



## Youth Coalition of the ACT

Submission to the Legislative Assembly  
Standing Committee on Health and Disability

Inquiry into the Current Levels of Access to  
Safe, Secure and Affordable Housing  
for People with a Mental Illness

July 2005

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## **The Youth Coalition of the ACT**

The Youth Coalition of the ACT (Youth Coalition) is the peak youth affairs body in the Australian Capital Territory and is responsible for representing the interests of people aged between 12 and 25 years of age and those who work with them. The Youth Coalition works to actively promote the well being and aspirations of young people in the ACT with particular respect to their political, cultural, economic and social development.

The Youth Coalition is represented on many ACT advisory structures and provides advice to the ACT Government on a range of issues related to young people and youth services.

The Youth Coalition works collaboratively with a range of other service providers and organisations, a key role being the provision of coordination and analysis of the implications of ACT policy and program decisions for young people and youth services.

As the peak body for the youth sector, the Youth Coalition facilitates the development of strong linkages and promotes collaboration between the community, government and private sectors to achieve better outcomes for young people in the ACT.

The Youth Coalition has a history of experience and broad range of knowledge upon which we have drawn to prepare this submission. The Youth Coalition maintains networks and runs forums for our members, young people and interested organisations and individuals. We host a monthly forum where we discuss current issues, listen to guest speakers, participate in limited consultative processes (and learn about other opportunities to participate), and share information. We also hold a bi-annual Policy Forum and Conference and other forums and working parties as issues arise. We aim to inform our members of new developments, funding opportunities, reform processes and other issues through our regular E-Bulletin service, website, fax stream services and other avenues.

As well as its usual activities, during 2004 and 2005 the Youth Coalition conducted a number of consultations with young people to inform:

- the ACT Homelessness Strategy;
- the ACT Graffiti Strategy;
- the Alcohol and Other Drugs Project;
- policy regarding young carers and young parents; and
- a response to the ACT Government Position Paper for a Commissioner for children and young people.

These consultations were undertaken using a pathfinders (peer research) model. The Youth Consultation has also consulted with youth and community services to inform our ACT Government Budget Submissions, our Policy Forum and bi-annual Conference, and our Policy Platform.

For the purposes of this submission, the Youth Coalition consulted with a range of service providers. We also drew upon previous Youth Coalition consultations, including one involving young people affected by homelessness, and one involving young carers. The Youth Coalition's 2005/06 Budget Submission provided the background and made recommendations for a variety of mental health initiatives, and as such, we resubmit this work throughout the submission.

## Summary of Recommendations

### Recommendation 1

That the ACT commissions an independent review of the nature of dual diagnosis in adolescents and treatment models by an expert in the field, as recommended by the Review of Service Arrangements for Child and Adolescent Mental Health in the ACT. This review should focus on culturally and linguistically diverse young people and young Aboriginal and Torres Strait Islanders.

### Recommendation 2

That formal links be made between the *ACT Mental Health Strategy and Action Plan* and the *ACT Drug Strategy* to improve treatment outcomes for young people with dual diagnosis.

That in considering future strategies for mental health and alcohol and other drug issues, the ACT Government develop an ACT strategy for dual diagnosis.

### Recommendation 3

That the ACT Government commits funding to mental health and alcohol and other drug services and initiatives in the 2006/07 Budget, consistent with its commitment to early intervention and prevention.

### Recommendation 4

That the ACT Government addresses sector viability as significant and important issue which affects the ability of the sector to deliver programs and support all young people. In particular, that the ACT Government make a commitment to increase salary increments and pay rates for the Youth Sector.

### Recommendation 5

That the ACT Government provide ACT Housing staff with training in dual diagnosis and working with young people.

That the ACT Government increase public housing stock next financial year, as per its election commitment and consistent with the *Breaking the Cycle: ACT Homelessness Strategy*.

That ACT Housing fund a specific youth housing worker who could work collaboratively with a young person's mental health, alcohol and other drug and/or youth workers in identifying potential unsafe housing situations and appropriate accommodation options and support.

That ACT Housing review its policies regarding appropriate allocation of public housing according to young peoples' health and other needs.

## **Summary of Recommendations (continued)**

### **Recommendation 6**

That the ACT Government considers adopting a harm-minimisation approach to accommodation for young people with a dual diagnosis through:

- increased dual diagnosis training to YSAAP services; a requirement to have more than one worker at the service at any one time; and a specific dual diagnosis worker in each service; and/or
- a specific YSAAP service that is responsive to the needs of young people with dual diagnosis; and/or
- both of the above.

### **Recommendation 7**

That all YSAAP workers be provided with ongoing dual diagnosis training and linkages with mental health and alcohol and other drug workers and programs.

### **Recommendation 8**

That all YSAAP policies regarding rules and criteria to access their services or support are made open and transparent.

### **Recommendation 9**

That the ACT Government commit to the development of a residential service for young people with acute mental health issues (adolescent in-patient unit), and a step down/residential 'respite' alternative to ensure a continuum of care.

### **Recommendation 10**

That the ACT Government considering funding a similar project to the Victorian Homelessness Strategy Mental Health Pilot Project and employ workers to provide intensive support to assist homeless patients being discharged to find suitable housing and support.

### **Recommendation 11**

That ACT Mental Health review transitions from CAMHS to the adult service and consider funding support for young people aged 18 to 25 years so that these people do not fall between the systems.

## **Summary of Recommendations (continued)**

### **Recommendation 12**

That CAMHS undertake a community and sector education program regarding the eligibility criteria for CAMHS.

That funding be made available for a project to identify appropriate and effective service models for young people who self-harm, with consultations with young people who self-harm being a core component.

That funding be made available for the provision of high quality training for workers in the community sector on issues related to self-harm. Funding for training should also provide for young people to be trained to be peer educators.

