

Toxic Mix: The health needs of homeless young people





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The report in numbers

Health needs of homeless young people

42%

Have a diagnosed mental health problem or report symptoms of poor mental health

18%

Have attempted suicide

50%

Use illegal substances

31%

Have a physical health problem, such as problems with their breathing, joints and muscles, or frequent headaches

55%

Smoke

52%

Report problems with their sleep

21%

Have a history of self harm



Key recommendations

Improved youth focussed services

Commissioners should work with the voluntary sector to develop flexible, youth-focussed services for vulnerable and hard to reach groups.

Increase focus on drug awareness

Drug awareness courses should be a mandatory requirement for those found in possession of cannabis before formal warnings and fixed penalty notices are considered.

Improve transitions between age specific mental health services

Young people aged 16-20 should be classified separately within mental health services to support effective transitions to adult services and provide a more holistic offer.

Support young people to develop positive relationships

Relationship classes should be part of the national curriculum, with schools permitted to use external agencies to help young people build and maintain supportive networks.

Inform young people about good sexual health

Classes that cover sexual health services and where to find support should be mandatory for all young people at key stage 3 and 4.

Improve access to low cost healthy food

Local authorities should actively encourage and lead on the development of community supermarkets through start-up funding and by giving them priority access to premises.

Introduction

Homeless young people are amongst the most socially disadvantaged in society. Previous research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events.¹

The transitory lifestyles of young people experiencing homelessness can make interaction with statutory health services difficult, with a lack of engagement leading to problems remaining undiagnosed and untreated. With a number of competing concerns, homeless young people are also prone to giving their health a lower priority.

Tackling health needs is a crucial part of the holistic support homeless young people require, alongside learning and employment. Working with young people to address their health needs is a fundamental part of the process of moving on from supported accommodation and sustaining independent living.

Although homeless young people have a higher propensity for certain health problems, there are a number of issues that are often seen across the 16-25 age group. Addressing these problems requires both specific interventions and wider changes to support both homeless young people and their peers.

This report provides an overview of the needs of homeless young people when they first arrive at Centrepoint services and begin to receive support from Centrepoint's health and wellbeing team.

This report was compiled using a mixed research approach involving a review of 197 health assessments completed by Centrepoint's health and wellbeing team between April 2013 and January 2014 of young people Centrepoint supports. One-to-one interviews were also conducted with Centrepoint health specialists, front line staff and homeless young people to provide further information on the scale and type of health needs. We would like to thank all those who participated and supported this project. All names in this report have been changed for confidentiality reasons.

¹. Centrepoint, The changing face of youth homelessness: trends in homeless young people's support needs (London: 2010)

Mental health and emotional wellbeing

Good mental health is important for everyone and plays a crucial role in maintaining healthy relationships and enabling people to deal with changes in their lives. The majority of young people will experience good mental health and emotional wellbeing, but for vulnerable young people, traumatic experiences or changes in environment can act as triggers and lead to a variety of mental health problems.

Diagnosed mental health problems

A quarter of homeless young people (25 per cent) arrive at Centrepoint with a formally diagnosed mental health problem. Depression is the most common problem with half of young people (50 per cent) with a diagnosis suffering from this illness. One in five (20 per cent) report a diagnosis for anxiety and 20 per cent have Attention Deficit Hyperactivity Disorder (ADHD).

Through interviews with Centrepoint psychotherapists, it became clear that on a number of occasions young people had fallen out of statutory services at the point of transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS), leading to breaks in care at a crucial time.

Long waiting times for psychological therapies and higher thresholds for support from AMHS are the main reasons that some young people do not continue to receive support post 18 or experience breaks in care.

Undiagnosed mental health and emotional wellbeing problems

Although a significant number of homeless young people have a formal mental health diagnosis, a large number of those without a diagnosis reported symptoms or problems with their mental health and emotional wellbeing.

One in six young people (16 per cent) do not have a diagnosed mental health problem but report symptoms of poor mental health including mild depression, anxiety and experiencing consistently low moods.

Any form of mental health or emotional wellbeing problem can have a highly negative effect on a young person and can lead to disengagement from support services, disruptions in their education, training and employment opportunities, and can cause problems in their personal relationships.

“I never went to a service to get help. I always thought no one would believe me”

Wayne, 21

Mental health and emotional wellbeing

Although there have been a number of high profile national campaigns to tackle the stigma around mental health, staff reported that young people still hold negative views about mental health and are nervous of talking about problems they may be facing because of the associated negative stereotypes.

Self-harm and suicide

The experiences that can lead to homelessness can often be complex and highly emotive, with many young people finding it extremely difficult to cope or find ways to deal with their feelings.

Just under a third (29 per cent) of the young people Centrepoin supports have experienced suicidal thoughts, and just under one in five (18 per cent) have attempted suicide.

