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REVOLUTION IN MIND

FOR MENTAL HEALTH CLINICIANS

CLINICAL PRACTICE IN YOUTH MENTAL HEALTH

WORKING WITH YOUNG PEOPLE EXPERIENCING HOMELESSNESS

INTRODUCTION

Safe and secure housing is considered a basic human right, yet homelessness continues to be a worldwide issue. Despite new approaches and improved understanding of the factors that lead to and perpetuate homelessness, Australia saw an approximate 30 per cent increase in young people accessing specialist homelessness services between 2005 and 2009, and since then the number of homeless young people has remained steady at around 42,000 every year.(1, 2)

Working with young people with mental ill-health who are homeless can be challenging, as not only does homelessness have a serious negative effect on a young person's recovering from mental ill-health, but it is also something that is difficult to remedy – the need for homelessness supports and services in Australia currently outweighs capacity.

It is therefore easy for clinicians to become disillusioned with the system and feel that there is little support they can offer the young people in their care.

However, by understanding the complexities of homelessness, intervening early and working collaboratively with homelessness services, it is possible to achieve positive outcomes.

This clinical practice point is designed to help clinicians who work with young people with mental ill-health to understand:

- the incidence of homelessness in young people and its impact on their lives;
- the relationship between mental health and homelessness;
- the risk factors that can lead to homelessness; and
- the types of support that clinicians can provide to homeless young people.

"Being homeless is like having a cloud of rain over you, a little cloud you walk about with and it's dragging you, because it's something always on your mind: 'where am I going to sleep tonight?'"

YOUNG PERSON, EPPIC, ORYGEN

UNDERSTANDING HOMELESSNESS AND YOUNG PEOPLE

Being homeless can mean a few things, and it is important to be aware that it encompasses a broader set of circumstances than only being without shelter or living on the street. In this clinical practice point, homelessness is defined according to the most recent Australian Bureau of Statistics (ABS) definition as living, with no available alternative:(3)

- with no shelter;
- in improvised dwellings (e.g. a tent);
- in severely crowded dwellings;
- in a place with no security of tenure;
- in a space with no control of the environment;
- in boarding houses or supported housing for the homeless; or
- temporarily in other households (e.g. with a friend or extended family member).

This definition of homelessness focuses on the idea of living without a 'home' rather than simply living without a roof. It is important to note, however, that one of the challenges in understanding data and research in this field is the lack of consensus on how homelessness is defined.

PREVALENCE OF HOMELESSNESS AMONG YOUNG PEOPLE

According to the Australian National Report Card on Youth Homelessness,(1) the population of young people (15–24 years old) accessing specialist homelessness services has sat at around 42,000 every year since 2009. This is despite a 2008 government commitment to halve homelessness rates by 2020.(1, 2, 4) Young people aged 12–25 make up approximately a quarter of Australia's homeless population.(3) Among these young people, males, Aboriginal and Torres Strait Islander, culturally and linguistically diverse, and LGBTIQ+ youth are overrepresented.(3, 5) These figures, however, are likely to be an underestimation as many young people who stay with friends or couch surf do not report being homeless.

> "The word 'homeless' is often associated with dirty people with no shoes, sitting outside of Maccas asking you for a smoke and a dollar."

YOUNG PERSON, EPPIC, ORYGEN

When considering the prevalence of homelessness, it is also important to consider young people who are at risk of homelessness, a population that is impossible to measure. There is evidence that working with young people when they are first at risk of homelessness and intervening as early as possible produces better outcomes.(6) The primary aim of early intervention is to prevent chronic homelessness and prevent young people entering the social environments associated with the homeless culture.(6) However, clinicians may already be working with young people who are at risk of homelessness and can play a role preventing homelessness.

WHY DO YOUNG PEOPLE BECOME HOMELESS?

