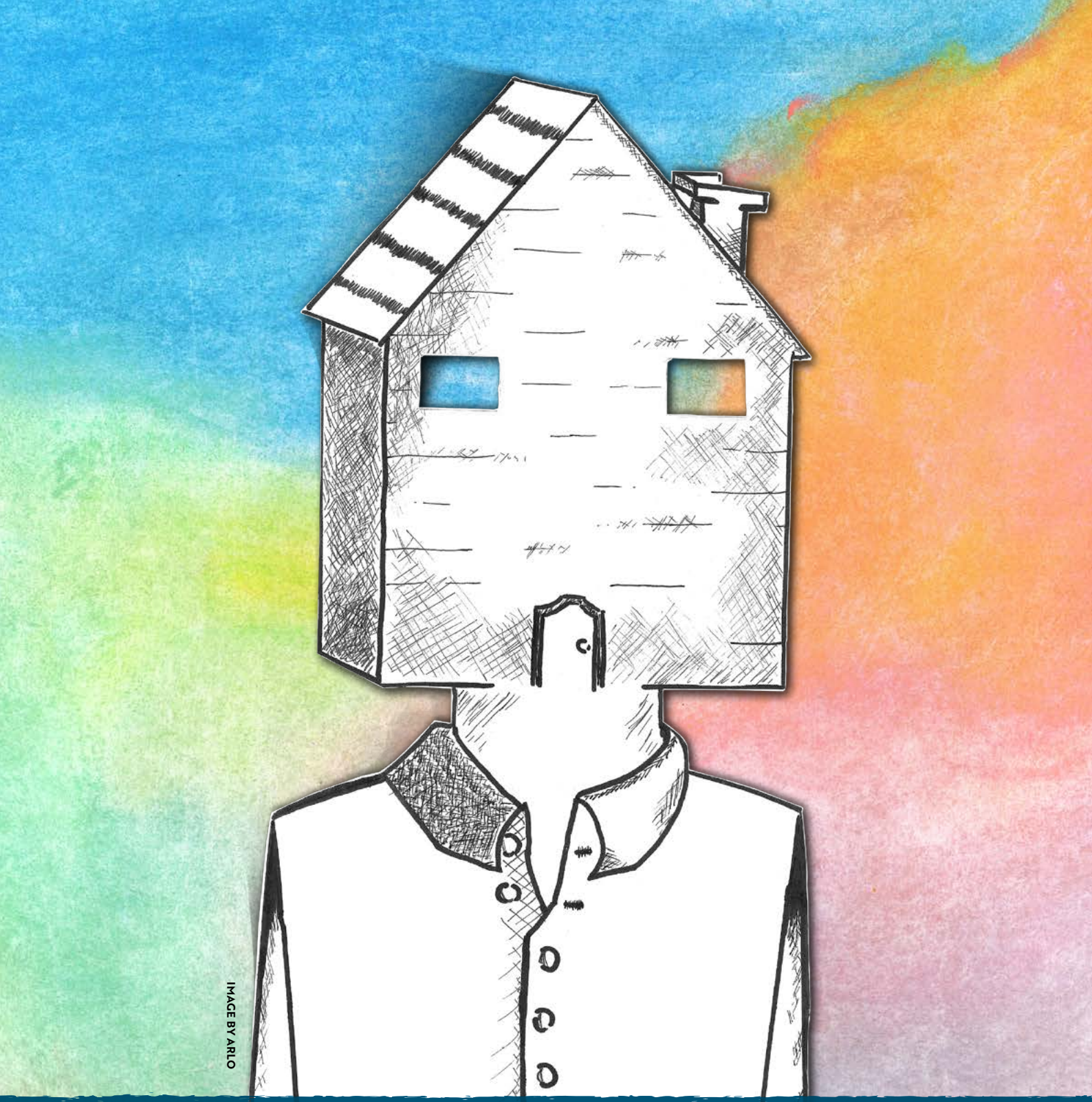


IMAGE BY ARLO

HOME IN MIND: IMPROVING MENTAL HEALTH SUPPORT FOR YOUNG PEOPLE EXPERIENCING HOMELESSNESS

Policy research report – April 2025

mcm. oxygen

We acknowledge the traditional custodians of lands throughout Australia and we pay our respects to the Elders past, present and future for they hold the memories, culture and dreams of the Aboriginal and Torres Strait Islander people. We recognise and respect their cultural heritage, beliefs and continual relationship with the land.

This report was developed by Orygen and MCM (Melbourne City Mission). The work was led by Vivienne Browne and Rikki Morgan from Orygen, and Shorna Moore, Douschka Dobson and Kristin Simondson from MCM. The expert input of other contributors from Orygen and MCM who provided helpful insights, feedback, design and support were instrumental in shaping the work.

We would like to thank the young people and workers from the youth homelessness, mental health, and other social service sectors who contributed to this report by sharing their experiences through interviews, workshops, and the Home in Mind Workforce Survey. Their insights will enable us to advocate more effectively for the needs of all young people experiencing homelessness and mental ill-health in Victoria.

The report may be cited as: Morgan, R., Dobson, D., Moore S., Browne, V., Simondson, K et al. (2025) *Home in Mind: Improving mental health support for young people experiencing homelessness.* Orygen and Melbourne City Mission, Melbourne.

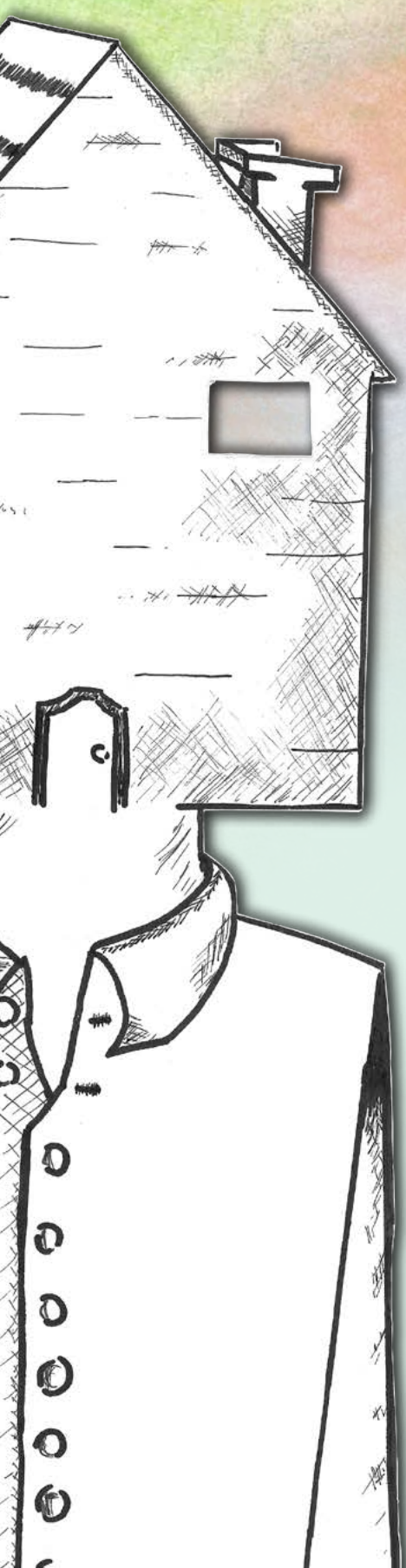
CONTENTS

CONTENT WARNING

This report includes information about suicide and self-harm, mental ill-health, family and domestic violence, and substance use. Some content may be distressing or trigger difficult emotions. Please take care while reading and seek support if needed.

SUPPORT IS AVAILABLE 24/7:

Lifeline: 13 11 14 | beyondblue: 1300 224 636 | Kids Helpline: 1800 55 1800 | 13 YARN: 13 92 76



FOREWORD

For too long our mental health and homelessness systems have left the most in need completely unsupported. Young people experiencing homelessness and mental ill-health have been excluded and handballed between these siloed systems until they get lucky, give up, or die waiting.

We would like to acknowledge the courage, resilience and bravery of those who have shared their stories – often at great personal cost – in the hope of shining a light on the systemic discrimination against young people navigating homelessness and mental health 'services'.

We need systems that support the recovery of these brilliant, resilient, intelligent, passionate young people so they can become the change-makers our world truly needs.

Kristin Simondson,
Member of the *Home in Mind*
Lived Expertise Advisory Group (LEAG)
and Project Reference Group

EXECUTIVE SUMMARY

The *Home in Mind: Youth Homelessness and Mental Health Report* examines the profound challenges faced by young people, aged 15–25, experiencing homelessness and mental ill-health in Victoria. With insights drawn from lived experience interviews, workforce surveys, and cross-sector forums, this report highlights the systemic barriers preventing these young people from accessing the care they need. It also underscores the critical role of stable housing in addressing mental health issues and achieving long-term recovery.

Youth homelessness and mental health challenges are closely intertwined. Factors such as family violence, childhood trauma, and inadequate social supports increase vulnerability to both. The instability, isolation and stigma that often occur with homelessness exacerbates mental ill-health, while mental health challenges often create barriers to securing stable housing. The cycle is perpetuated by fragmented systems and limited access to resources, leaving young people struggling to navigate complex service landscapes.

Victoria's current service frameworks, while well-intentioned, are not meeting the needs of this cohort. Rigid eligibility criteria, geographical catchment areas, and insufficient outreach or after-hours services prevent many young people from accessing timely and appropriate care. Meanwhile, stigma and harmful responses in healthcare settings, especially emergency departments, further alienate vulnerable young people.

Despite these challenges, promising integrated programs and models of care like the Homeless Youth Dual Diagnosis Initiative (HYDDI), the Check-In Program, and Youth Wellness Hubs Ontario (YWHO) provide evidence that coordinated, youth-centred approaches can lead to positive outcomes. These models emphasise the importance of seamless care delivery across housing, mental health, and social support systems, offering tailored interventions to meet individual needs.

By prioritising integrated approaches, expanding supported housing options, and addressing systemic barriers, Victoria can transform its response to young people experiencing homelessness and mental ill-health. This report provides actionable recommendations to build a future where every young person has access to the stability and care they need to thrive.

Key findings

Young people experiencing homelessness face high rates of co-occurring issues.
At least half of young Victorians accessing homelessness services also experience mental health challenges. Family violence, substance use, and trauma are significant contributing factors.

There are significant barriers to accessing services.
Young people face numerous systemic barriers, including eligibility restrictions, transiency, and lack of flexible service hours. These barriers disproportionately impact young people experiencing homelessness and compound their vulnerability.

Negative experiences when seeking help in a crisis.
Young people experiencing homelessness often leave hospital emergency departments without adequate mental health support, increasing their risk of suicide. Experiences of stigma, dismissive attitudes, and harmful responses in emergency healthcare settings also deter young people from seeking necessary mental health care.

There is limited integration of services.
Fragmentation across housing, mental health, and social support sectors creates navigation challenges for young people and places additional strain on frontline workers.

Successful integrated programs and models of care already exist but require scaling.
Programs like the Homeless Youth Dual Diagnosis Initiative (HYDDI), the Check-In Program, and Youth Wellness Hubs Ontario (YWHO) demonstrate the feasibility and effectiveness of integrated service approaches, but these remain underfunded or geographically restricted in Victoria.

Key recommendations

Develop youth wellbeing access hubs for young people experiencing homelessness.
Pilot youth-centred wellbeing access hubs modelled on the Youth Wellness Hubs Ontario (YWHO) to provide integrated services, including housing access and support, mental health care, and peer support, in accessible community locations.

Expand supported housing programs.
Prioritise the implementation of 500 supported housing places for young people experiencing homelessness and mental ill-health, as recommended by the Royal Commission into Victoria's Mental Health System.

Enhance cross-sector collaboration.
Establish integrated youth service networks in every child and adolescent mental health service (CAMHS) area to strengthen partnerships between mental health, housing, and social support sectors, ensuring holistic and seamless care.

Conduct a cluster case review to address suicide risks linked to inadequate hospital care.
The Victorian Coroner's Office should review deaths by suicide among young people experiencing homelessness to assess their interactions with hospitals and provide evidence-based advice to prevent similar cases.

