mcm.

**Submission:
The Youth Mental Health System for
Young People Experiencing
Homelessness 2025**

By Douschka Dobson

Acknowledgement of Country

MCM Group acknowledges First Nations Peoples as the Rightful Owners and Custodians of the Lands, Skies and Waters that surround and nurture us. We pay our respects to Elders past and present and their Cultural Intelligence since time immemorial.

We recognise the continuing impacts of colonisation on First Nations Peoples and the importance of self-determination. May we continue to open our hearts and minds to the continual learning and wisdom of decolonisation. Always Was, Always Will Be Aboriginal Land.

This submission acknowledges the disproportionate impact of homelessness and mental load for young Aboriginal and Torre Strait Island young peoples.

We recognise Aboriginal Community Controlled Organisations provide a model of mental health care that is culturally safe, community-controlled, and holistic, addressing the unique needs of Aboriginal and Torres Strait Islander communities.

Acknowledgements

This submission has been shaped and guided by the lived expertise of young people experiencing homelessness and mental ill-health, who continue to show courage and resilience in the face of fractured systems while advocating for life-saving mental health responses.

We would like to acknowledge the children and young people who are alone and continue to live with the experience of homelessness, and in doing so, respectfully include the memory of those who have lost their lives in this experience.

About MCM

Established in 1854, MCM (Melbourne City Mission) is one of Victoria's oldest, largest, and most diverse non-profit community service organisations. Today, the MCM Group, comprising MCM Services, Hester Hornbrook Academy, Quantum Support Services and MCM Housing, work together to innovate change and create positive pathways for people in Victoria.

Through collaborative efforts, the MCM Group strives to empower and enable people, offering comprehensive support through more than 80 programs, including homelessness, housing, family violence, disability, mental health, early childhood and education, child and family services and home-based palliative care.

Mental health needs underpin the services delivered throughout MCM, especially youth homelessness. Multidisciplined teams of clinical, non-clinical and peer support constitute the practice delivery.

MCM Services provide a range of housing and homelessness supports. Services provided by MCM include:

- Frontyard Integrated Youth Services provides a range of wraparound services under the one roof to young people aged 12-24 experiencing or at risk of homelessness, including support with housing, health, family violence, mental health, legal issues, financial, employment and community participation programs. Peer worker support is embedded across the multi-disciplined service response.

- Frontyard operates the only State-wide specialist access point for young people aged 16-24 seeking to access the Homelessness Services system, including an 18bed CBD-based crisis accommodation service for complex young people experiencing rough sleeping and reoccurring homelessness.
- Four Youth Refuge programs across the Northern and Western suburbs of Melbourne which provide short-term accommodation to over 600 young people each year.
- Youth Foyer Programs that provide intensive case management and fully furnished medium term accommodation to young people for up to 3 years.
- Housing First for Young People Leaving Care program designed to provide rapid, stable housing and wraparound support to young people leaving care in Victoria.
- Early intervention homelessness programs including Reconnect, Detour in metropolitan and regional locations, and the state-wide Family Reconciliation and Mediation Program, supporting over 1000 young people each year to remain housed and connected to family, school, and their community.
- Check-In program is a partnership with St. Vincent's hospital, based at Frontyard providing clinical and non-clinical support to young people experiencing homelessness and complex mental ill-health. The flexible model supports engagement with the service even during periods of situational transiency and instability.
- Living Learning program is a Victorian Government and philanthropic partnership to integrate mental health support with flexible learning supporting students at Hester Hornbrook Academy.

MCM Group has made the commitment to implement a systems-level, whole of organisation approach to trauma informed healing-oriented care. A Healing Oriented Framework has been developed by MCM to promote the physical, emotional, social, psychological and spiritual health and wellbeing; cultural inclusion and ongoing safety of people in contact with MCM. MCM maintains a holistic view of individuals, families, and communities in their ongoing process of healing.

The Lived Experience Engagement Participation Framework (LEEP) was created to ensure people accessing MCM Group programs and services are involved in organisational decision-making. We believe in the importance of people with lived experience taking part in designing new programs and services, improving existing ones, and being at the centre of our advocacy and research to drive systemic change.

Submission

MCM supports submissions to the Australian Government, as part of the sector-led consortia providing advice on the existing system of mental health services for young people aged 12-25 years old with potential new and/or refined models of care for mental health services for young people. There are clear synergetic sign-posts emerging from the consortia sector-led advice on new and/or refined models of youth mental health care that include policy, system and operational considerations of priority populations.

Introduction

MCM welcomes the opportunity to make a submission following the significant commitments made by the Australian Government to enhance youth mental health services, focusing on accessibility, early intervention, and support for complex needs.

It is essential that the specific needs of unaccompanied young people experiencing homelessness are recognised and prioritised within this broader reform agenda and investment. Without deliberate and focused action, these young people will not benefit from the reforms and will continue to be excluded from accessing mental health support and services.

