The Mental Health Needs of Homeless Children and Young People

SUMMARY

Homeless young people warrant specific attention as a key group among the general homeless population because of their highly vulnerable position due to their age. They are also affected by different legislation than the adult homeless population and have differing access to health services. The experience of homelessness among young people can exacerbate existing mental health problems or contribute to the onset of mental health problems. Mental health problems are also a risk factor for homelessness in its own right.

Research commissioned by the Mental Health Foundation shows that the mental health needs of homeless young people are considerable, but that current services do not generally provide adequate support. This update summarises the research findings and outlines key recommendations.

BACKGROUND

In 2000, the Mental Health Foundation established a vulnerable young people project to explore the mental health needs of four key groups identified as being at risk of developing mental health difficulties. These being children with emotional and behavioural difficulties, looked after children, homeless young people and young offenders.

This project forms part of the Mental Health Foundation’s ongoing programme of work on children and young people’s mental health.

The Mental Health Foundation commissioned research on current policy and practice with respect to the mental health needs of each group. The focus of the research was on England but the issues and findings will be relevant to interested parties across the UK. Initial reports were prepared for each group and issued for consultation. A combined final report will be published in the spring of 2003.

THE RESEARCH

The scope of the research was framed by the following definitions:

- mental health: a broad definition of mental health was used, encompassing distress through to more severe mental illness; the relationship between physical health and emotional well-being was also considered.
- homelessness: a broad definition of homelessness was used, encompassing ‘rooflessness’ and fragile and insecure accommodation.
- young people: the age range included children and young people between 11 years (the start of secondary school) and 25 years (the age at which the full adult benefit rate is paid).
A search for relevant literature was carried out on Barnardo’s library catalogue, ChildData, CareData, Medline, Assia, Sociological Abstracts and Psychological Abstracts. To complement the literature review, two group discussions were held with 16 young people involved with Barnardo’s services and with personal experience of homelessness or insecure accommodation.

THE FINDINGS

The research confirmed that accumulating disadvantage and exposure to a range of social and environmental risk factors could make anyone susceptible to homelessness. The balance between the role of personal histories and the role of structural changes continues to be a source of debate, along with which comes first – mental health problems or vulnerability to homelessness. Key risk factors for homelessness include:

- family breakdown
- enforced or voluntary exclusion from the family home
- being looked after or a care leaver
- insecure housing
- drug and alcohol dependency
- criminal activity.

For example:

- It is particularly common for young offenders aged 16 to 20 years to run away from home and to become homeless.
- 30 per cent of young single homeless people have been looked after and 20 per cent of care leavers experience some form of homelessness within two years of ceasing to be looked after.

However, for some young people, homelessness is a preferred choice made in a context where their range of life choices is narrow and mostly undesirable (for example, remaining in a family home that is abusive).

Gender and ethnicity also influence young people’s risk of both mental health problems and homelessness, for example:

- The young homeless population is primarily male, by a ratio of around 2:1.
- Females experience more internalising mental health problems (such as depression) while males experience more externalising mental health problems (such as drug misuse).
- Minority ethnic groups are under-represented in the ‘roofless’ population, but over-represented in the overall homeless population.
- Homeless refugees and asylum seekers tend to be the most isolated and disadvantaged, leading to different referral pathways.

The impact of homelessness on young people’s health and life chances is considerable. There is a compelling body of evidence showing that homeless young people are particularly vulnerable to:
poor mental health
poor physical health
risk taking behaviour (such as self neglect, self-harming, suicide, sexual risk behaviour, substance use and criminal activity)
being a victim of crime
exclusion from education, employment and social support.

In addition, co-morbidity between mental health problems and substance use is particularly high among homeless young people. Many young people with insecure accommodation also become dependent on others - often people with similarly fragile accommodation.

IMPLICATIONS

There are a significant number of challenges which professionals and organisations face when working with homeless young people, especially with reference to their mental health needs. Many homeless young people also have severe and multiple problems, which make it even more difficult for agencies to provide appropriate help. For example:

- Diagnostic procedures in child and adolescent mental health are fraught with difficulties; the line between a mental health problem that requires a clinical response and the troubles many young people experience as a result of life transitions, events and circumstances is not always clear. A diagnosis of a clinical mental health problem may in fact add to the stigma experienced by some homeless young people, who may then also be housed in the poorest accommodation.
- Insecure accommodation and high levels of mobility result in young people relying excessively on acute rather than preventive services. Even when community-based services are provided, difficulties may occur if the age range covered is too broad, as adolescents just a few years apart may have had very different experiences and have very different needs.
- A roof is not always the whole solution and can actually serve to exacerbate underlying problems. Loss of tenancies, further homelessness or use of insecure housing will not be avoided unless financial and emotional security are addressed.
- Young people may not have the experience to recognise and articulate their needs. Unlike most young people however, they may have few or no responsible adults to advocate on their behalf. Young homeless people may also distrust statutory and regulatory services.

RECOMMENDATIONS

- Young people must be consulted to help services develop the most supportive, accessible and acceptable provision possible.
- Services must be culturally sensitive in order to reach the most vulnerable of the homeless population, such as unaccompanied asylum seekers and refugees.
Practical help needs to be more widely available to young homeless people. It needs to be flexible enough to accommodate crises at anti-social hours and structured to ensure a low-stigma, community-based approach.

Services need to address accessibility factors such as physical proximity and timing, to ensure continued access to benefits, day centres and other essential services.

The under-representation of young homeless people using Child and Adolescent Mental Health Services (CAMHS) must be rectified by utilising more active, community-based approaches to identifying young people who need help.

More education and active health promotion for young people around mental health issues is required, in different settings and styles. Preventive and primary care services also need to be more accessible to young homeless people and provide continuity.

Housing quality for those at the lower end of the housing market needs improvement, including better provision of supported accommodation and half-way houses.

Family mediation and respite services need to be improved, including befriending, mentoring and peer support.

Definitions of mental health, mental health problems and homelessness that can be accepted by all statutory and voluntary agencies should be agreed, to support service planning, referrals and delivery.

Key professional groups (health care, social care, education, crime and housing) in both the voluntary and statutory sectors, need better education and training on mental health issues.

**REFERENCES**

This update was based on the Foundation’s report Bright Futures: Improving the Mental Health Needs of Children and Young People (Mental Health Foundation 2002)

The report contains full references and is available on the Foundation’s website www.mentalhealth.org.uk

The Mental Health Foundation is very grateful to all those supporting the vulnerable young people’s project in particular to The Paul Hamlyn Foundation.

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