

Study of the Experiences of Young Homeless People (SEYHoPe)

Key findings & implications
2015



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Introduction

The Study of Experiences of Young Homeless People (SEYHoPe) research project took place as part of a Knowledge Transfer Partnership (KTP) between Llamau, Cardiff University's Department of Psychology and Institute of Psychological Medicine and Clinical Neurosciences. This report details the key findings that arose from the study, as well as discussing the implications and improvements in service provision that resulted.

In the United Kingdom a distinct lack of research identifying issues faced by young homeless people has been identified, especially regarding changes in these issues over time. The SEYHoPe project was designed to address this knowledge gap, aiming to gain a detailed picture of the lives of young people who had experienced homelessness and to assess the interplay between individual characteristics of service users and service outcomes. By collating this information, it was anticipated that service delivery could be refined in order to improve outcomes for young homeless people.



Llamau is the leading homelessness charity for the most vulnerable young people and women in Wales. An established charity with projects across Wales, Llamau has been working for over 28 years to offer support, help, accommodation and housing advice to homeless and vulnerable young people and women in Wales.

The word Llamau means steps or progression in old Welsh, and the charity's aim is to support service users in making these positive steps. Llamau's vision is that the services and the manner in which they are provided will result in service users being able to build a more independent and sustainable lifestyle within their chosen community. No young person or woman, whatever their problems or background, will be without access to a comprehensive and holistic package of support.

By collaborating with Cardiff University in the Knowledge Transfer Partnership (KTP), Llamau has benefited from the research expertise of academics at the University, whilst the University has had the opportunity to put valuable research into practice.

Background

Young homeless people represent one of the most vulnerable groups in society. High rates of psychopathology; substance misuse; a lack of social support; lack of employment and education; involvement in criminal activity and experiences of physical, sexual or emotional abuse present in numerous permutations¹. It has become apparent that for most young homeless people, their problems are far more complex than a lack of permanent shelter².

Despite these findings, there remains a distinct lack of research into the experiences of young homeless people in the United Kingdom. Whilst studies have revealed rates of psychiatric disorder as high as 62% in the young homeless³, few have looked at other aspects of young people's lives such as education, drug and alcohol use and access to health services. The SEYHoPe study therefore aimed to improve our knowledge of this vulnerable group, and thus enable Llamau to refine its service provision.



Aims

The key aim of the SEYHoPe project was to identify experiences and individual characteristics of young homeless people. A further objective was to see how these factors impact upon outcomes over time.

The study specifically aimed to explore:

- The mental health of young people with experiences of homelessness.
- Young people's access to health and mental health services.
- Experiences of trauma and maltreatment.
- Experiences of education and training.
- Psychological and social functioning e.g. self-control, loneliness and beliefs about their ability to change their situation.

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- 2 Hammersley, R., & Pearl, S. (1996). Drug use and other problems of residents in projects for the young, single homeless. *Health & Social Care in the Community, 4*, 193-199.
- 3 Taylor, H., Stuttaford, M., Broad, B., & Vostanis, P. (2006). Why a 'roof' is not enough: the characteristics of young homeless people referred to a designated mental health service. *Journal of Mental Health, 15*, 491-501.

Methodology

The data for this study was collected via interview. The interview was developed in conjunction with Cardiff University and was based upon an interview devised for a similar project examining homeless adults in the UK¹. The interview was then adapted in order to be more appropriate for young people, with sections including:

- Homelessness and housing history
- Family background
- Experiences of maltreatment
- Loneliness
- Self-control
- Substance use, alcohol and smoking
- Health and access to services
- Experiences of work, education and training
- Traumatic experiences
- A full mental health assessment (MINI Plus Neuropsychiatric Interview²)

Each interview lasted approximately two hours and all questions were read aloud by the interviewer in order to avoid issues relating to poor literacy. The young people were given a high street shopping voucher upon completion of the project as an incentive for taking part.

At the **first wave** of interviews a total of 121 young people aged 16-24 years were interviewed, all of whom were residing in temporary accommodation with Llamau. The sample comprised 68 young women and 53 young men, with participants contacted via their



support worker. During the **second wave** 8-12 months later, 82 of the same young people were re-interviewed, with 75 of those then re-interviewed at the **third wave** 16-24 months later. 90 young people had at least one follow up interview, either during wave two 8-12 months later or at wave three 16-24 months later.

“It’s really helped get everything off my chest”

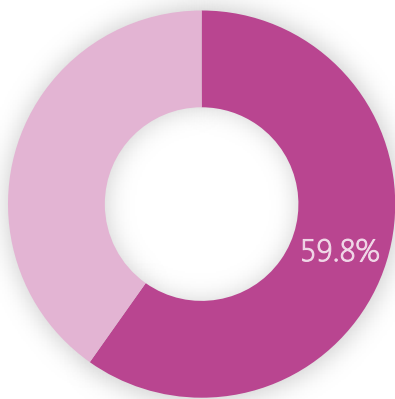
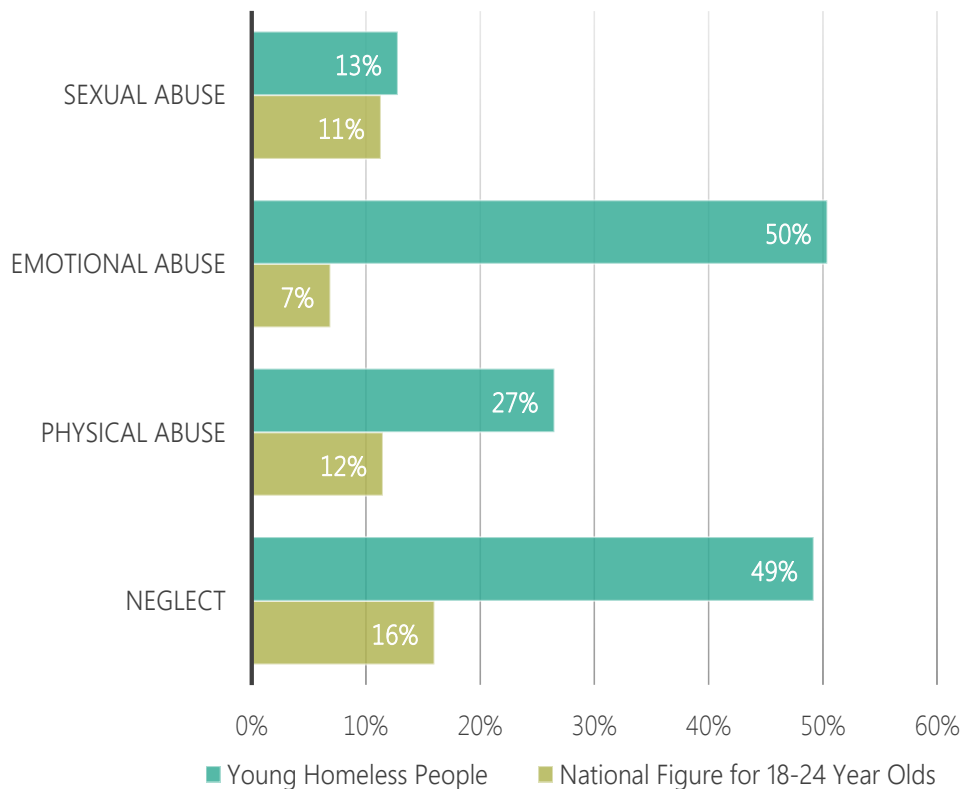
- Lauren, 19