### **Recommendation 13**

That youth workers be trained in dual diagnosis.

That the ACT Government provide funding for counsellors and emotional well-being workers to provide outreach to youth services.

### **Recommendation 14**

That the ACT Government directs funding towards early intervention and prevention programs for mental health and substance abuse. This could include the funding of additional counsellor positions for young people or expanding services which currently provide early intervention/prevention.

### **Recommendation 15**

That consultations be undertaken with young people to identify strategies to be included in the Mental Health Action Plan.



## 1. Introduction

*The absence of suitable supported accommodation [is] the single biggest obstacle to recovery and effective rehabilitation (Cupitt et al, 1999)*

Both accommodation and mental health separately pose significant issues for young people in the Australian Capital Territory. In 2002, 400 young people in the ACT were estimated to be homeless (Council to Homeless Persons, 2005). The *ACT Mental Health Strategy and Action Plan 2003-2008* estimates that approximately 24% of people experiencing a mental illness in the ACT will be under 19 years of age. While these statistics clearly represent a substantial proportion of the total population affected by homelessness and by a mental illness, the Youth Coalition believes that resources are not currently allocated proportionately to reflect this.

Young people by their very nature of being young people experience discrimination. For young people experiencing a mental illness or homelessness this is further compounded, often by the stigma associated with these situations. For a young person facing both a mental illness *and* homelessness, the situation can be isolating, confusing and frustrating, with access to mental health services made difficult due to their transient nature, and the ability to secure safe and secure accommodation significantly diminished.

### 1.1 A human rights issue

The Youth Coalition believes that all people, irrespective of their age, gender, race, ethnicity, class, sexuality, or disability have an equal right to those experiences and resources which support a satisfying quality of life. In particular, every individual has the right to equal, non-discriminatory access to services (Youth Coalition, 2004).

As the first jurisdiction to adopt human rights in local law, the ACT has the responsibility to uphold them in a consistent and equitable manner. The Human Rights Act recognises that everyone has the right to enjoy their human rights without distinction or discrimination of any kind. Both government and non-government services therefore have a responsibility to provide services without discrimination, and the ACT Government has the responsibility to ensure that they are well resourced to undertake this work. The Youth Coalition believes that if there is a gap in services available to any population group then efforts should be made to fill this gap.

The Human Rights Act 2004 (ACT) recognises that people also have other rights under domestic and international law, for example, under other treaties to which Australia is a party (ACT Human Rights Office, 2004). Examples include the United Nations Convention on the Rights of the Child (UNCROC) (ratified by

Australia in 1990) and the International Covenant on Economic, Social and Cultural Rights (ratified by Australia in 1975). Human rights and mental health advocates alike emphasise the right to the "highest attainable standard of physical and mental health", recognised in article 12 of the International Covenant on Economic, Social and Cultural Rights. Further, Article 27 of the UNCROC recognises the right for children to have a standard of living adequate for their physical, mental, spiritual, moral and social development.

## **1.2 Access to secure housing is essential**

The Youth Coalition welcomes the opportunity to respond to this inquiry. Lack of secure housing undermines young people's health, including their mental health, their relationships and their prospects in education and employment. We strongly believe that safe, secure, affordable and accessible housing options for young people are essential. This is consistent with the *Breaking the Cycle: ACT Homelessness Strategy's* vision that:

*All Canberrans have the right to safe, secure, affordable and appropriate accommodation with the necessary supports to live as independently as possible within our community.*

Securing housing options is one of the highest priorities of the Youth Coalition (Youth Coalition, 2004).

## **1.3 Improving health outcomes for young people**

The stigma, uncertainty and transience associated with homelessness, mental health and dual diagnosis (as defined below) limit people's social inclusion and integration into the community. This can affect both their physical and mental health (Commonwealth Department of Health and Aged Care, 2000). The Youth Coalition believes that all people have the right to enjoy good mental and physical health, and that it is the responsibility of both government and the community to improve health outcomes for our most marginalised and disadvantaged.

The current mental health and accommodation crisis being experienced by young people in the ACT is complex and is not one that can be 'fixed' by any single government department:

*Health policies need to aim at reducing the overall burden of disadvantage. In attempting to reduce health inequalities and create better conditions for population health, health policy cannot be isolated from other developmental policies (World Health Organisation, 2002).*

We recognise that mental health, substance abuse and homelessness are addressed in such government policy documents as the *Canberra Plan*, *Breaking the Cycle: the ACT Homelessness Strategy*, the *ACT Mental Health Strategy and Action Plan*, the *ACT Drug Strategy* and the *ACT Young People's Plan*.

However, the Youth Coalition believes that in order to significantly improve health outcomes for young people, we need a more collaborative, integrated and well-resourced approach, which encompasses both government and community sectors working with young people on issues such as income, employment, poverty, education, and access to community resources.

*The link between health policy and other policy sectors such as employment, income maintenance and social welfare, housing and education is crucial (World Health Organisation, 2002).*

## **2. Dual Diagnosis – co-occurring substance abuse and mental illness**

### **2.1 What is dual diagnosis?**

Dual Diagnosis refers to an individual who has co-occurring mental illness and substance misuse issues (Youth Coalition, 2004). A 'substance' may be a licit drug, illicit drug or prescribed medication.

### **2.2 Why focus on dual diagnosis?**

Dual diagnosis is widespread and often associated with poor treatment outcomes, severe illness and high service use (National Drug and Alcohol Research Centre (2001)). Between 30% and 90% of clients seen in either mental health services or drug and alcohol services are dually diagnosed (YAPA and NAAH, 2002). In our consultations, all services reported that they see young people presenting with co-occurring mental health and substance abuse issues.

