‘The missing pieces’

Submission on the needs of young people experiencing homelessness for the national review of Youth Mental Health Models

HOPE STREET YOUTH AND FAMILY SERVICES SUBMISSION
MAY 2025

HOPE STREET YOUTH & FAMILY SERVICES

Our vision is for a society in which all young people and young families have a safe place to call home

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Aboriginal and Torres Strait Islander Acknowledgement

Hope Street acknowledges the Wurundjeri people as the Traditional Owners of the lands on which our sites operate. We pay our respects to their Elders past, present, and emerging, and we extend this respect to all Aboriginal and Torres Strait Islander peoples who may read this submission.

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Contents

Overview

This submission is to provide a youth homelessness perspective to the Orygen consortium and to highlight the significant needs and benefits in scaling a specialist youth homelessness mental health response. This submission is informed by the experience and evidence collected by a leading specialist homelessness youth service, Hope Street Youth and Family Services, operating for over 44 years in Melbourne's north and west suburbs. The quotes throughout highlight the professional experience of Hope Street's staff, who provide wrap-around care to a very vulnerable cohort of young people.

The 'Summary of Consortium Early Advice' paper acknowledges that there are population-specific approaches required but fails to identify young people experiencing or at risk of homelessness as one of those groups. The young people accessing Hope Street report very high level of existing (62%) or emerging (12%) mental health conditions. This submission specifically addresses the needs of this population and presents practical suggestions for improved models of care to meet their needs.

Case studies of three young people who have been supported by Hope Street are included at the front end, to ensure their needs and aspirations are front and centre.

Hope Street Youth and Family Services recommendations for new and/or refined models of youth mental health care

1. **Create an explicit focus on young people experiencing homelessness in the design of specialist models of mental health care for young people.** This would include recognition of the distinct circumstances, needs and barriers, dedicated models and systems targets for this cohort.

2. **Support integration of mental health support into homelessness services and deliver them through outreach to a place where young people feel safe.** Build on and expand successful small-scale initiatives such as HYDDI and Orygen at Home – which provide supports in non-clinical ways and settings.

3. **Expand youth homelessness community nursing services**, like the Bolton Clarke Youth Homelessness Nurse, visiting Specialist Homelessness Service settings for young people.

4. **Fund youth homelessness services to employ specialist youth counsellors, in-house,** as an early intervention and system-navigator response, as an integrated non-clinical approach.

5. **Embed homelessness liaison roles in key public and community mental health services for young people so that the specific needs and issues of this cohort are adequately catered for**. These roles would require specialist training and capacity building to ensure effective linkage back into the Specialist Homelessness Service system.

6. Create additional financial incentives for **General Practitioners (GPs) to accept and provide care to young people experiencing homelessness, at no cost/charge to the young person**.

7. **Develop continuity of care approaches for young people** experiencing or at risk of homelessness moving between mental health programs, regions and age-based systems.

8. **Expand supported accommodation and housing options** for young people at risk of homelessness and mental ill health across the continuum from crisis accommodation to longer term models.

Lived experiences (Case studies)

Ron – lack of service access due to homelessness and complexity

Ron / Male aged 21 Born in Australia, single – no children.

Ron had been incarcerated interstate and returned to Victoria to seek support from a limited circle of family residing in the Western Suburbs. His family supports and relationships during childhood had been very unstable, and he became homeless in his early teens, involved in drug use and criminal activity which resulted in his long stay within an adult male prison.

Ron has a complex mental health history that he struggled to recall fully, with some memories of a diagnosis of ADHD as a teenager and being on medication. When incarcerated Ron was advised he had Bi-polar, PTSD and substance abuse disorder. However, Ron had no medical evidence of diagnosis, no recall of any psychiatry details, and little acceptance of his mental health diagnosis from professionals.

Housing instability and limited service access saw Ron experience an episode of mental health crisis that appeared to be triggered by substance use and resulted in some significant self-harm. He was poorly treated by the hospital system, left for many hours in the emergency department with no response and over the course of 4 days came and went from the emergency department. After coming into contact with Hope Street staff, Ron was found to require surgery for his health issues but was still not fully able to engage with mental health services.

Despite still being within the youth age criteria, Ron was told he could no longer access youth specific mental health supports as he had exceeded the limitations of their early intervention time frames, and as such could only access adult services. It was agreed Ron should start a new process for getting a diagnosis for his mental health issues, however Hope Street continues to be unsuccessful in finding a GP who is willing to work with Ron to refer him to a psychiatrist for review or to a neuropsychologist to assess cognitive capacity.

Compounding factors to accessing mental health services for Ron:

- Lack of personal advocacy
- Transience leading to inconsistency and service exclusion, including barriers to due to service 'catchment areas'
- Lack of GP access limits basic diagnosis and referral pathways

Mohamed – wrap around care needed to access services and exit homelessness

Mohamed / Male aged 24 Born in Sierra Leone, single – no children.

