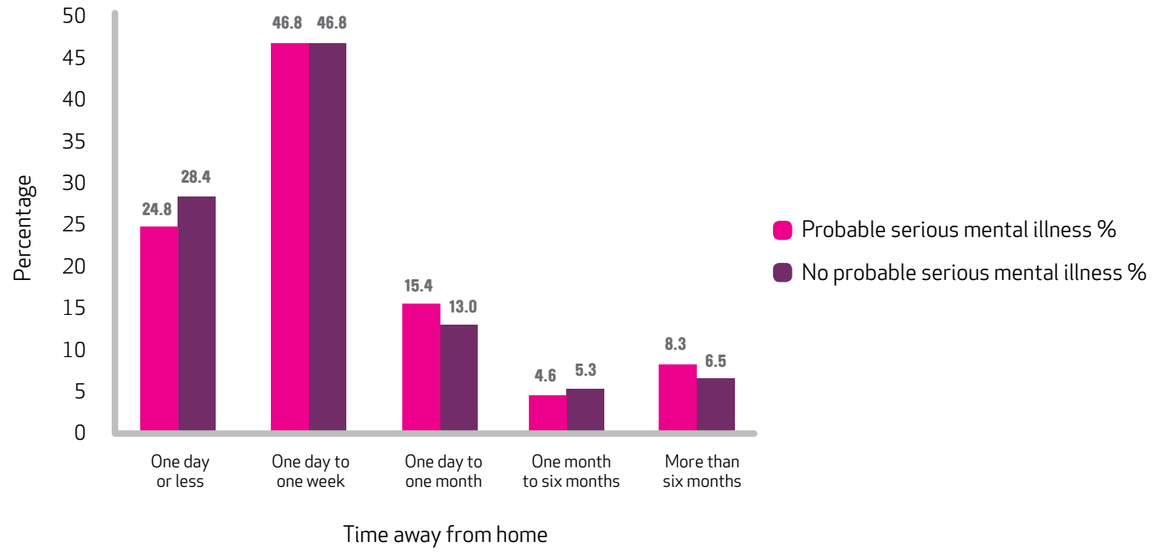
We cannot tackle youth homelessness and mental health as isolated incidences, as they often go hand in hand and need a more holistic service response

Appendices

Appendix 1. Breakdown of respondents by state or territory, gender, and Aboriginal or Torres Strait Islander status

Characteristic	Number	Proportion (%)
State or Territory		
ACT	149	1.0
NSW	4,219	24.6
NT	200	1.2
QLD	3,722	21.7
SA	2,527	14.7
Tas	719	4.2
Vic	4,229	24.7
WA	1,376	8.0
Gender		
Male	7,564	44.2
Female	9,532	55.8
ATSI		
Non-Aboriginal or Torres Strait Islander	16,051	94.3
Aboriginal or Torres Strait Islander	968	5.7

Appendix 2. Length of time spent away from home by whether or not the young person had a probable serious mental illness.



Appendix 3. The difference in proportions of young people who were 'concerned' or 'extremely concerned' about the following issues depending on whether or not they had spent time away from home

	% who were concerned and did not spend time away from home	% who were concerned and spent time away from home	Difference %
Family conflict	12.8	48.9	**36.1**
Depression	15.3	46	**30.7**
Coping with stress	35.2	58.6	**23.4**
Suicide	8.1	28.8	**20.7**
Body image	23.6	44	20.4
Bullying/emotional abuse	10.6	28.7	18.1
School or study problems	31.2	47.1	15.9
Personal safety	9.3	20.3	11
Discrimination	9	19.8	10.8
Drugs	6.1	15.7	9.6
Alcohol	3.8	10.3	6.5
Gambling	2.6	6.3	3.7

Appendices (cont)

Appendix 4. The difference in proportions of young people who were 'concerned' or 'extremely concerned' about the following issues depending on whether or not they had a probable serious mental illness

	Probable serious mental illness	No probable serious mental illness	Difference
Depression	55.8	10.4	**45.4**
Coping with stress	73.3	29.4	**43.9**
Body image	53.2	19.4	**33.8**
School or study problems	59.5	26.8	**32.7**
Suicide	31.8	5.7	26.1
Family conflict	37.2	13.1	24.1
Bullying/emotional abuse	30.6	8.8	21.8
Discrimination	21.9	7.6	14.3
Personal safety	19.7	8.6	11.1
Drugs	12.7	6	6.7
Alcohol	8.5	3.8	4.7
Gambling	5.2	2.7	2.5

Appendix 5. Proportions of people with or without probable serious mental illness who had spent time away from home

State	% without a probable serious mental illness who had spent time away from home	% with a probable serious mental illness who had spent time away from home
National	**8.6%**	**32.3%**
ACT*	9.0%	40.9%
NSW	8.0%	26.5%
NT*	15.7%	35.4%
QLD	8.2%	29.4%
SA	7.4%	29.5%
TAS	10.9%	33.7%
VIC	7.6%	28.2%
WA	8.5%	34.5%

*interpret with caution due to smaller sample sizes

Appendix 6. Full breakdown of males and females who have spent time away from home or not with or without a probable serious mental illness

Gender	Spent time away from home	% without probable serious mental illness	% with probable serious mental illness
Male	Yes	56.7	43.3
	No	90.3	9.7
Female	Yes	47.9	52.1
	No	78.8	21.2

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Contact us

For further information please contact our **Research & Social Policy** team on:

02 9219 2041

researchandpolicy@missionaustralia.com.au

missionaustralia.com.au

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