

Research report

The mental health needs of homeless young people



centre
point

give homeless
young people
a future

About Centrepoint

Centrepoint is the leading national charity working with homeless young people aged 16 to 25. We are a registered social housing provider, a charity enterprise and a company limited by guarantee. Established 50 years ago, we provide accommodation and support to help homeless young people get their lives back on track.

Every year, alongside our partner organisations, we work with over 15,000 young people, providing tailored support to help them address their support needs, with a particular focus on health, learning, and move on to independent accommodation in both the social and private rented sectors. We also run a national helpline for young people at risk of homelessness.

Centrepoint's aim to end youth homelessness can only be achieved if we work not just to address their housing situation, but also their wider problems that hold them back. Centrepoint's in-house health team provides specialist multi-disciplinary support to help young people address their mental health problems, and help prepare them for a brighter future.

Introduction

Homeless young people aged 16-25 years old face a range of vulnerabilities that leave them at greater risk of mental health problems compared to young adults that have stable housing¹. In 2019-20, 121,000 young people aged 16-25 across the United Kingdom presented to their local authority because they were homeless or at risk of homelessness².

Among the general youth population, rates of poor mental health are worryingly high, with between 10 and 20% of young people experiencing mental health problems. But Centrepoint's experience of supporting young people for over 50 years has made clear that the rates among the youth homeless population are even higher.

To further explore the full extent of the problem, Centrepoint's monitoring data was analysed to investigate the prevalence of a range of mental health problems, including those that have not been formally diagnosed by mainstream health services.

The analysis looked at the records of 3,452 young people that accessed Centrepoint's housing and support services in 2019, from multiple regions including London, Manchester, Sunderland, Bradford and Barnsley. However, the majority of the findings are based on a subset of 900 of these young people for whom key workers had reported on the individual's mental health status. The report also draws on qualitative insights from members of Centrepoint's health team about their experiences of supporting homeless young people.

Many thanks to Shelby Krist whose analysis of Centrepoint's data formed the basis of this research.

¹ Tyler, K., & Schmitz, R. (2013). Family Histories and Multiple Transitions Among Homeless Young Adults: Pathways to Homelessness. *Children and youth services review*, 35(10), 1719-1726.

² Centrepoint (2020). *Beyond the numbers: the scale of youth homelessness in the UK.*

Demographics of homeless young people

Analysis of the 3,452 young people who access Centrepoint's support revealed that:

- More were male (56.2%) than female (43.4%) and the remaining proportion identified as other or refused to report a gender.
- The average age of a young person was 21 years old. Nearly half of the sample (47.9%) were Black, Asian and minority ethnic (BAME), and 41.8% were White.
- The majority of service users were British citizens (72.3%) while (5.3%) were citizens of other European Economic Area (EEA) countries and (7.9%) were identified as refugees or asylum seekers. The remaining young people held indefinite leave to remain, discretionary leave or did not wish to disclose this information.
- A majority (78.2%) of the sample identified as heterosexual and (5.6%) identified as lesbian, gay or bisexual. A minority (1.1%) of homeless young people identified as transgender.
- A significant amount (25.2%) of young people were care leavers.
- Over a quarter (26.1%) of young people had experience of sleeping rough.

Prevalence of Mental Health Needs

Adolescence is tumultuous and defined by transition, and in turn a large proportion of mental illnesses and mental health issues arise in this period³. Mental health issues and formal diagnoses occur within 10-20% of young people not experiencing homelessness⁴. However, the prevalence of mental health issues and formal diagnoses are even more prevalent within the population of Centrepoint young people analysed for this research.

Mental health issues were reported in over half (54.1%) of homeless young people.

Table 1 below shows that the most frequently experienced mental health issues were often feeling anxious (34.3%), feeling depressed (33.1%), and often feeling stressed (26.4%).

However, it is important to note that the vast majority of those with mental health problems were suffering from multiple problems with three quarters suffering from two or more mental health issues (75.5% of those with mental health issues).

Around a third of young people (32.3%) had formal mental health diagnoses.

As shown in table 2, the most frequently diagnosed mental health conditions were severe depression (20.2%) and anxiety (19.9%).

Again, it is important to note that many young people suffered from multiple problems. The majority of young people with formal diagnoses had 2 or more different diagnoses (54.0% of those with diagnoses).

Furthermore, it should be recognised that the prevalence of mental health problems identified in this research is a minimum estimate and almost certainly an underestimation of the true scale of mental ill health among homeless young people. This is because identification and formal diagnosis of mental health problems is a long process. When young people come to Centrepoint, many have not previously been able to access formal assessments and their mental health condition may be episodic, making it less likely to have been picked up by mainstream services. Even when they arrive, it can take many young people time to engage and open up to our staff, meaning their problems cannot always be identified straight away.