Having experienced an unstable and family violence as a child, Mohamed was removed from his mother's care at 7 years old. He spent some time in foster care and many years in residential care. At 17 he moved back with mum as he didn't have any other housing options, despite having experienced a significant amount of psychological abuse from her as a child, including her constantly telling him she was not his mother, and his real mother had died.

Mohamed came to Hope Street after a stay within the psychiatric unit and continued with multiple stays over the course of a few months. Due to the complexity of his issues, he struggled to access mental health support and services. Despite engaging well with staff at the refuge, Mohamed's mental health quickly deteriorated, and he was hospitalised under a Community Treatment Order. Hope Street was contacted by the psychiatric unit to discuss his support and accommodation, and staff were able to provide a stable short-term option whilst he received treatment, which included visiting him in hospital – something he mentioned had never happened before.

After several case conferences with his mental health team, Mohamed returned to the refuge and was then helped to transition into a stable shared accommodation option. Hope Street remains engaged in an outreach capacity supporting Mohamed's community mental health engagement whilst he re-establishes himself in the community through education and recreational activities.

Hope Street has been able to provide a complete wrap-around service, ensuring Mohamed has the opportunity to exit the homelessness system, with the range of supports required. He needed substantial assistance negotiating his treatment hearings and extensions to his treatment orders, as well as support to remain consistent with his medication compliance. While being engaged in the adult mental health system for a long time, he really required a youth specific response that acknowledged his low level of mental health literacy, lack of self-advocacy skills and provided the additional supports to help him navigate life with a complex mental health diagnosis.

Compounding factors for accessing timely mental health services:

- Complex childhood trauma and lack of family support
- Experiences of foster and residential care compounding issues
- Need for outreach support
- Shifting between youth and adult mental health systems due to age.

Martha – traumatic refugee experience requires specialist mental health support and navigation for single mum and child

Martha / Female aged 24 *Born Sudan, now partnered– two children.*

Martha, her 10-year-old daughter, and 2-year-old son were referred to Hope Street Brunswick West's Refuge family unit after couch-surfing at her sister's overcrowded home.

Originally from a refugee camp, Martha and her daughter arrived in Australia in 2020 after fleeing war, family violence, and sexual assault—trauma they experienced both overseas and after settling in Australia. Her young son, born in Australia, has also witnessed family violence. The cumulative impact of this trauma had significantly affected the family's mental health and sense of safety.

From the moment they arrived, Martha expressed deep relief at finally having a safe, supportive environment. Hope Street staff promptly linked the family to essential health and mental health supports. Martha, who was pregnant at the time, was connected to a visiting Bolton Clarke youth nurse and referred to the Royal Women's Hospital. Her daughter began seeing a psychologist at the Royal Children's Hospital's Gatehouse Centre to address the effects of trauma. The family also received assistance to update their immunisations through a visiting clinic.

The case manager supported Martha with budgeting, living skills, and helped enrol her daughter in a local primary school—which kindly waived fees—and her son in a nearby childcare centre. In mid-March, Martha and her children moved in with her new partner. Ongoing supports have been arranged to ease the transition, including continued case management and access to health and education services. Martha and her children are now feeling safer, more stable, and supported in their recovery from trauma.

Compounding factors for accessing mental health and other support services:

- Complex trauma for mother and child due to refugee camp experiences
- Young mother experiencing family violence

Setting the scene: the environment we are operating in

Young people experiencing homelessness have huge mental health support needs and extra barriers

Youth homelessness has reached unprecedented levels with a recent Mission Australia survey[1] estimating 1 in 10 young people experienced homelessness in the last year, and around 1 in 4 people experiencing homelessness at the last census being between the ages of 12-24 years[2].

While the Australian Bureau of Statistics also confirms that mental health disorders have increased significantly in recent years across young people aged 16-24 years, with an estimated rate of 40%[3], young people experiencing homelessness are affected at even greater levels with some studies suggesting it might be twice as high. Some of the data to support this includes:

- Headspace estimates that 48-82% of homeless young people have a diagnosable mental illness (including mood, anxiety, substance use and post-traumatic stress disorder[i] and that the lack of adequate funding for specialist services further marginalises young people and increases the risk of homelessness and acute mental health issues[4].
- CEO of Mental Health Australia Frank Quinlan recognises that individuals with mental health conditions are at high risk of homelessness, and in turn that homelessness exasperates the risk of and severity of mental illness stated, "poor housing and housing stress, together with other life stresses, reduce psychological wellbeing and exacerbate mental illness"[5]
- studies of the prevalence of mental health issues amongst Australian homeless youth populations have largely relied on self-reported diagnoses, which are predicted to be under-reported. According to the Costs of Youth Homelessness in Australia report[6] 53% of young people experiencing homelessness reported having been diagnosed with at least one mental health condition in their lifetime in contrast to 26% for the general youth population.
- international studies that used validated tools to investigate the prevalence of mental health disorders in homeless youth populations have revealed that 86% of homeless youth have at least one substance use disorder and up to 98% have at least one mental health disorder[7].
- Orygen found that young people aged 15-24 with a mental health condition were almost twice as likely to not see a GP because of cost barriers compared with those without a mental health condition and two and a half times more likely to delay or not get prescribed medication due to cost compared with those without a mental health condition[8]
- The recent Victorian report 'Home in Mind'[9] identified that this group also faces significant *challenges accessing and navigating mental health services including proactively engaging with general and specialist health services, to the point where there health and mental health destabilise even further and support is mandated for them, commonly reported as a de-humanising experience, regardless of legitimacy of care.* This can increase the risk of chronic