### **2.3 Treatment of dual diagnosis**

The Review of Service Arrangements for Child and Adolescent Mental Health in the ACT (2001) was critical of current services available for treating adolescents with dual diagnosis, and emphasised the need to be able to treat both issues together. The Youth Coalition supports the report's recommendation that an independent review of this matter (the nature of dual diagnosis in adolescents and treatment models) be undertaken by an expert in the field. It would be beneficial for this review to have a focus on culturally and linguistically diverse young people and young Aboriginal and Torres Strait Islanders, as there is currently a lack of detailed information regarding prevalence of dual diagnosis in these groups in the ACT.

### **Recommendation 1**

That the ACT commissions an independent review of the nature of dual diagnosis in adolescents and treatment models by an expert in the field, as recommended by the Review of Service Arrangements for Child and Adolescent Mental Health in the ACT. This review should focus on culturally and linguistically diverse young people and young Aboriginal and Torres Strait Islanders.

## **2.4 Mental health services vs alcohol and other drug services – a juggling act**

Through our consultations, we do note that there have been many improvements made in terms of dialogue and links between mental health and alcohol and other drug services in the ACT. We understand that the Co-Morbidity Project, ACT Health, has created an assessment tool to assist both mental health and alcohol and other drug services in assessing young people with dual diagnosis, and that education and training is being rolled out to service providers as well as initiatives to increase networks and linkages. We commend this work.

However, it has been reported that for young people, there is a gap between mental health and alcohol and other drug services – they get tossed between the two:

*In our consultations we heard about a young person who had been put on a 'time out' from a youth service due to their substance abuse until they went through a detoxification unit. The detoxification service refused to treat this young person as they felt that they were being affected by a mental health condition. The young person has since been in and out of crisis accommodation displaying the same behaviours due to their substance abuse, for which they have been refused treatment.*

Many service providers and consumer organisations try to provide holistic services, however are not funded to do this (ACTCOSS, 2003).

This causes frustration and confusion for both services and for young people. In a focus group conducted in NSW, young people reported attitudes about their dual diagnosis as:

*unhelpful, discouraging, and stigmatising.*

## **2.5 The need for comprehensive service delivery**

Due to the high incidence of dual diagnosis, as discussed above, it is unrealistic to adopt a narrow focus when providing services to young people. There should

be comprehensive service delivery that makes effective links between mental health and alcohol and other drug services. In the future, the ACT Government could reflect this shift in service delivery by the development of an ACT Dual Diagnosis Strategy, rather than the current model of separate strategies for mental health and alcohol and other drugs.

#### **Recommendation 2**

That formal links be made between the *ACT Mental Health Strategy and Action Plan* and the *ACT Drug Strategy* to improve treatment outcomes for young people with dual diagnosis.

That in considering future strategies for mental health and alcohol and other drug issues, the ACT Government develop an ACT strategy for dual diagnosis.

### **3. Sector Viability**

Of course, services are limited in their capacity by the resources available to them.

The ACT Government has deinstitutionalised mental health services in Canberra. The Youth Coalition (2004) supports this position as it offers "freedom, choice, autonomy, mobility, privacy, safety, and proximity to family, friends and town of origin." However, we are disappointed to note that in general, the savings resulting from deinstitutionalisation have not been redirected to mental health services in the community.

#### **3.1 Lack of funding**

In the 2005/06 ACT Government Budget there was no funding directed to mental health or alcohol and other drug services and initiatives. We were particularly disappointed to note that the lack of funding in these areas considering the commitment that the ACT Government has made to early intervention and prevention.

So the situation remains – services are seriously under funded, including the non-government organisations which struggle to support consumers and their carers (Burdekin, 1993).

#### **Recommendation 3**

That the ACT Government commits funding to mental health and alcohol and other drug services and initiatives in the 2006/07 Budget, consistent with its commitment to early intervention and prevention.

### 3.2 A reliance on community programs

Community programs and services are vital components to supporting young people experiencing homelessness and/or mental illness. Cupitt et al (1999) found Governments to be relying increasingly on non-government organisations to provide services but were treating them as peripheral in the allocation of funds.

This is particularly true for mental health as mild to moderate mental health issues tend to be dealt with by generalist workers due to the prioritisation by specialist mental health services of moderate to severe clients. However, their ability to respond to both increased demand for services for young people is a continuing concern for the Youth Coalition, as outlined in our Budget Submissions for 2004/2005 and 2005/2006. Issues include:

- staff training;
- recruitment and retention;
- salary increments; and
- pay rates (Youth Coalition 2004, 2005).

These issues are of vital importance to the sector and need to be addressed so that it can continue to develop to become a cohesive and viable community sector in the ACT.

#### **Recommendation 4**

That the ACT Government addresses sector viability as significant and important issue which affects the ability of the sector to deliver programs and support all young people. In particular, that the ACT Government make a commitment to increase salary increments and pay rates for the Youth Sector.

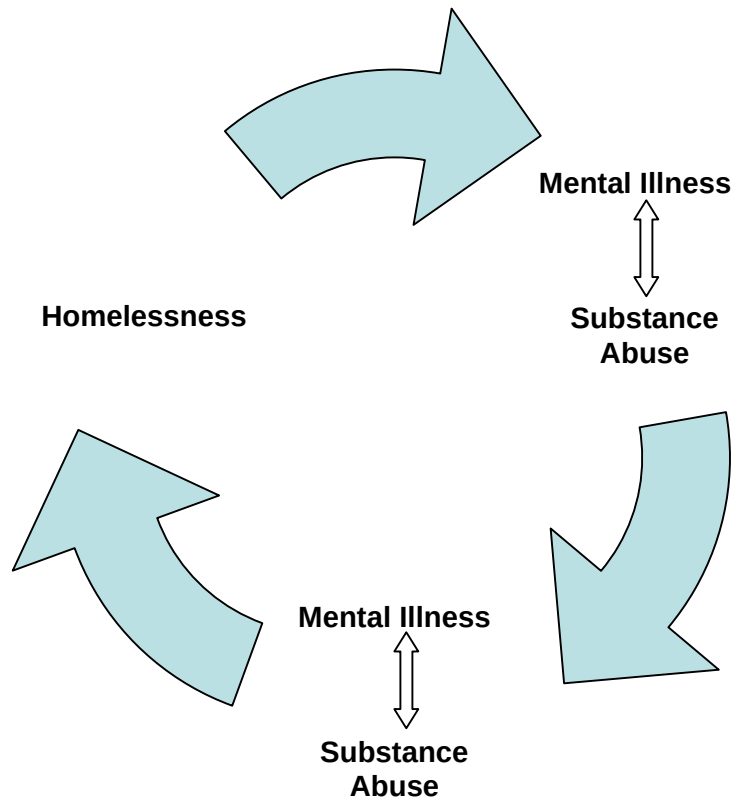
### 4. Dual diagnosis and homelessness are intertwined in terms of cause and effect