Review of responses to young people experiencing homelessness and seeking mental health care.
The Mental Health and Wellbeing Commission should conduct a review into emergency department and in-patient intake unit responses to unaccompanied young people experiencing homelessness and seeking mental health support. This process needs to examine the impact of psychiatric bed and community accommodation shortages on hospital triage decisions, as well as outcomes for individual young people.

This review should provide clear policy, legislative and system change advice, as required.

INTRODUCTION

About *Home in Mind*

Home in Mind is a policy research project that aims to better understand the distinct challenges young people experiencing homelessness face when trying to access mental health support. Melbourne City Mission (MCM) and Orygen have partnered to explore the perspectives of young people with lived and living experience of homelessness and mental ill-health, and of those working across the mental health, homeless and housing sectors about how we can:

- address housing insecurity as a fundamental driver of both homelessness and mental ill-health
- alleviate the systemic and structural barriers that impede both access to, and continuity of, mental health support that responds to the specific needs of this cohort
- improve our understanding of the real impacts of stigma, discrimination and harmful responses within the mental health system on extremely vulnerable young people
- investigate the potential of integrated and/or multidisciplined support models to make a tangible difference to the lives of young people experiencing homelessness and mental ill-health.

Lived Expertise Advisory Group

The *Home in Mind Lived Expertise Advisory Group* (LEAG) has guided the project from its initial evidence review and research phases, through to the preparation of policy recommendations and the finalisation of this report. The members of the LEAG are aged 19-24 years and represent a range of identities or experiences, including: family violence, family substance use, contact with child protection, gender diversity, First Nations, multicultural backgrounds, rural or regional backgrounds, disability and chronic health conditions. All members of the LEAG have a lived or living experience of both homelessness and mental ill-health.

Methodology

Research and data review

A comprehensive literature review of the available evidence on the policies, services, programs and data capture for young people who are experiencing homelessness and mental health issues was undertaken by the policy team at Orygen. Key themes and findings from the research were discussed with the LEAG to provide a lived experience perspective on the conclusions drawn from this review. In addition, MCM and Orygen reviewed their own related service data to understand the level of engagement and experiences of mental health supports by young people who were homeless and presenting for care alone.

Workforce survey

The *Home in Mind* workforce survey was disseminated widely to organisations connected with the mental health, health, homelessness, and housing sectors in Victoria. After consenting to participate, respondents were first asked to complete an eligibility screening questionnaire to ensure they (a) worked in Victoria and (b) came into contact with young people presenting alone who were experiencing homelessness and mental ill-health in the course of their work. A total of 132 respondents completed the 12-question survey which was comprised of multiple choice and open-text items, allowing for quantitative and qualitative data collection (see Appendix 1 for a complete list of survey questions).

Figure 1: Breakdown of survey respondents' workplaces.

Lived experience interviews

The lived experiences and perspectives shared in this report were gathered through a series of semi-structured interviews completed in Melbourne, Australia in 2024. These interviews involved Victorian residents, aged 16–24 years, who had experienced homelessness as unaccompanied young people and had co-occurring mental health support needs.

Interviewees were encouraged to bring an accompanying support person (should they find this helpful) and were given time to prepare for and debrief after the interviews, which took around an hour to complete. All interviewees were paid for their participation in the project.

Interviewees provided consent for the information they shared to be published in this report. Identifying details have been removed wherever requested.

Key characteristics of lived experience interviewees

100%

have lived experience of being an unaccompanied young person with co-occurring housing and mental health support needs.

have lived experience of homelessness lasting between 1–5 years.

have lived experience of family violence.

70%

are living without stable, long-term housing at time of interview.

50%

are living with a disability.

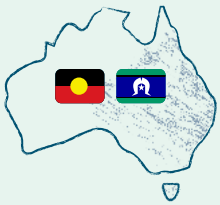
Identify as LGBTIQA+.

40%

Identify as culturally and racially marginalised (CARM).

20%

Identify as First Nations.



Youth homelessness and mental health sector forum

In addition to the workforce survey and lived experience interviews, the data collection phase of the *Home in Mind* project included a cross-sector roundtable forum. The event involved professional, vocational and lived experience representatives from the homeless, housing, mental health and alcohol and other drugs (AOD) sectors, as well as the Victorian Government and Victoria's Mental Health and Wellbeing Commission. The forum included a presentation from Dr Jo Henderson, Scientific Director of the McCain Centre for Child, Youth and Family Mental Health at the Centre for Addiction and Mental Health in Ontario, Canada. Dr Henderson shared insights from their experience in Ontario where 27 integrated youth wellness hubs have been established to directly address the needs of young people experiencing homelessness and/or mental ill-health. Members of the *Home in Mind* project team and LEAG shared key themes from the sector survey results which led into a wider discussion on the various barriers to providing mental health support to young people experiencing homelessness. Attendees worked in small groups to formulate different ways of addressing these issues.

Note on terminology

Throughout this report we refer to the following key concepts:

Homelessness:

Our conceptualisation of **homelessness** has been established with reference to the definitions proposed by both the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). That is, homelessness is not limited to the state of residing in non-conventional shelter (for example, rough sleeping or living in a car). Homelessness also applies to situations where a person's access to shelter is temporary and/or insecure (for example, couch surfing, unsafe environments, crisis accommodation, or other untenured accommodation) or marginal (for example, overcrowded accommodation or spaces that do not provide sufficient privacy).(1, 2)

Young person presenting alone or unaccompanied young person:

For the purposes of this report, both terms refer to a young person, between 15–25 years old*, who is presenting to a mental health or homelessness service without a protective parent, guardian, or carer. (2)

*Different legislative acts and data collection methodologies utilise a variety of age measures to categorise and describe young people impacted by homelessness and/or mental ill-health. The broader age range utilised in this project has taken a number of factors into account, including specialist homelessness services (SHS) data reporting, young mental health service age groups and statutory child protection policies and processes.

Mental health system:

This includes specialist mental health services (including hospital inpatient and community-based); emergency departments and urgent care services; primary mental health services (including GPs, Better Access providers, headspace centres); residential services (such as Youth Prevention and Recovery Centres); youth services which provide mental health supports, community health and substance use services; digital and telehealth providers, and school-based services.

Chosen family:

Chosen family refers to a close group of two or more people who provide the emotional and psychological support typically associated with biological or legal family relationships. A person's chosen family provides them with a sense of belonging and security outside the traditional family structure.(3)

PREFACE: NO VACANCY

This report focuses on how to improve access to and experience of mental health care for unaccompanied young people experiencing homelessness. However, it is written with the knowledge that the solution which would have the greatest impact on these young people's mental health is secure and safe housing.

The pressure on Australia's housing supply is widely known. Policies enacted over decades by successive Federal, State and Territory, and local governments have resulted in progressively lower levels of available housing supply – coupled with extremely low income support payments – to meet the needs of Australia's increasing population.(4, 5) This has had further impact on the availability of social housing and crisis accommodation.

"We need to address the housing crisis generally … it is difficult and not desirable for those in public housing to move on to private rentals. With public housing full and seeing no turnover, those in medium term or transitional housing cannot be given [Office of Housing] properties and therefore we have no availability of transitional housing for our homeless."

Youth Case Manager for teens with criminal risk factors, works across both sectors

Young people's lower earning capacity – resulting from lower wages and income support payments – means they bear a disproportionate burden of Australia's housing crisis. Structural and systemic inequities in both the private rental market and community housing systems effectively exclude young people from secure housing options. In the case of the competitive private rental market, where price is determined by market demand and low unoccupancy rates, many young people cannot compete financially (even in shared housing). Further, the disparity between the various income support payments (including Commonwealth Rent Assistance) made available to independent adults, and the amount allocated to Youth Allowance recipients, makes it unviable for community housing providers to accommodate young people at the scale required. Youth housing projects struggle to compete for capital investments because their higher reliance on government subsidies increases overall costs, making them less attractive to investors. Several jurisdictions have established additional youth housing subsidies to address this gap.(6, 7)

This significantly hampers the capacity of the housing and homelessness workforces to assist young people presenting alone. With a limited number of crisis accommodation options available, staff are required to make difficult choices about who they can house and who they turn away. While 11,301 young Victorians presenting alone received Specialist Homelessness Services support in 2023–24, at least 1,688 were turned away(8). Staff working in these sectors described feeling hopeless while having to triage this vulnerable population.

"In 15 years in the sector I have never seen it this bad and so many experienced workers at a loss at how they can best support their clients as without that housing security, so much other work is not possible."

Team Leader and Case Coordinator, works across both sectors

Snapshot: Social housing statistics in Victoria

Although young people presenting alone (15–24 years) made up around 11 per cent of Victoria's homeless population in 2023-2024(2), **less than five per cent of new social housing allocations were made to new single youth applicants** under the age of 25 during the same period.(9) The allocation of social housing does not necessarily ensure long-term stability – short-term accommodation types (such as transitional housing) are also provided.

No. of private rentals that met affordability criteria for singles on Youth Allowance or Job Seeker.

Total no. of dwellings in social housing stock portfolio.

of priority applicants waited more than one year to be allocated housing.

The young people we spoke to also experienced the impacts of accommodation shortfalls when they had presented for crisis support. They described frontline staff having to make triaging decisions due to a lack of available accommodation options. These decisions were often based on their ability to stay on someone's couch or if their level of risk from sleeping rough was considered lower in comparison to other young people who had sought assistance at the same time. For those young people who did access accommodation, many felt guilty that they had "taken up someone else's place". The workforce respondents and young people we spoke to stressed the vital need for more age-appropriate accommodation options – including emergency or crisis places as well as long-term housing options – that are not subject to compliance with preconditions such as sobriety, abstinence from substance-use, enrolment in education, or employment status.

Members of our LEAG were unanimous in their assertion that stable accommodation was the essential first step to the mental health and wellbeing of young people in this situation, highlighting: "Stressed people can't deal with their mental health until they feel safe."

What young people want

The LEAG highlighted that before young people presenting alone can even begin to engage formal mental health support, they require the assurance of ongoing, safe and dedicated youth housing models, as well as time and space to recover from whatever circumstances had led to their experience of homelessness. They proposed the following care structure:

1. Housing: accommodation options that adhere to the Housing First for Youth model*.
2. Recovery: space and time to heal from situational distress, and to reflect on and challenge foundational ideas and norms.
3. Access to integrated mental health support.

* Adapted from Housing First approach used for adults, the Housing First for Youth model recognises the distinct causes and needs of young people experiencing homelessness and provides youth-focussed strategies to address this issue. The core principle of Housing First programs is that all people have a right to safe and secure housing without preconditions (for example, sobriety or abstinence).(10)

Recommendations

Remove barriers that can effectively exclude young people from accessing social housing in Victoria.

Policy solution

The Victorian Government should dedicate 5,000 social housing tenancies with linked support to young people experiencing homelessness.

Evidence and rationale

Despite making up more than one in ten of Victoria's homeless population, new single youth applicants (young people under 25 years) received less than 5 per cent of the new social housing allocations made in 2023-24. They need support to recover from homelessness.

Outcome

More young people can access Victoria's housing system and the support they require to develop essential independent living skills.

Policy solution

The Victorian Government should improve its housing subsidy model for young people to remove the financial barriers that have a detrimental impact on their capacity to access and sustain housing (especially community housing).

Evidence and rationale

Rent prices for social housing properties are calculated based on tenant or household income (generally set at 30 per cent of income). Housing providers risk losing up to 46 per cent of potential rental income when renting to a young people instead of independent adults who receive higher levels of income support. This financial disincentive locks young people out of safe and stable housing.

Several jurisdictions have established additional youth housing subsidies to address this gap.

Outcome

Fewer young people are excluded from Victoria's social housing system.

Financial barriers impacting community housing providers' capacity to accommodate young people are reduced, opening up new housing pathways and opportunities for this vulnerable cohort.