[1] Mission Australia, 2024, Youth Survey Homelessness Report 2024: The Unfair Divide
[2] Australian Bureau of Statistics, 2023, Estimating homelessness: Census, Canberra
[3] Australian Bureau of Statistics (ABS), 2023, National Study of Mental Health and Wellbeing, 2020–2022
[4] Headspace, 'Clinical Toolkit: at-risk group: homeless young people', headspace
[5] Mental Health Australia 2024, *Housing Stress Exacerbates Mental Illness, media release.*
[6] Mackenzie et al, 2016, Cost of Youth Homelessness
[7] Bender, Brown, Thompson, Ferguson and Langenderfer, 2015; Hodgson, Shelton and van den Bree, 2014; Hodgson, Shelton, van den Bree and Los, 2013; Medlow, Klineberg and Steinback, 2014; Saperstein, Lee, Ronan, Seeman and Medalia, 2014; Scivoletto, da Silva and Rosenheck, 2011.
[8] Orygen Institute 2024, Productivity Commission Draft Report into Social and Economic Benefit of Mental Health: Orygen Feedback. https://www.orygen. org.au/Orygen-Institute/Policy-Areas/Health-economics-and-costs/Responseproductivity-commission-draft-report-into/orygen-feedback-PC-draft-report?ext=.
[9] Orygen and Melbourne City Mission, April 2025, *Home in Mind: improving mental health support for young people experiencing homelessness,*

homelessness and acute mental health conditions, adding to the burden for the young person but also increasing costs to the wider community.

This additional prevalence and acuity of mental health for young people experiencing homelessness is not new, with multiple inquiries and reviews containing the same findings. In the current context of greater demand for youth mental health services, better models for this cohort are critical.

About Hope Street

Hope Street is working at the pointy end of youth homelessness

Hope Street is a community-based agency operating for over 44 years with a vision for "*a society in which all young people and young families have a safe place to call home.*"

Hope Street is a leading specialist youth homelessness agency delivering and facilitating wrap around, integrated services to young people who are experiencing homelessness. Our program teams are university trained experts who practice utilising current approaches such as trauma informed, strengths based, solutions focused and client centred.

The program models are developed and continually honed, in response to the changing needs of young people, our learnings from our practices, client feedback and experiences as well as the outcomes achieved, changing approaches to practice and changing socio-economic environment.

Hope Street Youth and Family Services operates 9 programs across the North-East & North-West Region of Melbourne. As a specialist homelessness support service for young people and young families, our core offerings include:

- Youth refuges providing short-term supported crisis accommodation;
- An enhanced youth refuge response initiative;
- Medium term (1-2 years) foyer-like models of supported transitional housing for both
- individuals and young families;
- Mobile outreach services 6 days a week, including after-hours;
- Youth counselling and family reconciliation services;
- Advocacy, resource and referral services; and
- Partnerships that provide specialist health and mental health services integrated with housing, including the Homeless Youth Dual Diagnosis Initiative and a Youth Homelessness Community Nurse

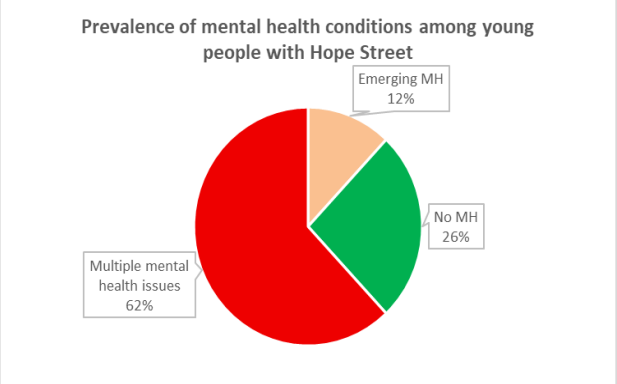
In the current financial year 2024-2025, Hope Street has to date provided 522 unique episodes of support to young people aged 16-25 years and their accompanying children.

Hope Street operates across Melbourne's north and west. Our newer services are intentionally focussed in Melbourne's outer growth corridors and peri-urban areas. These fast-growing areas represent a new frontier of disadvantage. Large parts of these areas are service deserts where access to health, mental health, public transport and other critical services is extremely limited and often unaffordable. Nearest services often involve long commutes on public transport. We partner and innovate with local communities and services to facilitate opportunities for young people and to build awareness and action on youth homelessness.