*Living with a mental illness – or recovering from it – is difficult even in the best circumstances. Without a decent place to live it is virtually impossible.*  
Human Rights and Equal Opportunity Commission

Homelessness has an exacerbating affect on already existing dual diagnosis issues and can be a precursor to dual diagnosis. Studies have found that between 48% and 82% of homeless young people have a diagnosable mental illness (Council to Homeless Persons, 2005).

#### 4.1 The Homelessness/Dual Diagnosis Cycle

Homelessness and dual diagnosis represent a cycle whereby people with pre-existing mental illness or substance abuse issues are highly vulnerable to becoming homeless; and the experience of being homeless can trigger substance abuse and dual diagnosis:



According to the Jakarta Declaration on Health Promotion, poverty is the greatest threat to health. Homelessness provides no consistency to young people, no chance to stabilise, reintegrate or pursue goals. Homelessness has been shown to impact on dual diagnosis through:

- poor diet and health;
- unmet medical and health needs;
- reduced support systems; and
- poor continuity of assistance.

The Victorian Homelessness Strategy (2002) states that a stable home environment is crucial to improving a person's well-being and stabilising their mental illness.

*It is an uphill battle to deal with a young person's substance abuse while they remain transient or homeless.*

#### **4.2 Alcohol and other drug issues increase a person's risk of poverty and homelessness**

Young people who experience homelessness engage in considerably more drug use than their home-based peers (Youth Coalition, 2005). Earlier this year, the Youth Coalition conducted consultations around youth homelessness and barriers to accessing services. Through these consultations, it was found that a high proportion of young people in the ACT who have experienced homelessness also have alcohol and other drug issues. The young people stated that many barriers exist in terms of their access to housing options due to their alcohol and other drug issues.

The *Disrupting Stereotypes: Young People, Drug Use and Homelessness report* (Mallett et al, 2003) supports these findings, stating that many young people experiencing homelessness experience discrimination and barriers to accessing YSAAP services.

Young peoples' access to services and supports can be dependent upon reasonable and good behaviour, and/or alcohol and other drug use. Some alcohol and drug services will refuse access if the young person is on other medication (Cupitt, 1999).

*They shouldn't be like 'you can't do this. You can't do that.' Cos, like, you can't just quit like that... I have never had workers ask like 'why ya doin' it? Need to look at what's going on. Why are the reasons you are doing this. Why do you feel that you want to use drugs'. Like 'What can we do to support you, help you to move on?' They need to forget about drugs, it's about people. (Youth Coalition, 2005)*

#### **4.3 Mental illness increases a person's risk of poverty and homelessness**

Further, services for people who are homeless have identified a gradual increase in the participation of people with a mental illness in their services, with estimates ranging from 20 per cent to 50 percent of the homeless population; and with schizophrenia being a major diagnosis. Some research suggests that up to 47 per cent of those in crisis accommodation and supported residential services or boarding houses have significant mental health issues; while a recent survey found that 75 per cent of people who are homeless have at least one mental



disorder, compared with an expected prevalence in the general population of 18 per cent (Australian Federation of Homelessness Organisations, as cited by Youth Coalition, 2005).

## **5. Access to safe affordable housing for young people**

Finding accommodation can be difficult for young people at the best of times. Young people frequently face discrimination in the private rental market – due to a number of factors including the low supply of affordable housing, discrimination from real estates and landlords (Council to Homeless Persons, 2005).

The Needs Analysis of Homelessness in the ACT (2002) outlines the following difficulties for young people securing and maintaining affordable housing:

- Discrimination in the private rental market;
- Limited life skills with regard to budgeting, cooking, etc;
- Paying more rent than they can afford; and
- Debts incurred from tenancies they had when they were younger, including rent arrears and property damage.

In a previous consultation, the Youth Coalition (2005) asked young people to identify barriers to gaining access to public housing:

- Lack of public housing stock with long waiting lists;
- Inflexible management of public housing;
- Inaccessible housing system;
- Difficult process for applying for housing;
- Difficulty in accessing information;
- Staff not being young person friendly, rude and discriminating against certain young people; and
- Lack of documentation eg birth certificates etc.

