

Chapter 1: COVID-19 and After: Issues and Consequences for Young People

When a Whole Lot of Young People Get a Whole Lot More Stressed: Mental Health, Young People, Homelessness and COVID-19

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Mental health concerns are consistently one of the most prevalent challenges facing young people who are at risk of homelessness, or homeless, when coming to Brisbane Youth Service for assistance. Since the beginning of the COVID-19 pandemic both the numbers of young people presenting for support and the percentage of those young people who are experiencing mental health issues have increased disproportionately. The concerning increase in mental health issues in the general Australian population has been well documented, with evidence that this impact has been stronger for young people¹ and that mental health is the third most common aspect of young peoples' lives to be adversely affected by COVID-19.²

In delivering a range of multi-disciplinary supports for young people experiencing or

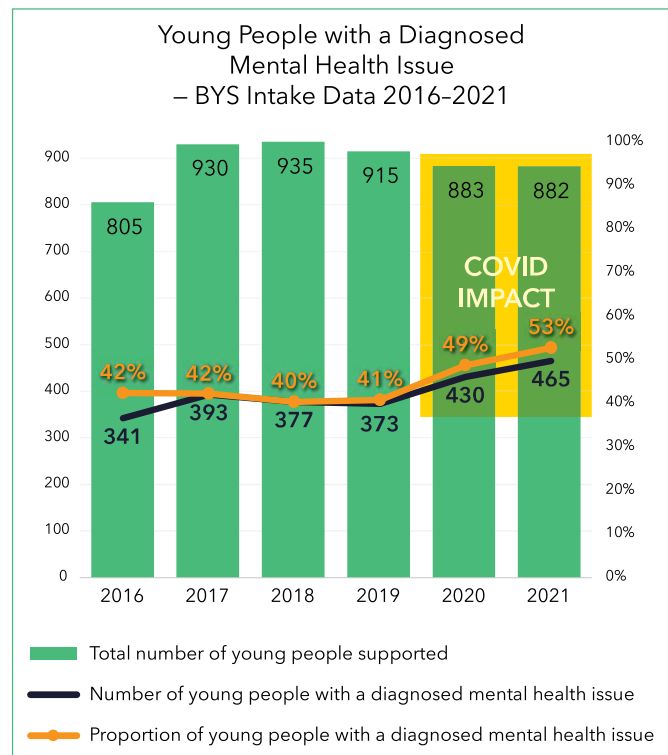
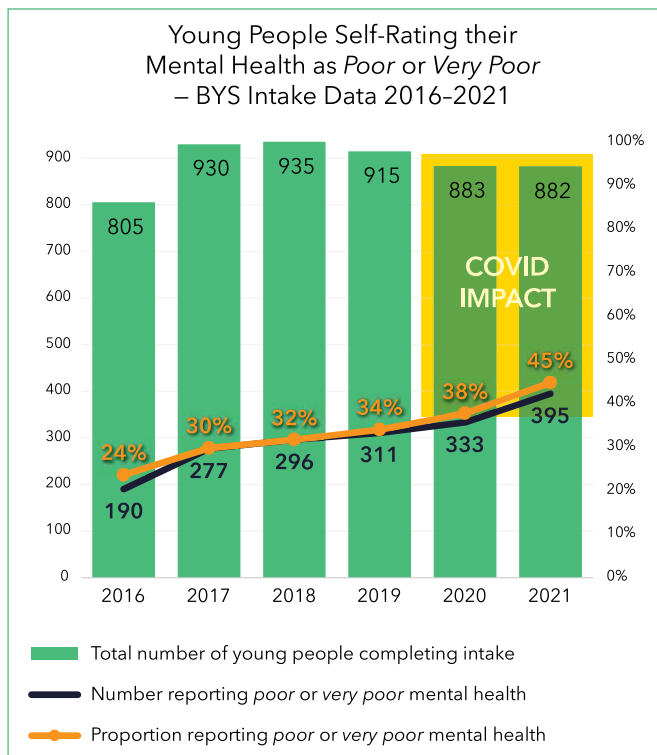
at risk of homelessness, Brisbane Youth Service (BYS) has tracked the prevalence of mental health issues over the last six years through pre-post assessments with all young people accessing support. Young people are asked

- a) to self-rate their mental health on a scale from 1 (Very Poor) to 5 (Great)
- b) indicate if they have diagnosed mental health issues.

For the current analysis, the percentage of young people who self-rated their mental health as *Very Poor* or *Poor* and/or indicated they had a mental health diagnosis were tracked by calendar year and examined by age. This data excludes those who were diagnosed or experienced emergent mental health issues after intake to the

service. It is common for young people to report or have increased awareness of their mental health concerns after immediate housing and financial concerns stabilise.

