Youth homelessness and a hospital: where does it fit?

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Adolescent Forensic Services

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Centre for Adolescent Health
Who are we taking about
• Definition of homelessness and numbers

Why should RCH be involved in the care of homeless people
• Public Health model
• Homeless young people have complex and multiple health needs
• Homeless young people frequently contact health services
• Case Studies

How is this hospital already involved
• Numbers already attending hospital (e.g. ED / Ward / clinics etc)
• YPHS
• AFHS
• Adolescent Model of Care

What more can we do
• Better assessment
• Improved engagement and follow up
• Stronger support for YPHS / AFHS
• Better community networks
GC Patton
1. All young people (10 up to 25 years)
Vulnerability managed through family, recreation, social and cultural support

Risk factors:
- Traumatic life events (death of family/friend)
- Difficulty with peers

2. Experiencing additional problems
Vulnerability requires early interventions

Risk factors:
- Low level truancy
- First contact with police
- Emerging mental health issues
- Experimental alcohol or other drug use
- Family conflict
- Unstable peer group
- Isolated pregnant/teenage parent

3. Highly vulnerable
Requires comprehensive, coordinated interventions

Risk factors:
- Left home/homelessness
- Disengaged from family
- Significant alcohol or other drug use
- Not working or enrolled in education
- Mental health
- Frequent truancy
- Family violence
- Sexual abuse

4. High risk
Requires intensive interventions

Risk factors:
- Co-occurring chronic problems (such as alcohol or other drug and mental health)
- Criminal Children’s or Adult Court orders
- Out of home care
- Multiple high risk behaviours
<table>
<thead>
<tr>
<th>The majority of Victoria’s young people cope well with the vulnerabilities that arise through adolescence.</th>
<th>Some young people experience additional problems that require an early service intervention. Community-based interventions at this level reduce the escalation of problems.</th>
<th>Young people experiencing this level of vulnerability require comprehensive and coordinated interventions from a range of support services.</th>
<th>Although relatively small in number, young people experiencing this level of vulnerability require intensive support. Many are already in custodial settings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 75 per cent have a “great deal” of confidence in parental advice.</td>
<td>• 5 per cent of 12–15 year olds and 23 per cent of 16–17 year olds drink at levels that risk short-term harm.</td>
<td>• 2,503 young people aged 12–25 presented with self-harm at hospital emergency departments in 2006–07.</td>
<td>• 13,000 Victorian young people in this age range receive treatment from specialist mental health services per annum.</td>
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<tr>
<td>• 84.9 per cent of 18–24 year olds feel they are valued.</td>
<td>• 9,000 young people need the support of specialist alcohol and other drug services each year.</td>
<td>• 5.5 per cent of 15–19 year olds and 10.7 per cent of 20 to 24 year olds are not in education, training or employment.</td>
<td>• 3,000 young people are under care and protection orders at any time.</td>
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<tr>
<td>• 86.1 per cent of young people aged 20–24 years had completed Year 12 or equivalent in 2007.</td>
<td>• 45,000 young people access support each year through the Youth Participation and Access Program.</td>
<td>• 7,064 young people aged 12–24 were homeless on the 2006 census night.</td>
<td>• 546 young people aged 18–24 were in the adult correction system.</td>
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<tr>
<td>• 82 per cent of young Victorians aged 17 intend to continue their education beyond secondary school.</td>
<td>• 30,000 young people under 18 years were processed by police in 2006–07.</td>
<td>Youth early psychosis services assist more than 1,400 young people per year.</td>
<td>There were 57 suicides among 12–24 year olds in Victoria in 2006.</td>
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<td>• There were 1,931 births to women under 20 years in 2006.</td>
<td>• 5,700 young people aged 15–19 years and 5,650 young people aged 20–24 accessed SAAP services.</td>
<td>There are 140 young people in youth justice custodial centres.</td>
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<td>• Of all reported sexual assault victims/survivors 74 per cent are women under 24 with 64 per cent aged under 18.</td>
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<td>• 1,100 young people aged 10–17 years are on youth justice community-based orders.</td>
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<tr>
<td>Age</td>
<td>Government Involvement</td>
<td>Life event</td>
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<td>2 months</td>
<td>Removed from mother’s care</td>
<td>Serious neglect</td>
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<td>1 year</td>
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<td>Physical abuse</td>
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<td>9</td>
<td>Child protection contact</td>
<td>Sexual assault</td>
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<td>No disclosure of assault, further action</td>
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<td>15</td>
<td>Discharged from hospital without further services</td>
<td>First child</td>
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<td>18</td>
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<td>19</td>
<td>Declined offer of public housing</td>
<td>Second child</td>
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<td>Homeless</td>
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<td>Violent relationship</td>
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<td>20</td>
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<td>21</td>
<td>Major child protection intervention: life turning point</td>
<td>Third child injured when four months old</td>
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<td>22</td>
<td>Exitig violent relationship</td>
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<td>No disclosure of assault, no further action</td>
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<td>23</td>
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<td>Ongoing rebuilding of self-esteem, skills and career</td>
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<td>24</td>
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Homelessness in Australia