THE ISSUE

Stats at a glance

- Young people aged 15–17 years face the highest rate of homelessness in Australia (197 per 10,000 for females and 127 per 10,000 for males), significantly higher than the national average across all ages (105 per 10,000).(1, 8)
- In 2023–2024, more than **one in ten** Victorian specialist homelessness services (SHS) clients were young people presenting alone (11,301 young people).(2, 8)
- More than **one in two** (51 per cent) of these young people reported having a current mental health issue. Data collected likely does not capture the full extent of co-occurring mental ill-health.
- Three per cent of Child and Youth Mental Health Services (CYMHS) clients in Victoria lived in supported or unstable types of accommodation. Of these clients, more than half were in community or supported residential accommodation. A further one in ten had their residence recorded as an acute or psychiatric hospital.(11)
- More than **one in two** MCM clients reported self-harm, experiencing suicidal ideation, or attempting to take their own life in the past 12 months.(12) This is consistent with other international data.(13)

Homelessness and mental health

There is a bi-directional relationship between homelessness and mental ill-health.(2, 14) Research on the risk factors for homelessness has consistently shown mental ill-health to be a significant contributor.(14-16) Moreover, persistent housing insecurity and loss of control over one's living situation can lead to the onset or exacerbation of mental health challenges.

Snapshot data collected in February 2024 found two-thirds of young people accessing MCM's services had experienced homelessness for at least two years; one-third had been impacted for more than five years.(12) This ongoing instability causes high rates of psychological distress.(14) More than one in two MCM clients reported having experienced self-harm, suicidal ideation, or attempting to take their own life.(12)

"It's terrifying if I don't find a place to live that I can afford I will end up on the streets just like there are no other options ...."

Ab*, 19 years (*pseudonym)

Many of the socioeconomic conditions that act as risk factors for mental ill-health also increase a person's risk of homelessness. These include: family violence; problematic substance-use; past trauma; education challenges; and a history of housing instability, including previous episodes of homelessness or running away from home.(15) Equally, the experience of homelessness also increases a person's vulnerability to other mental health risks such as trauma, alcohol and other drug use, and long-term unemployment.(14)

> *"I don't see anyone who's homeless who isn't suffering mentally...cos otherwise you wouldn't be homeless. And even if you didn't have a mental health problem, becoming homeless is going to give you one."*
>
> **Bo*, 21 years (*pseudonym)**

These intersecting risk factors are evident in data collected by Melbourne City Mission and Specialist Homelessness Services in Victoria, as shown below.

*Intersecting risk factors for young people presenting alone**

Experiencing current mental health issue

77% of Frontyard clients(17) had received a formal mental health diagnosis and

53% of young SHS clients(8) presenting alone in Victoria were experiencing a current mental health issue.

Experience of problematic drug or alcohol use

14% of young SHS clients presenting alone in Victoria were experiencing problematic drug or alcohol use.(8)

Had contact with justice services

11% of SHS clients aged 15-24 years were exiting custodial arrangements.(8)

Experience of family and domestic violence

82% of MCM clients(12) and

41% of young SHS clients(8) presenting alone in Victoria had experienced family and domestic violence. The latter almost certainly underrepresents the issue as both young people and intake workers are often unable to identify experiences of family violence during brief intake processes.

Known to child protection services

Of the 82% of MCM clients who had experienced family violence,

54% were known to child protection services.(12)

16% of SHS clients aged 18-24 years were transitioning out of care arrangements.

*Data collected during housing and homelessness intake processes often fail to capture the full picture of a young person's circumstances. These statistics are unlikely to represent the full extent of each factor.

Figure 2: Workforce survey – Question 3. Do any of the young people presenting alone (unaccompanied young people) you work with identify with?

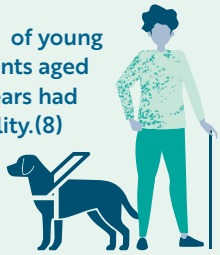
In addition, there are several priority population groups who are overrepresented in homelessness and mental health support services, as presented below.

From a rural or regional area

26% of MCM clients came from a rural or regional area.(12) Similarly, Census data collected in 2021 found around **25%** of Victorians experiencing homelessness were outside Melbourne LGAs.(1)

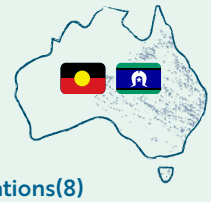
Living with disability*

12% of young SHS clients aged 15-24 years had a disability.(8)



Identify as First Nations

13% of MCM clients(12) and **19%** of young people presenting alone to SHS organisations(8) identified as First Nations.



Identify as LGBTIQA+*

15% of MCM clients identify as LGBTIQA+.(12) LGBTQIA+ people are at least **2x** as likely to experience homelessness compared to the general population.(19)

Culturally and racially marginalised (CARM)*

33% of MCM clients had a CARM background.(12)

15% of all homeless people were born overseas and had lived in Australia for less than 5 years.(18)

*Census data and data collected by during SHS intake processes do not always capture the full picture of a young person's intersecting circumstances. These statistics likely do not capture the full extent of each factor.

Figure 3: Workforce survey – Question 3. Do any of the young people presenting alone (unaccompanied young people) you work with identify with?

Often young people presenting alone contend with multiple risk factors simultaneously. The young people we spoke to generously shared details of their personal trajectories into homelessness. Although the situations they describe were clearly examples of adverse childhood experiences, they didn't necessarily understand or have the language to articulate their experiences at the time. They emphasised the need to have time and space to reconcile with 'normal' life trajectories and assumptions.

"A lot of things I grew up with that I considered normal weren't actually normal, and it's kinda hard adjusting to that … I often have moments where I'll feel like an overwhelming sense that I could be a completely different person if it wasn't for my family situation."

Anonymous, 21 years

CURRENT POLICY RESPONSES TO HOMELESSNESS AND YOUTH MENTAL HEALTH

Recent budget measures

Victorian Government 2024-25 Budget

- $42.3m in 2024-25 ($196.9m over 4 yrs) to deliver programs that support people who are homeless and at risk of homelessness, including programs focused on young people.
- $10.2m over five years for bed-based services (all ages)
- $16m over four years for new Youth Prevention and Recovery Care (YPARC) beds.
- $6m over one year for the MOST platform to be embedded in all Victorian youth mental health services.
- $3.6m for the Living Learning supporting 216 young people to reengage in school at the Hester Hornbrook Academy.

Australian Government 2024-25 Budget

- $1b in housing for young people and women and children fleeing domestic violence, under the National Housing Infrastructure Facility (NHIF).
- $29.7 million over three years to improve child and youth mental health services through uplifting workforce capability and co-designing new models of care.
- Renewed investment in social and affordable housing through a renegotiated National Housing and Homelessness Agreement and housing supply delivered through Housing Australia as part of the Housing Accord and Housing Australia Future Fund.

The mental health, housing and homelessness supports provided to young people in Victoria are governed by several national and state-based funding agreements and policy strategies, and there have been a number of budget measures in recent Victorian and Federal budgets to support young people's mental health and young people experiencing homelessness. These include, but are not limited to:

Policies

- The National Agreement on Social Housing and Homelessness.
- The National Mental Health and Suicide Prevention Agreement.
- The National Framework for Protecting Australia's Children 2021–2031.
- Victoria's Housing Statement and Big Housing Build.
- The Royal Commission into Victoria's Mental Health System Final Report.
- Victoria's Youth Strategy 2022–2027.

These well-intentioned government strategies and frameworks are designed to provide the scaffolding required to address the mental health needs of young people experiencing homelessness and facilitate collaborative and integrated supports. Both the young people and sector staff engaged in this project told us that due to structural and systemic issues, the availability of services continues to fall short of meeting basic needs.

Sector representatives were frustrated by the slow progress of highly publicised policy changes that they had expected to produce systemic transformation. Staff working across mental health, housing and homelessness sectors were particularly disappointed with the delayed implementation of recommendations made by the Royal Commission into Victoria's Mental Health System (the Royal Commission), all of which the Victorian Government has committed to.

Many of the barriers homeless young people face today when trying to secure mental health support were acknowledged and addressed in the Royal Commission's Final Report in 2021. In 2025, at the halfway point of a 10-year implementation plan, few of the recommendations aimed at tackling these barriers have been realised. This includes Recommendation 25 which proposed the establishment of '500 supported housing places for young people who are living with mental illness and experiencing unstable housing or homelessness'.(20)

"Reforms include... invest in a further 500 new medium-term (up to two years) supported housing places for young people aged between 18 to 25 who are living with mental illness and experiencing unstable housing or homelessness."

Royal Commission into Victoria's Mental Health System

This, alongside other recommendations the Royal Commission made to redesign the youth mental health system, remove catchment boundaries and rigid age eligibility criteria, will enable new pathways to better mental health support, and continuity of care, for this vulnerable population group, when they are eventually implemented.

ACCESS BARRIERS TO YOUTH MENTAL HEALTH CARE

Who is (and isn't) accessing youth mental health care?

In 2023–24, only **28** young people attending Orygen's five headspace services in northwest Melbourne were identified as being either homeless or at risk of homelessness. This equated to **1.3%** of all young people presenting for care.

In 2018, Victoria audited five tertiary child and youth mental health services (CYMHS) and found homelessness was recorded for **3 in every 1,000** CYMHS clients. In comparison, nearly **8 in every 1,000** young Victorians were recorded as homeless or living in unstable housing in the previous census.

These figures indicate that young people experiencing homelessness in Victoria are significantly less likely to be accessing tertiary mental health services, despite a higher likelihood of also managing mental ill-health.

Recommendation

Review YPARC model to ensure capacity to support young people experiencing homelessness.

Policy solution

The Victorian Government should review YPARC services to include options for extended stays, dedicated beds and supports for young people experiencing homelessness so their full range of needs can be met.

Evidence and rationale

Many young people experiencing homelessness and mental health ill-health are ineligible for to receive support in a YPARC short-term residential environment, if they do not have confirmed accommodation upon discharge. Reviewing this requirement and adequately resourcing YPARCs to provide assertive housing in-reach services would improve access for this vulnerable cohort.

Outcome

Young people experiencing homelessness who have capacity to engage with YPARC programs are able to access this model of care without their housing status impacting their eligibility.

Young people experiencing homelessness are supported to find suitable post-care accommodation during their stay in a YPARC.

There are a significant number of systemic and situational barriers that undermine the ability of unaccompanied young people experiencing homelessness to obtain consistent and ongoing mental health support. Many of the initial access barriers related to policies – both at government and organisational levels – prove particularly difficult for those who have not yet reached legal adulthood. The transiency of young people presenting alone mean they are often unable to meet rigid requirements that have been put in place by an overwhelmed mental health system. The compounding nature of these barriers can exacerbate the vulnerabilities and obstruct recovery efforts for young people presenting alone.(14, 20, 21)

Consultation undertaken for this report identified three key impediments to young people's ability to both access and maintain mental health care when they are experiencing, or at risk of, homelessness: 1) administrative policies; 2) situational transiency or instability; and 3) legal and systemic barriers.

Administrative

Young people experiencing homelessness often present to mental health services without basic documentation and financial foundations in place. These may include, but are not limited to: identification, a fixed residential address, Medicare or Centrelink identifiers and a bank account. Many mental health services often will not provide care without these administrative requirements in place.

