HOMELESS HEALTHCARE - SUPPORTING YOUNG PEOPLE

EVALUATION SNAPSHOT 2020

HOMELESS HEALTHCARE

BACKGROUND

Youth homelessness is preventable yet pervasive in Australia. In the most recent census data for WA, 21% of the people who were homeless on census night were aged between 12 and 24 years. Adverse childhood events and trauma are common pathways into homelessness. Many face a constellation of risk factors for suicide and self-harm, yet are far less likely to engage with mainstream mental health and suicide prevention services[1].

Young people experiencing homelessness are often in day to day survival mode and encounter substantial barriers to accessing primary healthcare. Moreover, the health needs of people who are homeless cannot be treated in isolation from the urgent need for safe stable housing and social support. This ethos underlies the way in which Homeless Healthcare (HHC) seeks to improve health, wellbeing and housing outcomes for young people experiencing homelessness in Perth.

This evaluation snapshot provides an overview of how HHC has supported young people who are or have recently experienced homelessness during 2020. It is pertinent to note that COVID-19 made this a particularly challenging year for people experiencing homelessness, and the services working with them. HHC both continued and expanded its face to face clinics and street outreach during the WA lockdown period, providing important continuity and support during a time of considerable anxiety for those with nowhere to 'stay home'.

YOUNG PEEOPLE SUPPORTED IN 2020

212
YOUNG PEOPLE SUPPORTED

BETWEEN THE AGES: **12-26** Y/O

MEAN AGE: **22** Y/O

24%
ABORIGINAL AND/OR TORRES STRAIT ISLANDER

51% MALE

46% FEMALE

2% GENDER FLUID

3,095
TOTAL HHC ENGAGEMENTS WITH YOUNG PEOPLE

Youth experiencing homelessness were seen at 18 different locations including:

- Streets & parks (Perth and Fremantle)
- HHC fixed site clinic
- Hospital in-reach
- Refuges and rehab facilities
- Patient's Homes
- Passages Youth Engagement Hub
- Homelessness Services
- Transitional accommodation

HHC also works closely with PICYS (Perth Inner City Youth Services) and Street Connect who often bring young people to clinic locations.

This evaluation snapshot evaluation was prepared for Homeless Healthcare by the UWA Home2Health research team, **January 2021**.

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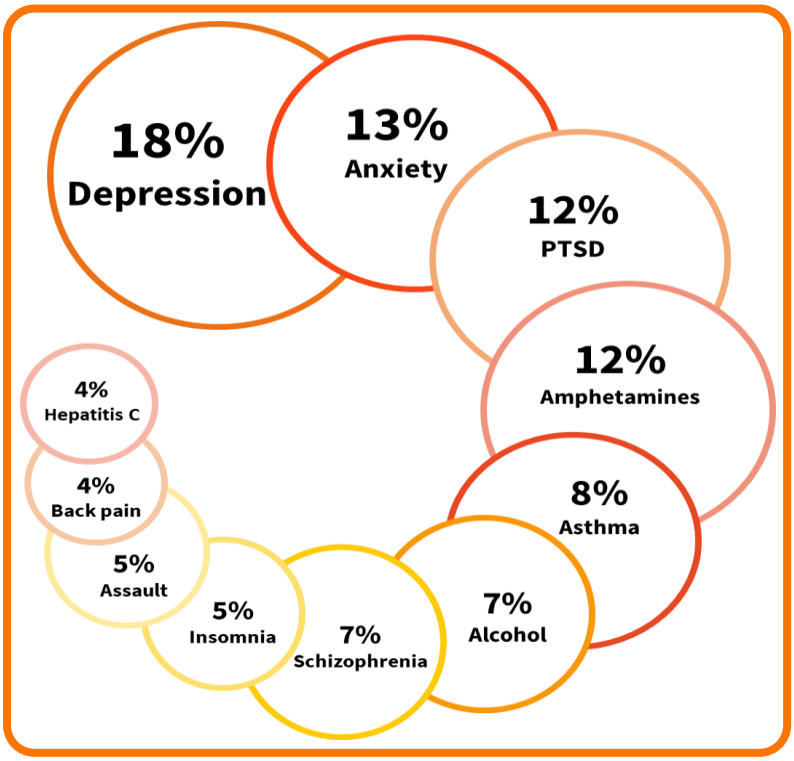
COMPLEXITIES OF HEALTH NEEDS

MEDICAL HISTORY – MOST COMMON CONDITIONS



"Trauma is pervasive among young people experiencing homelessness, and it sobering to see what some of our patients have endured and survived in their relatively short lives. Exposure to family violence, being moved around to different foster families, having a parent in prison, poverty and child sex abuse are common precursors to homelessness. This has enormous implications for how we build trust with and support young people across the settings that Homeless Healthcare works across.