The issues that lead to homelessness can be overbearing for some, building

up feelings of hopelessness and anger, which in some cases are expressed through self-harming. Just over one in five (21 per cent) reported previously harming themselves. As young people can use this as a way of coping with emotional distress or a traumatic experience, stopping self-harming behaviour can be very difficult.

Centrepoin's approach

Centrepoin has a team of psychotherapists, counsellors and drama therapists to support young people. The team uses a range of therapeutic approaches including integrative, cognitive behavioural therapy, analytical, psychodynamic and drama therapy. This is offered to young people on an outreach basis to make it easier for them to engage with the service. The team also provides mental health crisis management support, expert consultation to staff, and supports young people to access statutory services.

Stuart's story

Stuart was forced to leave home because of a difficult relationship with his mother, which involved frequent arguments. Upon arriving at Centrepoin, Stuart recognised his emotions were unmanageable, and had contributed to violent outbursts previously. He referred himself to Centrepoin's counselling service, and agreed to discuss his feelings. The positive effect of discussing his emotions and identifying avenues for change helped Stuart begin to participate in positive activities and move on to finding opportunities for employment.

Mental health and emotional wellbeing

Sleep problems

Just over half (52 per cent) of the young people Centrepunkt works with report they have problems sleeping. General interrupted sleep patterns, such as waking during the night (30 per cent), finding it difficult to fall asleep or waking early (19 per cent) are the most common issues. Poor sleep routines caused by late night socialising, poor dietary practices, traumatic experiences and substance misuse are often the cause of their problems sleeping.

Sleep problems are particularly challenging for young people engaging in education, training or work or those looking to engage with these opportunities. Research has shown that sleep impacts on a person's levels of concentration, focus and ability to maintain attention.² Through interviews, it was clear that young people reporting sleep problems were missing appointments and on occasion falling behind with college and training requirements. Poor sleep can also negatively impact on a person's mood and personal relationships, and increase the chances of depression.³

Recommendation

Young people aged 16-20 should be classified separately within mental health services to support effective transitions to adult services and provide a more holistic offer.

2. Pilcher JJ, McClelland LE, Moore DD, Haarmann H, Baron J, Wallsten TS & McCubbin JA (2007) Language performance under sustained work and sleep deprivation conditions. *Aviation, Space, and Environmental Medicine* 78 (Suppl 5) B25-B38

3. Mental Health Foundation, *Sleep Matters: The impact of sleep on health and wellbeing* (London: 2013)

Healthy lifestyle

Although physical health can sometimes receive less attention than mental health, it is a crucial part of a young person's wellbeing.

Physical health

Just under a third of young people (31 per cent) report a physical health problem, with breathing conditions (27 per cent) the most common.

One in ten young people (ten per cent) reported that they experience pains and problems with joints and muscles, and a further ten per cent reported frequent headaches or migraines.

From interviews with health and wellbeing workers it was highlighted that young people frequently deprioritised their physical health when faced with other concerns, such as securing accommodation or dealing with benefit claims.

Despite being a lower priority, many with long-term conditions were positively managing their medication and treatment. The small number who have experienced disruptions in their treatment, due to becoming homeless or changes in their primary care arrangements, were keen to renew prescriptions and engage with support that best manage their health needs, but needed support to do so.

Diet

A healthy balanced diet can help prevent illness and increase energy levels. However, just under half of young people (49 per cent) say they do not have a healthy diet, with many eating cheap fast food and large quantities of drinks and snacks high in sugar and salt.

Regular eating is a crucial part of a healthy diet, but just over half (52 per cent) of young people report an irregular eating pattern - with many skipping meals, especially breakfast, and some eating only one large meal a day.

For many, when they arrive at a Centrepoin service it will be the first time they have lived away from home. A lack of basic cooking skills is not uncommon and this can make it a challenge for them to prepare healthy meals.

Even when young people do have a basic level of cooking skills, the cost of fresh healthy ingredients and food can be prohibitive. A significant number of young people mentioned the cost of healthy food as a prime reason for choosing cheap fast food and ready meals. Although there are currently positive examples of social and community projects offering cheaper supermarket alternatives, they are not widespread.⁴

4. For more information on community supermarkets please see The Community Shop, <http://community-shop.co.uk/> [accessed September 2014]

Healthy lifestyle

Physical exercise

Physical activity is important for overall wellbeing, with research showing that mild aerobic exercise, 30 minutes of activity 3 - 5 times a week, can have a positive effect on improving a person's mood.⁵ Physical activity can also help reduce stress⁶ and play a role in improving self-esteem.⁷ Unfortunately, less than half of young people (39 per cent) say they engage in physical activity. Going to the gym (32 per cent) and playing football or rugby (29 per cent) were the most popular activities amongst those who did exercise. A further nine per cent also reported going for walks and nine per cent reported cycling.