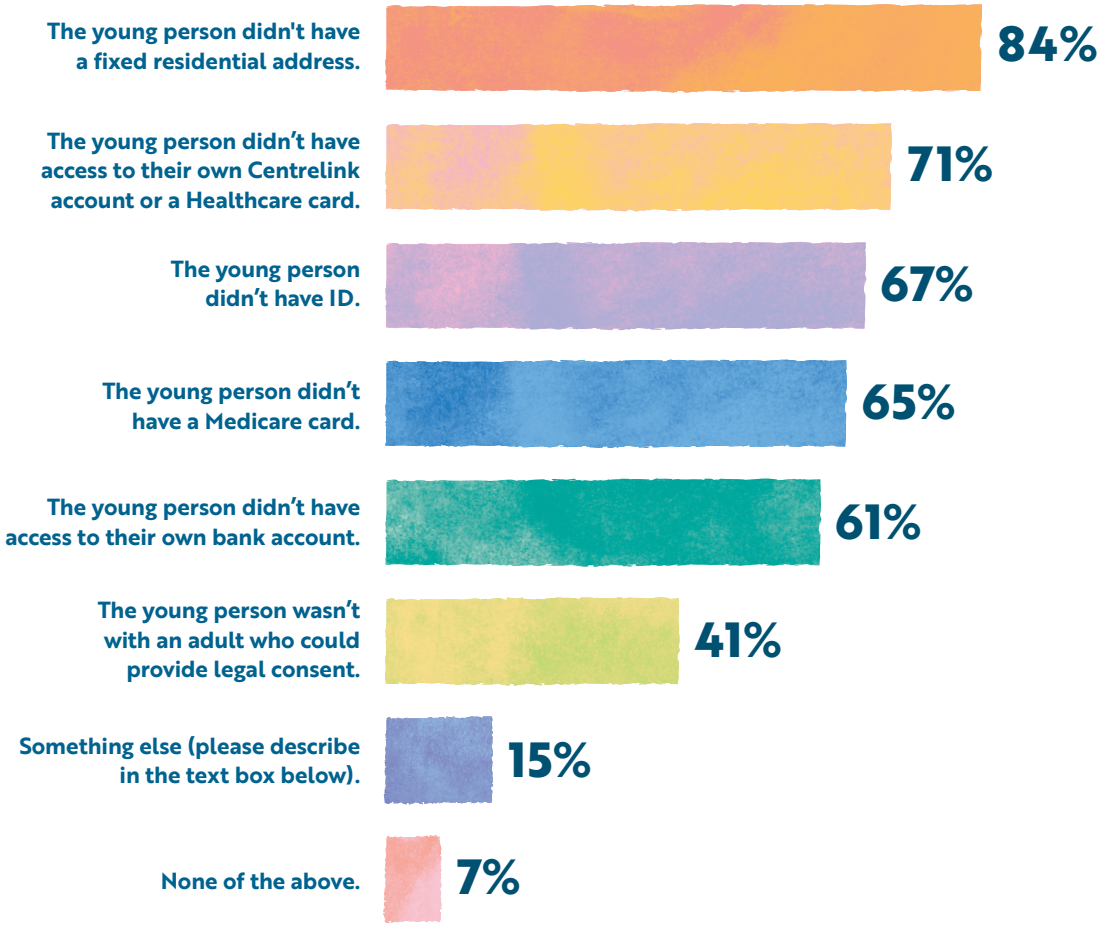
Unaccompanied young people under 16 years are particularly vulnerable to these barriers because they have not reached the legal age of consent and may require permission from their parent or legal guardian to fulfil these administrative requirements. Compounding this issue is the lack of legal clarity and jurisdictional consistency regarding health care requirements for young people under 18 years, leaving it to medical or health professionals to have to make a judgement of the young person's capacity to consent.(22)

The young people we spoke to pointed out that this could be difficult and even unsafe for those who were experiencing homelessness due to family conflict, violence or substance use. Interviewees said young people found it extremely difficult to navigate these administrative and bureaucratic systems. For example, they were especially frustrated by the application of family income means-testing when they did not receive any parental financial support, and described having to provide parental permission to be eligible for *Unreasonable to Live at Home* payments which was particularly problematic for young people escaping family violence situations.

> *"Means-testing the parent has nothing to do with the child or young person. Family violence doesn't discriminate based on how much money you make. Just because your parents have lots of money, it doesn't mean they are going to give it to you."*
>
> **Anonymous, 20 years**

Home in Mind workforce survey respondents also indicated that financial and administrative requirements impacted their ability to assist young people presenting alone (see Figure 4). The need for a fixed address appeared to be the most significant obstacle with more than four in five respondents saying they had encountered this as an issue arising in their work with homeless young people. In addition to the issues listed in Figure 4 on the following page, several respondents reported immigration and visa requirements being a further barrier to their ability to support young people who were not Australian citizens. Members of the housing and homelessness workforce described situations where young migrants were afraid to seek both housing and mental health support in case it impacted their visa status.

Figure 4 - Issues that impact the ability to provide support to a young person presenting alone.



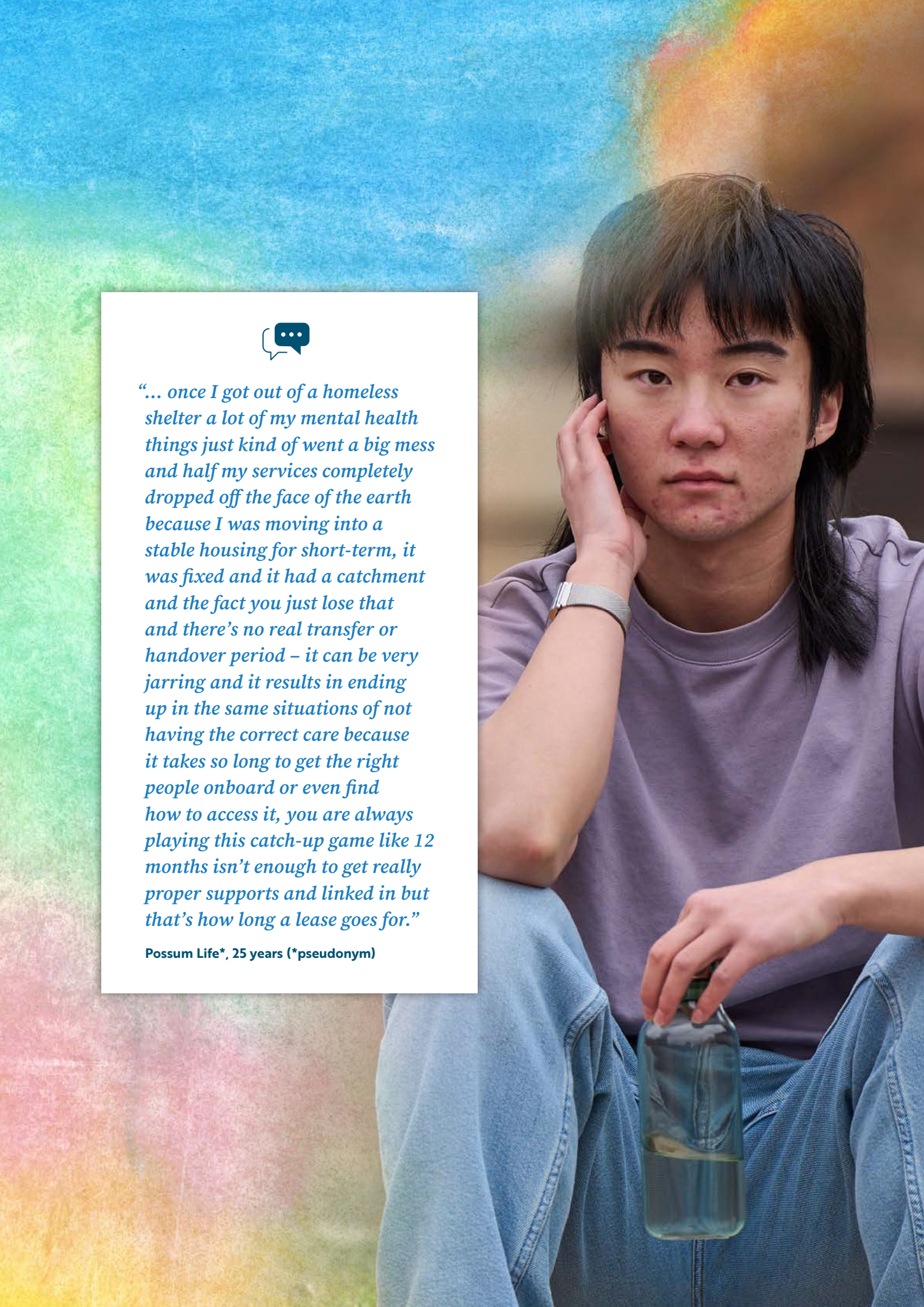
Transiency and instability

The experience of homelessness is one of inherent transience and instability which is at odds with the delivery of mental health care which can be process-driven and inflexible. This incongruence may prevent young people experiencing homelessness from ever gaining access to mental health support, or it can disrupt their ability to maintain consistent care, leading to gaps in treatment and worsening mental health outcomes.(14)

Members of the homelessness, housing, and mental health sectors, as well as young people with lived experience of homelessness described four broad barriers to mental health care linked to the transiency and instability of young people presenting alone:

1. Geographical.
2. Access hours and rigid appointment times.
3. Disrupted contact.
4. Individual circumstances or relational support needs.

While these barriers are not confined to young people experiencing homelessness, their impact is more serious given the isolation, developmental needs and limited resources available to this population.



"... once I got out of a homeless shelter a lot of my mental health things just kind of went a big mess and half my services completely dropped off the face of the earth because I was moving into a stable housing for short-term, it was fixed and it had a catchment and the fact you just lose that and there's no real transfer or handover period – it can be very jarring and it results in ending up in the same situations of not having the correct care because it takes so long to get the right people onboard or even find how to access it, you are always playing this catch-up game like 12 months isn't enough to get really proper supports and linked in but that's how long a lease goes for."

Possum Life*, 25 years (*pseudonym)

Geographical

Mental health supports for young people experiencing homeless are not spread evenly across Victoria. Some geographic areas have multiple services providers while others – particularly rural areas – have very few, often limited to regional centres.

"I didn't get any outreach support until I had moved down to Melbourne … I didn't know that was a thing."

Anonymous, 21

Across the state, including in metropolitan areas, young people are also restricted to only access services located within their 'catchment area'. This can be detrimental to accessing preferred services for any young people, however for a young person experiencing homelessness the impact is significant. With no fixed address, the move from an emergency refuge to another available short term housing option, back to living on the streets and back to a refuge, could mean several changes in catchment areas within a short period of time. In that instance they would then need to have their care transferred to a new provider and start the process all over again of gaining access to the service, retelling their story and building relationships with a new clinical care team.

The Royal Commission's Recommendation 3 proposed that rigid boundaries for service delivery be removed but workforce survey respondents indicated catchment areas continue to be a universal source of frustration.(20)

"Remove catchment barriers, young people without stable housing are often discharged and/or transferred to another MH service. This is not helpful, therapeutic and does not allow for longer term care. Often, these young people slip through the cracks in the health system."

Senior alcohol and other drugs clinician

Access hours and rigid appointment times

The distressing circumstances that lead to young people experiencing homelessness do not observe regular office hours. The lack of community-based, after-hours mental health facilities means young people rely on hospital emergency departments which are often unsuitable or ill-equipped to meet their needs.(20)

"People have their own lives, they don't want to deal with anything after 5pm I get it, but I think that there needs to be a service dedicated to starting at 5pm and maybe going through til 5am. Because I remember all the nights I stayed up in the city and had all-nighters. I could've really used someone to talk to.

Emily*, 22 years (*pseudonym)

Unstable accommodation and reliance on public transport also meant that young people experiencing homelessness were sometimes unable to keep track of, or even get to, mental health appointments. Workforce survey respondents emphasised the value of flexible or outreach service options for young people in these circumstances. As the Victorian Government implements its Royal Commission commitment to providing *Intensive Mobile Youth Outreach Service*, it must ensure these services are connected with each young person's place-based supports to improve continuity of care.

Even for services that are provided out of hours, such as phone helplines, the young people interviewed reported long wait times online, only for the phoneline support person to advise that they were not equipped to respond to the complexity of needs of the caller.

"Ensure the young person is with the outreach team, do not expect them to come to clinic, understand they may miss, not attend or be hard to reach during this time. Always be flexible."

Nurse Manager – mental health service

Disrupted contact

A significant number of workforce survey respondents said disrupted contact, such as young people not attending appointments or answering their phone, impacted their ability to provide supports to a young person experiencing homelessness. LEAG members explained it was not uncommon for these young people to be unable to pay for telecommunication services or for their phones to be stolen or lost, impacting communication and knowledge of time and date. The resulting inability of a mental health service to contact a young person after several attempts would likely result in the cessation of care, often without their knowledge.