It is generally accepted that there is not one single cause of homelessness for any individual, but rather a combination of risk factors can lead to homelessness (see Box 1). This usually involves an at-risk period when it becomes difficult for a young person to remain at home; this is followed by a time of housing instability, when a young person may be in and out of the family home, couch surfing or staying intermittently with friends. The final stage is when the young person stops returning home, becomes enmeshed in the homeless 'subculture' and accepts their identity of 'homeless' (see Box 2).(7)

BOX 1. RISK FACTORS FOR HOMELESSNESS

Family relationship breakdown, conflict or violence is considered to be the primary contributing factor to homelessness for young people.(8–11)

Trauma is a risk factor for homelessness, including physical and sexual abuse. Trauma occurring during childhood is significantly associated with homelessness.(5, 8, 10)

Substance use, both by the young person and by their parents, is strongly linked with homelessness.(8)

Socioeconomic disadvantage can play a role in homelessness, as there is a shortage of affordable housing in Australia.(10)

Seeking independence is important to young people and their families, and it can play a role in homelessness.(9) Young people want to individuate from their family, but they may lack the finance, skills or support to live independently and therefore place themselves at a heightened risk of homelessness.

Mental health issues are strongly linked to homelessness.(8, 10) Johnson and Chamberlain (2011) found that for young people with mental illness, homelessness is closely linked to their family's inability to manage obstacles around the mental illness. Similarly, limited social networks have been associated with contributing to homelessness in people with mental illness.(12)

Some population groups are overrepresented among young people experiencing homelessness, including: Aboriginal and Torres Strait Islander, LGBTIQ+, culturally and linguistically diverse young people, young people who are in out-of-home care for a period of time, or those exiting youth detention.(3, 5)

> "I have become homeless three times in my life. I moved out of home when I was a teen and when I was unwell, and then I went back and luckily my mum accepted me. The second time was when I got divorced. I married when I was young and I got divorced three years later, and that was very difficult. But I was lucky I was doing volunteer work ... and they indicated for me to actually apply for government housing and, obviously, the time is still a very long wait, so I did that and I rented a rooming house. Then I met my ex and started living with him, so that was fine for a period of time. But when I got separated again, I needed a place. I was couch surfing with some friends in Collingwood and they helped me go to this place in Collingwood."

YOUNG PERSON, EPPIC, ORYGEN

BOX 2. HOMELESS 'SUBCULTURE'

Research indicates that trauma, substance use, crime, poor sexual health, social isolation and mental health issues are more likely to occur in homeless young people. These factors, and the social exclusion experienced by homeless people, create a homeless subculture that provides a sense of identity for people experiencing homelessness.

Young people can find it difficult to disengage from homeless subculture once they have accepted it. This can make it difficult to develop new social networks and may work towards perpetuating homelessness.(5, 7, 13)

It is therefore important to intervene during the at-risk period or when a young person is experiencing housing instability to prevent the young person from becoming enmeshed in homeless culture and more susceptible to chronic homelessness.

THE INCIDENCE OF MENTAL ILL-HEALTH AMONG YOUNG PEOPLE WHO ARE HOMELESS

The incidence of mental ill-health among young people who are homeless is difficult to measure due to the varying definitions of homelessness, young people and mental illness used by researchers. It is generally accepted that the incidence of mental ill-health is at least twice as high among homeless young people than the general population.(14, 15) Estimates of homeless young people also experiencing mental ill-health vary greatly, from 12–88 per cent.(16, 17)The cost of youth homelessness in Australia study (2015) found that 53 per cent of young people experiencing homelessness have a diagnosed mental illness and 14 per cent report a psychotic disorder.(15)

Demographic data from headspace indicates that 10.3 per cent of young people presenting to headspace have problems with accommodation, 2.4 per cent are at risk of homelessness, and 0.7 per cent are homeless.(18)

CONSIDERATIONS FOR WORKING WITH YOUNG PEOPLE EXPERIENCING HOMELESSNESS AND MENTAL ILL-HEALTH

Research indicates that the longer a young person is homeless, the more likely they are to develop severe and persistent mental illness. (19) Crucially, homelessness can hinder access to mental health services: Flatau et al. (2015)(15) found that of young people that were homeless and diagnosed with mental ill-health, only 48 per cent of females and 24 per cent of males were accessing support from a health practitioner. Homeless young people have difficulty accessing or engaging with mental health services for similar reasons as other young people, including previous negative experiences of services and lack of awareness of where to seek help.(20) However, the practicalities of being homeless can exacerbate these difficulties and pose particular barriers to access and engagement, such as:

- mental health services are often geographically based and people are unable to register without an address;
- physical transience (lack of a stable, consistent dwelling), which may disrupt continuity of care and engagement;
- difficulty accessing things like telephones or internet that would normally facilitate outreach and service access; and
- the stigma associated with mental ill-health and mental health services among young people who are homeless.(20)

Conversely, facilitators of access and engagement include:(20)

- good relationships with service staff;
- services being in a community-based setting and having different treatment options available (outreach, phone-based, street clinics);
- collaboration and communication between different services regarding the young person;
- the young person being engaged with activities away from 'unhelpful' environments; and
- the provision of accommodation to the young person.