MCM submits recommendations within three overarching areas emerging from the *Home in Mind: Youth Homelessness and Mental Health Report.* The research and policy report marked the culmination of a two-year project between MCM and Orygen Youth Mental Health and examines the profound challenges faced by young people, aged 15–25, experiencing homelessness and mental ill-health in Victoria.

There is a well-documented and widely acknowledged gap in mental health support for unaccompanied young people experiencing homelessness across both the youth homelessness and mental health sectors. Existing mental health service frameworks are currently failing to meet the complex and urgent needs of this priority cohort.

"For too long our mental health and homelessness systems have left the most in need completely unsupported. Young people experiencing homelessness and mental ill-health have been excluded and handballed between these siloed systems until they get lucky, give up, or die waiting." – (K), Peer Support Worker

Young people aged 15-24 faced the highest rates of homelessness in Australia[1]. In Victoria, 11,301 young people presented alone (not accompanied by a parent, guardian or support person) to Specialist Homelessness Services in 2023-24[2].

The impact of homelessness on young people is profound. Data collected in February 2024 from young people accessing services at Melbourne City Mission (MCM) highlighted alarmingly high levels of psychological distress[3]. More than half of the respondents reported experiences of self-harm, suicidal ideation, or suicide attempts—underscoring the critical need for targeted mental health interventions.

For unaccompanied young people without a fixed address, access to mental health services, including Headspaces, is often completely out of reach. Barriers include rigid eligibility criteria, geographic catchment restrictions, a lack of outreach and after-hours services, and limited integration with housing and other essential social supports. These systemic issues result in a failure to deliver not only timely but also appropriate care. Furthermore, stigmatising practices—particularly within emergency department settings—compound the harm and further deter young people from seeking help.

"My mental health was getting worse, but I had to find a bed every day, so I had to let it slip until I became really unwell, ended up in the psych ward for a little bit. [I] was discharged, and it started all over again." – (A), 20 years, Lived Experience

Young people at the intersection of homelessness with complex mental health support needs are forming the 'missing middle' in a system that does not recognise their unique circumstances making access to mental health services without a stable home unattainable.

This Submission should be read in conjunction with Home in mind: Improving mental health support for young people experiencing homelessness

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[1] Specialist homelessness services annual report 2023–24, Clients, services and outcomes - Australian Institute of Health and Welfare
[2] Specialist homelessness services annual report 2023–24, Clients, services and outcomes - Australian Institute of Health and Welfare
[3] Victorian Youth Homelessness Snapshot | MCM Homelessness erodes mental health.

Priorities

Integrated, Youth-Centred Models of Care

Current service systems remain fragmented, with limited coordination between housing, mental health, and social support sectors. This disconnection creates significant barriers for young people trying to access support and adds pressure on frontline workers navigating these silos.

Promising models such as the Homeless Youth Dual Diagnosis Initiative (HYDDI), the Check-In Program (MCM)[4], Innovative Health Services for Homeless Youth (IHSHY), Safe Haven Café (St. Vincent's Hospital), and Youth Wellness Hubs Ontario (YWHO) demonstrate the viability and impact of integrated service delivery for homeless young people with complex needs.

> *"The amazing thing is they worked together. They actually communicated … Everything was so well thought out, everyone – It wasn't me against the problem, it was me [case worker name] and [case worker name] against the problem. It was work together, they communicated, they stayed in contact with each other, and it was great."* – (C), 20 years, Lived Experience

These initiatives provide holistic, coordinated care by bridging housing, mental health, and social services. Their success highlights the importance of youth-centred, wraparound approaches that deliver consistent, accessible, and developmentally appropriate support to help young people achieve stability and wellbeing.

Figures from the *Home in Mind* report for young people attending Headspaces and an audit of access to tertiary child and youth mental health services indicated that young people experiencing homelessness in Victoria are significantly less likely to be accessing tertiary mental health services, despite a higher likelihood of also managing mental ill-health[5].

There is opportunity through investment to expand Headspace services' role in bridging the 'missing middle' supporting those who are too unwell for primary care services but do not meet the threshold for specialist care. Additionally, expanding Headspace's scope to provide in-reach support within the homelessness service space will ensure young people experiencing situational transiency and instability will remain connected to mental health support.

Recommendation 1 Strengthen the funding and model for headspace services, including scope of operation with placed-based in reach offering enhanced primary care supports for homeless young people with complex mental health needs.

Recommendation 2 To meet the distinct needs of young people navigating multiple systems, piloted and scaled investment for youth-centred wellbeing access hubs modelled on the Youth Wellness Hubs Ontario (YWHO) which provide integrated services, including housing access and support, mental health care, and peer support, in accessible community locations.

