

Homelessness Youth Dual Diagnosis Initiative

Background

Dual Diagnosis is the term used to describe co-occurring mental illness with impacting drug and/ or alcohol use.

A growing number of homeless young people have significant and complex needs that can only be met through a well planned and co-ordinated multi disciplined response.

Project *i*, the long-term research project into youth homelessness led by Melbourne University, indicates that:

- 73 per cent of young people surveyed reported issues with alcohol or other drugs
- 26 per cent reported mental illness, and of those young people
- 22 per cent experienced both alcohol or drug and mental health issues.

It is recognised that these two co-occurring issues have a significant impact on the ability of young people to keep their lives on track, particularly when it comes to accessing and maintaining accommodation and support within the current youth homelessness service system. Further research confirms that these young people are most at risk of becoming entrenched in long-term adult homelessness.

In response to these findings, the initiative is funded through the National Partnership Agreement on Homelessness (NPA-H) at \$3.4 million over four years. The Department of Human Service's (DHS) Housing and Community Building division (H&CB) in partnership with the Department of Health's (DH) Mental Health & Drugs division, has implemented a Dual Diagnosis service response placed within the youth

homelessness service sector of each DHS region.

Policy context

The Commonwealth Government's White Paper *The Road Home: A national approach to reducing homelessness* sets out clear directions to reduce homelessness throughout Australia by 2020. The release of the White Paper in 2008 made reducing homelessness a national priority.

Victoria is developing a Homelessness Action Plan that will inform future service improvements and commence a strategic long term approach to addressing homelessness.

In 2002, the Victorian Dual Diagnosis Initiative (VDDI) was established to assist clinical and Psychiatric Disability Rehabilitation and Support Services (PDRSS), mental health services and alcohol and other drug services across the state, to achieve better outcomes for clients with a dual diagnosis.

The Homelessness Youth Dual Diagnosis Initiative (HYDDI) meets a government priority of demonstrating how cross-government work can create stronger partnerships and deliver on improved integrated service delivery.

The HYDDI model

The H&CB division has entered into a partnership with the Mental Health, Drugs & Regions division, to deliver the HYDDI initiative through an enhancement to the existing VDDI. The partnership is supported by a memorandum of understanding signed by the two Departments.

The HYDDI will draw upon the VDDI's research, knowledge, skills, training and

experience as well as providing already well established referral pathways to both the alcohol and other drugs and the mental health sectors.

Nine youth homelessness dual diagnosis clinicians have been employed within existing dual diagnosis teams and located within the HC&B funded youth homelessness service.

HYDDI Locations

| DHS region | Youth homelessness provider | Dual Diagnosis provider |
|------------|-----------------------------------|------------------------------------|
| NWMR | Melbourne Citymission WRAP | Summit |
| SMR | MOIRA | Southern DD Dandenong |
| BSWR | Barwon Youth Services | Barwon Health |
| Gippsland | Kilmani | Latrobe Regional Health- Traralgon |
| LMR | MASP-Mildura | Ramsay Health |
| Grampians | Ballarat Community Health | Ballarat Health |
| Hume | Brayton Youth and Family Services | Goulburn Valley Health |
| EMR | Family Access Network | Eastern Health |

Role overview and functions

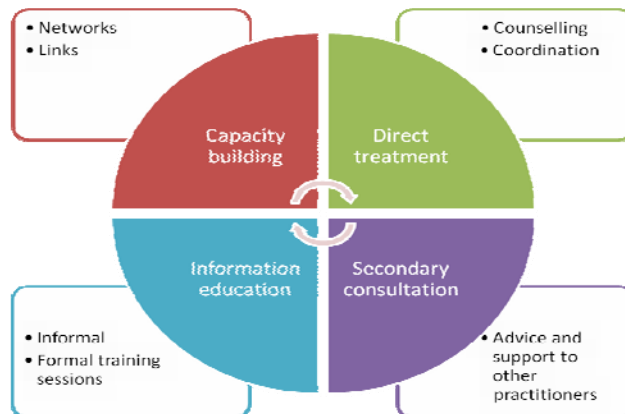
The role of a HYDDI clinician is to identify symptoms of mental illness and substance abuse issues, maximise recovery, and assist to establish service linkages for these young homeless people who are in receipt of homelessness assistance.

Within this context, it is proposed the HYDDI clinician's role has four components:

- direct treatment of up to 16 clients per annum
- secondary consultation
- the provision of information and education
- capacity building within the Youth Homelessness Services through the development of cross sector links and networks (Figure 1).

This represents a useful framework in which to conceptualise the HYDDI clinician role.

Figure 1: Role components/functions



Eligibility

To be eligible for the service all clients within the target group need to have:

- an impacting substance use and mental health issue (no formal diagnosis required)
- a primary youth housing case manager
- an age of 16 to 25 years.

The duration of the support depends on each client's needs and the capacity of other supports or services to fulfil these needs. These positions are not aimed at creating a new service system but to facilitate the referral to existing service systems.

Any direct client work will be in the range of three to six months.

Contractual management of the HYDDI will be through the Service Improvement Unit, Mental Health, Drugs and Regions division, DH.

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