In the same consultation (Youth Coalition, 2005), both service providers and young people expressed concern at the limited public accommodation options available to young people, and reported that:

- even where young people can and do access SAAP crisis accommodation, a lack of suitable exit points results in the system being 'jammed' and prevents the recently homeless from accessing assistance;
- the allocation of inappropriate accommodation, including being in unsafe environments, or locations that preclude access to transport, schools, family and social networks, places vulnerable young people at risk of further episodes of homelessness; and

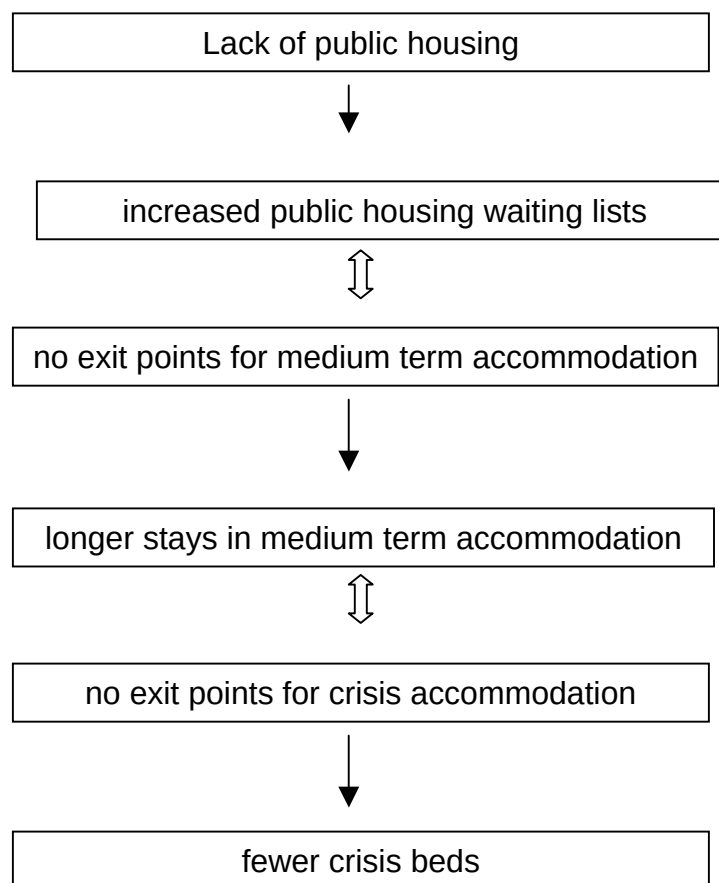
- there is currently a lack of outreach support.

## 5.1 Access to Public Housing

The current housing situation in Canberra is that even those people on the early allocation list cannot access public housing for *at least* nine months.

*Help with ACT Housing – I've been on the list for ages – a young carer, as a response to what they wanted for their families (Youth Coalition, 2005)*

The lack of public housing stock has significantly affected YSAAP services:



In our consultations, we were told that many young people are currently cycling through crisis and medium-term accommodation due to the lack of exit points into public housing. This is a concerning situation – it is taking so long for young people to get stable accommodation that there is no chance for them to achieve a sense of permanency and to enjoy improved health outcomes.

The Youth Coalition was extremely disappointed to note that the funding for increased public housing stock did not come into effect this financial year. Housing provides more than just shelter – it also provides stability, a permanent address for Centrelink correspondence, a chance to gain employment and to improve their health. Without the opportunity to obtain stable housing, the situation will not improve for young people with dual diagnosis.

Even when young people do find public housing, it might not be suitable or appropriate to their needs, however their ability to transfer to more suitable housing is limited due to long waiting lists:

A young person with dual diagnosis was placed in an apartment that had very thin walls. They could therefore hear conversations and arguments taking place in adjoining apartments. This situation had detrimental effects on their mental illness. When their worker approached ACT Housing about finding more suitable accommodation, they were told that it would be at least a two year wait.

## **5.2 A study looking at matching housing to the individual**

A study undertaken by Australian Housing and Urban Research Institute (AHURI) in 2003 examined the links between stable housing and support for people living with a mental illness, from the perspective of those living with the illnesses. The study confirmed the importance of matching the type of housing to the individual and the crucial role played by support workers in maintaining stable housing, in this case workers from Victoria's Psychiatric Disability Support Services (PDSS). 'Stable Housing' in this instance refers to a person exercising control over their housing – not to a particular period of occupation. The study found that the support provided by the PDSS was critical and suggested that this was a model which other jurisdictions could emulate. The report also recommended diversification of housing stock, with an awareness of the risks and specific needs of this group:

*the housing must accommodate the person's disabilities associated with their mental illness. These might include their phobias, behaviours, extreme sensitivity to noise or major difficulties in managing interactions with others.*

### **Recommendation 5**

That the ACT Government provide ACT Housing staff with training in dual diagnosis and working with young people.

That the ACT Government increase public housing stock next financial year, as per its election commitment and consistent with the *Breaking the Cycle: ACT Homelessness Strategy*.

That ACT Housing fund a specific youth housing worker who could work collaboratively with a young person's mental health, alcohol and other drug and/or youth workers in identifying potential unsafe housing situations and appropriate accommodation options and support.

That ACT Housing review its policies regarding appropriate allocation of public housing according to young peoples' health and other needs.

## **6. The presence of mental illness or dual diagnosis can impact on a young persons ability to find and maintain stable accommodation**

### **6.1 A lack of suitable accommodation**

There is a lack of suitable and appropriate accommodation for young people with dual diagnosis (Cupitt et al, 1999). Without some form of sustainability, it is difficult to address their non-crisis issues. It is also incredibly difficult to diagnose a mental illness when extreme environmental factors are active.

Access to appropriate accommodation for people with dual diagnosis is limited – they are often excluded or accommodation fails to address their specific needs. More access to appropriate accommodation would result in reduced stress on people with dual diagnosis and would reduce demand on mental health and other community services.

### **6.2 Access to YSAAP Services**

The Youth Coalition (2005) has previously reported that young people using alcohol and other drugs were not able to access crisis accommodation through YSAAP. Duty of care, unwillingness to promote drug or alcohol use, and the increased potential for violence within the refuge were cited as reasons for service's inability to accommodate those using. We also described difficulties in housing young people experiencing psychosis, those who self harm and/or those with difficult behaviours and the impact of their behaviour on other residents.

There is controversy surrounding whether young people with dual diagnosis should be given access to YSAAP services. By accepting young people with dual diagnosis, services are concerned that other residents may be exposed to unsociable behaviour, suicide and depression, and may be vulnerable and not have the coping or relationship skills to deal with this. Services also argue that they do not have the ability to provide or cope with the intensive support needs of young people with dual diagnosis, due to a lack of training and the fact that most YSAAP services have only one worker on at any given time.