Being homeless can also impact on young people's functional recovery goals. Having a stable home is considered a key part of functional recovery from mental illness;(21) without it, every area of functioning becomes more difficult. For example, attending work is more challenging if you have no shower or washing machine to ensure you are clean and presentable for work. Young people who are homeless are therefore less likely to be employed, and have greater difficulty becoming employed.(15)

Situating mental health services within primary care and ensuring services have a youth-friendly approach helps remove some of the barriers to access mentioned above. A flexible approach that involves home-based care and assertive outreach is also a component of the early intervention model that is necessary to address the added barriers to care that are faced by young people who are homeless. Furthermore, the psychosocial care emphasised by youth mental health services ensures practical matters, such as shelter and employment or income, are discussed with young people throughout their episode of care.

IDENTIFY AND ADDRESS RISK FACTORS FOR HOMELESSNESS EARLY

Intervening when a person is at- risk of homelessness, or quickly after they become homeless, is the primary focus for the case manager and treating team when working with young people.(22) This means clinicians need to identify any risk factors for homelessness in young people as early as possible and focus interventions on diminishing their impact. These factors should be explored during a young person's initial assessment on entry to a service. Importantly, because risk factors for homelessness can change quickly and without warning, case managers need to regularly review these factors as part of the young person's ongoing case formulation.

The case manager and treating team should formulate specific interventions to address any risk factors for homelessness. These may include family work, addressing trauma, assertive outreach or home-based care. Case consultation with local support services can help form strong partnerships between services and provide an additional support network for the young person.

> "On the first session you get all the questions ... but there really needs to be a check-up. Because they ask at the start if you do drugs, if you get hallucinations, all of those things and then if something does start happening – you could like lose your job or not have a house or start doing drugs – and myself, I wouldn't say. So having someone just bring it up again..."
>
> **YOUNG PERSON, EPPIC, ORYGEN**

Work with families wherever possible. Family conflict is considered the most common risk factor for homelessness; therefore, family work and support can help decrease risk of homelessness.(23)

Between the ages of 15 and 25 years, the normal developmental trajectory includes learning independent living skills and transitioning to early adulthood; however, the onset of mental ill-health can significantly impact on this.(24) In addition, the teenage years are a time when a young person begins to seek independence from their family and formulate an identity outside the family, which can lead to conflict and challenging previously accepted rules.(25) These factors, in combination with symptoms of mental ill-health (e.g. paranoia), can cause tension and conflict between family members and young people, as both the family and young person's expectations of the young person are thrown by the onset of mental ill-health.

In almost all cases, however, it is preferable for young people to remain living at home rather than enter homeless services. If family conflict appears to be putting a young person at risk of homelessness, clinicians may need to work closely with the young person and their family to find a way for the young person to remain at home. Areas to focus on, possibly with input from a specialised family worker, include:

- communication strategies to help reduce conflict;
- rebuilding relationships;
- conflict resolution;
- re-establishing trust;
- re-negotiating limits within the family home;
- finding support for family through peer support or other groups;
- finding formal and informal respite services for both the young person and their family; and
- finding the young person temporary accommodation with other supports (e.g. relatives or friends) while the conflict is resolved.

However, if the family environment is deemed unsafe for the young person, alternative accommodation should be found for them.

Social skills development can help the young person negotiate and manage relationships within the family home more effectively and develop social networks and supports outside the family home. Improved social networks outside of the family home foster a sense of belonging to a community and alleviate the pressure on families to be the sole source of support.(12)

Sometimes families or housemates may simply find it too difficult to cope with the young person when they are unwell and insist that mental health services find the young person alternative accommodation, for example after an inpatient admission. However, it is usually preferable that the young person returns home, which may require additional support such as increased home visits, medication monitoring and support from friends. It is important for the case manager and treating team to work with the family and young person to determine the most appropriate solution and supports.

CASE SCENARIO: GEORGINA

Georgina is a 15-year-old female. She has a diagnosis of depression and has been assessed as being at ultra high risk of developing psychosis. Georgina is living with her mother, Katherine, and is attending Year 10 at high school. Georgina has a very active social life and occasionally uses substances.