It is much more than being trauma-aware, it is about what health services actually do to try and minimise re-traumatisation and how we respond to the negative behaviours that can arise when a person has been traumatised in the past."

- Dr Andrew Davies, HHC CEO/Medical Director

MAIN REASONS SEEN BY HHC

The most frequent conditions that young people sought help for in 2020 are shown below. It is pertinent to note however that most have multiple co-existing health conditions, and it often takes time to unravel the underlying drivers of their poor health and homelessness.

Most common reasons for visit 2020:

Depression
Anxiety
PTSD
Schizophrenia

Alcohol Use
Amphetamine Use
Other drug use

Hepatitis C

Blood Pressure
Asthma
Chronic Pain

"I was 15 when I was kicked out of home. I was seeing CAMHS [Child and Adolescent Mental Health Services] and they tried to help me to get through my mental health stage and trying to build a family connection but that didn't ultimately work. The services that were supplied were helpful at the start, but for long-term it didn't suit the needs I wanted… I started having more mental health issues …"

- Young person with lived experience

Building staff capacity to support young people experiencing homelessness

Philanthropic funding has enabled Homeless Healthcare to access training and professional development to support and upskill its GPs, nurses, and case workers who are working with young people impacted by homelessness. In the last year this has included:

- Aboriginal & cultural awareness training workshops for health professionals
- Family & domestic violence professional development
- Ongoing support and mentoring of newer staff around trauma-informed practice
- Gender & health training (postponed due to COVID-19)

SUPPORTING YOUNG PEOPLE VIA A WEEKLY YOUTH CLINIC

In late 2018, HHC commenced a weekly GP Clinic at the **Passages Youth Engagement Hub** in central Perth run by Vinnies WA; a place where young people aged 12 to 25 years can access support and referrals to essential services and accommodation. The dedicated youth health clinic was established with philanthropic support and responded to increasing concern in the homelessness sector about the health and wellbeing of young people who are homeless in Perth. The youth clinic is staffed by a GP, nurse and caseworker. Follow up support outside of clinic times can be provided by the HHC caseworkers, and young people can attend other HHC GP clinics if they need to see a GP on a different day.

CASE STUDY – IMPORTANCE OF TRAUMA INFORMED CARE

Background

Bronte* is a 25 year old young Aboriginal woman with a long history of rough sleeping and unstable accommodation. She has experienced considerable trauma, including the death of her mother, a violent stepfather and extensive burns with painful scarring. Her mental health issues are intertwined with drug use, and she has attempted rehab several times. Bronte has a fear of being admitted to hospital, associated with past experiences of incarceration and reports past negative experiences when has sought help at a hospital.

Support Provided

Bronte was first seen by HHC at its weekly clinic at Passages Youth Drop-in Centre in late 2020, presenting with extreme pain from her scarring, anxiety and suicidal thoughts. A request was made to Community Mental Health for someone from the Assessment and Treatment team to come see Bronte at Passages (an environment in which she felt safe) but HHC were advised to take her to RPH ED for a medical and psychiatric assessment. Given her fear of hospitals, the HHC case worker stayed with her in the ED waiting room and advocated for appropriate psychiatric review and a plastics review for her scarring. The RPH psychiatry team made the decision not to admit her, so the HHC case worker arranged for 3 nights temporary accommodation and made a referral for longer term supported youth accommodation.

Current Situation

Bronte is currently in the process of being supported to get into longer term youth accommodation. She continues to regularly attend the HHC clinic at Passages and to be supported by HHC Case workers. Supporting Bronte to deal with her inter-related trauma, mental health and AOD issues remains a priority.

CASE STUDY – INTERGRATED SUPPORT FROM GP AND CASEWORKERS

Background

Ryan* is a young man in his early twenties who was first seen at the Passages youth clinic in the latter part of 2020. While his prima facie reason for wanting to see the GP was a physical health related matter, he disclosed that he has had a traumatic childhood, has been drinking heavily since the age of 14, but wants to stop. He has also used methamphetamine, had given it up for year but recently relapsed. Ryan is currently precariously housed in a shared rental, and finds this distressing as people steal things from him.

Support Provided

Ryan did not have a regular GP and began attending the youth clinic weekly, seeing both the HHC GP and one of its caseworkers. Over the following weeks he opened up about his traumatic past and his distress about the fractured relationship with his father. He feels emotionally disconnected from family and friends, depressed, and anxious about whether he will be able to give up drinking.

Ryan has been encouraged to also see a psychologist, but he is wary of having to tell his story repeatedly to different people and prefers to see the HHC GP and case worker who he trusts. As noted by his GP, "he is one of many young people seen at the Passages clinic who would greatly benefit from trauma counselling and support, as it is difficult to address alcohol and mental health issues when patients are still deeply affected by trauma" – Dr. Jane Chapple, HHC.

Supporting Ryan to engage in alcohol detox, mental health and trauma recovery continues.