References

- 1 Bonner, A., Luscombe, C., van den Bree, M., & Taylor, P. (2008). *The Seeds of Exclusion*. Retrieved from <http://www.kent.ac.uk/chss/docs/TheSeedsOfExclusion-FullReport.pdf>
- 2 Lecrubier, Y., Sheehan, D., Weiller, E., Amorim, P., Bonora, I., Sheehan, K., Janavs, J., Dunbar, G. (1997). The MINI International Neuropsychiatric Interview (M.I.N.I.) A Short Diagnostic Structured Interview: Reliability and Validity According to the CIDI. *European Psychiatry*, 12, 224-231.

Findings: Maltreatment

Rates of neglect and emotional, physical and sexual abuse were higher among our young service users than the national figures for 18-24 year olds¹. The figures were particularly shocking for neglect and emotional abuse, with young homeless people **seven times more likely** to have experienced emotional abuse and **three times more likely** to have experienced neglect.



Almost 60% of those surveyed had witnessed a family member being abused

50%
of the young people interviewed felt they had experienced some form of abuse during their lives.

22%
had been abused (emotionally, sexually or physically) by a partner.

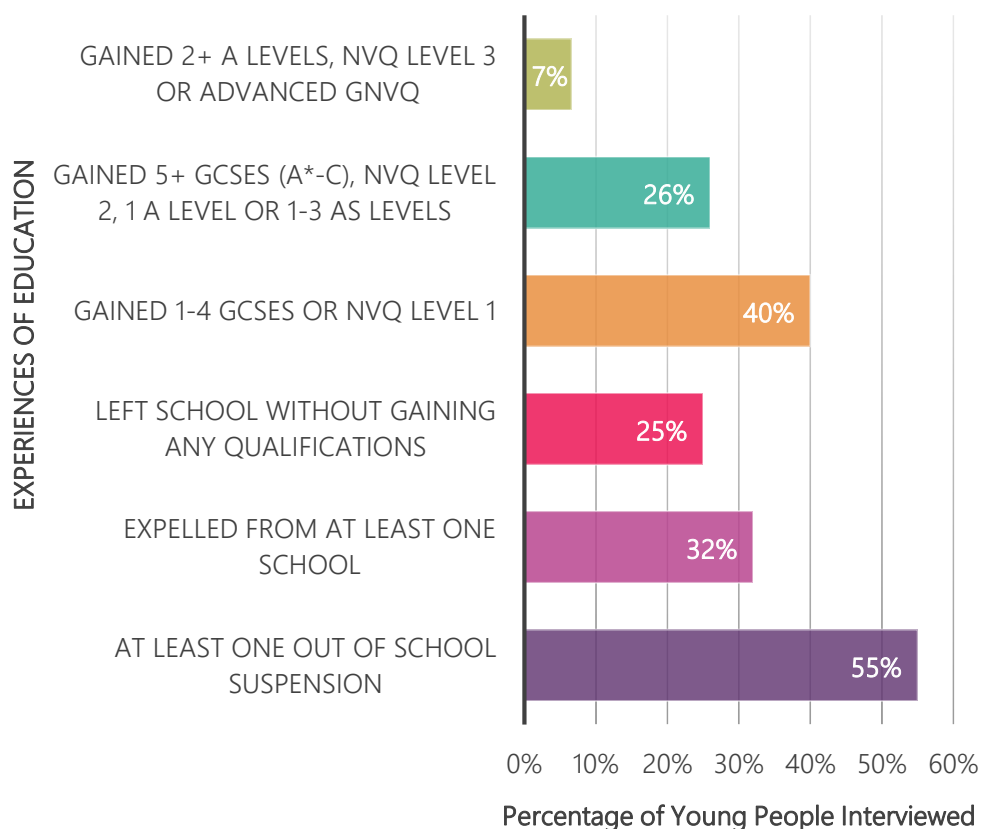


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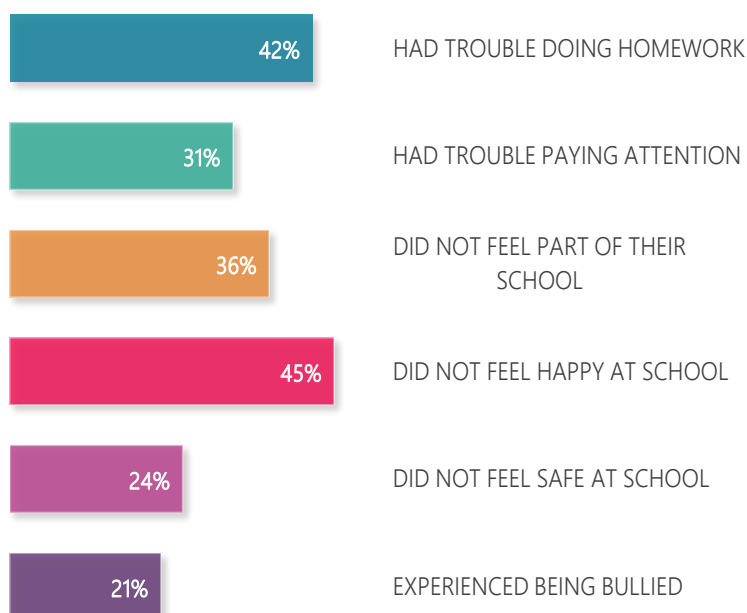
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011). *Child abuse and neglect in the UK today*. Retrieved from <http://www.nspcc.org.uk/globalassets/documents/research-reports/child-abuse-neglect-uk-today-research-report.pdf>

Findings: Education

The majority of young service users interviewed had been suspended from school at least once, with **fewer than 1 in 10** gaining 2 or more A levels. Statistics also revealed that participants were **over two times more likely** to have left school with no qualifications compared to national figures for their age group¹.