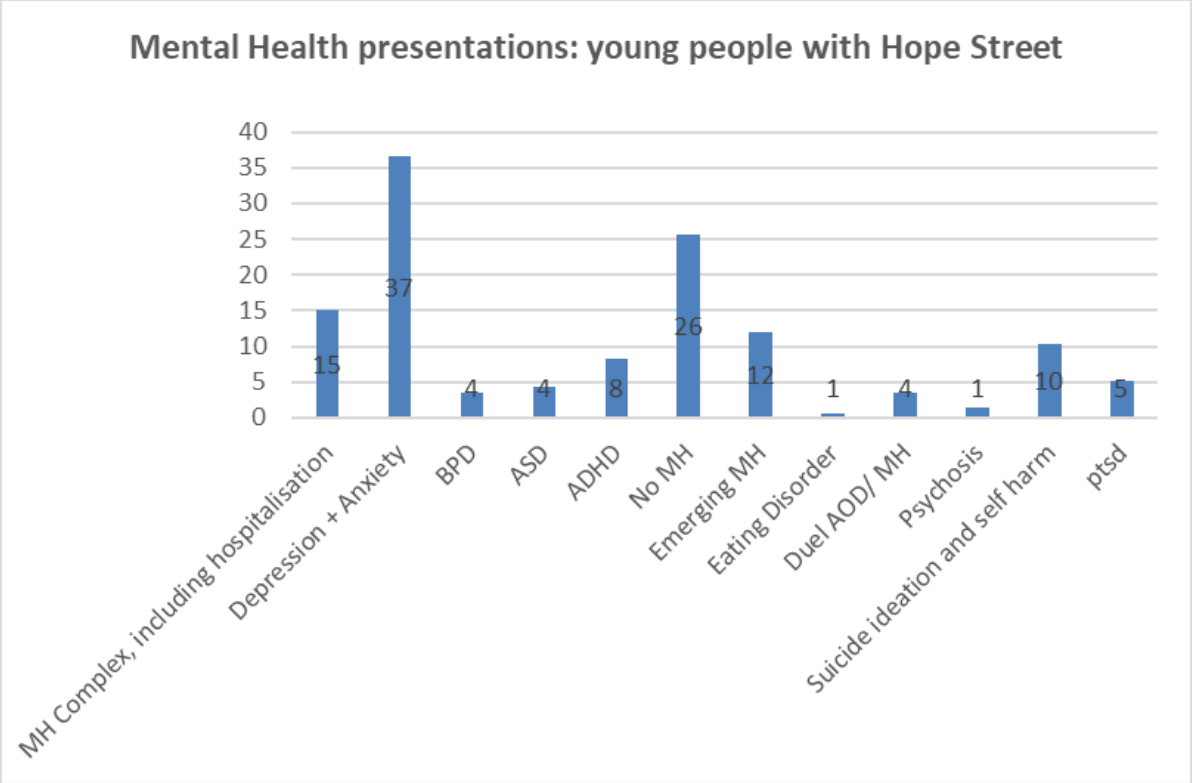
Hope Street stands ready and willing to pilot new and improved models of care for young people experiencing homelessness with mental health challenges.

Three-quarters of young people we support have mental health challenges

Hope Street's program data shows that nearly three quarters of young people connected with our service have existing (62%) or emerging (12%) mental health conditions.



We see a range of mental health presentations ranging from emerging and undiagnosed mental health to acute and encompassing Dual Diagnosis. The table below summarises key mental health issues young people are presenting with. 15% present with very complex mental health disorders such as schizophrenia, including many with recent stays in hospital psychiatric units.



Challenges for Hope Street in connecting young people with effective mental health support

Most young people coming to us have mental health conditions that are undiagnosed or untreated

Many of the young people we see are experiencing mental health crises undiagnosed, unsupported and untested due to difficulty in accessing and navigating mental health services, even those specifically aimed at young people.

It's hard for young people to get primary health care support

Most of the young people seen at Hope Street do not have ongoing relationships with doctors or other primary health care services. While we try to support young people to access this care, a range of barriers make this challenging. Our staff have found that:

- GPs are reluctant to establish and invest in building relationships with young people who are experiencing homelessness.

  A really ineffective response from GPs, especially if the young person is moving around to different short-term accommodation, and one of the challenges we have is a lot of GPs don't want to take on new clients and they don't want to do a mental health plan with someone they've just met.

- The cost of seeing a GP is prohibitive for young people. Few bulk bill, even when a young person has a health care card. This is exacerbated for young people who have no income and no health care card.

  Now they're not bulk billing even with the healthcare card. In Melton, we have a situation now where there's just one GP at the moment who is bulk billing.

- Specialist Homelessness Services (SHS) have to pay full costs of medical appointments

  So, if we fund (their access to a GP) as a service, we have to pay the full fee for the appointment and the Medicare rebate is impossible to get because we're not the patient, but we're paying for it. There's no process set up to get the Medicare rebate back.