Katherine does not approve of Georgina's substance use and has set rules for her around curfew, chores, no drugs in the house and regular school attendance.

Georgina meets with her case manager for their regular appointment and reports that the relationship with her mum is getting worse.

They often end up in "screaming matches" when Georgina breaks the rules or tries to question them. Georgina says she is really stressed at home and has been struggling with school attendance and concentration. To avoid her mum's rules, she has been staying with her boyfriend over the weekend.

Georgina's case manager suggests arranging a family appointment so Georgina and Katherine can have a discussion with the case manager present, which Georgina agrees to. At the family appointment, Katherine and Georgina discuss concerns within the home. Each of them is able to raise their concerns, and with support from the case manager they remain calm. By both making compromises, Katherine and Georgina set some new rules that make clear their expectations of each other at home.

At her next appointment, Georgina reports that things at home have improved and that, although she doesn't like the rules all the time, she can now understand her mum's perspective, which results in improved communication and understanding between them. Georgina's case manager continues to make regular contact with Katherine to offer support, and asks Georgina about the situation regularly in their following appointments.

> "Mum was exhausted with me. And I understand her, but you know, it's not something I could have helped. It's all good now, which is the important thing."

YOUNG PERSON, EPPIC, ORYGEN

Even when young people do leave the family home, family networks can remain a key source of ongoing support. There is evidence that young people who are homeless and maintain at least one family contact have better outcomes.(26) Case managers therefore may wish to focus on helping young people maintain some family contact and support while they transition to independent accommodation.

PROVIDE PRACTICAL SUPPORT

Young homeless people need a high level of skill to look after themselves, including the ability to source food, find security and find shelter. However, the onset of mental ill-health can be accompanied by changes to organisational and thinking skills, which can impair a young person's ability to organise and carry out their daily life and activities. This means that young people with mental ill-health who are also homeless face not only a higher need for these living skills to survive while they are homeless, but are also less likely to be able to develop and employ these skills.(19)

Developing skills – such as money management, social skills, conflict resolution and problem-solving – provides a step towards independent living. Having these living skills may improve a young person's hope and optimism about being able to live independently, and may also alleviate the pressure on family to help the young person with living skills, thus helping to prevent homelessness caused by family breakdown.(22)

> "I think it'd be great to have time to look with a case manager … if they can take you out, or have time to go through websites."

YOUNG PERSON, EPPIC, ORYGEN

The practicalities of being homeless can lead to difficulty obtaining food and accessing basic necessities; consequently, young people experiencing homelessness report that access to basic necessities is one of the most valuable areas of support that can be provided.(27) Clinicians should consider what practical supports they may be able to arrange, such as financial assistance in the form of vouchers. There are many services that offer free food for homeless people, either mobile or mental health centre based. Similarly, there may be drop-in centres close to the young person where they can shower, access lockers, wash their clothes, get free clothes, seek referrals or simply just spend the day inside. Be sure to look up services in the local area and provide this information to the young person; if possible, it may be helpful to attend a service with the young person to make sure they feel comfortable with it.

> "There were a lot of issues [in a residential youth refuge] happening that were quite confronting at times … People fight, and I heard that someone was raped."
>
> **YOUNG PERSON, EPPIC, ORYGEN**

SAFETY RISKS FOR HOMELESS YOUNG PEOPLE

Young people who are homeless are more susceptible to a variety of different safety risks, including sexual assault, physical violence, stealing and exploitation.(28, 29) Khandor and Manson (2007)(30) found in a sample of homeless people that 35 per cent had experienced some form of physical assault and over half suffered significant sleep deprivation from staying awake for safety reasons.

Clinicians need to discuss with young people the possible dangers and risks involved with being homeless, as well as ways to stay safe. This may include considering what places are more safe to stay, and ensuring that young people use homeless services for support.

It is also worth noting that unstable living environments or those which involve regular contact with unfamiliar people or low levels of personal control may be further destabilising to a young person's mental well-being. It is important to make a safety plan with homeless young people; one which takes into account any vulnerabilities and possible safety actions. It is also important to follow up and report (where necessary) any critical incidents. Be sure to regularly check in about these things. This is particularly important as a young person may not always readily disclose them to a clinician due to shame or familiarity with the experience/s.