Individual circumstances and relational support needs

Exposure to homelessness at any stage in life is extremely distressing and is frequently associated with mental and physical ill-health, trauma, substance-use, and loss of social support structures.(23) For young people in particular, the experience of homelessness is often preceded by painful family break-down.(15) Each young person's individual situation is highly likely to impact their sense of safety and the way they approach new care relationships.(24) One workforce survey respondent explained that erratic, unpredictable or risky behaviour is "a manifestation of their distress" and highlighted the need for all mental health services to offer relational, trauma-informed care.

Systemic barriers

High demand for Victorian health, mental health and psychosocial services, has led to the establishment of eligibility requirements that are especially onerous for young people managing the complexity of homelessness and mental ill-health. The inconsistent availability of different services for different population groups across different geographic areas reflects fragmented or Medicare item-based funding arrangements, and a confusing patchwork of services.(20)

Young people experiencing homelessness are much more likely to encounter these systemic barriers as they move between child/adolescent and adult mental health systems. In addition, the siloing of care for those with complex needs, and tenure of care constraints were particularly problematic for young people experiencing homelessness.

These young people are also less likely to have the resources – including advocacy and system-navigation skills – required to manage multiple eligibility requirements in place across different services providers.

Support for young people with complex needs

The young people we spoke to had received an assortment of reasons to explain why service providers could not meet their mental health care needs. Some young people had been told their needs were too complex, while others were deemed "not sick enough". They described a landscape where mental health services were siloed from homelessness, housing and alcohol and other drug supports. Young people had difficulty accessing any mental health support until their accommodation and substance-use challenges were resolved. This proved particularly challenging because they tended to be reliant on short-term crisis accommodation or untenured transitional housing.

"You're too high needs or you're not high needs enough – or they always have a 'type of struggle' that they want to deal with. Where do you go when you don't fit here … or here?"

Lee, 22 years

Workforce survey respondents were equally dissatisfied with the siloing of mental health services. The fragmentation reduced staff confidence in their ability to help the young people they worked with to access the support they needed. For homelessness and housing staff in particular, negotiation of eligibility criteria appeared to be a delicate balance of emphasising a young person's personal vulnerability while minimising any factors that could cause them to be disqualified from receiving support. They pointed to the need for increased collaboration between services, suggesting co-location of different kinds of support services could improve outcomes for young people experiencing homelessness.

"I am constantly having to advocate in a way that presents the young person as highly vulnerable yet not too high needs. Any young person with AOD misuse is often referred on to AOD support and mental ill-health is deemed as a symptom of substance misuse rather than the root cause of substance misuse."

Case Manager, Housing or Homelessness support service

Spotlight on: Homeless Youth Dual Diagnosis Initiative (HDYYI)

The Homeless Youth Dual Diagnosis Initiative (HYDDI) program 'supports young people aged 16-25 years old who have substance use or mental health issues (no formal diagnosis required) and are linked in with specialist homelessness services'.(25) HYDDI clinicians are specifically trained to 'identify symptoms of mental illness and substance abuse issues, maximise recovery, and assist to establish service linkages' for young people receiving homelessness support.(26) HYDDI is available in eight locations across Victoria but has limited resources. When asked to share any positive examples of services, organisations or initiatives that are currently successfully supporting young people presenting alone to access housing and/or mental health support, HYDDI was one of the most-nominated programs.

Tenure of care constraints

To address wait times and overcommitted resources, many public and community mental health services have implemented short-term care contracts which reflect the need for services to meet KPI output targets rather than outcome-based measures for funding. Young people experiencing homelessness are regularly transitioned out of their support services based on predetermined timeframes, rather than an assessment of preparedness. This was incredibly stressful for the young people we spoke to who explained that insecure tenure in one service also impacted their eligibility for other forms of support. For example, the provision of mental health support is often contingent upon housing stability, but young people find it difficult to maintain housing without consistent mental health support.(14) This approach also assumes young people's experience of homelessness will follow a linear trajectory from instability to wellbeing without any interruption, fluctuations or relapse.

"Too many [programs] I've been in have had a very fixed schedule ... you will be discharged at this date at this time and that doesn't account for when things go wrong because when things go poorly, they go very poorly very fast."

Possum Life*, 25 years (*pseudonym)

In addition to short-term care contacts, young people in Victoria must negotiate age-based tenure requirements. In most instances, this is related to the young person 'aging out' of the child and adolescent mental health system and having to transfer into the adult system (if they can get in). In some cases, young people are also directed to adult services because there are no child and adolescent options available (usually in rural or regional areas) or if their condition is considered too complex.(27) This 'aging out' also occurs within the housing and homelessness sector. For young people experiencing homelessness this is just another point of service discontinuity at a time when they need to focus all their attention on survival and having somewhere to sleep. The result is often disengagement from mental health services altogether.

"When you're over 21 but under the age cap it really makes it hard because everywhere is like 'Oh you'll age-out soon you can be an adult', but adult doesn't want you because you've got too many complexities ... there's no real follow-up from what happens when you go from youth services to adult services."

Possum Life*, 25 years (*pseudonym)

The Victorian Government is currently in the process of establishing Youth Area Mental Health and Wellbeing Services to provide developmentally appropriate support up to 25 years, and while some services will be able to apply age boundaries flexibly to ensure young people receive ongoing care, this will be determined by the service in consultation with the young person. The young people we interviewed described the impact of age-related eligibility barriers:

"I was receiving help from 2020-2022, through the public health system but now my two years at [Orygen] is up so I'm no longer eligible for [Orygen] services, and the adult public services won't take me because I'm not sick enough."

Ab*, 19 years (*pseudonym)

Recommendations

Urgently deliver 500 supported accommodation places for young people experiencing mental ill-health and homelessness.

Policy solution

The Victorian Government has undertaken to implement Recommendation 25 of the Royal Commission's Final Report. Its commitment to provide 500 supported accommodation places for young people experiencing mental ill-health and homelessness must be prioritised.

Evidence and rationale

Experiences of homelessness can contribute to the onset or exacerbation of mental health challenges and psychological distress.

Young people experiencing mental ill-health and homelessness need safe and secure accommodation.

Outcome

Increased and ongoing funding for supported accommodation places enables more young people to receive the housing, mental health and social care they need to achieve social and emotional wellbeing.

Ensure young people can access flexible, community-based mental health care.

Policy solution

The Victorian Government must ensure assertive outreach is embedded across Area Youth Mental Health and Wellbeing Services. Outreach must be funded to provide support outside regular service hours, by staff with expertise in engaging young people experiencing homelessness.

Evidence and rationale

The ability for young people experiencing homelessness and mental ill-health to access mental health support is often impeded by financial and administrative policies, situational transiency or instability, and legal and systemic barriers. Assertive outreach services help link young people to the support services they require.

Outcome

Young people can access community-based mental health care that is accessible, flexible and meets them where they are.

"Provide more Mental Health Outreach services … having the ability to transport and support clients for appts, house inspections, interviews etc is the crucial service step that's being missed."

Team Leader and Case Coordinator, both workforces

"Young people especially who are transient and in crisis, do not know where they are staying each night, let alone can plan for and attend meetings across the region."

Worker in Housing/homelessness support service

Recommendations

Invest in holistic workforces that support young people's wider health and wellbeing needs.

Policy solution

Provide targeted funding for place-based holistic care to ensure young people can access any additional support they need. This might include peer support from workers with a lived experience of mental ill-health and homelessness, service navigation and coordination, housing and accommodation services, social service support, and financial services.

Evidence and rationale

Young people experiencing homelessness and mental ill-health are highly likely to have a broad range of other social support needs. Piecemeal funding from various levels of government has resulted in young people having to navigate different administrative policies, and legal and systemic barriers to access all the services they require.

Outcome

Young people can access additional, place-based supports they require without having to navigate multiple systems.

Policy solution

Expand the Homeless Youth Dual Diagnosis Initiative (HYDDI) program to increase its capacity to support more young people across Victoria.

Evidence and rationale

Young people experiencing homelessness, mental ill-health and additional needs or diagnoses find it challenging to access support from siloed services – for example, homelessness, housing and alcohol and other drug supports. The HYDDI program is successfully addressing this complexity but has limited resources available to address community needs.

Investing in the capacity of HYYDI would enable more young people to be supported. It would also allow HYDDI clinicians an opportunity to work collaboratively, rather than serving as the sole provider in their area.

Outcome

Greater numbers of young people are able to access a model of care that has proven success in improving outcomes for those with multiple and complex needs.

"Increase funding to community-based crisis and ongoing mental health support services that specifically work with YP experiencing concerns in other life domains such as homelessness, AOD, etc."

Worker in Housing/homelessness support service

STIGMA, DISCRIMINATION, AND HARMFUL RESPONSES

While the young people we spoke to found systemic and situational barriers to mental health support frustrating, it was experiences of stigma, discrimination and harmful responses that impacted them most adversely. These experiences tended to occur in tertiary healthcare settings, particularly in hospital emergency departments. The barriers to primary care, early intervention and community-based services described in the previous section results in young homeless people presenting to hospitals at a point of crisis when they have been unable to access support anywhere else. Hospitals are often a place of last resort when young people are experiencing high levels of psychological distress and even suicidality. Although interviewees and LEAG members were quick to point out that not every interaction with healthcare staff was negative, they all had experienced at least one harmful interaction that had a lasting impact on their inclination to seek mental health care in the future.

Experiences in Emergency departments

The challenges for emergency departments in addressing mental health presentations are well-established and widely recognised.(20, 28, 29) Reports published by the Australian Medical Association (AMA) and commissioned by the Australian College for Emergency Medicine (ACEM) recognise that the increasingly poor performance outcomes in Australian emergency departments are symptomatic of the wider gaps and barriers to primary and secondary mental health care previously identified in this report.

Frontline medical staff working in and adjacent to emergency departments acknowledge that these settings are not designed or resourced to respond to distressed patients presenting with complex mental health needs.(28, 29) The ACEM notes the long wait times and impersonal clinical environments may be especially harmful to vulnerable population groups, such as children and young people.(28)

The Royal Commission's Final Report echoed these findings, recommending that improving access to community-based care and other supports would help to reduce the number of people presenting to emergency departments in crisis.(20) Likewise, the expansion of immediately accessible and flexible wrap-around or integrated service models would provide frontline hospital staff with appropriate urgent care referral options.(28)

"Crisis accommodation services are not set up to monitor young people with high levels of suicidal ideation but often as soon as hospitals find out that they are supported by a crisis accommodation service they are bounced back to us."

Youth Participation Worker (social worker), Housing/Homelessness support service

The young people interviewed for this project also recognised the pressure placed upon emergency department staff. This does not, however, diminish the substantial and ongoing distress exacerbated by their interactions with frontline staff who were unable or unwilling to assist them in these settings.

The research identified several themes in the interviewees' accounts of stigmatising, discriminatory and harmful responses in healthcare settings: dismissive or offensive communication; inadequate or inappropriate admission processes, and the importance of accompanying advocates.

Dismissive or offensive communication

Stigma and discrimination are common experiences for people living with mental ill-health or homelessness.(2, 20, 30) Unaccompanied young people often manage both at the same time. Those with other intersecting identities such as, gender diversity, disability, or CARM and/or other co-presenting issues such as substance use – are even more vulnerable to prejudicial treatment.(31)

This was reflected in the lived experiences of the young people we spoke to. Some had overheard disparaging comments or conversations relating to their personal characteristics, including their mental health diagnoses, or identities.

"I remember being in the hospital bed and hearing nurses … talking about me and making fun of me for being some random tranny who OD'd … That made me feel so scared to go back to hospital."

– Ab*, 19 years (*pseudonym)

"I have been told to my face… there's no point helping her, she has BPD, I heard [nurses] saying that. It's just the stigma that's associated with the diagnosis."