"Many young people we see have not been diagnosed or met with other services. It does take time. Sometimes we might be the first health service they have been to. They don't always come forward straight away. They might not initially realise what a traumatic experience they have been through. They talk about it without even realising the impact it has had."

Member of the Centrepoint health team

³ Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Chatterji, S., Lee, S., Ormel, J., Ustün, T. B., & Wang, P. S. (2009). The global burden of mental disorders: an update from the WHO World Mental Health (WMH) surveys. *Epidemiologia e psichiatria sociale*, 18(1), 23-33.

⁴ Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., & Omigbodun, O. et al. (2011). Child and adolescent mental health worldwide: evidence for action. *The Lancet*, 378(9801), 1515-1525; National Health Service Digital. (2018). Mental Health of Children and Young People in England, 2017 [PAS]. Mental Health of Children and Young People Surveys. Retrieved 1 December 2020, from <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017#resources>

Table 1: Different types of mental health issues reported among homeless young people

Type of poor mental health	Number reported to have this problem	% of young people who suffer from this problem (base 900)
Often feeling anxious	309	34.3%
Feeling depressed	298	33.1%
Often feeling stressed	238	26.4%
Difficulty sleeping	128	14.2%
Suicidal thoughts	125	13.9%
Self-harm	113	12.6%
Panic attacks	61	6.8%
Hear Voices	36	4.0%
Other	61	6.8%

NB. These figures sum to more than the 54.1% who were reported to have mental health problems as many young people had multiple problems.

Table 2: Different types of mental health diagnoses among homeless young people

Type of mental health diagnosis	Number of young people with this diagnosis	% of all young people with this diagnosis (Base: 899)
Severe depression	182	20.2%
Anxiety	179	19.9%
Post-traumatic stress disorder	29	3.2%
Personality disorder	22	2.4%
Schizophrenia	10	1.1%
Eating disorder	9	1.0%
Dual diagnosis with drug/alcohol problem	8	0.9%
Bipolar disorder	7	0.8%
Other	47	5.2%

NB. These figures sum to more than the total of 32.3% with a diagnosis as many young people had more than one diagnosed problem.

Substance misuse

Drug needs⁵ were reported in (26.6%) of young people and nearly one in five (18.9%) young people reported having concerns with substance use. Alcohol needs were reported in (9.3%) of young people and more than one in ten young people (11.3%) reported having concerns with their alcohol use. In contrast, substance use problems and disorders occur in 11.4% of young adults that are not homeless⁶.

Mental health problems are more likely among young people with experience of sleeping rough

Young people that had slept rough were more likely to experience mental health issues, formal mental health diagnoses, and alcohol and drug needs than young people who had not.

- 68.4% of those with experience of rough sleeping had mental health issues (compared to 51% of young people who had not slept rough) and 41.4% had formal mental health diagnoses (compared to 29.3% of those who had not slept rough).
- Drug needs were reported in 39.7% of young people that slept rough compared to 23.4% of young people that had never slept rough.
- Alcohol needs occurred in 13.5% of those who had slept rough compared to 9.0% of young people that had not slept rough.

Regional disparities

The level of different types of mental health needs varied between regions. There were statistically significant differences between levels of mental health issues, mental health diagnoses, alcohol needs and drug needs in different areas.

Table 3 displays the proportion of mental health issues, mental health diagnoses, alcohol needs and drug needs across the service regions.

⁵ The term 'drug needs' refers to young people who require support to address their drug use.

⁶ Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980-989.

Table 3: Proportion of young people with different types of mental health problems in different regions

	London		North West (Manchester)		North East (Sunderland)		Yorkshire (Bradford and Barnsley)	
Mental health issues	47	33.1%	158	48.9%	20	52.6%	241	71.1%
Mental health diagnoses	29	20.4%	108	33.4%	10	26.3%	130	38.5%
Drug needs	26	18.3%	63	19.5%	14	36.8%	131	38.8%
Alcohol needs	13	9.2%	21	6.5%	9	23.7%	39	11.5%
<i>Total young people with relevant data supplied</i>	<i>142</i>	<i>100%</i>	<i>323</i>	<i>100%</i>	<i>38</i>	<i>100%</i>	<i>338 (339 for MH issues)</i>	<i>100%</i>

Outcomes Star

As well as recording headline data about whether young people are suffering from different types of mental health problems, frontline staff also assess young people against the Outcomes Star⁷. The Outcomes Star is an assessment tool used widely across the homelessness sector, which allows young people to be scored on a scale of 1-10 to indicate the individual's self-reliance as well as their needs and how well these needs are currently being met. (The higher the score, the better the need is being met and lower scores indicate a need for increased support.)

The Outcomes Star assesses young people on a broad range of areas including offending, managing money and living skills. But of particular note for this research are the measures on emotional and mental health, and drug and alcohol misuse.