On average, the young people interviewed had stopped regularly attending school at **14 years old**



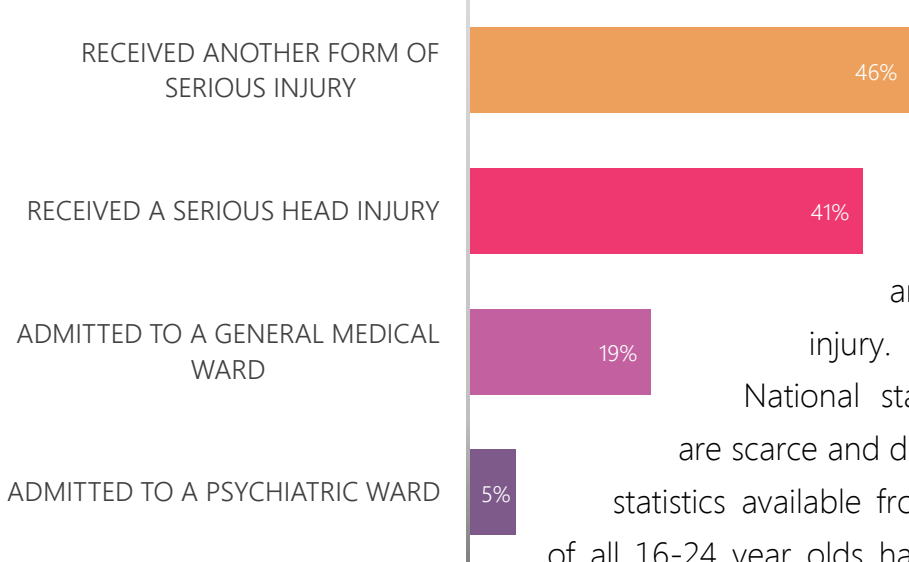
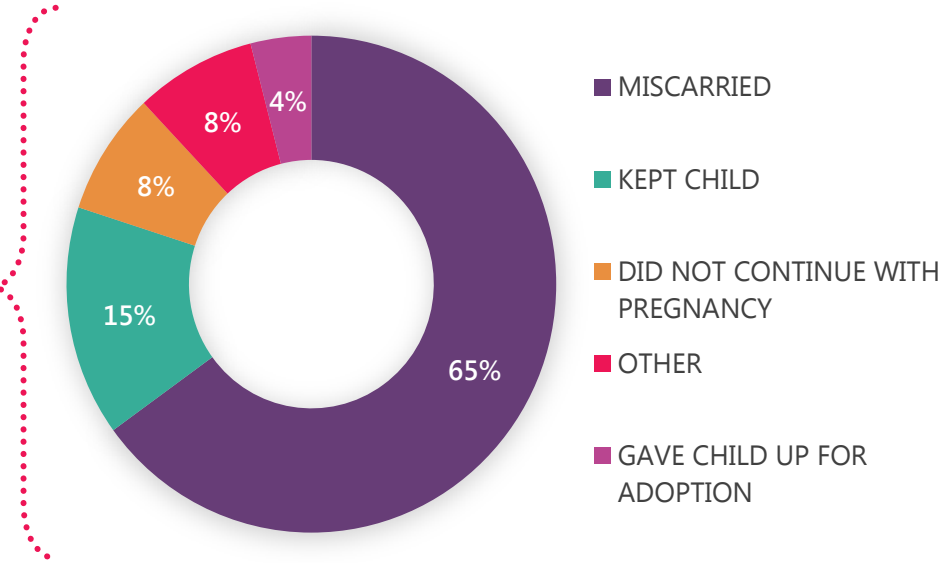
The interviews revealed that the problems faced by young homeless people during their education were not exclusively academic. Many reported negative events related to their education, with almost **half** not happy at school, and **1 in 5** experiencing bullying.

References

- 1 Office for National Statistics (2013) *2011 Census: Aggregate data (England and Wales)*. Downloaded from: <http://infuse.mimas.ac.uk>.

Findings: Health

41% of the young women surveyed had been pregnant at least once in their lives. Of these 41% who became pregnant, **two thirds** miscarried, almost **1 in 10** did not continue with the pregnancy and just under **1 in 6** of those kept the child. Comparable data was unavailable for this age group nationally.



4 in 10 of the young people surveyed had received a serious head injury. Whilst this figure appears high, it is important to note that 15-24 year old males are a high risk group for this type of injury.

National statistics for psychiatric admissions are scarce and difficult to find, with the most recent statistics available from 1999-2000 showing that 2.6% of all 16-24 year olds had been admitted to a psychiatric ward². Whilst this figure may have changed in recent years, it nevertheless suggests that the young people surveyed were around **two times more likely** to have been admitted to a psychiatric ward than the age-matched public in the last six months³.

8 in 10 young homeless people were regular smokers

Almost three in ten 16-24 year olds nationally were regular smokers¹

References

- 1 Public Health Wales Observatory. (2012). *Tobacco and health in Wales*. Retrieved from [http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/85c50756737f79ac80256f2700534ea3/509486bfd300fdef80257a29003c3c67/\\$FILE/Eng%20Smoking%20Report%20LowRLo.pdf](http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/85c50756737f79ac80256f2700534ea3/509486bfd300fdef80257a29003c3c67/$FILE/Eng%20Smoking%20Report%20LowRLo.pdf)
- 2 Headway. (2014). *Key facts and statistics: Head Injury*. Retrieved from <https://www.headway.org.uk/key-facts-and-statistics.aspx>
- 3 Thompson, A., Shaw, M., Harrison, G., Ho, D., Gunnell, D., & Verne, J. (2004). Patterns of hospital admission for adult psychiatric illness in England: analysis of Hospital Episode Statistics data. *The British Journal of Psychiatry*, 185, 334-341.