Chamberlain and McKenzie

- **Primary homelessness**: sleeping rough
- **Secondary homelessness**: couch surfing
- **Tertiary homelessness**: rooming/boarding houses but not lead tenant

Residential care, youth justice, secure welfare...
Homeless youth

7% living directly on the streets.
26% of the homeless young people were staying at friends houses.
36% were staying in youth refuges.

Project I data – 2004 (650 people)
JS2i  2011 data (116 people)
WHO Public Health Model: Adolescent Health

**Determinants**
(Risk and Protective Factors)

**HOME**
- Education
- Engagement

**Behaviours**
- Substance Abuse
- Sexual Activity
- Condom use
- Eating
- Activities (risk taking)

**Outcomes**
- Mental Health (Depression)
- Injuries
- Complications of Substance use
- Sexual Heath
- HIV / STI
The White Paper 2008/09:

125,800 clients and 79,100 accompanying children received specialist homelessness service support

45.2% of people seeking support from specialist homelessness services are under the age of 18

1 in every 50 females aged 15-19 accessed housing support

1 in 63 children aged 0-11 accessed support

1 in 39 children aged 0–4 years accompanying a parent or guardian accessed support

(AIWH 2007 as cited in FaHCSIA 2008b, p. ix–9)
..it is the most socially marginalised of young people who commonly experience extensive clustering of risk behaviours and mental health states and who have the poorest life chances. This is also the cohort that is most likely to parent young...

(Patton and Sawyer 2011)
Health Systems and Homelessness

Inpatient Hospitalisations (231 respondents)
320 inpatient hospitalisations, average annual cost of $1,335,040.

Emergency Room Visits (231 respondents)
1184 ER visits by respondents, annual cost of $932,992.

Homeless people come into contact with health systems ergo it is hospital business

Brisbane street 2 Home 2010
Health demographics

Half reported being sexually molested
2 out of 5 were in State out-of-home care
2 out of 5 have children under 18 years of age
Two thirds have children who have spent time in State out-of-home care
1/3 had ever attempted suicide.
1/3 had deliberately hurt themselves in the last three months.
10% reported clinical levels of depression;
10% had clinical levels of anxiety; and 10% had clinical levels of psychosis
• 38% were currently attending school.
• 54% First experienced homelessness at eighteen or younger
• 75% – year 10 or below
Social determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system.

Access to education, transport, income, housing, sport and recreation, nutrition and health services are all factors that impact upon ones health.
Young People’s Health Service

Burdekin 
Frontyard & YPHS
Average client has
2.3 health needs addressed
Per consult.
Young People's Health Service (YPHS), is the only primary health care service that specifically works with young people aged 12-24 who are experiencing homelessness and/or marginalisation. The YPHS clinic is o-located with Frontyard Youth Services. YPHS offers a comprehensive range of primary care, clinical outreach including to refuges and other allied health services.
What YPHS does

Health education
Support with drug and alcohol issues
Immunisations
Blood borne virus screening
Mental Health support
Screening treatment and follow up of STIs