- New government funded Urgent Care Clinics do not provide mental health care

  A young person we were supporting was experiencing a mental health crisis, after consulting two psyche triage teams over the phone spanning approx. 4 hours, we were then advised to attend the local urgent care centre.to avoid going to the emergency department. We then waited just over half an hour before being advised that they didn't provide a mental health response and we would need to attend hospital ED they said, "Oh no, we don't provide a mental health response." We were back at square one and our client had even less trust.

Mental health services – including headspace - are not meeting needs

- **Additional barriers to accessing effective mental health supports for young people experiencing homelessness are distinctive and enormous.** Having no stability or security of accommodation means they have no continuity of health care, limited community connections and the crisis of homelessness makes seeking care for mental health issues a low order issue.

- **Lack of homelessness liaison in the mental health sector.** A significant gap for young people experiencing acute mental health issues and presenting to psychiatric wards is a specialist who can liaise between homelessness service providers, social services and mental health practitioners. There is a lack of homelessness specific understanding for mental health practitioners, currently there is no designated role in psychiatric units dedicated to servicing the youth homelessness service sector.

- **Family breakdown often means young people have no adult in their lives** to encourage, navigate and support access to health services.

- **Catchment boundaries for health services reduce access: particularly for young people in peri-urban areas.**

  We sit on the divide between regional Victoria and Metro Melbourne. For our young people in emergency accommodation in Bacchus Marsh, for example, then they can only access mental health services in Ballarat, which is more than an hour and a half away for them. The metropolitan mental health services are a lot closer.

  Very difficult when you have young people for a short period of time to link them into services when they might not be remaining in that catchment area and then dealing with wait list issues as well.

- **Excessive wait periods, often 4-9 months in the public and community sector.** Means young people experiencing homelessness cannot connect with the supports to stabilise, make plans and start to recover.

- **Narrow eligibility criteria.** Young people are often denied access because they are not complicated enough or at the other end, are too complex.

  They just fall into a gap where there's no response.

Young people connected with Hope Street rarely use headspace.

Significant barriers to access and shortcomings of the model mean it is not currently fit for purpose for young people experiencing homelessness.

- Long wait times mean we cannot get young people connected with support while they reside on our crisis accommodation

  We can't get any of our clients into headspace during their stay here.

- No outreach service means headspace is only suitable for young people who are stable and confident enough to attend a clinic-based setting.

- Appointment based does not work well for young people experiencing housing crisis

- Heavily rationed services do not offer the extended period of care that many of the young people we encounter need

- Young people experiencing too much complexity for headspace's current service model

The recent 'Home in Mind' report confirmed Hope Street's experience that headspace is currently falling well short with respect to supporting the mental health needs of young people experiencing homelessness.

- **Services are quick to exit young people for missed appointments**. Homelessness has significant impacts on a young person's capacity to self-organise and attend appointments. When young people fail to attend the rare appointments that they can access they can be actively 'removed' from a clinician's books. This is an area where young people and services that support them are often unfairly penalised regarding missed or cancelled appointments.

- **Transitions between catchment areas, services and from youth to adult mental health systems are often very patchy.**

  We find is that there's almost no handover if a young person is transitioned to another catchment, they don't even talk to each other… Sometimes the new region can't even access the notes on the system from the old region.

  With the crisis assessment teams…if [young person] is experiencing a mental health crisis, and they're going through the triage system, that information is not necessarily transferred to the next region.

  So not only does a young person have to start again, but we also have to start again as workers advocating for the service we need.

- **Young people getting prematurely pushed into the adult mental health system**. It is really concerning that access to a youth specific mental health response can effectively be exhausted.

  Most recently we had a situation where we went through the process with a youth assessment team, which is a crisis triage for young people. We spent a long time advocating and going through that process, only to be told after about two hours on the phone that that young person was no longer eligible because they had already received more than a year's worth of mental health services so that we would have to start the process all over again with the adult psych triage. But they had no quick way to pass on the information… We were basically just left at the very beginning again with a very unwell young person.

  We were advised because they'd had so much contact, they were no longer eligible for the youth response.

Effective approaches for connecting young people experiencing homelessness with mental health supports

Based on experience by staff at Hope Street the following approaches are found to be effective.

Rapidly connecting young people in crisis accommodation with mental health supports

- Getting a young person connected with health and mental health support as soon as possible creates the best opportunity for helping the young person stabilise, make plans and start to recover.

  Early intervention for young people experiencing mental health issues and other health issues during or after homelessness is a means to prevent their healthcare from deteriorating further… The sooner the better.

Do you wait until they're more stable? Absolutely not. Because linking in with a GP just to get the referrals for them to engage with a psychiatrist for diagnosis (which most of them need) could be an 18-month process.

While we are connected to the young person, we need to do what we can to reduce the period with no appropriate medication, no real treatment plans and unwillingness to respond to them from emergency departments.

- Refuges provide 24/7 supports in a place where the young person feels safe. They provide respite while young people have their basic living needs provided for. This is an exceptional opportunity to connect with mental health supports. These supports, in turn enable the young person to make best use of the refuge experience.

So, we can hold them for a period, provide them with a very safe space that is supported 24/7 so that they can get that support and commence their treatment plan.