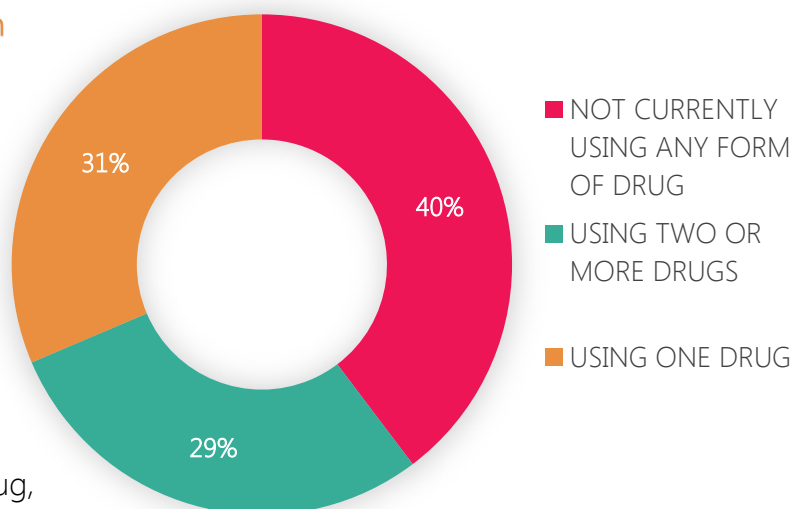
Findings: Drugs & Alcohol

Of the 121 young people we spoke to, **3 in 5** were currently using one or more drugs.

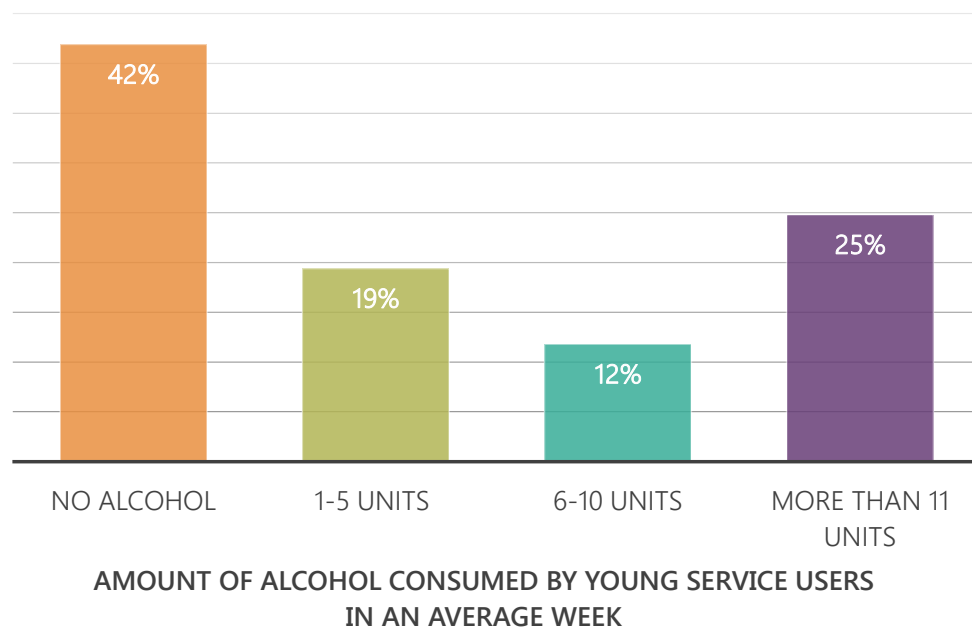
Over **70%** of the sample indicated that they had used non-prescribed drugs in their lifetime, making our young service users **1.9 times** more likely to have used drugs than the general population¹.

Almost **1 in 5** of the young people believed they had a problem with drugs.

Cannabis was the most frequently used drug, consistent with findings from 16-24 year olds in the general population¹. Participants in the study also commonly reported using **mephedrone** ('MCAT', a stimulant), **phenazepam** ('Bonsai', a tranquilizer) and **amphetamines** (a group of stimulants, e.g. 'speed').



In an average week, the majority of young people reported not drinking any alcohol, followed by a quarter who on average drank more than 11 units. In the general population, the average 16-24 year old drinks 11.1 units per week².



13.5 years old

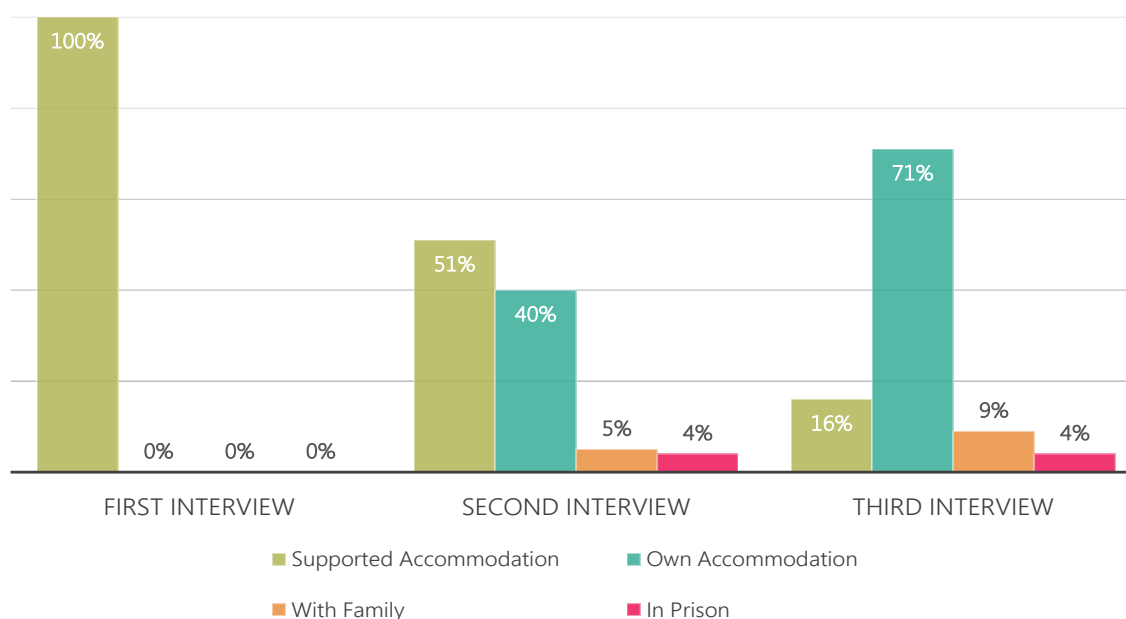
The average age at which young service users had their first drink

References

- 1 Home Office Statistics. (2013). *Drug Misuse: Findings from the 2012 to 2013 Crime Survey for England and Wales*. Retrieved from <https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2012-to-2013-csew/drug-misuse-findings-from-the-2012-to-2013-crime-survey-for-england-and-wales>
- 2 Institute of Alcohol Studies. (2013). *Young people and alcohol Factsheet*. Retrieved from <http://www.ias.org.uk/uploads/pdf/Factsheets/Young%20people%20and%20alcohol%20FS%20May%202013.pdf>

Findings: Housing & Bereavement

At the first interview all 121 of the young people participating in the study were residing in temporary supported accommodation with Llamau. At the second and third interview (8-12 months later and 16-24 months later respectively) this percentage had decreased, with more young people living in their own accommodation by the time of the final interview than in any other form of accommodation. More young people had also moved in with their families by the second and third waves, as well as 4% of young people residing in prison at second and third interview. During the course of the study, 2.5% also reported they had spent time living on the streets.