Ab*, 19 years (*pseudonym)

For others, stigmatising attitudes seemed to be linked to their housing status. Members of the homelessness workforce agreed that the symptoms of mental ill-health and psychological distress – including suicidality – in unaccompanied young people were regularly dismissed as situational or behavioural. They had noted staff using the term 'secondary gain' during triage processes to describe their perception that the young person presenting with a mental health crisis was motivated primarily by the need for accommodation.

"You are kinda treated like scum – I don't really understand it at all … I wasn't even looking for a bed I just felt suicidal about being so stressed out."

Bo*, 21 years (*pseudonym)

"When I first became homeless and I went into ED and started panicking … they put me into this room somewhere and I had no idea what was going on, and then this nurse comes in and she's telling me 'Hospital isn't a hotel room.' and 'You can't stay here…you can't expect everyone to do everything for you'."

Lee, 22 years

Inadequate or inappropriate processes

The AMA's 2023 Public Hospital Report Card mental health edition illustrates the pressure placed upon Victorian emergency department staff to care for increasing numbers of patients presenting with increasing acuity of mental health symptoms. Clinical staff working in these settings are aware they are "the last resort for patients in distress who have exhausted all other avenues of seeking help". The AMA argues that community mental health services would be more appropriate for many of these patients.(29) Victorian Department of Health's *Working with the suicidal person: Clinical practice guidelines for emergency departments and mental health services* supports this conclusion. However, the Guidelines also emphasise that community management is not appropriate in situations where a patient lacks social supports. In these cases, outpatient treatment plans should address the patient's broader psychosocial needs, including housing.(32) The experiences of the young people we interviewed indicate emergency departments are not currently able to fulfil these recommendations due to a shortage of psychiatric beds; lack of supported community accommodation options; and absence of or underfunding of all-hours housing support personnel in hospitals.

Interviewees who had attended emergency departments in mental health crisis often faced lengthy wait times and sometimes left without receiving any treatment. Those who had presented with physical injuries associated with self-harm described having these 'patched-up' but receiving no further support for their psychological distress. Others were simply provided with a brochure listing the contact details of a community mental health service located near the hospital.

> *"You get discharged straight away, you don't even speak to anyone about mental health."*
>
> **Possum Life*, 25 years (*pseudonym)**

Some of the homelessness and housing sector staff we spoke to suspected policies intended to prevent health services (including tertiary care providers) from discharging patients into homelessness, had unintended consequences. Some hospitals and/or step up-step down short term residential mental health facilities appear to be reluctant to admit unaccompanied young people, knowing they would have to hold them in care until suitable housing was found. There is therefore a need for governments to recognise housing support as a fundamental component of a young person's mental health care and to fund its integration and coordination into the service system.(33, 34)

> *"Self-presenting is a nightmare, if I was alone it was even worse. The emergency department is not somewhere anyone wants to be ever … whenever you got through the door they were already trying to kick you out … "*
>
> **Anonymous, 20 years**

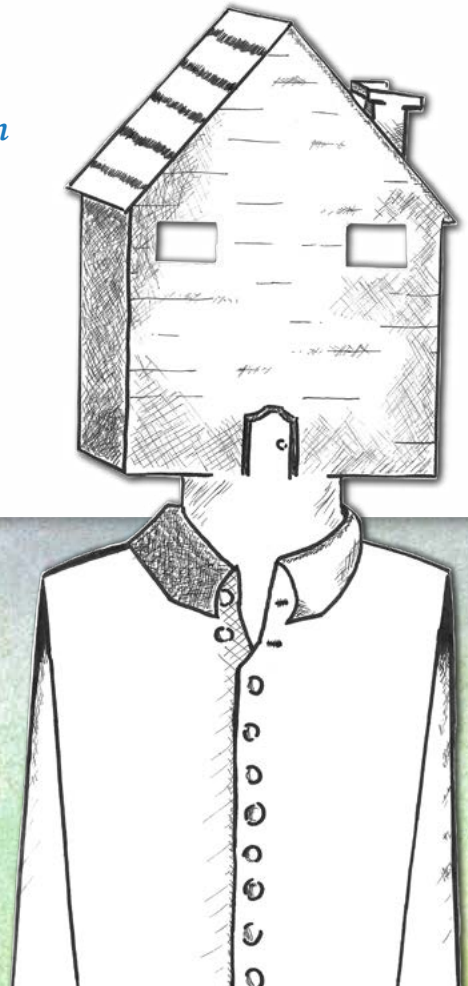
Spotlight on: suicide

The persistent instability and insecurity experienced by unaccompanied young people leads to high rates of psychological distress and the onset or exacerbation of mental health challenges.(14) Snapshot data collected in February 2024 found half of the young people accessing MCM's services had attended an emergency department for mental health concerns. Of these young people, two in three were discharged back into homelessness.(12)

Without adequate mental health support these young people are at increased risk of suicide. Members of the LEAG shared personal accounts of multiple young friends, acquaintances and clients dying by suicide after seeking hospital care in crisis but not being able to access treatment for their mental health concerns. These deaths by suicide are preventable.

Australia's suicide and self-harm monitor tracks some psychosocial and social and economic risk factors but, at present, there is limited data available to analyse the intersection between deaths by suicide and contact with homelessness or housing services. More than one in two MCM clients reported having experienced self-harm, suicidal ideation, or attempting to take their own life.(12)

These significant gaps mean data collected fails to accurately reflect the situation on the ground. Suicide was a feature of every lived and living experience captured throughout the report. Most young people reported suicide attempt or intent following a lack of proper housing for extended periods of time and had been rejected by the mental health system based on their 'homelessness'. Young people presenting to emergency departments in acute mental health distress were met with the assumption that they were merely seeking a bed and were turned away without receiving support. This culminated in serious self-harm and, sadly, in some cases death.



> *"I was only taken seriously when I attempted suicide in a way that they could see the damage if that makes sense, it became highly physically visible."*
>
> **Ab*, 19 years (*pseudonym)**

The importance of advocates and chosen family

Young people who are experiencing homelessness and attend hospitals alone are especially vulnerable to the harms caused by poor communication standards, inappropriate responses and inadequate processes. This is particularly pertinent when they are presenting to emergency departments in urgent mental health distress. The young people we spoke to emphasised that they consistently received better treatment in emergency departments when they were accompanied by a supportive adult or advocate.

> *"The only times they properly got seen was when they had one of the keyworkers from the house take them into the hospital and not leave them until they got seen. So much advocacy needs to be happening … no one takes you seriously."*
>
> **Possum Life*, 25 years (*pseudonym)**

Some interviewees recalled occasions where hospital staff had prioritised the views of unsupportive adults over their own. This occurred when they had attended an emergency department in the company of a parent or legal guardian who made them feel unsafe. In other cases, the young person initially attended the hospital alone, but staff contacted their legal guardian/s without consent. Failing to inquire into the status of a young person's relationship with their parent or guardian disregarded the reasons that young person might be experiencing homelessness in the first place – for example, family violence or conflict. Both interviewees and LEAG members stressed the importance of empowering young people to be supported by their chosen family (for example, a person or group of people who intentionally chose to care for and support each other, regardless of marriage or blood relationship) or by someone who could advocate for their specific needs.

> *"For some people, even if they have a parent or guardian, they may not be a safe person to be with."*
>
> **Cara*, 20 years (*pseudonym)**

> *"It's good when mental health teams want to try and get people involved. It's bad when people assume you have family. That is such a big assumption that I faced, and when you don't have that fallback there are so many systemic barriers – that's definitely created a lot of issues for my mental health."*
>
> **Possum Life*, 25 years (*pseudonym)**

Several effective alternative models of care for patients presenting to hospital emergency departments in mental health distress have already been established across Australia. Programs that include the lived expertise of the peer workforce – for example, the Safe Haven Café at St Vincent's Hospital in Melbourne and the Royal Perth Hospital Homeless Team – have produced positive health and economic outcomes.(28) There is an opportunity to build upon these models to ensure unaccompanied young people experiencing urgent mental health distress can obtain they support they need at any time of day or night, any day of the week. Victorian public hospital emergency departments and urgent care centres should be resourced adequately to ensure workforces include all-hours peer workers and patient advocates who can support vulnerable young people.

Spotlight on: Safe Haven Café

The Safe Haven Café program was established at St Vincent's Hospital Melbourne in 2018 as an alternative space for adults seeking mental health support. Prior to this, patients would have to wait in emergency department settings which are often inappropriate for those experiencing psychological distress. The Safe Haven Café is operated by clinicians, peer workers and volunteers and provides a 'non-clinical, therapeutic alternative'.(35) The program has been found to have reduced emergency department presentations, improved patient experiences, and reduced overall hospital costs.(36) The Safe Have Café model is now being rolled out in Queensland, New South Wales, Tasmania and Western Australia.(37)

Spotlight on: Royal Perth Hospital Homeless Team

The Royal Perth Hospital Homeless Team is a collaborative service provided by the Royal Perth Hospital (RPH), Ruah Community Services and Homeless Health. It supports RPH patients who have been identified as experiencing homelessness with enhanced care coordination and discharge planning, as well as links to ongoing health and community support services.(38) Evaluation of the program found a 21% reduction in the number of patients presenting to the RPH emergency department and a 27% reduction in the number of patient admissions. The program has been found to save more than $7,000 per person over a year.(38)

Spotlight on: Innovative Health Services For Homeless Youth

Delivered at 18 different community health services across Victoria, the Innovating Health Services for Homeless Youth (IHSHY) program aims to respond to the complex health needs of young people experiencing or at risk of homelessness.(39) Each IHSHY program is staffed by a range of youth health and mental health professionals who help build links between their community health service and other local healthcare services, including hospitals, GPs, and dentists. They also produce health and wellbeing resources tailored to young people in their communities. For example, the Ballarat Community Health IHSHY project is creating a cookbook to 'respond to food insecurity, improve food literacy and build self-confidence by supporting at-risk groups and people experiencing food insecurity to prepare low-cost, healthy meals'.(40)

Spotlight on: Hospital Outreach Post-Suicidal Engagement (Hope)

The Hospital Outreach Post-Suicidal Engagement (HOPE) program aims to provide 'assertive and coordinated care post-discharge' after someone has attempted suicide.(41) In its Interim Report, the Royal Commission recommended the HOPE program be expanded 'to all area mental health services across Victoria', as well as to young people.(42) HOPE commenced at Orygen in 2021 and provides a free, 12-week program that supports young people 'experiencing suicidal thoughts', 'engaging in self-harm', or who 'have recently attempted suicide'.(43) Orygen's HOPE program is currently being evaluated.

Spotlight on: The Check-In Program

Run in partnership with St Vincent's Hospital, Melbourne City Mission's Check-In Program provides clinical and non-clinical support to young people experiencing homelessness and complex mental ill-health. Check-In uses a stepped model of care allowing young people to access different types of support, depending on their level of need. Check-In's flexibility means young people can remain engaged with the service even during periods of situational transiency and instability.

Recommendations

Review deaths by suicide among young Victorians who were experiencing homelessness.

Policy solution

The Victorian Coroner's Office should undertake a cluster case review of deaths by suicide involving young people, who were experiencing or at risk of homelessness at the time of their death, to understand if and how they had interacted with the health and mental health systems. This review should provide clear policy, legislative and system change advice, as required.

Evidence and rationale

The *Home in Mind* LEAG interviewees and members of the housing and homelessness and mental health workforces described a cycle of young people experiencing homelessness dying by suicide after receiving inadequate or inappropriate care in hospital emergency departments. These young people presented to hospitals in-crisis but did not receive the emergency mental health support they required. At present, there is insufficient data available to assess the extent of this problem and how to address it. Policymakers across the relevant sectors will require robust evidence to develop new approaches to prevent unnecessary loss of life.

Outcome

Fewer young people die by suicide after seeking but not obtaining emergency mental health support at a hospital.

Governments, policymakers and sector leaders better understand the link between homelessness, hospital policies and process, and deaths by suicide.

Hospital leadership can enact policies and processes based on clear, evidence-based advice.

Identify the impacts of hospital policies and process on outcomes for unaccompanied young people presenting for urgent mental health care.