> "It was quite a difficult time … A lot of things happened that I didn't agree to and I felt helpless."
>
> **YOUNG PERSON, EPPIC, ORYGEN**

FINDING HOUSING FOR YOUNG PEOPLE

Referral to homelessness services should be considered as soon as a young person appears to be at risk of homelessness – either when the possibility is first raised by the young person or when they are assessed as being at risk. Many specialised homeless services accept referrals for young people who are at risk of homelessness as well as homeless. Access to homelessness services varies from state to state; however, most areas have a central access point or phone number to contact.

The experience of mental ill-health can add additional complications for a young person experiencing homelessness, and it may lead to more challenges in finding appropriate accommodation. Youth mental health services and clinicians therefore need to invest in building and maintaining relationships with services in the area to facilitate access for young people. Creating these relationships can help improve outcomes, including finding and maintaining accommodation. Some ways to create a good working relationship with other services include:

- providing psychoeducation about mental health to homeless services;
- providing support to workers on-site at accommodation if there are any behavioural issues;
- offering additional support, such as mobile support teams;
- sharing risk management and early warning signs or relapse plans with housing service staff (if the young person agrees); and
- developing a plan to work together (e.g. by inviting workers from the housing service to attend case management meetings) and ensuring there is a specific plan for how the youth mental health service will support the housing service.

A key role for clinicians is to advocate for young people within homeless services. Try contacting housing services directly on behalf of each young person and advocate for the young person to be prioritised.

Also offer any other support that may be required regarding mental health.(22) Young people may not know how to access homeless services, where to go to find accommodation, or even what it looks like.

Case managers need to support young people during the process, for example, by accompanying young people to homeless services or when they go to view rental properties or other accommodation, or by helping them to fill out rental applications or applications for government housing.

CASE SCENARIO: ISAAC

Isaac is 19 years old and recently experienced a first episode of psychosis. He experiences ongoing hallucinations despite commencing medication, anger outbursts and demonstrates impulsive behaviour. Isaac was living with his mum, brother and stepfather until recently, when he was kicked out of home following a number of incidents, including threatening his family. He went to stay with his father briefly, but was told to leave after he stole his father's car and was fired from his job. Isaac tried to live in a share house for a few weeks but began using substances and left the share house following a brief hospital admission. He was found under the influence of substances, experiencing hallucinations and walking in front of traffic. Isaac then went to stay with his grandmother and grandfather, but this is a temporary option, as his grandmother has expressed concern about being able to manage Isaac's symptoms.

Isaac has recently started seeing a case manager in an early psychosis service. During this early stage of the engagement, Isaac becomes unwell and is admitted to hospital again after a suicide attempt at his grandmother's house. His grandmother says that he can't live with her given the current risk, and therefore the hospital refers him to homeless services.

Isaac's case manager visits him at hospital. Isaac says he would like to live independently, so he and his case manager agree to work towards this, with the understanding that Isaac needs temporary accommodation in the meantime. Isaac is discharged from hospital to a youth refuge. His case manager liaises with his family, including his mother, father and grandmother, who are all supportive of Isaac's decision. The case manager contacts the refuge where Isaac is staying, and they develop a plan for the refuge and the early psychosis service to work together as follows:

- the case manager will develop a risk plan for the refuge, which includes using the local mobile support team in the initial stages at least, and can involve daily visits to support both Isaac and the service staff;
- the case manager will support Isaac to apply for Centrelink payments;
- Isaac and his case manager will work together on developing living skills to move towards independent living, including money management;
- the homeless service will source accommodation options and take Isaac to view accommodation;
- there will be a regular six-weekly meeting with Isaac, his case manager and his refuge homelessness worker to determine progress; and
- Isaac's case manager will ensure ongoing open dialogue is maintained between all services involved in Isaac's care, recovery and housing.

SPECIALIST ACCOMMODATION OPTIONS

There are a number of specialist accommodation options for young people experiencing mental ill-health and homelessness.

PSYCHOSOCIAL RESIDENTIAL REHABILITATION SERVICES (PRRS)

PRRS are recovery programs that focus on young people achieving functional goals in recovery while residing at the service. These programs are usually time-limited, and sourcing sustainable housing is included as a functional goal. PRRS require a referral from a clinician and commitment from the young person to functional recovery goals. It is important to remember when referring to these services that they are primarily mental health services, rather than an accommodation option; referrals are therefore only suitable if the young person has functional recovery goals and skill deficits. Waiting lists and length of stay in these services can vary depending on the model.