Bereavement

At wave one of the study, 9% of participants reported that they had experienced the death of a parent, sibling, child or cousin. Of these 9%, many had lost their family members suddenly through injury, miscarriage or cot death, with a number also reporting either finding their relative's body or being present at the moment of death.

Participant Comments

"It's really helped get everything off my chest"
– Chloe, 19

"It feels better to talk about it" – Rhys, 19

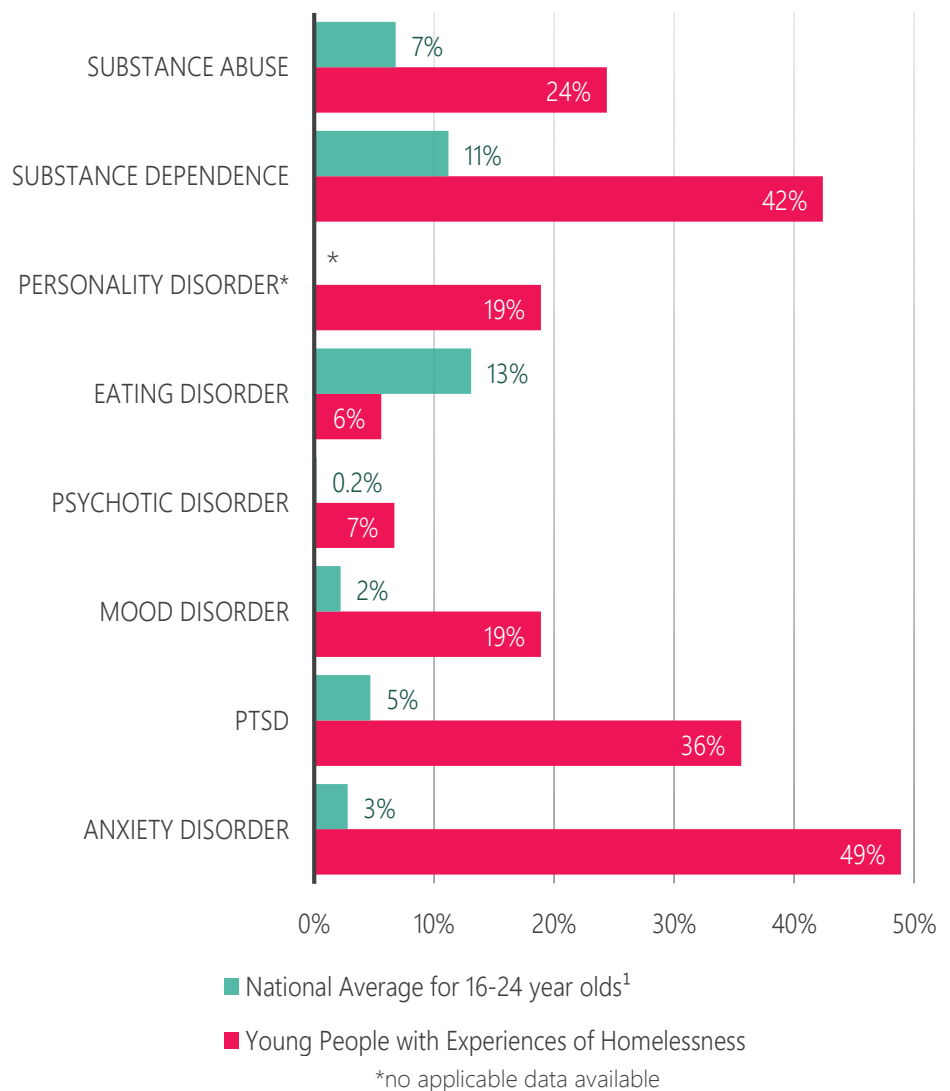
"[The interview] gets you thinking" – Amir, 17

"Llamau staff put the referral in for day treatment and took to me to the appointments to make sure I went to them. Llamau staff have been awesome" – Katie, 20

Findings: Mental Health

The following figures are based on the 90 young people we spoke to at the follow-up interviews. Almost **9 in 10** met the criteria for at least one psychiatric disorder, far higher than the 1 in 3 housed 16-24 year olds in the general population¹.

73% of the young people interviewed met criteria for two or more current psychiatric disorders. The presence of two or more current psychiatric conditions is known as comorbidity and is associated with increased severity and longer duration of symptoms, greater functional disability and increased use of health services². Among the age-matched general population the rate for meeting criteria for two or more psychiatric disorders is significantly lower at **12.4%**¹.



Excluding eating disorders, the young people interviewed were more likely to meet diagnostic criteria for **every psychiatric disorder** studied compared to the age-matched general public.

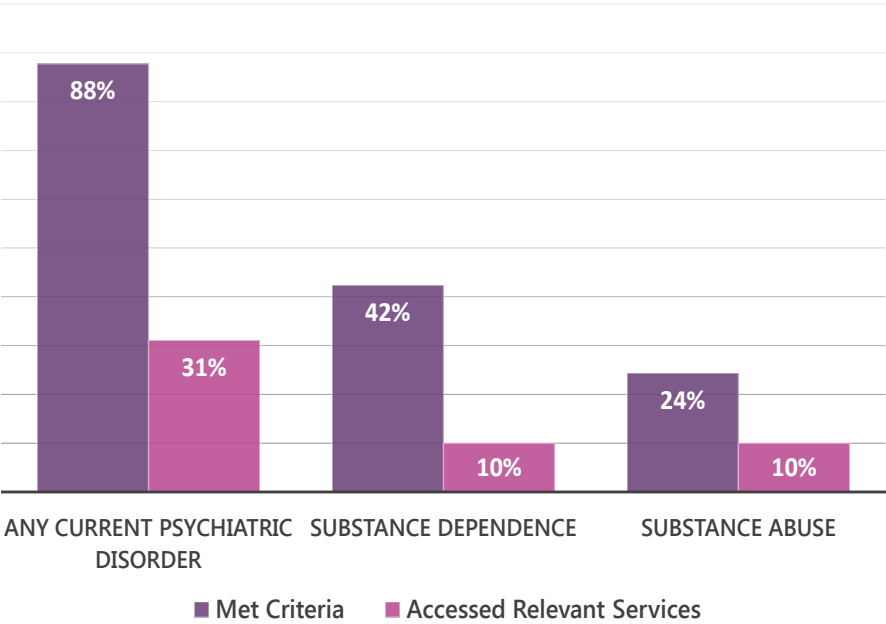


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- 1 McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). *Adult psychiatric morbidity in England, 2007*. Retrieved from <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>
- 2 Kessler R. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62, 593-602.