Policy solution

The Mental Health and Wellbeing Commission should conduct a review into emergency department and in-patient intake unit responses to unaccompanied young people experiencing homelessness and seeking mental health support. This process must also examine the impact of psychiatric bed and community accommodation shortages on hospital triage decisions, as well as outcomes for individual young people.

This review should provide clear policy, legislative and system change advice, as required.

Evidence and rationale

The combined evidence of peak organisations representing hospital clinicians, as well as lived experience and workforce participants involved in the *Home in Mind* project, suggests the Victorian tertiary health system is not currently able to guarantee the provision of adequate or appropriate hospital policies and processes to all unaccompanied young people seeking mental health support. Independent review of the system is required to develop a clearer picture of existing system gaps and how these should be addressed to ensure adequate support is provided to all young people seeking help in Victoria's hospitals.

Outcome

The level of medical care and support provided to unaccompanied young people experiencing or at risk of homelessness does not differ from that offered to young people who attend hospitals with a fixed address and/or supportive adult.

Governments, policymakers and sector leaders better understand the link between homelessness, hospital policies and process, and deaths by suicide.

Hospital leadership can enact policies and processes based on clear, evidence-based advice.

Improve responses to young people experiencing homelessness who present to emergency departments and hospital in-crisis.

Policy solution

The Victorian Government should fund specific support options within hospital settings across the state to address the needs of young people who present to emergency departments with complex mental health needs and who do not have stable accommodation. There is an opportunity to expand or replicate several existing models (highlighted above) that have already been found to achieve positive economic and patient health outcomes.

Evidence and rationale

Professional organisations representing frontline medical staff acknowledge the limitations of emergency departments to adequately respond to the needs of patients presenting with psychological distress or complex mental health needs.

Several alternative models of care, operating across both tertiary and community care settings have already been established to ease the pressure on hospital emergency departments. These programs offer examples of services that can be scaled up to support greater numbers of young people across the state.

Outcome

The Victorian Government supports young people to access supportive and appropriate mental health care when they present to tertiary settings. Pressure on hospital staff to provide non-medical care to patients is reduced.

In addition, overall hospital costs and subsequent suicidal behaviours and re-hospitalisation is reduced.

Policy solution

The Victorian Clinical Council should review its current *Clinical practice guidelines for emergency departments and mental health services* to ensure these documents include specific advice relating to young people experiencing homelessness, particularly during admission processes for inpatient care.

The Council should advise the Department of Health of any updates required, through Safer Care Victoria.

Evidence and rationale

Current clinical practice guidelines and accompanying summary documents can be confusing for overwhelmed hospital staff. This is particularly pertinent to emergency department triage staff who are required to make quick assessments, often without a full picture of a young person's mental health and social support needs. Hospital staff require clear guidance about when community care is and isn't adequate to ensure vulnerable young people can access the level of support they need.

Outcome

Vulnerable young people who require social services in addition to health and mental health care are safe and supported until appropriate care can be arranged.

Overall emergency department re-presentations are reduced.

Improve responses to young people experiencing homelessness who present to emergency departments and hospital in-crisis. (continues)

Policy solution

The Victorian Government must provide clear guidance to hospital staff with regards to what processes should be followed before communicating with or disclosing information to the parents and/or guardians of unaccompanied young people presenting for care. These processes must include clear communication of how the patient can request a review.

Evidence and rationale

In order to disclose information about a patient, hospital staff are currently required to consider the views of the patient themself, their carers, parents and guardians, or their nominated support persons. Unaccompanied young people say their circumstances should be acknowledged but current processes often result in their decision-making capacity being deprioritised against the views of adults.

Outcome

Unaccompanied young people presenting for care at Victorian hospitals feel their views are acknowledged and respected. Decisions that go against the young person's wishes are clearly explained to them and they are offered opportunity to request review of the decision through an independent body.

Policy solution

Victorian hospitals should be resourced adequately to ensure all-hours access to trained peer workers, and mental health advocates or patient advocates who can support vulnerable young people.

Evidence and rationale

Peer workers use their lived experiences to provide support and guidance to individuals in similar circumstances. Young people experiencing homelessness who have presented to hospitals for mental health support have more positive responses and outcomes when they are supported by mental health advocates or peer workers.

Outcome

Young people experiencing homelessness feel better supported and understood in hospital settings that can often feel overwhelming and clinical.

Clinical staff in hospitals are able work within their scopes of practice.

INTEGRATING SUPPORT SERVICES: A WAY FORWARD

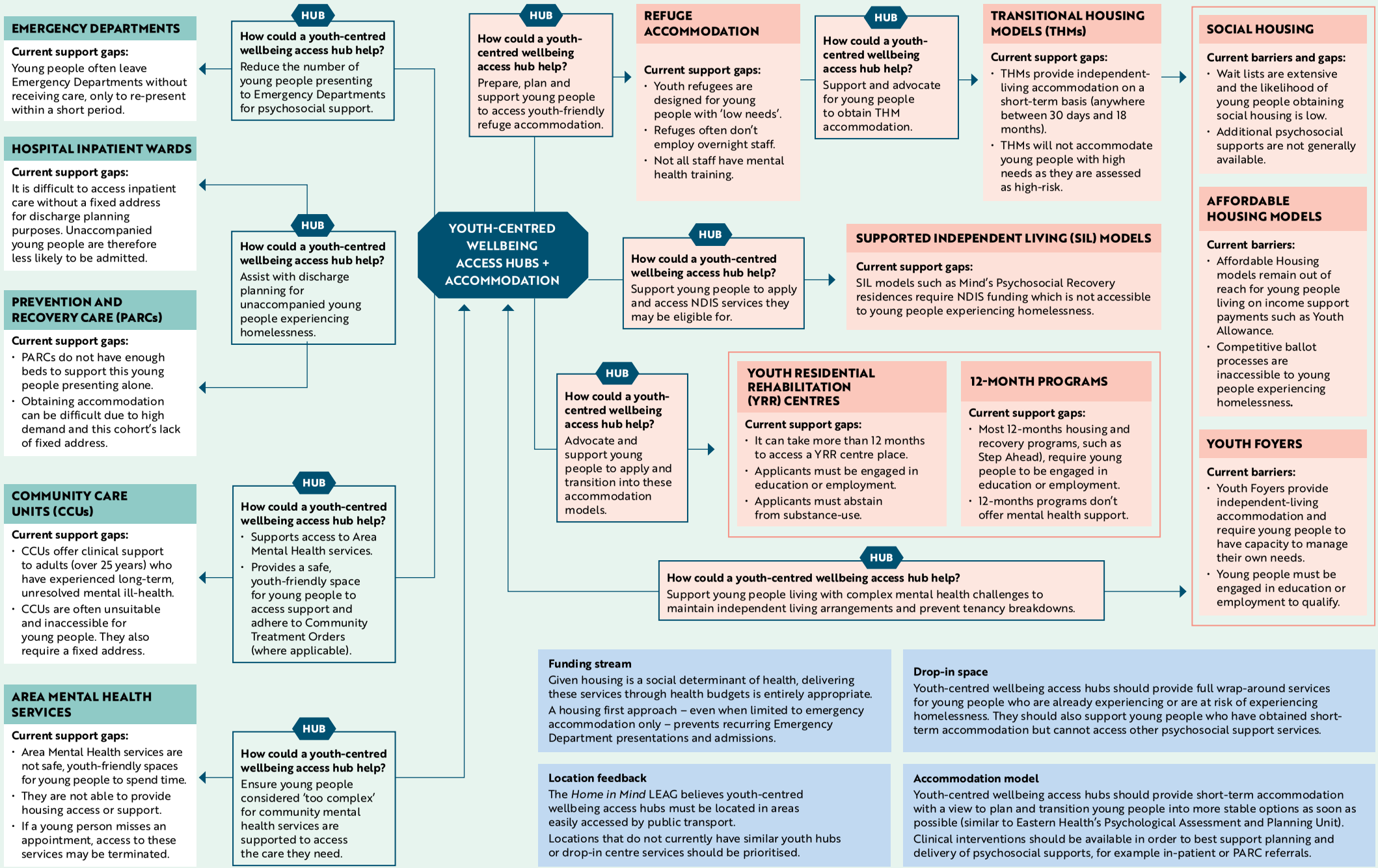
Fragmented journeys

The result of the systemic and structural barriers to access and continuity of care, as well as stigmatising, discrimination and harmful responses, is a fragmented and chronically under-resourced support system. Different support sectors and the various programs operating within them, compete for short-term, piecemeal funding, provoking the siloing of workforces. Frontline staff across homelessness, housing and mental health services are consistently overstretched with the immediate needs of young people in crisis, which detracts from equally essential, but less urgent referral and transition processes.(14, 20, 28, 29, 44)

These fragmented psychosocial systems mean many young people continue to slip through the cracks into chronic homelessness and mental ill-health. Against the odds, some young people presenting alone *do* access the care they need to achieve both stable housing and positive mental health outcomes. Unfortunately, even when accessible, the quality of the support they received often depends on individual workers, rather than strong care models and pathways.

The figure on the following page maps the system navigation required for a young person to progress from homelessness to well-supported housing stability. It also illustrates to importance of effective mental health care in achieving this trajectory.

Figure 5 – System navigation map for young people experiencing homelessness.



What could integration look like?

The vital need for governments to shift rapidly towards integrated models of mental health and psychosocial care is already widely recognised. Highly publicised inquiries like the Royal Commission and the Productivity Commission's mental health inquiry have already made similar recommendations.

An integrated approach to the provision of mental health support to young people experiencing homelessness involves the seamless coordination of these services, along with housing support and other social services such as AOD, Medicare, education or employment, and relationship counselling. Integrated models of psychosocial care recognise the complex and interconnected needs of young people presenting alone and aim to address all needs concurrently, rather than requiring young people to navigate multiple systems. Fostering strong cross-sector relationships not only enables young people to access responsive wraparound care but also reduces pressure on staff to work outside their areas of expertise or practice.(14, 28, 34, 45)

The young people we spoke to, survey respondents, and representatives from across the mental health, homelessness and housing sectors strongly endorsed the integration of planning and delivery of mental health services in Victoria. They identified five key elements to an integrated approach that would: (a) effectively meet the needs of unaccompanied young people experiencing homelessness, and (b) ensure workforce sustainability:

1. Youth wellbeing access hubs for young people experiencing homelessness to receive support.

A physical space where young people experiencing homelessness can access available wraparound services on-site and connection into other supports as required.Services could include rapid re-housing (particularly for young people whose mental health and behavioural support needs excludes them from other housing options), mental health, case management, and peer support. Each youth wellbeing access hub should be tailored to the needs of young people living in the area – for example, the needs of young people living in Melbourne's inner west may differ to those living in Mildura in the Victoria's north-west. Hubs would also coordinate other supports such as AOD, health (including hospitals and emergency services), education, employment, financial and legal services.

"It would have changed my life, saved me a lot of pain and trauma and honestly money … If there was like a hub that I could walk into that would have all these resources – or just someone at reception I could talk to who would refer me out to other places that would have been game changing for me."

Anonymous, 21

Spotlight on: Youth Wellness Hubs Ontario

The Youth Wellness Hubs Ontario (YWHO) comprises of 22 integrated youth services networks which operate 31 hubs across Ontario in Canada. These hubs offer young people, aged 12–25 years, "walk-in access to youth-centred, community-based mental health and wellness services informed by youth, family members and service providers".(46) Evaluation of the Hubs found they "demonstrate the feasibility of integrated mental health and substance use early intervention services, offered in the context of a broad range of health and social services".(48) The service offerings of each Hub are tailored to the needs of the young people living in that area.(49) YWHO provides an example of an established and effective model of integrated care.

2. Development of integrated youth services networks in each local government area.

Each youth wellbeing access hub must be supported by a collaborative network, comprised of local professionals working in any sector likely to engage with young people experiencing homelessness and mental ill-health. While this would predominantly include those working in sectors responsible for managing the challenges associated with youth homelessness, it could also extend to those who work with young people in adjacent workforces, such as teachers, youth services in local governments, community health services or sports coaches. The primary aim of these networks is to build strong cross-sector relationships to support the work of frontline staff.(46)

"I believe that success would come from establishing seamless collaboration and partnerships … collaboration ensures that young people receive comprehensive support that addresses both their housing needs and mental health concerns."