Centrepoint's approach

Centrepoint's Healthy Living Advisors work with young people on both a one-to-one and group basis. They provide tailored nutritional therapy, physical activity, health promotion, health condition management and sexual health advice and information services.

Recommendation

Local authorities should actively encourage and lead on the development of community supermarkets through start-up funding and by giving them priority access to premises.

5. Reed J & Buck S (2009). The effect of regular aerobic exercise on positive-activated affect: A meta-analysis. *Psychology of Sport and Exercise*, 10(6) p. 581-94

6. Kouvonen A, Kivimaki M, Elovainio M, Virtanen M, Linna A & Vahtera J (2005). Job strain and leisure-time physical activity in female and male public sector employees. *Preventive Medicine*, 41(2) p. 532-9

7. Fox KR (1997). Let's get physical. In: Fox KR, editor. *The physical self: from motivation to well-being*. Leeds: Human Kinetics.

Substance use

Young people's use of substances, such as illegal drugs and alcohol can often be a consequence of family breakdown, homelessness, mental health problems or a response to a traumatic or emotional experiences. Whilst many young people would describe their use of substances as recreational, it can create substantial difficulties across other areas of their lives.

Drugs

Across Centrepont, just under half (49 per cent) of young people use cannabis - 41 per cent of whom do so on a daily basis. Through interviews it was clear that cannabis use is the most prevalent illegal substance used by young people. The interviews also highlighted that the ease with which cannabis can be bought, the relative low cost and wide appeal all play a role in its use.

Drug use amongst young people is higher nationally than adults, with 18 per cent of 16-24 years olds reporting use in 2012-13.⁸ However, amongst homeless young people this is significantly higher.

Whilst cannabis was the most commonly used drug, 22 per cent of young people at Centrepont reported using more than one substance,

including Class A drugs such as cocaine and dance drugs such as MDMA. There were also a small number who reported experimental use of other substances, such as nitrous oxide.

Although not reported widely by young people, interviews with health and wellbeing workers highlighted the growing use of new psychoactive substances, more commonly referred to as legal highs. An increase in their use was prompted by their legal status and the ease by which they could be purchased, including being available to order online.

Substance misuse is rarely an isolated issue for young people. Of those with a diagnosis or symptoms of a mental health problem, almost two thirds (61 per cent) admit to using drugs.

Centrepont's approach

Centrepont employs a specialist Dual Diagnosis Practitioner who works with young people who both have mental health needs and use substances. Through a combination of group work, brief interventions and one to one weekly sessions, young people with complex needs have been effectively engaged in to support services.

⁸. Home Office, Drug Misuse: Findings from the 2013 to 2014 Crime Survey for England and Wales (London: 2013)

Substance use

Interviews revealed the lack of education and information for young people about the effects of drug use. Many young people were unaware of the long-term risks even mild drug use can pose. Improving awareness about substance use, particularly about the impact on the young person's goals, is one of the main aims of Centrepoin't's substance misuse advisers who address wider influences on substance use, helping to prevent it becoming an entrenched problem in future years.

Smoking

Smoking can cause serious health problems and is a leading cause of a number of cancers. It also significantly increases the likelihood of heart disease. The prevalence of smoking across England makes it the biggest cause of preventable deaths each year.⁹

Just over half (55 per cent) of young people at Centrepoin't smoke, 77 per cent of whom do so on a daily basis. Although often used to help reduce stress and aid relaxation, nicotine in cigarettes is highly addictive and makes reducing and quitting smoking extremely difficult.

Centrepoin't's approach

Centrepoin't's substance misuse team works on a one-to-one basis with young people to reduce harm and decrease substance use. This is achieved through tackling ambivalence and helping young people recognise the impact of their drug or alcohol use on their ability to achieve their goals.

Sarah's story

Sarah arrived at Centrepoin't having experienced domestic abuse whilst at home which had played a part in an interrupted sleep pattern. Sarah also suffered from both mental health and substance misuse problems. Sarah began working with Centrepoin't's dual diagnosis worker and through one-to-one sessions that focussed on motivation interviewing, Sarah was able to significantly reduce her substance use and spent more time on health activities. The positive changes led to Sarah returning to education and beginning the college course she wanted to.

9. National Health Service, Smokefree, accessed 12 April 2014 <http://www.nhs.uk/smokefree/why-quit/smoking-health-problems>

Substance use

Alcohol

Alcohol misuse can have many damaging effects, negatively impacting on an individual's long-term health. It can also lead to destructive behaviours and put young people at risk.