Findings: Mental Health & Cluster Groups

The study further revealed that despite participants meeting diagnostic criteria for a range of psychiatric disorders, few were accessing the relevant services. As the graph reveals, only 35% of young people with any current psychiatric disorder were accessing services, as well as only a quarter of those with substance dependence and 4 in 10 of those with substance abuse.



The data presented on mental health so far has revealed unprecedented rates of psychiatric disorder among the young homeless, however these statistics fail to acknowledge the marked variation among service users. Analysis was therefore conducted that resulted in the identification of three subgroups of young people (capturing all 90 participants who completed follow-up interviews) based on their psychiatric histories, thus revealing a complex network of associations between mental health, past experiences and future outcomes¹.



The first cluster were identified as having minimal mental health disorders. The group were 54% female and were characterised by low levels of psychiatric disorders (albeit still at higher levels than national averages) . At wave 2 of the study, the group scored lower on loneliness scales and higher on self-mastery measures (how much control a person believes they have over their life) than the other two clusters. Rates of childhood maltreatment were also lower in this group.

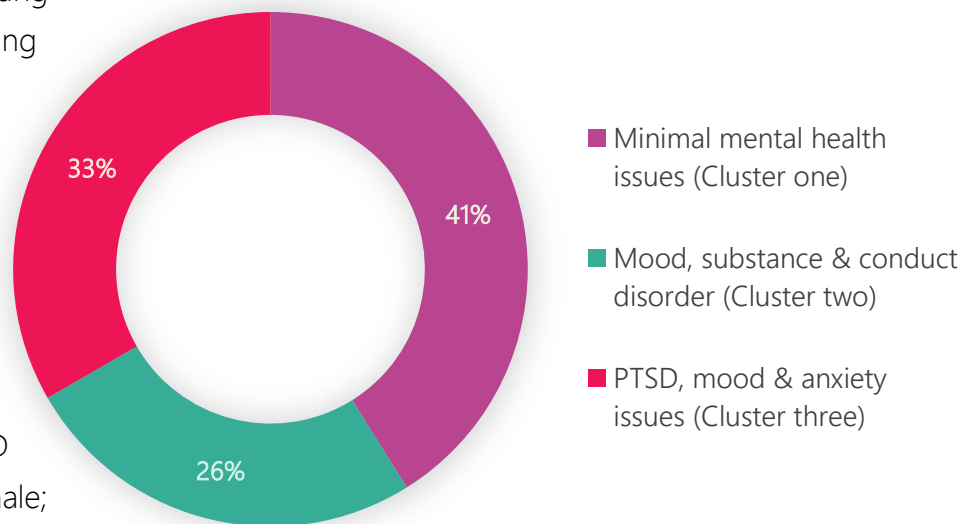
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Findings: Mental Health & Cluster Groups

The **second cluster** of young people were termed as having mood, substance and conduct disorders. 82.6% presented at wave one with substance dependence, 91.3% with a mood disorder and 82.3% with conduct disorder, as well as high levels of all other disorders excluding PTSD (0%). The group was 61% male; were the most likely to have been excluded or suspended from school; and were the youngest when they first became homeless. On average, members of this group had **three** comorbid disorders.

The **third cluster** were categorised by PTSD, mood and/or anxiety disorders. 73% of the group were female, 100% presented with both PTSD and mood disorder and 73% with an anxiety disorder. Rates for all other psychiatric disorders were also high. Cluster three had the highest rates of neglect, emotional and sexual abuse, as well as an average number of **five** comorbid disorders. This



group had the highest levels of loneliness and the lowest self-mastery at follow-up, suggesting members felt unable to change and ultimately improve their situation. This may also explain the high suicide risk rate for cluster three members.

Change in mental health was also assessed during the study. Participants with a stable diagnosis (i.e. no change in psychiatric status) for example were more likely to be accessing services regardless of cluster membership. Maltreatment was found to be a strong indicator of outcome, as participants who had been maltreated were less



Findings: Mental Health & Cluster Groups

likely to recover and also more likely to develop other disorders throughout the course of the study. Young people in cluster two exhibited persistent substance dependence and were the most likely to develop PTSD by wave three, perhaps as a result of exposure to traumatic experiences related to drug use. Young people in cluster three were characterised as having the most persistent mental health problems and were also the most likely to develop substance dependence and psychosis by the second interview. These young people appeared to be the most vulnerable and were the least likely to recover, indicating a high need for support.

These findings may allow for the prediction of future mental health difficulties and outcomes when supporting a young person by considering their psychiatric history and cluster membership. A female service user with history of mood disorder, maltreatment and PTSD for example would likely fall in cluster three, meaning she would also be at risk of developing substance dependence. Identifying a service user's cluster membership would therefore allow resources and support to be tailored, whilst also enabling staff to identify and perhaps prevent future problems from arising.

The study revealed that participants were more likely to have visited a GP in recent months than the general population¹ regardless of cluster membership. The higher prevalence of mental illness among the young people interviewed for SEYHoPe may explain the difference in medical service access, as mental illness is likely to lead to increased need for

Participants who had been maltreated were less likely to recover and more likely to develop additional disorders



Almost 8 in 10 members of cluster three were classed as at risk of suicide during wave one



References

- 1 Welsh Government (2012). *Welsh Health Survey 2011*. Retrieved from <http://wales.gov.uk/statistics-and-research/welsh-health-survey/?tab=previous&lang=en-12>.

Findings: Mental Health & Cluster Groups

physical health services. Suicide attempts, self-harm, increased impulsivity, poor self-care, a lack of social support, poverty and a range of other factors all lead to an increased need for services, all of which occur more often among young homeless people¹. Access to the support provided by Llamau - for instance signposting to relevant services and supporting to appointments - may also explain the higher access to physical health services among participants.



Overall, our findings indicate a major vulnerability for mental illness among young people with experiences of homelessness. Mental illness is thought to not only increase risk for first incidence of homelessness, but also to make completing tasks necessary to cope with and move on from homelessness more difficult^{2,3}. Research surrounding mental health and youth homelessness however is scarce and conflicting, with some research finding that mental health improves when housing is provided⁴ and other research suggesting that mental illness persists after rehousing⁵. The SEYHoPe study did record a slight reduction in mental health problems over time, however it is unclear whether this was due to the young people being provided with housing or receiving consistent support from Llamau staff alongside other factors. Nevertheless it is clear that psychiatric history and past experiences are integral to a service user's mental health, and that via monitoring it may be possible to target the support provided so as to attenuate both the worsening of symptoms and the development of further problems for young homeless people.