In a previous consultation by the Youth Coalition, young people were critical of services that 'kicked them out' or 'wouldn't take them in the first place' because of their drug use.

*He'd been black listed [because he was known to use drugs] and couldn't get into any refuge (Youth Coalition, 2005).*

*How is this supporting you by kicking you out or saying you can't get in? (Youth Coalition, 2005).*

Young people suggested an alternative way for services to support them would be to let young people who use drugs access their service. We spoke to a number of services that suggested that young peoples' access to services should be based on behaviour rather than perceived/assumed/actual substance use.

*Being able to get in and stay should be about how you behave, not the drugs (Youth Coalition, 2005).*

Young people also stated that workers had wrongly assumed they were intoxicated or knew them to be drug users and consequently didn't let them access a service.

*A service we spoke to will ask young people demonstrating dangerous behaviour to leave their service. However, they said they always made it clear to the person that once they were welcome back to the service once their behaviour had changed.*

### **6.3 Identifying accommodation options for young people with dual diagnosis**

Due to confusion regarding access by young people with dual diagnosis and differences in their eligibility to different YSAAP services, we recommend that the ACT Government standardise the model through which services operate by

identifying options for young people with a dual diagnosis. The Youth Coalition encourages both government and non-government service providers to adopt a harm minimisation approach to substance misuse rather than one of zero tolerance (Youth Coalition, 2004). Cupitt et al (1999) defines harm minimisation as acknowledging that behaviours do occur, not condoning them, but establishing measures to reduce harm.

Models that encompass a harm-minimisation approach may include:

- funding all YSAAP services to be accessible to young people with a dual diagnosis. This would require high quality, timely and accessible training to be made available to YSAAP workers and ensuring that at least two workers are working at the service at any one time. ACT SAAP staff have reported that to work with mental health service users they need:
  - suitable, supported, safe, stable accommodation options;
  - greater understanding between services using differing models and philosophies;
  - staff training in mental health issues;
  - information support and referral points; and
  - support from specialist mental health workers (ACT SAAP Mental Health Needs Report): AND/OR

This would also require resourcing a specific dual diagnosis worker in each YSAAP service. We understand that Gudan Gulwan has a specified dual diagnosis worker and that this has been a successful model for this service.

- funding a specific YSAAP service that is responsive to the needs of young people with dual diagnosis. This could include the investigation of a partnership model between a housing agency and adolescent mental health support agency. Consideration must also be given to the needs of Aboriginal and Torres Strait Islander young people and young people from culturally and linguistically diverse backgrounds in the development of accommodation options; AND/OR
- both of the above.

## 6.4 CASE STUDY

Hanover, Southbank offers crisis supported accommodation to young people in Melbourne, Victoria.

*Operating in within a harm minimisation policy, Southbank aims to reduce the harm associated with residents' poly drug use.*

Southbank partners with a range of alcohol and other drug, mental and primary health providers, and training and employment providers in order to address all the needs of young people. They also provide outreach case management, after a young person has left, to prevent them from moving into further housing crisis. The Coordinator of this service reported that:

*To be genuinely willing to improve the situation for young people who are homeless requires each service to be brave enough to acknowledge their strengths and limitations, and their capacity to address these limitations.*

#### **Recommendation 6**

That the ACT Government considers adopting a harm-minimisation approach to accommodation for young people with a dual diagnosis through:

- increased dual diagnosis training to YSAAP services; a requirement to have more than one worker at the service at any one time; and a specific dual diagnosis worker in each service; and/or
- a specific YSAAP service that is responsive to the needs of young people with dual diagnosis; and/or
- both of the above.

Regardless of the model adopted, the Youth Coalition believes that all YSAAP workers should be provided with ongoing dual diagnosis training and linkages with mental health and alcohol and other drug workers and programs.

#### **Recommendation 7**

That all YSAAP workers be provided with ongoing dual diagnosis training and linkages with mental health and alcohol and other drug workers and programs.

### **6.5 Rules and criteria for accessing YSAAP**

In previous consultations, young people have also said that often they did not know or understand the rules or criteria to access support or services.

The Youth Coalition believes that all YSAAP services' rules and criteria to access services should be made openly available to young people. This should be made a requirement in all service agreements.

It is essential that policies and procedures in YSAAP services ensure accessibility for all young people with dual diagnosis.

### **Recommendation 8**

That all YSAAP policies regarding rules and criteria to access their services or support are made open and transparent.

## **6.6 The need for an adolescent inpatient unit**

*[Young peoples] first experience with health professionals [was described as] frightening, coercive, humiliating, and authority figures as unpleasant and humiliating – Cupitt et al, 1999*

*When you go into the PSU they're just replacing one dependency with another, medication.*

Clearly, the ability to support young people with mental health issues in their 'natural communities' is preferable, as is the provision of a continuum of support. As previously discussed, the de-institutionalisation of mental health did not appear to be matched by the development of services in the community. Funding in this area is still needed to enable support to be brought to the individual and their family/carers, so that they can remain in their 'natural community' as far as possible.

However, all service providers we spoke with highlighted the need for an adolescent in-patient facility. The current Psychiatric Services Unit (PSU) is not youth-specific and at times not safe for young people.

Through our consultations we heard of a young woman who was unable to access the PSU as her safety could not be guaranteed.

We welcome the feasibility study that recommended an adolescent in-patient unit however are disappointed to note the lack of action on this issue. The number of reports and inquiries which have highlighted this need were documented in the report of the Legislative Assembly Inquiry into the rights, interests and well-being of children and young people (2003). It is noted that 50 to 60 young people were admitted to the Psychiatric Services Unit (PSU) during 2002.