Young people experiencing or at risk of homelessness are typically at increased risk of experiencing mental health issues. Mental health issues impact young people's housing situation in three key ways: they are a leading cause of homelessness; they exacerbate the risks associated with unstable housing and homelessness; and they become an ongoing barrier to accessing and sustaining housing. In addition, unstable or poor mental health intersects with a range of other challenges in young people's lives including exposure to violence/exploitation; financial disadvantage; disengagement from education/employment; substance use and overall health/wellbeing.



Brisbane Youth Services (BYS) supports a population where roughly half of the young people aged 12 to 25 years have already been diagnosed with a mental health issue prior to seeking support at BYs. Since the impact of COVID-19 started to be felt in early 2020, the proportion of young people experiencing mental health issues has risen at a rate that is disproportionate to previous increases.



increase in likelihood of rating their mental health as *Very Poor* or *Poor*, increasing by more than double to 41 per cent of all young people in that age range in 2021 compared to one in five in 2019.

There are several factors creating the perfect storm of conditions for young people who are experiencing or at risk of homelessness in South-East Queensland.

Over the last six years there has been a shocking 87.5 per cent increase in the proportion of young people describing their mental health as *Very Poor* or *Poor* with rates rising from 24 per cent of young people supported to 45 per cent between 2016 and 2021. Within that trajectory, the annual rise had been steadily 6.7 per cent per year from 2017 to 2019, however between 2019 and 2020 rates increased by 12 per cent and from 2020 to 2021 rates jumped by 18 per cent to reach a record level of 45 per cent of young people reporting concerningly poor mental health at intake to BYs.

young people reporting poorer mental health. This is likely to be representative of an increased prevalence of concerns.

While the proportion of young people who reported that they had a mental health diagnosis remained relatively steady at 40 to 42 per cent between 2016 and 2019, this has increased by 30 per cent in the last two years to reach 53 per cent of all young people supported in 2021. It is notable that, in previous years, rates of diagnosis were much higher than the number who self-reported poor mental health when seeking BYs support — but that gap is narrowing.

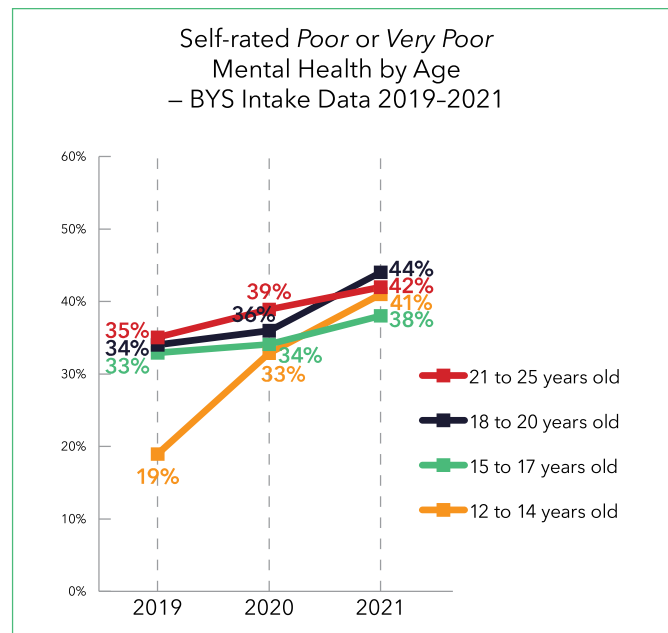
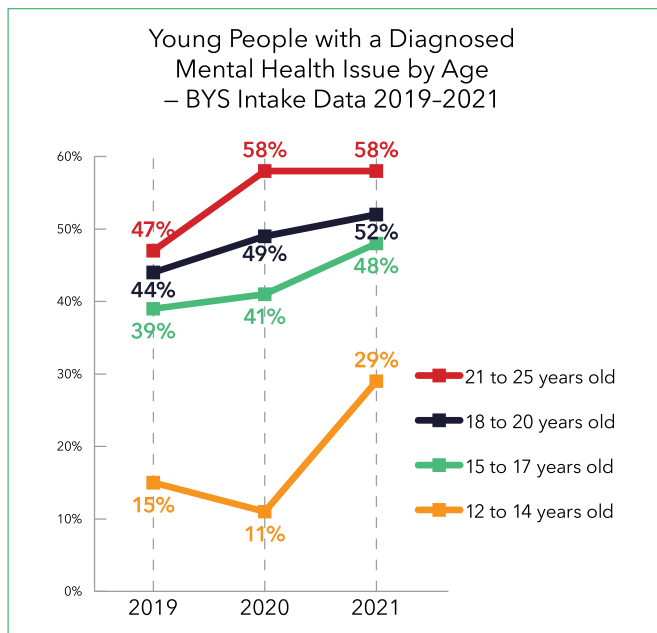
Globally, young people have been hit hard by the wide-reaching labour market and social impacts of COVID-19.³ In Queensland, a sense of hope for stable sustainable housing has been hit by escalating housing shortages and rent prices as pandemic conditions have driven migration into lower population density cities and regional areas. Rental affordability in Brisbane and surrounding Sunshine Coast and Gold Coast areas has reached crisis levels with almost zero rental properties available. Rental vacancy rates in Brisbane have dropped from just under three per cent in early 2020 to 0.9 per cent in February 2022, the lowest rate in more than 15 years.⁴

Rates of mental health diagnosis amongst young people presenting for support also tell a concerning story. While this data may be confounded by increased diagnosis for National Disability Insurance Scheme and Medicare-funded mental health plans, the trajectory of mental health diagnoses matches that of

The largest increase in diagnosed mental health issues over the COVID-19 impact period was for the very young, with diagnosis rates for young people aged 12 to 14 years almost doubling between 2019 and 2021.