Participants were around
three times more likely to
have visited a GP in recent
months than the national
average

References

- 1 Morey, M. A., & Friedman, L. S. (1993). Health care needs of homeless adolescents. *Current Opinion in Paediatrics*, 5, 395-399
- 2 Rhodes, J. E., & Jason, L. A. (1990). A social stress model of substance abuse. *Journal of Consulting and Clinical Psychology*, 58, 395-401.
- 3 Shelton, K. H., Taylor, P. J., Bonner, A., & van den Bree, M. B. M. (2009). Risk factors for homelessness: evidence from a population-based study. *Psychiatric Services*, 60, 465-472.
- 4 Karim, K., Tischler, V., Gregory, P., & Vostanis, P. (2006). Homeless children and parents: Short-term mental health outcome. *International Journal of Social Psychiatry*, 52, 447-458.
- 5 Martijn, C., & Sharpe, L. (2006). Pathways to youth homelessness. *Social Science & Medicine*, 62, 1-12.

Case Studies

The following case studies provide a qualitative insight into the lives of young Llamau service users. The studies show how service users can present with complex issues and a variety of mental health problems, or, in the case of Adam, with no psychiatric issues at all. The stories of these four young people illustrate the variety of backgrounds of our service users and go some way to demonstrating that young homeless people require support for more than just a lack of accommodation.

Melissa - 17*

Melissa was an only child but her mother fostered several children. At 17, Melissa's mother kicked her out due to lack of space. Melissa reported being frequently berated, humiliated and neglected by her mother and reported that she had to care for herself from a young age. As a child Melissa was sexually abused by a close relative and also reported being bullied at school. Upon presenting as homeless, Melissa was allocated a room at a Llamau supported accommodation project and soon after started a relationship with an older man who was addicted to heroin. Her partner was reported to be very controlling and staff at the housing project noticed Melissa's mental health worsening. At the first interview Melissa met criteria for PTSD, depression and past experience of hypomanic episodes, also scoring high on the suicide risk scale. Melissa's relationship ended when she left her partner for stealing from her. She then began accessing community psychiatric care, was prescribed antidepressants and was formally diagnosed with PTSD. Melissa enrolled in college and started a part-time job, enabling her to build healthier relationships with new people. At the second interview Melissa had not experienced any further hypomanic episodes and her risk of suicide had significantly reduced. However Melissa had recently started a new relationship which took her away from her new friends and eventually she lost her job. Melissa became pregnant by her new partner but suffered a miscarriage shortly after. At the final interview Melissa had split from her most recent partner and continued to meet criteria for PTSD, however she was accessing more regular psychiatric care and her mental health had improved. Melissa was close to completing her college course and living in her own Local Authority property with floating support from Llamau. Melissa's relationship with her mother had significantly improved and she had maintained a strong relationship with her grandmother throughout her experience of homelessness.

*names have been changed

Case Studies

Adam - 18*

Adam lived with his mother until he was 17 years old. At this point they came to the mutual decision that he should leave home, as there was too much conflict between him and the rest of the family. Adam presented as homeless to the Local Authority, who allocated him a space to live at a Llamau supported housing project. At first Adam had trouble managing his temper, but with his own space and more independence he started to cope much more effectively. At all three stages of the interview Adam did not meet criteria for any psychiatric disorder. Although he did report occasional use of cannabis, he did not meet criteria for substance abuse or dependence. Adam was able to maintain regular contact with his family whilst living in temporary accommodation and the relationship he had with them became much more positive. Adam remained homeless (living in temporary accommodation) across the three stages of the study, simply because the Local Authority did not have permanent accommodation available. Adam attended college and was hopeful this would enable him to find a job so he could support himself.



Participant Comments

"I wouldn't be in college without my support worker. I have a lot of good memories" – *Tania, 18*

"I'm glad to give something back to Llamau" – *Hannah, 23*

"It's really nice to let out feelings to people you don't know. Thank you for doing the interview was really good to speak to someone who I don't know. Fingers crossed things will be a bit more positive for me. Thanks again"

– *Becky, 22*

Case Studies

Mark - 19*

Mark was made homeless when he was 14 years old after being kicked out by his step father. Mark then became involved with drug use and started to drink heavily, committing crimes to fund his substance use. He reported suffering physical abuse from his step father on a regular basis whilst he was growing up. He had previously received some support for his substance misuse from an alcohol and drug service, but he did not regularly attend appointments. Just prior to the first interview, Mark was released from prison where he had spent three months for grievous bodily harm (GBH). Mark had also served a sentence previously for actual bodily harm (ABH). At the initial interview Mark met criteria for substance-induced psychosis, substance dependence and high suicide risk. Soon after the first interview, Mark was sent to prison again for robbery and assault where he was held in a specialist mental health unit. The prison psychiatrist reported that Mark's psychosis was complex and was unsure if it was substance-induced or present beforehand. During his time in prison he received intensive support for his mental health and was also helped to prepare for his release. At the final interview, Mark had been released from prison and was living in supported accommodation for offenders with mental health problems. With the support he was receiving Mark's offending behaviour had stopped and his suicide risk was reduced, however he still met criteria for substance-induced psychosis and substance dependence.



Case Studies

Joanne - 17*

Joanne became homeless when her relationship with her adoptive family broke down, after which she 'sofa surfed' for two months staying with a number of friends. Joanna returned home briefly but was unable to stay as there was no longer enough space for her. She then presented as homeless to the Local Authority and was given a room at a Llamau supported accommodation project. At the first interview Joanne met criteria for depression, substance dependence, anxiety disorder and PTSD and was prescribed anti-depressants by her GP. She moved out of the Llamau project when she was allocated her own flat, but continued to receive floating tenancy support. Joanne enrolled in college and her substance misuse decreased. At the second interview Joanne's mental health had improved. She ceased to meet criteria for depression and her PTSD and anxiety disorder symptoms were sub-threshold for the disorder. Shortly after the second interview, Joanne accidentally came into contact with her biological mother. This affected Joanne hugely and soon after she dropped out of college. At the final interview Joanne's mental health had deteriorated dramatically. Joanne met criteria for depression, PTSD, substance dependence, generalised anxiety disorder and substance-induced psychosis. During the interview, Joanne exhibited disorganised speech and she struggled to focus on one thing at a time. She had taken two overdoses in the three months prior to the final interview for which she had to attend the Emergency Department for treatment. Joanne had an assessment by a psychiatrist after her overdose and was prescribed further antidepressants, as well as being put on the waiting list for drug and alcohol services. Joanne's relationship with her biological mother continued to be a source of conflict and the police had placed an exclusion order against her to stop her from contacting Joanne. At the third interview Joanne was still living in her own property and receiving support from Llamau, however she was having trouble maintaining her tenancy and had received complaints from her neighbours about noise.