Immediate support can impact on how well they do within the homelessness crisis support system...they're not able to focus or to progress in a whole range of aspects of their life until they actually start receiving some type of mental health treatment or specialist support.

In the refuge, they are away from all those other issues so that they can take the time out that they need to start that recovery with their mental health

Much is dependent on the type of care the young person can get access to immediately. …[they need to be] feeling well enough to be able to address things in their life ...like getting on a Centrelink income, looking at private rental accommodation, following up on other health care needs, looking at family reunification or other relationships.

Partnering to integrate mental health support into crisis accommodation and other settings

Hope Street Youth and Family Services has a long history as a leading specialist youth homelessness agency delivering and facilitating wrap around, integrated services to young people who are experiencing homelessness.

Key elements to attain successful client outcomes include:

- **Nonclinical settings**: delivery of services where the young person is residing – youth refuge or supported youth housing
- **Direct support:** supported referrals, active support to attend appointments, advocacy with health and mental health systems, post appointment care and support to implement treatment plan outside of the clinical appointment.
- **Secondary consultation:** we provide expertise and advice to support services for an increasingly complex client group.
- **Capacity building:** increasing the skills, mental health and health literacy of those who support young people experiencing homelessness.

We have extensive history of successful partnerships with the Bolton Clarke Homeless Persons Program for primary health support and the Homeless Youth Dual Diagnosis Initiative (HYDDI) for support related to co-occurring alcohol and other drugs and mental health support needs. We are also piloting newer partnerships, including 'Orygen at Home' where services come to the refuge to provide outreach.

Based on a supported youth crisis (refuge) service co-location approach to respond immediately to young people's needs when at crisis point and first entry to the youth homelessness sector these specialist homelessness/health/mental health partnerships are unique and highly successful.

- **The Homeless Youth Dual Diagnosis Initiative (HYDDI).** This partnership between Hope Street and North-western Mental Health's SUMITT and more recently moved to the Orygen team, provides support for young people with emerging or current mental health and substance use issues, including assessments, consultations, and co-case management. Hope Street's HYDDI connected services operate in the outer Northern LGAs including Hume (incorporates Sunbury); Nillumbik; Banyule, Darebin; Yarra; Meri-bek and Whittlesea.

  HYDDI bridges the divide between the homelessness, the mental health and the AOD systems.

  Because it's all in house, it makes the process a lot smoother for our young people. They're not needing to go anywhere to get that support. This approach definitely has more success in engaging the young people with support.

- **Bolton Clark Youth Homelessness Community Health Nurse.** Hope Street are fortunate to have a Bolton Clarke nurse visiting some of our sites each week.

  And we're very fortunate we've had a nurse that's worked for many years out of Brunswick West youth refuge, can see our young people very quickly.

  Because she is in house, it is very easy for her to engage with the young people. She links them into whatever health and dental they need.

- **Orygen at home:** outreach mental health services into Hope Street's refuge in Brunswick.

  Program was excellent. It was really helpful having the clinicians come in at the same time every day. It was really good for staff because we could ask some questions.

  The clinicians came to the refuge to do the medication.

  If a young person is not in a good routine, generally trying to introduce a rigid medication routine to them is very challenging. You know, sometimes young people take really strong medication. They might not understand that feeling sick after that is a side effect and that they get to talk to someone about the impact of the medication on them…If there were any side effects of the medication, we could have those conversations too.

Hope Street youth counsellor employed on site

In the North-East areas of Melbourne, Hope Street is fortunate to have a Youth Reconciliation Practitioner to provide free, accessible non-clinical counselling to young people experiencing homelessness. This approach has been very effective providing easy access to a university-qualified youth-focused counsellor, with no appointments needed, and has enabled easy and timely access in a safe environment. It has strengthened young people's capability to sustain and maximize the benefits of their stay in refuge

I think some things that really worked for us here is our Youth Reconciliation Program, because we have a youth counsellor on site...that's been really helpful for young people while they're on a wait list to get the other mental health support. It means they are actually getting some of their needs met on site ...there should be more at all the refuges like that.

Youth counsellor is rostered from 9:00 to 5:00, so during business hours young people can just like literally knock on the door and just see them instantly.

The benefit of having a youth counsellor on site is that there's a familiar face and a staff member that they see day in and day out…it makes the young people more comfortable and more willing to see that person rather than needing to go out and see someone from a different service.

It enables young people to work through any issues that they might be experiencing whilst they're in the refuge, so it actually assists them to be able to maintain their stay in the refuge.

Hope Street staff as advocates for young people

Across all our programs and locations, Hope Street have staff on site seven days a week. Our staff work in the space that young people are living in, making them easily accessible to young people. The team are highly skilled at picking up when a young person appears to not be coping and offering immediate and supportive response.

I think our biggest asset [at Hope Street] for young people are our staff… we walk with a client every step of the way through their journey of navigating the system.

Our staff try and engage very early, get them to appointments, we go to the doctors with them, we go to help them get their medication. We help them ask questions.

it's really important to have someone who is a strong advocate with them, especially if they have a complex or emerging mental health issue and no family support.