Analysis of the Outcomes Star data revealed that, on average across all the measures, young people across Centrepont scored lowest on emotional and mental health (M = 6.92), suggesting that mental health was the area where young people needed the most support. Drug and alcohol misuse had a moderate/average score (m=7.97 compared to an average across all measures of 7.47), suggesting that this was an area that required support, but not as prevalently or as severely as poor emotional and mental health.

Significantly, 24.5% of young people scored less than 5 on the emotional and mental health score. This indicates that nearly a quarter of young people assessed with the Outcomes Star experienced severe mental health problems and required increased support. Additionally, 17.1% of young people scored below 5 on drug and alcohol misuse, indicating a moderate need for support in this area.

⁷ You can find further information about the outcomes star at <https://www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/>

Centrepoint's Health Team

Centrepoint has been operating specialist multi-disciplinary health support in-house since 2000. Designed by young people for young people, Centrepoint health programmes offer bespoke solutions that address the complexities of youth homelessness and empower young people to harness their full potential. These include:

- Short and long-term psychotherapy to address trauma, bereavement, depression, low self-esteem and anxiety. The ability to explore and understand these feelings through talking therapies helps young people to connect with negative thoughts to bring about positive change.
- Mental health crisis support to address suicidal thoughts, self-harm, symptom management, swift access and liaison to higher tiered provision.
- A substance use service that tackles the harms associated with substance use.
- A healthy relationships programme which empowers young people to develop positive relationships based on respect, trust, honesty and equality to prevent the pattern of experiencing negative abusive relationships through into adulthood.
- Dietetics and nutrition programmes to treat and diagnose a range of dietary conditions and tackle food poverty, whilst adopting a zero tolerance approach to hunger in Centrepoint services.

What makes Centrepoint's support unique in the health sector?

Our psychotherapy offer creates an access route to support for young people that would otherwise struggle to engage due to complex systems, long waiting times and limited appointments. We aim to provide access to talking therapies within 2-3 weeks of referral (pre-pandemic) against a national (pre-pandemic) average of 4 months.

"We give young people the opportunity to address their problems before they would meet the threshold of statutory services."

Member of the Centrepoint health team

Through a strengths-based approach we see the potential in every young person, employ multiple therapeutic techniques and offer up to 24 sessions against a national average of 6. We recognise that rapport takes time, and the time that young people spend in our services provides a unique opportunity to help young people address their mental health needs in a way that will benefit them for the future.

We are able to offer support in our supported accommodation environments rather than clinical settings. This encourages higher levels of engagement and prevents exacerbation of symptoms to help young people manage their condition better.

By combining different sources of income, we have been able to create specialist services designed to meet the specific needs of homeless young people. In doing so we have crafted an offer that differs in nature and delivery to statutory mainstream services by merging different disciplines.

Mental health is therefore not treated in isolation but as part of a wider package of support. This is particularly important as our experience has shown that young people rarely have a single health need, but instead need to access 3 or 4 different strands of health-related support. Working closely with the individual's key worker also helps link

their health support into their wider non-health related needs, enabling Centrepoint to address their situation holistically.

"Mental health is not disconnected from a young person's wider reality."

Member of the Centrepoint health team

Impact of Centrepoint's approach

Centrepoint's health offer does not only lead to improvements in young people's health and well-being, but also in their wider outcomes. Young people supported by Centrepoint are far more likely to enter education, employment and training having received health support.

"What we're trying to do is get young people ready for education, employment and training It's reciprocal – engagement helps mental health, and better mental health helps engagement."

Member of the Centrepoint health team

Centrepoint's support also plays an important early intervention role. Working with young people aged 16-25 means that those we support are in the age range when many of the most serious mental issues tend to emerge. The focus is therefore on helping young people to address these problems early before they develop and have a long-term scarring impact on their lives.

"We need to stop young people developing debilitating issues that we really impact their lives. We can help support them to stop it escalating."

Member of the Centrepoint health team

Impact of the pandemic

Centrepoint's health team has remained a vital lifeline of support during the pandemic, continuing to provide support to young people throughout, though in many cases support had to move online rather than face-to-face.

But it has been a period of great strain due to ever increasing levels of demand. Since the first lockdown last March, we've seen a 40% increase in demand for our mental health services, and unfortunately need is outstripping supply. This has meant that, despite the best efforts of the team, wait times have increased – in some cases from two weeks to an average wait of 3 months.

Interaction with statutory services

It is important to recognise that Centrepoint's health offer is bespoke to the experiences of homeless young people and does not replace or provide an alternative to commissioned NHS services that provide psychiatric care and support, medical treatment, forensic mental health, or highly specialised interventions. The interventions that are available through Centrepoint target health conditions that are intertwined with experiencing the trauma associated with homelessness.