Conclusions

Our findings highlight that young people with experiences of homelessness can present with complex needs and often come from disadvantaged backgrounds. Maltreatment, lack of qualifications, smoking and substance abuse were all higher among the young service users interviewed than the age-matched general population, with the young people interviewed almost three times more likely to have a mental health problem. Whilst the prevalence rates for psychiatric disorders were disconcertingly high, our findings further show that access to mental health services was worryingly low. The chaotic nature of the lives of young homeless people may mean that attending regular appointments can be difficult despite the support they receive. Financial and social barriers may also exist that impede access to services, for example lack of money for transport or stigma around mental health, both of which Llamau aims to alleviate through practical and emotional support. The case studies included in this report illustrate that although access to mental health and substance abuse services was often disjointed, once support was maintained with Llamau and other services it had a positive effect on many areas of the young person's life. It is important therefore that service providers are aware of the high prevalence of mental health issues that young people who do not have a permanent home are likely to experience, and that extra support may well be needed in terms of attending appointments to ensure consistency in treatment. Awareness of these issues would aid early diagnosis and consistent use of services, leading to long term cost reductions in health and mental health services.



Conclusions

The importance of both past experiences and ongoing life events in the development, maintenance and recovery from mental illness is also evident in the case studies and cluster analysis included in this report. Recent and childhood life events such as abuse, family problems and relationship difficulties were seen to accelerate deterioration in mental health, emphasising that support staff should maintain a dialogue with service users so as to identify triggers for potential crises and reduce risk. Through weekly support sessions and the constant presence of staff in project houses for those with high support needs, Llamau is already able to keep these lines of communication open.

Most interventions currently available to homeless youth focus first on the immediate housing crisis by providing temporary accommodation, with later work often focused on

finding and maintaining stable accommodation. Mental health support is rarely at the heart of intervention efforts, even though psychopathology may affect the ability of young people to successfully maintain tenancy agreements and lead independent lives. Joanne and Mark's case studies highlight how mental health problems can play a role in housing instability and can compound housing difficulties because of challenges involved in managing a tenancy or by leading to behaviour that threatens housing such as criminality.

As a result of the significant mental health findings of the SEYHoPe study, Llamau has adapted its service delivery to provide more targeted mental health support. As well as helping our service users deal with a whole range of social, financial and educational issues that may

Participant Comments

"[Llamau] are doing more than I expected, they've been brilliant"-
Jordan, 18

"[The interviewer] was lovely – thumbs up"
– *Crystal, 18*

"I learned a lot, it's been nice to reflect. I feel enlightened now"
– *Joe, 18*



Conclusions

be impacting on their mental health, we now have additional support in place specifically for mental health. In 2013 we introduced a mental health screening tool to be used by staff with service users. The tool helps staff in the early identification of possible mental health issues amongst service users, allowing staff to make informative referrals and fast track access to support. Staff have said that the tool is a helpful way to engage service users in talking about mental health, a topic that many shy away from. It has been found that asking direct questions allows service users to respond honestly about the issues they are experiencing and also identifies issues that health professionals can miss in a short appointment. By obtaining information about the impact mental health issues are having on individuals, staff are also able to develop more idiosyncratic support packages and provide health professionals with as much information as possible. Repeating the tool at regular intervals

should also enable staff to monitor and track changes in mental health over time.

In addition to the screening tool Llamau has also been able to improve staff training on mental health issues, increasing confidence amongst staff to advocate for service users to ensure they have access to the right mental health services. Llamau's Specialist Mental Health Workers have also developed service user workshops to inform young people about mental health and assist them in coping with and managing their mental health.

The project has further led to Llamau once again teaming up with Cardiff University to work together on a new research project. In September 2014 a new PhD study focusing on the cognitive functioning of young homeless people was initiated. This project will complete in 2017 and will once again provide valuable knowledge that will be fed back into practice at Llamau.

The SEYHoPe project has demonstrated the stark differences between young people with experiences of homelessness and their housed peers. The disquieting statistics surrounding the high levels of abuse, substance misuse, lack of education and poor mental health illustrate just how at risk these young people are, desperately highlighting the need for services like Llamau. It is hoped that by continuing to collate research surrounding young homeless people and disseminating it to other service providers and the public sector, step by step we will be able to provide highly effective and holistic support for young people who come into contact with homelessness services.



Acknowledgements

Firstly, thank you to all of the young service users who have been kind enough to take part and have donated their time to the project; your contributions and responses are highly valued and will allow us to provide better support to young people who find themselves in similar situations to yourselves in the future.

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Finally, this report would not exist without the hard work of Dr Kate Hodgson, the PhD student whose thesis formed the SEYHoPe study from which the bulk of the information in this report was compiled.

Written by: Amy Smith, Bethan Phillips and Dr Kate Hodgson.

Designed by: Bethan Phillips



Study of the Experiences of Young Homeless People (SEYHoPe)



Key findings & implications

2015

The Study of Experiences of Young Homeless People (SEYHoPe) research project was conducted as part of a Knowledge Transfer Partnership (KTP) between Llamau, Cardiff University's School of Psychology and Institute of Psychological Medicine and Clinical Neurosciences. This report details the key findings of the study in terms of education, health, maltreatment and mental health, as well as discussing the changes to service provision that have since been introduced at Llamau.

The complete PhD thesis authored by Dr Kate Hodgson on the SEYHoPe project can be accessed online here:

www.orca.cf.ac.uk/59590/2/2014hodgsonphd.pdf

Two further papers authored by Dr Kate Hodgson during the SEYHoPe project - a systematic review into psychopathology and homelessness, and an examination of mental health and service use in young homeless people - are also available via the links below:

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301318>

http://ebmh.bmj.com/content/early/2014/07/03/ebmental-2014-101810.short?g=w_ebmh_ahead_tab

For more information about the research being conducted at Llamau, please go to www.llamau.org.uk/research/

Llamau,
23 Cathedral Road,
Cardiff,
CF11 9HA

Tel: 029 2023 9585 | Registered Charity No. 701772