Soft tissue injury and wound care
Expedited access to dental services
Pregnancy testing and referral for unplanned pregnancy or antenatal care
What is YPHS doing

Intake Role at Frontyard
Membership of peak agencies
Collaboration with Frontyard/Orygen to develop a reflective practice environment for Youthworkers
Developing a Youth Reference Group for Marginalised Young People.
Advocating on behalf of young people
Case Study:

15 year old girl
Attends school
Lives with grandmother (legal guardian)
Referred by grandmother because of recent onset of partying and staying out late
Adolescent Services in the community

Youth Support and Advocacy Service (YSAS)
Headspace (Collingwood, Glenroy, Baclava)
Visy Hub
Action Centre
Hanover
KPMG Youth Justice review 2010
Average cost of a 3 month period in custody is $48221 ($192884 per annum)
Recidivism rate for YJ...


Domestic violence costs the Vic Government over $140 million a year.
Case study

17 year old female
Sexually assaulted at 12, followed by parental separation
At 13 resi uni/ dhs quit school
At 14 IVDU - Sex work
At 15 admitted for self harm (BBV screen)
Readmitted 2/52 – then secure accom
6months later acute hepatitis
Crisis becomes a way of life.

“Families are more likely to come together to attend a court hearing than attend the park”

The system: “80% of time was spent on administrative processes and 20% on client interaction.”
How to spot a homeless person
homeless persons are 3–4 times more likely to die than the general population.

Younger homeless women have from 4–31 times the risk of dying when compared to housed women, and younger homeless women have similar risks of premature death than younger homeless men. (O’Connell 2005)
Withdrawing from life on the street is difficult for these disenfranchised and marginalized young people. Left on their own, they are unlikely to contact agencies or engage in life-saving services. (p29)

Connolly, J.A. & Joly, L.E., Outreach with Street-Involved Youth: A Quantitative and Qualitative Review of the Literature, Clinical Psychology Review (2012),
Case Study.

One YPHS client in 2010 was accessing 20 different services, which had independently developed management plans.

The client had been under DHS care from 10 years of age.

YPHS worked with Housing and Centrelink…
Case Review.

A YPHS client presented over 30 times to ED’s in the metro region in the 30 days. YPHS contacted each emergency department, sought ED discharge letters, engage young persons former case manager, coordinated a housing plan, developed a case management plan, and advocated for the client.
Adolescent Services in the community

Youth Support and Advocacy Service (YSAS)
Headspace (Collingwood, Glenroy, Baclava)
Visy Hub
Action Centre
Hanover
Tell me where did you sleep last night
In the pines, in the pines
Where the sun don't ever shine
I would shiver the whole night through
Adolescent Forensic Health Service (AFHS)
Health and health risks in custody

- **51%** Mental illness and/or self harm risk
- **54%** Injecting drug use
- **57%** Chronic condition past year

![Venn Diagram](chart.png)

- Blue: Diagnosed mental illness ever
- Orange: Chronic condition (including HCV) diagnosed past year
- Green: History of injecting drug use

Source: Passports to Advantage baseline data: S Kinner et al: 2010..: Qld Adult prison cohort
Increased risk of death after discharge from Juvenile Justice Facilities in Victoria

Leading causes
• overdose,
• self harm and
• risk taking behaviour

Predicting death in young offenders: a retrospective cohort study.

Coffey C, Wolfe R, Lovett AW, Moran P, Cini E, Patton GC
Drug-related mortality among newly released offenders


In the week after release, prisoners are approximately 40 times more likely to die than are members of the general population; in this immediate post-release period, more than 90% of deaths are drug related.

