

JAMH (ECHO) PRESENTATION

YOUTH HOMELESSNESS AND AOD USE



BY HEATHER HARMES

HOMELESSNESS YOUTH DUAL DIAGNOSIS CLINICIAN (HYDDI)

SENIOR MENTAL HEALTH NURSE

GOULBURN VALLEY HEALTH

JANUARY 2022

Topics to be Discussed

Youth and homelessness

Youth and out of home care

Youth and AOD use




YOUTH AND HOMELESSNESS

Australian Institute of Health and Welfare (2021)

A person is considered to be experiencing homelessness if they are:

- Living in an improvised dwelling, tent or sleep out
- In supported accommodation for the homeless
- Staying temporarily with another household and do not have a usual residence (also known as “couch surfing”)
- Staying in a boarding house or other temporary lodging
- Living in a severely crowded situation






In 2019-2020, the main reasons young people aged 15-24 sought assistance from specialist homelessness services were:

- Housing crisis (17%)
- Family and domestic violence (17%)
- Inadequate or inappropriate dwelling conditions (12%)

Based on data from the Specialist Homelessness Services Collection in 2019-2020 around 58,200 (1.8% young people) people aged 15-24 received assistance through a homelessness service with more females than males.





Being homeless can substantially harm young people's health and wellbeing, whether they are part of a family or living alone.


Young people are particularly vulnerable to the enduring harm caused by disruption not only to their education and transition to employment but also the formation of stable and healthy social networks.

Being homeless can limit access to medicine, treatment and basic hygiene and expose young people to sexual exploitation, violence and social isolation.

Homeless young people can also experience high levels of mental health problems , including anxiety, depression, behavioral problems and alcohol and drug misuse.

Due to a combination of these factors, homeless young people face a high mortality rate.

Further research has also found that young people involved in one of either the child protection, youth justice or homelessness systems were more likely than the general population to become involved in the others.



YOUTH AND OUT OF HOME CARE

Australian Institute of Health and Welfare (2021)

Out of home care is overnight care for children aged under 18 who are unable to live with their families due to child safety concerns.

This includes placements approved by the department responsible for child protection.

Out of home care also includes legal (court ordered) and voluntary placements, as well as placements made to provide respite for parents and/or carers.

While the vast majority of young people live with one or both parents, some parents are unable to care adequately for their children. Reasons may include:

- Overcrowded living conditions
- Limited financial capabilities
- Parent/s using AOD
- Parent/s suffering from an ID, physical disability or mental illness



Furthermore some young people are placed in out of home care because they are the subject of a substantiation of abuse or neglect and need a more protective environment.

A young person can be placed in 5 main types of out of home care:

- Home based care: professional services conducting in home visits and care (83% or a rate of 7.3 per 1000 young people)
- Residential care (14% or a rate of 1.3 per 1000)
- Independent living (1.1% or a rate of 0.1 per 1000)
- Relative /kinship care (4.4 per 1000 young people)
- 2.8 per 1000 were in foster care



YOUTH AND AOD USE

Australian Institute of Health and Welfare (2021)



Experimentation with alcohol and other drugs is a part of the lives of many young people.

Drug use amongst young people remains concerning as these age groups (particularly adolescents) are susceptible to permanent damage from alcohol and other drug use as their brains are still developing, which makes them a vulnerable population.

How Do Drugs Impact the Teenage Brain

- Planning
- Judgement
- Trouble performing easy tasks
- slowed thinking and reaction time
- Memory loss or impairment
- Lower IQ

Common Parts of the Brain Impacted

- Neurotransmitters
- Dopamine and serotonin production
- Prefrontal cortex

Long Term Effects & Consequences

- Dangerous behaviors
- Difficulty in school
- Addiction and dependency
- Co-occurring mental health disorders

TEENS ARE AT RISK!

- Teens who use cannabis regularly have, on average, **one grade point lower** than their peers.
- Kids who begin drinking before age 15 are **4x more likely** to become addicted than people who start at age 21.
- Teens who use cannabis may **lose up to 8 IQ points** between childhood and adulthood.



The pre-frontal cortex is one of the last regions of the brain to reach maturity.

It is **a part of the brain located at the front of the frontal lobe**. It is implicated in a variety of complex behaviours, including planning, and greatly contributes to personality development.

The prefrontal cortex can be corrected after AOD use by plasticity.

Early intervention, reduction and abstinence can assist with the brain function of plasticity. This is the ability of the brain to modify its connections or re-wire itself. Without this ability, the brain would be unable to develop from infancy through to adulthood or recover from brain injury.

The brain has many neural pathways that can replicate another's function so that small errors in development or temporary loss of function through damage (including AOD use) can be easily corrected by rerouting signals along a different pathway.



There has been a reduction in the proportion of young adults aged 18-24 who have recently used any illicit drug (From 37% in 2001 to 31% in 2019).

In 2019, 41% of young adults exceeded the single occasion alcohol risk guidelines by consuming on average more than 4 standard drinks on one occasion.

The age of initiation increased between 2001 to 2019 to tobacco smoking (From 14.3 to 16.6 and alcohol consumption (From 14.7 to 16.2)

Where treatment was for their own drug use, 61% of young people aged 10-19 sought treatment for cannabis as their principle drug of concern.

Key Points of Presentation

- Early intervention is imperative to a young persons recovery journey
- Early intervention can aid in neuroplasticity which in turn improves emotional wellbeing and behaviors
- Youth homelessness can be a stepping stone into the adult homelessness system if not addressed early
- Homelessness and AOD in youth increases a number of lifestyle risk factors and vulnerability

Resources

Goulburn Valley Services

Homelessness Youth Dual Diagnosis initiative (Heather Harmes: GV Health 0418 557 603)

- 16-25 years
- Homeless or at risk of homelessness
- AOD use
- Mental health concern

GVADS

- Alcohol and drug service
- Goulburn Valley Health
- DIRECTLINE: 1800888236

Beyond Housing

- Over 18 years
- Shepparton – 58331000

Salvocare Youth Refuge

- 16-21 years
- Kialla – Referral through Salvation Army



QUESTIONS/COMMENTS

