

HOMELESS YOUTH DUAL DIAGNOSIS INITIATIVE

WHAT IS DUAL DIAGNOSIS?

Dual Diagnosis typically describes a person who experiences issues with both their own mental health and substance use. Commonly prevalent in young people experiencing homelessness, these concurrent issues have a significant impact on a young person's ability to function in the world, particularly in regards to their homeless situation.

Hope Street (in partnership with North Western Mental Health) has targeted this area with the Homeless Youth Dual Diagnosis Initiative, focussing on helping our workers to identify and respond with early intervention to the complex needs of young people experiencing homelessness. The Homeless Youth Dual Diagnosis Initiative fosters helpful, ongoing partnerships between mental health, drug and alcohol and youth homelessness services.

WHAT DOES THE HOMELESS YOUTH DUAL DIAGNOSIS INITIATIVE OFFER?

In the Northern Metropolitan Division, the Homeless Youth Dual Diagnosis Initiative offers primary and secondary consultations used to assess mental health and substance use, advice on strategies, referral for specialist treatment, coordination of services and clinical problem solving. Individual and group support can also be arranged, as well as co-case management of Dual Diagnosis (clients), training and education.

Used in conjunction with our other programs, the Homeless Youth Dual Diagnosis Initiative has succeeded in diverting young people who are trying to deal with the multiple issues of mental health, substance use and being homeless, into the swiftest, most beneficial course of action the current system allows for.

Please see overleaf for an example of how the Homeless Youth Dual Diagnosis Initiative helped save a young person's life.





CASE STUDY MIKE'S STORY

Mike was admitted to hospital after an attempt at suicide. He stayed there for three days, detained under the Mental Health Act (1986) as there were concerns for his mental health and safety due to the context of a situational crisis and extreme alcohol consumption.

During his stay Mike was provided with ongoing support from both his Hope Street case manager and the Homeless Youth Dual Diagnosis Initiative clinician. This was an opportunity to integrate clinical expertise and skills to service delivery outside Hope Street, providing a more flexible and improved response. Test results and treatment plans were discussed with the ward register, and discharge plans for Mike could be made with the Allied Health team.

After Mike was discharged, the Homeless Youth Dual Diagnosis Initiative clinician supported Mike's Hope Street case manager to take an active role in regularly assessing him with regards to the risks of self harm. Mike declined to take part in an assessment for alcohol, but staff remained flexible in working around this by continuing to try and build a rapport with him. Mike finally agreed to discuss his substance use, and strategies could be employed to give Mike the necessary information to combat his battle with alcohol. Mike learned about the links between his self destructive behaviour and the effects of alcohol consumption, and a safety plan was developed with him for the future.

Hope Street staff reported back that the experience had resulted in an increased awareness of mental health issues, confidence in working with young people with Dual Diagnosis, and improvement in the ability to identify early warning signs and triggers of young people with Dual Diagnosis.

IF YOU ARE A YOUTH REFUGE WORKER SUPPORTING A YOUNG PERSON WITH COMPLEX NEEDS AND WOULD LIKE SPECIALIST ASSISTANCE TO BETTER RESPOND, CONTACT 8311 9618.

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