Aim of care of young people in custody

Manage acute needs of young people while in custody

Improve health and reduce death after release

Minimise the impact of their illness on broader community
# Continuum of Care: AFHS

<table>
<thead>
<tr>
<th>Reception</th>
<th>First 1-3 days</th>
<th>Ongoing</th>
<th>Prior to discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessment</td>
<td>Comprehensive Health Assessment</td>
<td>Follow up / manage issues identified</td>
<td>Transition to community</td>
</tr>
<tr>
<td>Self Harm</td>
<td>General health Immunisation</td>
<td>Health education</td>
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<tr>
<td>Injury</td>
<td>SRH</td>
<td>Counselling</td>
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<tr>
<td>Intoxication / withdrawal</td>
<td>D&amp;A</td>
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<tr>
<td>Acute illness</td>
<td>Mental Health</td>
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<tr>
<td>Identify local supports</td>
<td>ACCOMMODATION</td>
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<tr>
<td>Chronic illness</td>
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<--------ON GOING REACTIVE HEALTH CARE--------->
**Better networks and linkages** *(AFHS as an example)*

<table>
<thead>
<tr>
<th>ROYAL CHILDREN’S HOSPITAL</th>
<th>EXTERNAL</th>
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<tbody>
<tr>
<td>Emergency Department</td>
<td>部 Department Human Services</td>
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<tr>
<td>Access to specialist opinion</td>
<td>熔 Melbourne Sexual Health</td>
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<tr>
<td>• Immunisation Service</td>
<td>熔 Drug and Alcohol Services</td>
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<tr>
<td>• Plastic Surgery</td>
<td>熔 Mental Health</td>
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<tr>
<td>• Gastro / Hep C</td>
<td>熔 General Practice</td>
</tr>
<tr>
<td>• Rheumatology</td>
<td>熔 Locum Service</td>
</tr>
<tr>
<td>Adolescent Medicine Consultant on call / ward</td>
<td>熔 Other prison / secure facilities</td>
</tr>
<tr>
<td>Victorian Forensic Paediatric Medical Service</td>
<td>熔 Research partners</td>
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<tr>
<td>Medical Imaging</td>
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<tr>
<td>Clinical Photography</td>
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<td>Laboratory Services</td>
<td></td>
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<tr>
<td>Nursing</td>
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</tbody>
</table>
What more can RCH do?

Key findings included:
Fifteen per cent of all patient admissions receiving treatment and care at RCH are adolescents

Recommendations included:
Development of principles for the treatment of all adolescents at RCH
Routine psychosocial screening
Clarification of referral systems
Training and capacity building with staff
An integrated/collaborative model of care at inpatient, outpatient and community levels
Better Assessment HEADSS

H  Home
E  Education and employment
E  Eating
A  Activities
D  Drugs
S  Sexual Health
S  Sleep
S  Suicide risk / depression
HEEADSSS framework consistent with WHO Public Health “Logic Model”

**Determinants**  
(Risk and Protective Factors)

- Home
- Education (Engagement)
- Activities (Peer connectedness)

**Behaviours**

- Substance Abuse
- Sexual Activity
- Condom use
- Eating
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**Outcomes**

- Mental Health (Depression)
- Injuries
- Complications of Substance use
- Sexual Heath
- HIV / STI
Where did you sleep last night –
Improved engagement

We have come a long way since this

Training and capacity building with staff
• Hand on HEADSS Medical Students
• Resident / Registrar teaching & training
• Influence
Improved follow up

We all find this difficult

What works against us
  • Appointment based services
  • Time constraints
  • Attitude: If they get really bad, they will come back

What can work for us
  • Good engagement with young person
  • Identifying key supports (family / community / school)
  • Flexibility
  • Better networks
Better linkages -internal

Centre for Adolescent Health
  • Adolescent Medicine
  • YPHS
  • Adolescent Medicine

Social Work (Home)

Education Institute (Education)

Integrated Mental Health (Suicide / Depression)
  • Liaison service
  • Inpatient mental health unit
What are the next steps for hospital

Integrated approach & resources to homeless young people (and younger children whose parents are homeless)

Who could be involved
  CAH
  General Paediatrics
  Mental Health
  Social work
  Executive
  Everyone
Session revisited

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Why should RCH be involved in the care of homeless people
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How is this hospital already involved
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What more can we do
• Better assessment
• Improved engagement and follow up
• Stronger support for YPHS / AFHS
• Better community networks
Who has seen a homeless person in the last week?

What will you do next time you suspect a young person is homeless?

What will you do next time a young person fails to attend at your clinic?