Manager, working across the homelessness, housing and mental health sectors

3. Standardised intake and referral policies, processes and documents.

Development of a common database to enable service providers to identify, assess and manage each young person's individual circumstances and needs. Many survey respondents pointed to inconsistent and confusing intake and referral coordination due to each service provider using their own forms or documents. A consistent system may also help to ensure continuity of care if a young person moves between geographic areas.

4. Cross-sector training and professional development, including trauma informed practice and cultural competency.

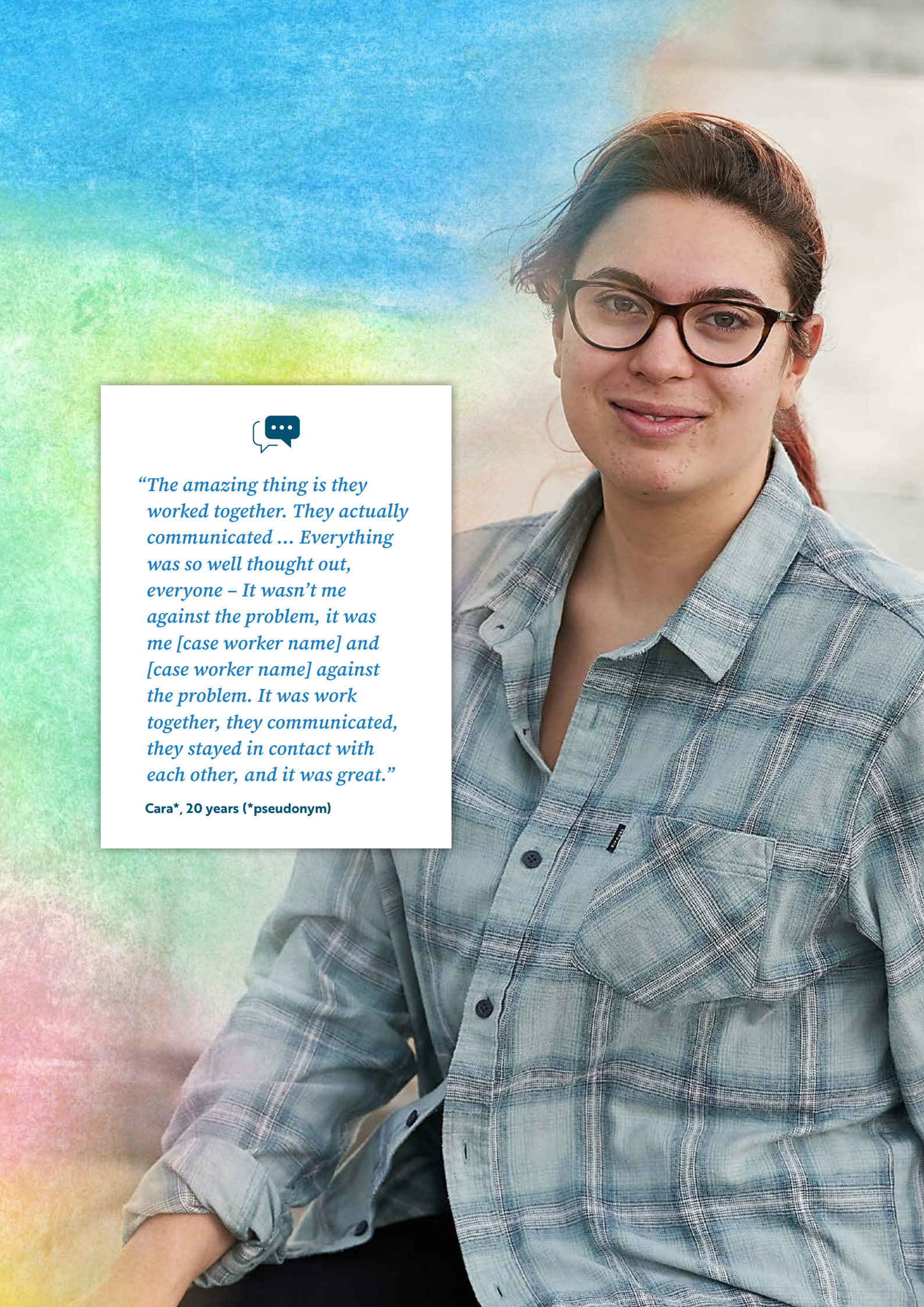
Survey respondents were emphatic in their desire for more cross-sector training that would not only improve their ability to support young people experiencing homelessness, but also their understanding of the policy, practice and regulatory intricacies of different sectors.

5. Outreach.

Young people and members of the housing, homelessness and mental health workforces supported the inclusion of outreach services as part of the broader service offerings provided by a youth wellbeing access hub. They recognised the value of outreach services to those young people who may not be aware of or ready to access on-site services. Outreach services are vital to building rapport with many young people experiencing homelessness and mental ill-health and could also have an important role in coordinating and strengthening community connections for a young person to other community-based organisations and groups.(47)

"It was that flexibility to come out and meet me, and just to know that when you don't have a place you can just find somewhere to do appointments and it doesn't have to be in a house, it can just be 'let's go to a coffee shop'. Non-clinical settings are so important."

Possum Life*, 25 years (*pseudonym)



"The amazing thing is they worked together. They actually communicated … Everything was so well thought out, everyone – It wasn't me against the problem, it was me [case worker name] and [case worker name] against the problem. It was work together, they communicated, they stayed in contact with each other, and it was great."

Cara*, 20 years (*pseudonym)

Recommendations

Fund the development of youth wellbeing access hubs.

Policy solution

The Victorian Government should fund the development of dedicated youth wellbeing access hubs that combine mental health services, housing assistance, and social supports specifically for youth aged 12-25. These services should focus firstly on providing a safe and inclusive space, with peer workers as the interface between the young person and their immediate needs. When ready, the young person can then be connected to mental health supports through a seamless referral.

Evidence and rationale

The Youth Wellness Hubs Ontario (YWHO) program demonstrates the effectiveness of dedicated care hubs where young people experiencing homelessness can access tailored, walk-in support for a range of health, mental health and social support needs. The success of YWHO highlights feasibility for adaptation in Victoria.

Outcome

Young people experiencing homelessness can access a safe, inclusive space where staff can assist with their immediate needs and connect them to ongoing support as they are ready.

Support cross-sector training and professional development, including trauma informed practice and cultural competency.

Policy solution

The Victorian Government should deliver training packages to improve the cross-sector knowledge and understanding of the policy, practice and regulatory requirements of different sectors involved in supporting young people experiencing homelessness.

Evidence and rationale

Staff working in the different sectors which support young people experiencing homelessness have deep knowledge of the intricacies of their own sector but often do not understand those of other sectors. Cross-sector training would support workers to navigate the varying requirements of different professional fields.

Outcome

Improved collaboration and understanding between professional networks.

Staff across sectors are better able to support young people experiencing homelessness to navigate different supports and services.

Fund the development and administration of integrated youth services networks across Victoria.

Policy solution

The Victorian Government should establish integrated youth services networks in each child and adolescent mental health service (CAMHS) area to generate ongoing collaboration between local professionals working in any sector likely to engage with young people experiencing homelessness and mental ill-health.

Evidence and rationale

Building strong cross-sector relationships allows young people to access responsive, wraparound care while alleviating the burden on staff to operate beyond their scope of expertise or practice.

Sustainable professional networking collaboratives require consistent and ongoing administrative support.

Outcome

The work of frontline staff is supported and improved by strong cross-sector relationships.

Develop simplified and universal intake and referral processes.

Policy solution

The Victorian Government should develop and coordinate a common intake and referral database to enable service providers to identify, assess and manage the needs of young people experiencing homelessness and mental ill-health as they present for support.

Evidence and rationale

Intake and referral processes and forms can be inconsistent and confusing because each service provider uses their own forms or documents. A consistent system may also help to ensure continuity of care if a young person moves between geographic areas.

Outcome

Staff across sectors can access consistent case information about each young person who presents for homelessness or housing and mental health support.

Young people who are experiencing homelessness and mental ill-health do not have to repeat their details and histories each time they access a new service provider.

Policy solution

All Victorian Local Government Areas (LGAs) should develop 'By-Name Lists' to follow the real-time needs of the most vulnerable young people living in their community.

The Department of Health should ensure all hospitals access these lists within their daily handover and clinical review processes to ensure relevant outreach and frontline services are notified if someone included on the list has presented for emergency or medical care.

Evidence and rationale

Melbourne's first By-Name List was started in 2019 and has assisted service coordination for more than 500 people. By-Name Lists support outreach processes by ensuring frontline staff and organisations working in each LGA has the same understanding of a listed person's needs. This forms the basis for coordination of the right support, resources, and monitoring.(50)

Outcome

Outreach and frontline staff across different health and social support services can follow the real-time needs of the most vulnerable members of their local area and coordinate additional support where appropriate.

CONCLUSION

The *Home in Mind* report highlights the urgent need for systemic reform to support young people experiencing homelessness and mental ill-health. The interconnection between housing instability and mental health challenges necessitates integrated, youth-centered responses that prioritise accessibility, coordination, and holistic care. By addressing the identified gaps through the expansion of supported housing programs, the implementation of youth wellbeing access hubs, and the enhancement of cross-sector collaboration, Victoria can significantly improve outcomes for vulnerable young people.

The evidence presented underscores the importance of trauma-informed and culturally competent care, ensuring young people receive the support they need without fear of stigma or discrimination. Additionally, the expansion of By-Name Lists, and improved data-sharing mechanisms will facilitate real-time service coordination, enhancing both immediate and long-term support.

Empowering young people with lived experience to shape policy and service delivery remains a cornerstone of effective reform. Their voices provide invaluable insights into the systemic challenges they face and offer practical solutions for more inclusive and responsive care.

Ultimately, the recommendations outlined in this report provide a clear roadmap for change. With collective commitment from government agencies, service providers, and communities, Victoria can create a future where all young people have the stability, support, and opportunities they deserve to thrive.

"I have had a really bad time but if these things can be brought up so someone else doesn't have [to experience] the same kind of thing – I want to see these changes happen. I think it's really important."

Possum Life*, 25 years (*pseudonym)


YOU WILL FACE MANY
DEFEATS IN LIFE BUT NEVER
YOURSELF BE DEFEATED.

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Artwork by Arlo, 25 years old

Artist bio

I am a young, queer, disabled, artist.

I am a formerly homeless, currently mentally-ill, lived experience advocate.

I fit into a lot of boxes, which means I don't fit in any of them perfectly. This has been a problem my whole life in every area except for art. This is the one place that I am free to exist and create exactly as I am without thinking of labels and boxes, so I moved in and made art my home.

Whether I am living in my dream house or on the street, I can always write, I can always read, I can always draw.

My art is the one constant, my true reality that I take a break from occasionally to visit the rest of society, it is all that I am.

Artwork story

I first created a version of this piece when living in crisis accommodation in an attempt to make sense of the endless bureaucracy, to humanise the system that had left me homeless for years.

The first version of this piece was much more intimidating, a towering figure with deep hollow eyes, peeling paint and cracked boards. He looked down at you, observing your decline into madness as he rose further and further from your reach.

I re-drew this picture often as I moved through homelessness – sleeping in crisis accommodation, in the car, on the street, and finally in permanent accommodation.

The version you see in this report will likely not be the final version. As my journey through the housing system continues, and I continue to grow and evolve, so too will this piece.

This version features my interpretation of the 'housing system' as a figure in front of a colourful chalk background. I chose to use chalk because when you are experiencing homelessness, chalk is often the only creative outlet you have access to. It is impermanent, transient, like us.

The blending of colours represents all the complicating factors that come together to make a whole picture, a whole person. The figure in this version stands tall but looks straight ahead, the walls of the house are covered in cross hatching, all the marks of previous works come together to hold this house in place.

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