COVID-19 restrictions have created significant losses of support options for young people through service closures, social distancing and lockdowns. Telehealth provided a solution for some but relied on young people having access to phone or internet and being able to engage without in-person support.

In parallel, those aged 12 to 14 years have also shown a disproportionate





Alongside severe restrictions, loss of options for financial security through employment, disrupted educational engagement and loss of social and cultural connection opportunities, young people reported that social isolation has severely impacted their wellbeing. BYS workers describe disrupted engagement with adaption to COVID-19 restrictions:

'It's been very challenging since COVID. When we think about trauma-informed principles, we know that consistency is so important to managing trauma. When the routines and access to services are constantly changing, it created uncertainty and unpredictability, we had to keep shifting arrangements with young people in relation to what we could and could not do to support them. We had to be flexible and adaptable in a constantly changing space and environment, but it can be really stressful when no-one knows what is going to happen next, and it feels never-ending.'

Social isolation and lack of mental health support has combined to negatively impact young people:

'Isolation has been a core theme of the increase in mental health issues. Not only the lockdowns but also changes to support relationships, with family members moving or less available, living situations changing, no longer going to work or school or to see friends. This not only creates isolation, but it triggers lack of sense of control of their own environment, and the loss of a sense of agency in their lives is

a big trauma trigger for many young people, along with having to listen to governments that have not supported them well in the past. The changes to services and the lack of mental health support was a huge pressure — getting to see someone like a psychologist under a mental health plan was great in theory but, in reality, they were fully booked and most services had long wait lists or were closed for bookings.'

'The lack of resources was really hard — expectations about what people could and could not access were constantly changing.'

BYS frontline workers did comment, however, on the surprising resilience demonstrated by young people through COVID-19. This could explain why the older age ranges of young people, who may have more experience with crisis environments, reported a lower level of mental health impact.

'I found that, unlike workers, young people have been living with instability and risk for a really long time, and in some ways, they already had the skills to cope in an environment where threat is always around. Often, they were able to lean on the skills that they already had, persistently trying to find support even when it was hard to access. It didn't always feel like a new space for young people to enter into — they are survivors — true survivors — and their resilience shone through even when the workers were having to work hard to build their skills to adapt to new ways of working.'

Overall, we need to be prepared to see long-term consequences of COVID-19 lasting well beyond the physical health symptoms. A generation of young people have experienced negative mental health impacts, but unsurprisingly this has disproportionately impacted those who are also dealing with homelessness or unstable and unsafe living situations, who are impacted by multiple other intersecting wellbeing concerns, and for whom 'staying home' can have serious implications. Young people are the most disadvantaged by the limited availability and cost of private rentals. They have been excluded from COVID-19 emergency housing responses due to their age, and continue to be a low proportion of social housing tenants. They are often invisible in most strategic housing responses.

The housing and homelessness sector needs to be equipped and resourced to respond to mental health issues and mental health system reforms need to consider and respond to the particular needs of vulnerable young people. The overreliance on one model of youth mental health service (headspace) needs to be balanced by funding diversification to where the critical needs are, including complex mental health responses embedded in frontline homelessness services. This need has never been more apparent, and critical, than in the current pandemic environment.

Endnotes

1. Rossell S, Neill E, Phillipou A, Tan E, Toh W, Van Rheenen T and Meyer D 2021, 'An overview of the current mental health in the general population of Australia during the COVID-19 pandemic: Results from the COLLATE project', *Psychiatry Research*, 296, pp. 1-8.
2. Tiller E, Greenland N, Christie R, Kos A, Brennan N and Di Nicola K, *Youth Survey Report 2021*, Mission Australia, 2021 <<https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>>
3. Organisation for Economic Co-operation and Development 2021, *What have countries done to support young people in the COVID-19 Crisis?*, Organisation for Economic Co-operation and Development, <<https://www.oecd.org/coronavirus/policy-responses/what-have-countries-done-to-support-young-people-in-the-covid-19-crisis-ac9f056c/>>
4. SQM Research 2022, *Residential Vacancy Rates: Brisbane*, SQM Research, <https://sqmresearch.com.au/graph_vacancy.php?region=qld+per+cent3A+per+cent3ABrisbane&type=c&t=1>