The ACT Mental Health Strategy & Action Plan 2003 – 2008 noted that 'an alternative to acute admission, or step down accommodation following admission, was consistently identified as a priority' (p105) in the adult system, and it will also be a need for adolescents, and that there should be no cost involved in accessing such a service. If there is a cost involved, this must be commensurate with the individual's circumstances – for example the need for



individuals to continue rental payments so as not to risk loss of accommodation in the community, must be considered.

#### **Recommendation 9**

That the ACT Government commit to the development of a residential service for young people with acute mental health issues (adolescent in-patient unit), and a step down/residential 'respite' alternative to ensure a continuum of care.

In our consultations we were told that young people who are exiting the PSU as acute in-patients are discharged back into homelessness with little or no support, and therefore soon after their discharge readmit into the unit. Young people have said that they often become homeless when they aren't provided with appropriate support and referral when they leave a detoxification program, rehabilitation program, jail or detention

*You go to rehab and get out and you're on the streets again. (Youth Coalition, 2005)*

### **6.7 CASE STUDY**

In October 2002, the Victorian Homelessness Strategy Mental Health Pilot Project employed two workers to provide intensive support to assist homeless patients being discharged to find suitable housing and support. This pilot recognises that homeless people with mental illness have specific housing requirements with regards to their well being and potential for engaging with support, social and recreational activities (Martyn in Parity, 2004). It provides linkages between mental health, housing and community supports with the aim of reducing re-admission into the Acute Inpatient Unit, reducing discharge into homelessness. The stability of their clients, given access to housing has shown that it is preferable for people to have access to more transitional and long-term housing upon discharge.

#### **Recommendation 10**

That the ACT Government considering funding a similar project to the Victorian Homelessness Strategy Mental Health Pilot Project and employ workers to provide intensive support to assist homeless patients being discharged to find suitable housing and support.

## **7. Support mechanisms for young people with dual diagnosis**

*[Young people] want better education and information – Cupitt et al, 1999*

*young people with mental health issues may access refuges but it doesn't mean the support is appropriate - youth worker as reported in Telling It How It Is (Youth Coalition, 2005).*

There is inadequate support once a person with dual diagnosis is housed. This can result in a young person being excluded from their crisis accommodation or evicted from their public housing due to 'unsociable behaviour' resulting from lack of treatment and support. Young people need assistance to help them into their new home and community, and access to supportive and responsive services to help identify potential causes of housing instability and help to address their needs.

### **7.1 Dual Diagnosis services in the ACT**

Currently there is no dual diagnosis service for young people in the ACT. And, for young people, access to alcohol and other drug and mental health services are limited.

### **7.2 Adult focussed alcohol and other drug services**

Further, the government alcohol and drug program is adult focused. The Youth Coalition believes that it is inappropriate to treat young people in an environment/program that is targeted to adults. The current lack of youth focussed specialist services has led to increased waiting lists (Cupitt et al, 1999), which is unacceptable, especially considering that some young people may be on 'time outs' or excluded from their accommodation until they go through a detoxification program, or their condition may deteriorate while waiting to access treatment.

In 2003, the Legislative Assembly for the ACT Standing Committee on Community Services and Social Equity found that adults with a dual diagnosis can be case managed more effectively because the ACT Government provides *both* mental health *and* alcohol and other drug services to adults. Therefore, one can assume that it is not impossible to case manage a person with dual diagnosis, and that the ACT Government has the responsibility to ensure young people are not excluded from these services solely on the basis of their age.

### 7.3 A scarcity of mental health services

The *Mental Health of Young People in Australia* notes the scarcity of mental health services for young people. In this report parents identified why children and adolescents did not receive professional help:

- couldn't afford it;
- not knowing where to go;
- seeking help but not receiving it; and
- having to wait too long before help was available.

When young people themselves were asked they raised the following:

- thinking nothing could help;
- not knowing where to go; and
- being afraid of what other people might think.

### 7.4 The Child and Adolescent Mental Health Services (CAMHS)

The Child and Adolescent Mental Health Services (CAMHS) is a service for children and young people (up to 18 years) with moderate to severe mental illnesses and support for their families and carers. CAMHS provides a critical service to this growing client group.

### 7.5 Transition from CAMHS to Adult Mental Health

Transition from CAMHS to the Adult Mental Health once a client turns 18 is extremely problematic, with reports of young people falling through the cracks. CAMHS and Mental Health have different eligibility criteria, with CAMHS accepting a broader range of clients. This transition is particularly important given that mental health problems and mental disorders are at their most common among young adults aged 18 to 25 years (Promoting the mental health and wellbeing of children and young people).

#### **Recommendation 11**

That ACT Mental Health review transitions from CAMHS to the adult service and consider funding support for young people aged 18 to 25 years so that these people do not fall between the systems.

### 7.6 Eligibility for CAMHS

In our consultations, services commented that they will often try to refer young people to CAMHS, only to be told that the young person does not meet the eligibility criteria. This is particularly true for incidents of self-harming. As CAMHS will only treat young people with moderate to severe mental illness, for those young people whose diagnosis is unclear, there are few services to fill the gap in early intervention or treatment of mild to moderate illness. This leaves services, families and young people confused and frustrated.

#### **Recommendation 12**

That CAMHS undertake a community and sector education program regarding the eligibility criteria for CAMHS.

That funding be made available for a project to identify appropriate and effective service models for young people who self-harm, with consultations with young people who self-harm being a core component.

That funding be made available for the provision of high quality training for workers in the community sector on issues related to self-harm. Funding for training should also provide for young people to be trained to be peer educators.

### **7.7 The gap in services for mild to moderate mental health issues**

Current mental health services for young people deal only with moderate to severe mental health episodes. There is a clear gap in the provision of quality, cost-free and accessible services to a growing number of young people (up to 25 years) with mild to moderate mental health issues.