FOYER ACCOMMODATION SERVICES

Foyers are available for young people who are homeless and willing to engage in education or training. These services usually have a specific referral process and it may take time for the young person to complete the whole process. These services will only consider a referral if the young person is committed to the 'deal' of attending education and training. As such, they are only a suitable option for young people who have the capacity and motivation to engage in education and training.

Wait lists and length of stay can vary; however, the usual length of stay is more than 12 months.

> "I didn't really know where to look, I didn't know what to expect, because I have always had a very stable home."
>
> YOUNG PERSON, EPPIC, ORYGEN

SUPPORTED ACCOMMODATION SERVICES

Supported accommodation offers additional support for young people who have significant functional issues and require ongoing support to successfully live independently. These services may be residential or outreach. Referrals are required from a mental health professional, and must indicate why the young person needs additional support. Supported accommodation can be useful for young people who have tried unsuccessfully to live independently, and young people who are risking their current living arrangements because of functional deficits – such as hoarding or lack of cleanliness – may benefit from outreach support.

These services are usually more long-term and they may have wait lists.

> "My boyfriend was homeless for a little while, and he was the same – on couches. Then he found out that the guy whose couch he was sleeping on was stealing stuff from him. So, I had to get him out of there [but] he doesn't know where to go."
>
> YOUNG PERSON, EPPIC, ORYGEN

SYSTEM BARRIERS TO FINDING ACCOMMODATION

Specialist homelessness services are funded through both state and federal funding, which means that the services available can vary from state to state in Australia.(4) Given this variability, it can be challenging to know what local homeless services are available and what their referral processes are; however, this is vital information. Taking the time to visit local specialist housing services or inviting them to an in-service will help clinicians understand how the services operate.

It is important that youth mental health services help clinicians develop knowledge in this area. It is often helpful for one clinician within a service to have an accommodation portfolio. The portfolio worker will usually know all the current accommodation options, criteria for access, waiting periods and costs.

TIPS FOR CLINICAL PRACTICE

Below is a list of tips that can be helpful when engaging with homeless young people in a youth mental health setting.

TIP Rather than transferring care every time a young person moves out of a catchment area, it may be better for a young person to remain with their current support service (where safe to do so) until a permanent address is secured, at which point a comprehensive handover of care can be provided to the local service.

TIP Be flexible and prepared to have proactive discussions with the young person about their care, including who to involve, what to expect and proactive problem-solving for any potential challenges. This might mean negotiating where appointments occur. It may also involve safety planning with the young person in preparation for any deterioration that may occur in their mental well-being.

TIP A young person doesn't need to have a permanent address to receive assertive outreach care. Instead, arrange appointments with young people at places they know and feel safe in, such as a park, cafe or a friend's house.

TIP The Individual Placement and Support (IPS) model is an integrative model providing a practical way to address financial strain, education and employment issues. It has been shown to be effective with young people experiencing homelessness and mental illness.(19, 20) For more information, go to: https://orygen.org.au/Policy/Policy-Areas/Employment-and-education.

TIP Have public transport tickets available for young people to attend. Essentials cards or vouchers from local community services can help with basic necessities such as food or clothing.

TIP Encourage young people to consider shared housing arrangements, and help them look for these on websites, such as gumtree.com.au or flatmates.com.au. Discuss what shared housing arrangements entail and what social skills they may need.

TIP It can make it easier for young people to attend appointments with multiple services if appointments are co-located. For example, if a young person has an appointment at a housing service, schedule their case management appointment at the same location beforehand.

CONCLUSION

Young people experiencing mental ill-health and homelessness encounter many barriers. There are a few challenges in the current systems that limit access to homeless services and a large shortfall of suitable accommodation. But there are ways to support young people who are at risk of homelessness, or experiencing homelessness, with the eventual aim of finding suitable housing.

Being able to recognise the risk factors for homelessness and address them before a young person becomes homeless is a key point of intervention for clinicians. Be creative with solutions and consider opportunities for service collaboration as ways to improve services for young people in this area.

> "It can be quite difficult, not just because you've got mental illness, but because … on top of the mood and on top of all of the symptoms, not having shelter is detrimental to health."
>
> YOUNG PERSON, EPPIC, ORYGEN

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