In fact, a crucial part of Centrepoint's service is helping young people to access and better understand statutory services and what they can offer.

"We have to explain what GPs are and what psychologists really do to help improve young people's trust and help them access services later on."

Member of the Centrepoint health team

Barriers to access

Centrepoint works closely with statutory mental health services and our health team see first-hand the vital role that these services play in addressing the needs of homeless young people. However, our experience has also revealed some systemic issues which make it difficult for all young people who need support to access statutory services.

Due to a national mental health system that is under-resourced and under pressure, it is often very difficult for young people to get a proper assessment or access appropriate support until their mental health has deteriorated so far that they are seen as an immediate risk to themselves or others.

For the most chaotic young people, the set-up of some services can also mean that they are excluded from support. For example, some services discharge young people if they fail to attend an appointment, but in our experience homeless young people often require multiple opportunities for engagement which immediately results in a barrier to this provision if such opportunities are not available.

Some young people also struggle to get the support they need because they have multiple needs – for example mental health problems and substance misuse.

"It's not really the fault of statutory services – it is about how they are organised and funded through distinct care pathways... The issue with our young people is they don't meet the criteria for these services as they have multiple needs. We have had to deal with this and set up a service to navigate it."

Member of the Centrepoint health team

Many young people who have faced trauma in their childhood and adolescence also have problems trusting others making it hard for them to engage with services that they do not know.

"They don't trust the environment, the setting. They'll say 'I don't want to go there by myself'. It's the experience they've had, of being in care, being in environments that don't have much containment."

Member of the Centrepoint health team

Advocacy

These barriers mean that a key role of the Centrepoint health team is advocating for young people and helping them navigate the statutory system. In some cases, this can

be because the young person is displaying risky behaviours (including substance misuse) which can lead to them being refused access to some provision. This can be particularly important in our work with street homeless young people in Manchester who are struggling to access crisis support.

"We will look at behaviours that appear as challenging and break them down to understand what's going on, get them to trust us. In terms of getting that specialist support, if left to their own devices, it often just wouldn't happen."

Member of the Centrepoint health team

Centrepoint can also help young people to navigate problems arising from their multiple needs that can lead to problems in identifying which service is best placed to support them. In these cases, Centrepoint's health team works with the young person to help them work out exactly what has occurred and then advocates on their behalf with the relevant professionals to get them properly assessed and referred.

"There are often debates about who should take them – mental health or substance misuse. We work to resolve the debate between services and ensure the young person gets the help they need."

Member of the Centrepoint health team

Recommendations:

1. Local Clinical Commissioning Groups (CCGs) should consider working with specialist providers such as Centrepoint to provide mental health support to the most vulnerable young people given our ability to work more flexibly in the sector and engage those who are hardest to reach.
2. When Local Authorities commission accommodation and support services, we strongly advocate the integration of health services into the tendering specification and contract value to ensure the most vulnerable young people's mental health needs are addressed to prevent exacerbation of need.
3. Statutory services should consider ways to better integrate different strands of health support, including those that are paid for through different funding streams. This would allow the needs of each individual to be better met through a holistic package of support, which would in turn encourage independence and stability to improve wider outcomes, including in education, employment and training.

Conclusion

This research has laid bare the high level of mental health needs among homeless young people that existed even before COVID-19 hit. In light of the profound difficulties that the ongoing pandemic is causing and will continue to cause in the months and years to come, it is more important than ever that young people's mental health needs are identified and addressed to give them the best chance of a brighter future.

Case study: Zara⁸

17-year-old Zara became homeless at the beginning of 2020. Her relationship with her mum had always been difficult, and it got much worse after Zara's dad left. Eventually, Zara's mum kicked her out. With nowhere else to turn she found herself sofa surfing with friends. When the first lockdown came into force, Zara could no longer rely on her friends' sofas. She ended up sleeping rough. She spent several nights in a disused garage. Alone and scared, her mental health began to deteriorate.

She had hoped to do her A-levels and go to university, but her situation and the anxiety and uncertainty of the COVID-19 crisis meant that that dream started to feel increasingly out of reach. Feeling that her future was slipping away, Zara would spend days consumed with thoughts of taking her own life.

Thankfully, Zara was able to find support at Centrepont, where we were able to start her on a course of regular therapy to help her cope with her anxiety and depression. Trauma like that which Zara experienced can have a devastating long-term impact on a young person's mental health, but through intensive one-to-one support, the team has helped Zara to develop positive coping strategies.

As a result, Zara's mental health has significantly improved and she says she feels much more hopeful about the future. She has a long road ahead of her, but Centrepont will continue to provide her with the support she needs, including once she leaves Centrepont and finds a place of her own.

⁸ The young person's name has been changed to protect her identity.

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