Evidence indicates that groups of young adults aged 18 – 25 years who are at particular risk of developing mental health issues or issues with social and emotional well-being (early school leavers, Aboriginal and Torres Strait Islander young people) are also less likely to seek help from formal mental health services but may come into contact with youth and community services.

Youth services are a positive source of assistance for young people, as confirmed by our previous consultations:

*I've met some mad youth workers they treat you like a human being*  
(Youth Coalition, 2005).

However, it is not realistic to rely on youth services to provide treatment for young people with mild to moderate illness unless they are supported to do so.

**Recommendation 13**

That all generalist youth workers be trained in dual diagnosis.

That the ACT Government provide funding for counsellors and emotional well-being workers to provide outreach to youth services.

**7.8 Early Intervention and Prevention**

Cupitt et al (1999) recommended 'added emphasis in health budgets' for mental health prevention. This need has also been identified and within the priority actions of the ACT Mental Health Strategy and Action Plan 2003-08 'prevention of mental health problems' and 'increased capacity for early intervention'(p45, 64, 65).

Our consultations indicate that there is a real need for early intervention and prevention initiatives for dual diagnosis. There are few resources currently being directed to this issue. We commend programs that provide early intervention and prevention and believe that more funding should be directed towards similar initiatives.

The few services which currently provide counselling services for young people, cannot meet current, nor increasing demand. In previous budget submissions we raised the establishment of 'counsellor' positions located in community youth services/centres in regional areas and accessible locations would assist a coordinated approach to the provision of early intervention and prevention services, particularly to marginalised young people. This idea was supported throughout our consultations for this submission. Such positions could be located at the youth centre 'hubs' meaning that young people who would usually access these services could be supported in their established community.

Alternatively, initiatives or services that currently provide counselling could be expanded. The role/model and title of such positions should also be given consideration to ensure access. For example, it is our understanding that the Winnunga Nimmityjah Aboriginal Health Service Emotional and Social Health workers provide holistic models of intervention through their emotional and social well being services and that this services may be perceived as more accessible for young people. Both indigenous and non-indigenous young people access this service leading to an increased burden on resources and workers. The Youth Coalition believes that this service should be further funded or the model expanded to other programs/services.

It is our view that regardless of the place of employment, these counsellor positions must be equipped with resources to allow them to undertake outreach to young people in the region (for example to young people in independent living), to ensure access for young people who do not, or are unable to attend youth centres and services.

#### **Recommendation 14**

That the ACT Government directs funding towards early intervention and prevention programs for mental health and substance abuse. This could include the funding of additional counsellor positions for young people or expanding services which currently provide early intervention/prevention.

### **8. The need to involve young people in all decisions that affect their lives**

The Youth Coalition would like to emphasise to the community the importance of involving young people in all decisions that affect their lives. The Youth Coalition notes that the *ACT Mental Health Strategy and Action Plan 2003-2008* indicates that consultation with young people using mental health services had not been undertaken in its development. This raises the fundamental issue of young peoples' participation. The United Nation Convention on the Rights of the Child emphasises the right of children to have a say in decision-making and the right to express views freely in all matters that affect them.

In an earlier consultation, young people said they want to decide what issues to address and to prioritise. They said that often drug use was the last issue they want to address:

*That's the point... drugs is the last thing workers should be addressing... they [young people] need a house and everything before they can look at their drug use (Youth Coalition, 2005).*

Young people repeatedly said they need support in areas other than their drug use until they were ready to address their drug use:

*Well, the thing is, it doesn't matter, you can help me in other ways (Youth Coalition, 2005).*

The young people gave examples of the type of support that would help including housing, Centrelink, and respect for their choices, families and lives.

#### **Recommendation 15**

That consultations be undertaken with young people to identify strategies to be included in the Mental Health Action Plan.

## 9. Conclusion

Mental illness is rarely seen without an associated substance abuse disorder. Dual diagnosis is extremely common amongst young people experiencing homelessness. These issues present themselves in a complex cycle whereby it is difficult to determine which issue came first for the young person.

This is a complex area that spans across several sectors and government departments – youth, mental health, housing and alcohol and other drugs. The solutions are not easy, quick or cheap.

However, the current situation facing homeless young people with dual diagnosis is unacceptable. It is not enough to say that it is too difficult or expensive to fix. Community and government have an obligation to ensure that young people are afforded the right to good health and access to appropriate and safe accommodation.

Early intervention and prevention initiatives are absolutely essential to improving health outcomes for young people. This is a major gap in current service delivery. There is a need to raise understanding and awareness among generalist youth workers about dual diagnosis so that they can make links with mental health and alcohol and other drug services and initiatives. There should be also be more funding directed towards outreach counsellors and emotional and wellbeing workers so that they can assist young people to build stability, resilience and an understanding of mental illness into their lives.

Young people have demonstrated that they know what services they need and articulate this very well. It is essential that they be included in the decision-making process for strategies which will affect their lives.

The Youth Coalition strongly recommends that the ACT Legislative Assembly Standing Committee on Health and Disability note that throughout our consultations for this submission, services reported that the situation regarding mental health, dual diagnosis and accommodation for young people in the ACT has remained stagnant or worsened over the past five years.

In preparing this submission, we have been able to locate a great deal of literature and research concerning mental health, dual diagnosis and accommodation. We suggest that the youth, mental health, housing and alcohol and other drug sectors are disheartened at the lack of action by the ACT Government regarding additional funding and resources despite such an

abundance of evidence and information demonstrating that there are currently gaps in service delivery.

We encourage the Standing Committee on Health and Disability to use this opportunity to take the information and recommendations gathered through this inquiry and turn them into tangible actions to improve outcomes for young people suffering from dual diagnosis and homelessness in the ACT.

## **10. Attachment A**

Frank October 2004 – Dual Diagnosis



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