Recommendation 3 Expand supported youth housing-first programs and deliver on existing commitments, including the provision of 500 supported housing places for young people experiencing homelessness and mental ill-health, as recommended by the Royal Commission into Victoria's Mental Health System.

Improving Crisis Mental Health Responses and Admission Pathways for Homeless Young People

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[4] Mental Health | MCM
[5] home-in-mind-report-2025.pdf p.19

Recent statistics from the Australian Institute of Health and Welfare (AIHW), indicate that one young person aged 16-24 is dying in homelessness every four days in Australia[6]. The coroners clustered data attribute suicide as the leading cause of death for these young people.

While hospital emergency departments should not be at the top of a young person's mental health care plan, the reality is many young people are trapped in a cycle of homelessness with complex mental health that is not well served by the mental health system further deteriorating their mental health.

Without access to mental health services, there is an over-reliance on crisis and emergency services[7]. If access is an option, young people are often discharged back to homelessness access points. Children as young as 16-years of age, who are alone, are in a constant cycle between homelessness services and hospital emergency departments[8].

"Crisis accommodation services are not set up to monitor young people with high levels of suicidal ideation but often as soon as hospitals find out that they are supported by a crisis accommodation service they are bounced back to us." - Youth Participation Worker

Furthermore, the important principle of mental health care to not discharge a person into homelessness has created an unintended barrier to admission[9]. Young people experiencing homelessness often leave hospital emergency departments without adequate mental health support, increasing their risk of suicide. Experiences of stigma, dismissive attitudes, and harmful responses in emergency healthcare settings also deter young people from seeking necessary mental health care.

"You are kinda treated like scum – I don't really understand it at all … I wasn't even looking for a bed I just felt suicidal about being so stressed out." – (B), 21 years, Lived Experience

Recommendation 4 The Mental Health and Wellbeing Commission should conduct a review into emergency department and in-patient intake unit responses to unaccompanied young people experiencing homelessness and seeking mental health support. This process needs to examine the impact of psychiatric bed and community accommodation shortages on hospital triage decisions, as well as outcomes for individual young people. This review should provide clear policy, legislative and system change advice, as required.

Recommendation 5 Clinical Council reviews into current clinical practice guidelines for emergency departments and mental health services to ensure these documents include specific advice relating to young people experiencing homelessness, particularly during admission processes.

Care Navigation

The ability for young people experiencing homelessness and mental ill-health to access mental health support is often impeded by financial and administrative policies, situational transiency or instability, and legal and systemic barriers[10].

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[6] Homelessness and suicide - Suicide & self-harm monitoring - AIHW
[7] home-in-mind-report-2025.pdf p.30
[8] Victorian Youth Homelessness Snapshot | MCM Homelessness erodes mental health.
[9] home-in-mind-report-2025.pdf p.32
[10] home-in-mind-report-2025.pdf p.13

Young people experiencing homelessness are often disconnected from family due to abuse, neglect, family conflict, or rejection[11]. These young people cannot rely on adult support to understand, access, or advocate within a complex and fragmented mental health system.

Consent laws, confidentiality protocols, and service entry points often assume a caregiver is present or available. Appointments, referrals, and follow-ups are difficult to manage alone, especially for those without transport, digital access, or a stable address.

Without advocates, young people may fall through the cracks, delay seeking help, or disengage entirely. This leads to worsening mental health, increased risk of crisis, and higher service costs such as interactions with emergency and justice interventions.

In recognising structural inequality, policy cannot assume the presence of stable family supports when designing access criteria, consent processes, or care plans. Instead, services must be developmentally informed, trauma-aware, and culturally competent.

"It's good when mental health teams want to try and get people involved. It's bad when people assume you have family. That is such a big assumption that I faced, and when you don't have that fallback there are so many systemic barriers – that's definitely created a lot of issues for my mental health." – (P), 25 years, Lived Experience

Engagement takes time and consistency, especially for young people with negative service experiences. Multidisciplinary outreach teams including homelessness practitioners, mental health clinicians and peers can meet young people where they are in the community, not just site locations. Relational-based practice reduces the likelihood of young people becoming isolated, disconnected and at risk.

Recommendation 6 Investment expanding peer support roles across housing and mental health services to improve engagement, trust, and continuity of care for young people. This includes embedding peer workers with lived experience in program design, outreach, crisis response, early intervention, service navigation, and wraparound supports.

Recommendation 7 In recognition that many young people are navigating complex services alone and require tailored, developmentally appropriate support, funding for youth-specific navigation and advocacy roles are essential.

Recommendation 8 Ensure assertive outreach is embedded across Area Youth Mental Health and Wellbeing Services. Outreach must be funded to provide support outside regular service hours, by staff with expertise in engaging young people experiencing homelessness.

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[11] Victorian Youth Homelessness Snapshot | MCM Family Violence leads to homelessness for young people.