

Youth Homelessness, Mental Health and Complex Trauma: Implications for Policy and Practice

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Youth Homelessness and Mental Health

Homeless young people often present to homelessness services with complex mental health needs. This may include symptoms of depression, anxiety, Post-Traumatic Stress Disorder, and psychosis.¹ The high levels of psychological distress experienced by homeless youth may be compounded by challenging behavioural and emotional difficulties; substance abuse, suicidality and self-harm. These mental health issues are frequently intertwined with complex trauma histories.²

Understanding the Impact of Complex Trauma

Complex trauma refers to repetitive, prolonged or cumulative harm stemming from exposure to abuse, neglect or violence — usually perpetrated by primary caregivers or other entrusted adults.³ These traumatic experiences have a profoundly negative effect on psychosocial, cognitive and physiological development and may lead to long-term behavioural and emotional difficulties.⁴ Experiences of family violence, abuse and neglect also take place in a wider social context, where there have been failures to provide adequate protection, care and support for children at multiple levels. As a result, many traumatised young people who have been homeless develop a sense of the world as being unsafe, unjust and unpredictable. This may lead to further problems in forming healthy, trusting relationships, and having core needs met.⁵

Poorly addressed histories of complex trauma are a major indicator of long-term homelessness risk and poor mental health

outcomes.⁶ It can also be argued that homelessness during the vulnerable stages of childhood and adolescence is a form of complex trauma in itself.⁷

Systemic Barriers and Gaps

Youth homelessness and mental health services invariably need to provide care to survivors of complex trauma. There are presently significant gaps in addressing their needs. A key issue is that current systems remain crisis-driven, and focused on treating one problem at a time.⁸ Often homeless young people with mental health issues are considered 'too complex' for homelessness accommodation agencies to support, and do not get access to long-term therapeutic support. There are also limited mental health care services operating in Australia that specifically cater for young people who are homeless.⁹

Compounding these issues is a lack of workforce training and awareness around how to work with complex trauma, and support the recovery and complex needs of young people who are homeless. Alongside this, there is a lack of thorough intake and assessment processes within youth homelessness services, which might help to identify the levels of trauma and mental health needs of young people. Assessment is a critical element of care planning for young people with trauma histories and mental health issues, yet this is an area that is largely neglected in the homelessness sector. This can result in young people being linked into services that may not be appropriate for their developmental and therapeutic needs.

These issues call upon youth homelessness service providers and policymakers to develop a more consistent, therapeutic and responsive approach to addressing trauma as key factor in youth homelessness and mental health.

The Importance of Looking Through a 'Trauma Lens'

What we know of trauma and mental health recovery is that homeless young people need stability in their lives, to feel safe enough to start to enter a therapeutic process, and consistency in the support and care that is provided.¹⁰ For traumatised young people, this needs to be underpinned by a consistent, coherent understanding of how to support recovery from complex trauma and disrupted attachment. As Bloom¹¹ explains:

The starting point for a trauma-based approach is that it serves to normalise symptoms and behaviours that have traditionally been pathologised and viewed as examples of personal and social deviance. In such a model...forms of compulsive, self- and other-destructive behaviours are seen as 'normal responses to abnormal stress', originally useful coping skills for a besieged child, struggling to survive. In this way the philosophical emphasis shifts from a sickness to an injury model...

Much has been made of the 'No Wrong Door' approach to homelessness sector development.¹² What also needs consideration is young people's experience of going through that service 'door'. Is there consistency in the frameworks and models of care that are used to respond to homeless young

people? Does the young person have the same sense of safety, sensitivity to their needs and belonging with one service, as they would another? What steps are being taken to ensure there is a continuum of care provided at all levels and across sectors?

Implications for Service Development and Policy

The homelessness sector is at the coalface of mental health and trauma presentation amongst service users. We have known for years that homeless young people present to services with very complex needs, often have a history of multiple traumas in their lives and concurrent mental health difficulties. Yet workers are not sufficiently supported to respond and work with the complex needs of people with trauma histories. Our sector has had a fragmented and crisis driven approach which in some ways parallels the emotional experience of the people we work with.

The National Youth Commission Inquiry¹³ highlighted there is a need for a more comprehensive, connected approach to youth homelessness. This includes services that are responsive to a variety of needs at the same time; are capable of supporting young people to work through the effects of complex trauma; which provide specialised treatment of specific mental illness, and respond appropriately to the interrelation between homelessness and mental health.

We should be working together with mental health, child protection, criminal justice, drug and alcohol, education, and other sectors to develop guidelines for working from a trauma-informed and responsive framework.

What this means for sector development is a need for:

- Integration of trauma-informed care into early intervention programs, mental health and youth homelessness systems.
- Improved training and practice guidelines for working with trauma and promoting the wellbeing of homeless young people (see for example the recent ASCA guidelines, 2014).(14)

- Improved support systems such as clinical supervision and reflective practice for worker to deal with the impact that working with trauma can have.
- A continuum of care provided within organisations, across organisations, and between sectors.
- More supportive and integrated transition points for homeless people, achieved through cross-organisational partnerships, where the 'No Wrong Door' approach has a consistency of response that is trauma informed.

It is crucial that we continue to develop our responses to youth homelessness through an attachment and trauma informed lens. Traumatized young people experiencing homelessness deserve a therapeutic continuum of care and long-term supports. This ought to be supported through coherent, trauma-informed policy and practice frameworks, which actively address the harm caused by trauma and damaged attachment, and which promote wellbeing across multiple dimensions of a person's life. This is essential if programs are to successfully break the cycle of homelessness for young people, and also highlights the need for mental health and homelessness services to work together in a more integrated way.

Endnotes

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