Just over half of young people at Centrepont report that they drink. However, the majority of these young people (67 per cent) drink on an occasional basis, at special occasions or celebrations. Just under a fifth of young people (19 per cent) say they drink on a weekly basis, predominantly at weekends when socialising with friends. Just under one in ten (nine per cent of) young people say they drink on a daily basis.

Half of those who drink daily also use cannabis (50 per cent) and four fifths (80 per cent) smoke tobacco. Over two thirds who drink on a daily basis also have either diagnosed or symptoms of mental health or emotional wellbeing problems.

Although the numbers drinking on a daily basis are small, those drinking above the recommended daily amount are placing themselves at increased risk of alcohol-related diseases and potentially making it harder to address other health needs.

Interviews with staff highlighted an inconsistent pattern of access following referral to specialist services. In some areas, positive outreach work from statutory services was coupled with a willingness to work with third sector organisations. However, in others it has proved more challenging with less outreach and reluctance to engage with Centrepont's health and wellbeing team when referring, assessing and deciding on the best options for homeless young people.

Recommendation

Drug awareness courses should be a mandatory requirement for those found in possession of cannabis before formal warnings and fixed penalty notices are considered.

Recommendation

Commissioners should work with the voluntary sector to develop flexible, youth-focussed services for vulnerable and hard to reach groups.



Relationships and sexual health

Healthy, supportive relationships are an important part of a person's health and wellbeing, helping them deal with stress and increasing personal satisfaction. Conversely, loneliness and social isolation can negatively impact on mental and physical health.

Relationships

Over half of the young people Centrepoint works with (58 per cent) reported that they had to leave home because of arguments, relationship breakdown or being told to leave.¹⁰

Although some are able to gradually rebuild relationships with family members, many will rely on other networks for support. Just under half of young people (42 per cent) identify their relationships with friends as one of their most supportive.

However, a significant number still maintain some form of supportive relationship with immediate family members. Close to a third of young people (32 per cent) identify their mother and 28 per cent identify their siblings as supportive. However, far fewer, just over one in ten (11 per cent) identify their fathers as supportive. Across services, only three per cent of young people were unable to identify any supportive relationships in their lives. Whilst this is a small percentage, those young people with no support networks are at greater risk of social isolation, which in turn can lead to increased risk of loneliness, depression and decreased levels of happiness.

Centrepoint's approach

Centrepoint's Healthy Relationships service delivers group workshops to young people, exploring the key elements of a healthy relationship. The team also supports young people experiencing relationship abuse through one-to-one casework, risk assessment and safety planning.

¹⁰. Centrepoint, Family life: the significance of family to homeless young people (London:2009)

Relationships and sexual health

Sexual health

Previous research has shown that homeless young people are at increased risk of acquiring sexually transmitted infections (STIs) compared to the general population.¹¹ However, a number of positive interventions in the last decade, such as Centrepoint's Sexwise programmes, have helped to improve education and awareness amongst homeless young people.

The majority of young people who are currently sexually active (69 per cent), say that they are practising safer sex. Although many said that they were aware of the importance of safer sex, there are still a number who are not routinely using contraception, increasing the risk of unplanned pregnancies and STIs.

Recommendation

Relationship classes should be part of the national curriculum, with schools permitted to use external agencies to help young people build and maintain supportive networks.

Recommendation

Classes that cover sexual health services and where to find support should be mandatory for all young people at key stage 3 and 4.

11. Noell et al, 2001; Ochnio et al, 2001; Hwang et al, 2000.

Conclusion

Good health should be attainable for everyone. But for young people, the experience of homelessness and the causes leading up to it can impede good healthcare. Additionally, those with substance misuse and mental health problems are likely to face additional risks and challenges.

Good mental health and emotional wellbeing is crucial for everyone to be able to live happy, independent lives. Unfortunately, two in five of the young people Centrepoint supports have either a diagnosed mental health problem or symptoms of mental health and emotional wellbeing problem.

The ongoing stigma associated with mental health, despite the positive impact of national campaigns, makes it harder to help young people to increase their awareness and prioritise their mental wellbeing. Stigma can also make it difficult for young people to be willing to address potential problems and volunteer information that may help professionals best support them.

The use of substances amongst the wider population of young people, not just those who experience homelessness, remains a concern.

Although a variety of reasons can drive substance misuse, the setting, type of drug and their social circle all play a large role. The impact of substance misuse varies from one young person to another but the cost and wider impact can have highly detrimental effects. Improving education and information, coupled with interventions at a time when young people are most contemplative about reducing their use, helps lead to a positive outcome.

Although the vast majority of young people Centrepoint works with can identify supportive relationships, there remains a small number who cannot and who may require additional help to overcome barriers preventing this.

Having good physical and mental health is important for homeless young people to be able to go on to achieve their goals. To make this attainable for all young people, services will need to take a holistic, flexible, young person focussed approach.



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