"I don't know what your lives are like, but mine is really hard. I keep getting beaten up and stabbed. But the worst thing is that my family doesn't care that I'm an alcoholic"

- Young male, lived experience of homelessness

*Pseudonym - real names not used in case studies

STREET TO HOME HEALTH
SUPPORTING YOUNG PEOPLE ACROSS THE CONTINUUM

A key feature of the Homeless Healthcare model of care is that takes it services to 'where people are', with its GPs, nurses and case workers see patients across a range of settings, literally a continuum from street to home. This provides critical continuity of healthcare for young people who are often weary of re-telling their story or who struggle to navigate the health system on their own.

CASE STUDY - THE VALUE OF STREET OUTREACH

Background

Amy* is a young aboriginal woman who has been rough sleeping and who was first noticed at the Salvation Army soup van in the CBD by the Homeless Healthcare street outreach nurse. Amy is originally from the country but is estranged from family and feels unable to return home. She was disheveled, hearing voices, and had concerning bruising around her neck.

Support provided

Building rapport and trust with Amy was integral to assessing her health and support needs, and the HHC nurse would look out for her on her street walking rounds. Various attempts were made to get Amy seen by community and hospital mental health services, but as noted by the HHC nurse:

"The health system is not well set up to support homeless people with dual diagnosis (co-occurring mental health and AOD issues), and even if we get them to attend a service, if the patient is deemed 'not willing to engage with treatment' they do not get the help they need. "While she does not engage well or disclose what is really going on for her, she is incredibly vulnerable and really needs a proper psychiatric assessment"

In collaboration with the RPH Homeless Team, Amy re-commenced medication for her schizophrenia, and the HHC nurse and case workers from UnitingWA managed to get her short-term backpackers then crisis accommodation while trying to get her into longer term accommodation. Amy cycled between short-term accommodation and rough sleeping for a further several weeks, with variable willingness to receive support. She has not been seen at any of her 'usual places' for the last month, but HHC continues to look out for her on street outreach.

CASE STUDY - ONGOING HEALTH & SUPPORT NEEDS WHEN HOUSED

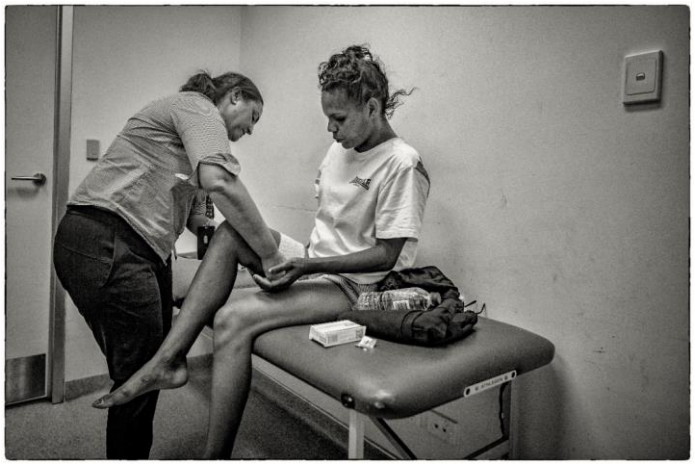
Background

Delilah* is a female in her early twenties with trauma and PTSD arising from sexual abuse, family and domestic violence and being homeless. She was housed as part of the 50 Lives 50 Homes program in late 2016, but her accommodation situation has been tenuous, with numerous moves between couch surfing with different family members, share-houses with friends, mental health respite, and Housing Authority properties; many of the moves have been related to safety concerns.

Delilah has complex health and support needs, including depression, anxiety, PTSD, schizophrenia (with auditory hallucination) and EUPD. She also struggles with self-harm and ongoing suicidal ideation. Additionally, Delilah has chronic asthma and hepatitis C, and is a heavy daily smoker and occasional cannabis and meth user.

Support Provided

A key benefit of Homeless Healthcare working across a variety of settings is the continuity of healthcare and support that can be provided to young people like Delilah. In the last year she has attended drop-in clinics in several community locations, and has regular home visits from a HHC nurse and Ruah community worker as part of the After Hours Support Service. On the four occasions that she presented to RPH ED in 2019, she was able to be seen by the Homeless Team and as noted by Dr. Amanda Stafford (Clinical Lead, RPH Homeless Team), *"it is a lot easier to discharge people when we know they have housing, are connected to primary healthcare in the community and are supported by the After Hours Support Service".*



HHC Nurse applying a bandage to a young women's leg

For further information about:

- The wider work of Homeless Healthcare see: https://homelesshealthcare.org.au
- UWA research and evaluation of Homeless Healthcare, see: https://home2health.org

References

1. Mission Australia, 2017. Youth Mental Health and Homelessness Report https://www.missionaustralia.com.au/news-blog/news-media/youth-mental-health-homelessness-report