It's very easy for young people to be dismissed and then not want to go back…The thing is for us to remain really determined in that process, so we don't get fobbed off.

We've had a number of instances where we've really had to push for them to remain engaged with metropolitan mental health services rather than just be transferred to Ballarat for their support, and it's been very difficult. But if we weren't there pushing for it … who knows … there would be no service for them.

Towards improved mental health models of care

Feedback on the Orygen consortium's draft recommendations

The plight of young people experiencing homelessness is missing

Hope Street believe that young people experiencing homelessness need to be seen as a distinct cohort that receives a differentiated approach. Currently they are not differentiated from the general population of young people meaning that their specific and additional needs will not be met.

Hope Street support integrating psychosocial and clinical services - how this is done is significant

- Establishing a new layer of public hubs (like the Ontario model) **is not the way to go**. Safety, accessibility, gendered and belonging barriers risk the kind of young people Hope Street are working with, being reluctant to engage.
- Integrated entry to multiple services (mental health, homelessness, housing, allied services) is supported via the specialist youth homelessness service system. Expanding proven models of integrated support by embedding service models such as HYDDI, Orgyen at Home, homelessness community nursing and specialist youth counsellors.
- Prioritising integrated services delivered to young people in a refuge or specialist youth programs, covering a range of accommodation/housing models are essential.

- Future models of practice affecting young people experiencing homelessness should be co-clinical in their nature with non-clinical youth homelessness services, design and delivery environment.

The mental health support and care system need a distinct offer for young people experiencing homelessness

Hope Street has been a champion of the headspace model however we are concerned that in its current configuration**, it is *not* supporting the mental health needs of young people experiencing, or at risk of homelessness.** Challenges with accessing headspace are discussed above.

Hope Street does not see expansion of headspace as a solution for the young people connected with us**. Instead, the development of a distinctive model of youth homelessness support is required.** This would need to be:

- co-developed with youth homelessness services and young people experiencing homelessness
- underpinned by partnerships with local youth-focussed Specialist Homelessness Services providers
- co-designed models that are integrated and co-located in specialist homelessness youth services
- co-designed youth clinical mental health and non-clinical youth homelessness specialist
- include outreach services to young people in crisis and transitional accommodation, and living within the community
- provide continuity of care over an extended period – possibly years (not just 10 visits)
- not be constrained by catchments
- capacity to deal with complex mental health
- meet targets for young people experiencing (not just at risk of) homelessness.

Harmonise the age range of mental health services nationally 12-25 years

Hope Street welcome a consistent approach to extending youth mental health services to age 25. Importantly, current program approaches and practices that bump a young person prematurely in the adult system because they have exhausted their ration of youth-appropriate services needs to come to an end.

Hope Street urge that this approach is extended to care in the public hospital system.

However, it's important to note that at the lower end of the age bracket (12-15 year olds) this does not align with SHS services, which are targeted at young people aged 16-25. We anticipate that mental health services for those at the younger end would be appropriately tailored for age and stage and quarantined from those at the older end.

> *There's a lot of services that are attached to the Children's Hospital, like the eating disorder clinic that I've worked with. Young people that all of a sudden don't have that support anymore, you know, because they've reached the 18 years and nobody helps them into another service.*

Care navigators – Homeless Youth Dual Diagnosis Initiative practitioners are well placed to play this role

Young people experiencing homelessness are navigating multiple systems. Rather than a specific mental health system navigator, the expansion of the Homeless Youth Dual Diagnosis Initiative program to co-case manage the youth homelessness clients for a more successful outcome.

A non-clinical, wholistic, youth-focussed approach is important.

Hope Street Youth and Family Services recommendations for new and/or refined models of youth mental health care

1. **Create an explicit focus on young people experiencing homelessness in the design of specialist models of mental health care for young people.** This would include recognition of the distinct circumstances, needs and barriers, dedicated models and systems targets for this cohort.

2. **Support integration of mental health support into homelessness services and deliver them through outreach to a place where young people feel safe.** Build on and expand successful small-scale initiatives such as HYDDI and Orygen at Home – which provide supports in non-clinical ways and settings.

3. **Expand youth homelessness community nursing services**, like the Bolton Clarke Youth Homelessness Nurse, visiting Specialist Homelessness Service settings for young people.

4. **Fund youth homelessness services to employ specialist youth counsellors, in-house,** as an early intervention and system-navigator response, as an integrated non-clinical approach.

5. **Embed homelessness liaison roles in key public and community mental health services for young people so that the specific needs and issues of this cohort are adequately catered for**. These roles would require specialist training and capacity building to ensure effective linkage back into the Specialist Homelessness Service system.

6. Create additional financial incentives for **General Practitioners (GPs) to accept and provide care to young people experiencing homelessness, at no cost/charge to the young person**.

7. **Develop continuity of care approaches for young people** experiencing or at risk of homelessness moving between mental health programs, regions and age-based systems.

8. **Expand supported accommodation and housing options** for young people at risk of homelessness and mental ill health across the continuum from crisis accommodation to longer term models.

Key elements: model of mental health care for young people experiencing homelessness

- ✓ Grass roots/ local governance. Small and local programs can lose their value and impact when lost in large organisations.
- ✓ Young person-centred model of wrap around support.
- ✓ Prioritise early intervention to reduce the length and decrease the severity of a first episode of mental illness and minimise escalation or additional complications.
- ✓ A specialised youth specific response with practitioners and clinicians who are trained to work with young people so that they aren't expected to navigate and engage on their own.
- ✓ Provide education and awareness to destigmatise mental health issues.
- ✓ Non-clinical approaches and settings, delivered where young people are living (refuge or transitional housing).
- ✓ Approaches that avoid strict appointment requirements/ times.
- ✓ Ensure clear pathways to support following diagnosis to ensure ongoing engagement.
- ✓ Capacity to provide gendered responses- many young people find mixed gendered health environments unsafe.
- ✓ Harness technology to enable young people's connection to support and continuity of care, even during periods of transience.

Hope Street submissions and resources

1. Submission to the Royal Commission into Victoria's Mental Health System (2019)
In July 2019, Hope Street addressed the bi-directional relationship between youth homelessness and mental health. Their submission emphasised that young people experiencing both homelessness and mental ill-health are among Victoria's most vulnerable citizens. They advocated for early intervention and tailored mental health support for homeless youth, highlighting the need for integrated services that address both housing and mental health needs. Hope Street+2Hope Street+2Hope Street+2

2. Submission to the Parliamentary Inquiry into Homelessness in Victoria (2020)
Hope Street's 2020 submission brought forward the voices of young people and young families experiencing homelessness. They emphasised the necessity for youth-specific responses, noting that without tailored services, young people often miss out on resources and fall through systemic gaps. The submission called for decentralised services, ensuring that support is available within local communities rather than being centralised in Melbourne's city centre. Hope Street+11Hope Street+11Hope Street+11

3. Submission to the Royal Commission into Family Violence (2015)
In 2015, Hope Street contributed to the Royal Commission into Family Violence, highlighting that family violence is a primary factor leading to youth homelessness. They advocated for improved responses to family violence that consider the unique needs of young people, emphasising the importance of early intervention and support services that address both safety and housing stability. Royal Commission Victoria Archive+1Hope Street+1

4. Submission to Victoria's 10-Year Social and Affordable Housing Strategy (2021)
Hope Street's 2021 submission to the Victorian Government's housing strategy underscored the challenges young people face in accessing social and affordable housing. They provided data showing that only 0.4% of young people exiting their programs could access social housing, and just 9% transitioned into private rentals. The submission included eleven recommendations, such as prioritising young people in housing allocations, adopting place-based service models, and increasing transparency in funding opportunities. Hope Street+3Hope Street+3Hope Street+3

5. Planning for Sustainable Private Rental: A Guide for Young People (2014)
This guide was developed to assist young people in navigating the private rental market. It offers practical advice on starting a tenancy, understanding rental agreements, and maintaining housing stability. The resource aims to empower youth with the knowledge needed to secure and sustain private rental accommodation. Hope Street

6. Responding to Youth Homelessness in Outer Growth Corridors (2016)
Hope Street conducted a research project focusing on youth homelessness in Melton, a rapidly growing area in Melbourne's outer suburbs. The study highlighted the lack of local services and infrastructure to support homeless youth, emphasising the need for place-based responses tailored to the unique challenges of outer growth corridors. Hope Street+5Hope Street+5Ethical Jobs+5

7. Barriers to and Facilitators of Utilisation of Mental Health Services by Young People of Refugee Background (2012)
This paper explores the specific challenges faced by young refugees in accessing mental health services. It identifies cultural, linguistic, and systemic barriers, and suggests strategies to improve service accessibility and responsiveness for this vulnerable group.
Barriers to and facilitators of utilisation of mental health services by young people of refugee background
barriers-and-facilitators-jan2012.pdf

8. Children and Young People at Risk of Social Exclusion (2012)
In this report, Hope Street examines factors contributing to social exclusion among children and youth, such as poverty, family breakdown, and lack of access to education and employment

opportunities. The paper advocates for integrated policy approaches to address these interconnected issues. Hope Street

9. Evaluation of First Response Youth Service: Final Evaluation Report (2022)

An evaluation of the First Response Youth Service undertaken by Lirrata Consulting. This model developed and implemented by Hope Street in partnership with other key organisations including City of Melton, was designed to respond to a clear gap for at-risk young people in the region. It included n assertive mobile outreach services, a ten bed youth refuge and a community capacity building element. It found that the service provided positive outcomes for the majority of its clients and an estimated Return on Investment (ROI) of $3.14:$1.00 with the strongest return for housing, along with savings for government through savings to the health system, reduced welfare payments and increased income tax receipts. https://www.hopest.org/programs/melton/hope-street-first-response-melton

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