

National Learning Community on Youth Homelessness

BACKGROUND ON HOMELESS YOUTH AND MENTAL HEALTH

AN INVISIBLE CRISIS

Youth homelessness has existed in Canada for decades, however, recent years have seen a significant increase in the number of young people with complex mental health issues who are also facing the isolation and struggle of homelessness.

In communities across the country, the failure to address the specific needs of homeless youth with complex mental health needs, and the lack of appropriate, timely services is resulting in a crisis for homeless young people, their families and the community agencies that seek to support them. The results are devastating as Canada's most marginalized young people fall between the cracks. They are often ineligible for, or not well served by children and adult mental health systems – nor well suited to services developed for homeless adults with complex mental health needs.

CONTEXT

There are an estimated 65,000¹ young Canadians between 16–24 who are homeless or at risk, and increasingly they face life on the street or in shelters, while also contending with mental health issues ranging from anxiety, trauma and depression to severe, complex illnesses including schizophrenia, bi-polar disorder, or concurrent disorders. The situation is bleak. Given the realities of homelessness for young people, and the fact that the most significant determinants of mental health are social inclusion, freedom from discrimination and violence, and access to economic resources² – this should not be a surprise.

Research indicates that up to 50% of Canada's overall homeless population struggle with mental illness³ – but for young people the numbers are even worse.

- Approximately 40% of youth who are homeless identify themselves as having mental health issues, a number that appears to increase with time on the street – jumping to almost 70% after over four years of homelessness. Of those, over half cannot access the mental health services they need⁴.
- A recent “point in time” survey of youth serving organizations identified 54% of the homeless youth they worked with as having mental health issues of some kind, with 79% of those not able to access the mental health services they needed⁵.
- Homeless youth in Canada are coping with mental health issues at a rate 2.5 – 5 times higher than the national average for young people who are housed⁶.
- Suicide is the second highest cause of death in Canada for people aged 15–24, accounting for 24% of all deaths for people in that age group⁷. For homeless youth suicide, overdose and unintentional injury

¹ Raising the Roof. *Youth Homelessness in Canada: The Road to Solutions*, 2009

² Helen Kelleher and Rebecca Armstrong, “Evidence based mental health promotion resource,” Melbourne, Dept. of Human Services, 2006 – as in Canadian Mental Health Association, Ontario “Workplace Mental Health Promotion – A How to Guide”

³ Research Alliance for Canadian Homelessness, Housing, and Health. “Housing vulnerability and health: Canada's hidden emergency” *Homeless Hub Report #2*, 2010; Kirby, M. J. L., & Keon, W. J; “Out of the shadows at last: Highlights and recommendations of the final report on mental health, mental illness and addiction”. Ottawa., 2006

⁴ Yonge Street Mission, *Changing Patterns of Street Involved Youth*, December 2009

⁵ The National Learning Community on Youth Homelessness, *Snapshot on Mental Health*, March 2012

⁶ The Canadian Mental Health Association indicates that 10-20% of adolescents in Canada experience mental health concerns. On February 29, 2012, 54% of youth included in the Learning Community survey with were identified as having mental health concerns.

⁷ Canadian Mental Health Association *Mental Health for All*, April 2012

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were the leading causes of death⁸. In a survey of 208 homeless youth, 46% had attempted suicide at some point. This same study found the social stigma associated with being homeless was linked to low self-esteem, loneliness and suicidal ideation⁹.

Homeless youth with complex mental health needs often fall into a “no man’s land” in relation to services and supports. Isolated and usually lacking social and life skills due to their time out of family and on the street, they are too young to fit into the adult system when seeking mental health supports – and too old to be able to access services for children and youth. They face mental illness without the advocates their parents might have been were they still at home, and with the added stigma of being homeless.

A perfect double bind – the fact that they are homeless makes it difficult to attend school, hold down a job, or get the treatment that will lead to recovery; and the fact that they have mental health issues means they are statistically likely to be homeless for longer¹⁰.

A PROBLEM WITH SOLUTIONS

1. Homeless youth have distinct mental health needs that must be acknowledged in order to be appropriately addressed.

As a first step, homeless youth with complex mental health needs must be acknowledged as having distinct needs that warrant immediate and appropriate attention. National strategies and policies should reflect and acknowledge those needs. At a local level, mental health providers, community based organizations and other institutions which work with young people should be collaborating to provide appropriate and timely services.

- Many innovative, effective partnerships have been developed across the country where hospital teams, psychiatrists and community mental health services work in partnership with shelters and drops-ins providing the level of support homeless young people need – in settings they are comfortable in. Many more are needed.

2. Effective planning will mean homeless youth get the supports that lead to health and recovery and away from costly emergency services.

Institutions that serve homeless youth are ideal sites for preventative strategies. As young people move from child welfare settings, hospitals, and correctional facilities, appropriate discharge planning must include an assessment of their mental health needs, and the health care supports they require. Effective discharge planning from these institutions will result in young people spending less time cycling through shelters, hospitals and other expensive institutions.

- “The cost of emergency and institutional shelters is about 10 times more than the cost of housing with supports. We are gravely misusing already limited funds.”¹¹ Emergency services such as hospitals and shelters are more expensive than housing alternatives with supports. The economic imperative for such strategies is irrefutable.

⁸ Roy, E., Haley, N., Leclerc, P., Sochanski, B., Bourdreau, J. & Boivin, J. “Mortality in a cohort of street youth in Montreal”. *Journal of the American Medical Association*, 292(5) (2004): 569-574.

⁹ Kidd, S. A. Youth homelessness and social stigma. *Journal of Youth Adolescence* 36, 2007: 291-299.

¹⁰ Yonge Street Mission, *Changing Patterns of Street Involved Youth*, December 2009

¹¹ Mental Health Commission of Canada, *Turning the Key*, 2011

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3. The following strategies are critical in addressing the growing numbers of homeless young people with complex mental health needs, locally and nationally:

Prevention and Early Intervention

- Homelessness can be prevented through early interventions that mean young people don't experience homelessness, and have effective treatment sooner.

Age Appropriate Continuum of Supports

- A comprehensive approach is needed taking into account the developmental stages of young people, the reality of frequent substance use, and misdiagnosis or lack of diagnosis. Supports must be available and accessible – long waiting times and unfamiliar settings being serious barriers for homeless youth.

Housing

- "Housing is a health issue, and adverse living situations have a devastating impact on people's ability to move forward with their recovery."¹² Housing is a social determinant of health, and critical for recovery and stability. Young people require a range of housing options – depending on their developmental stage and the complexity of their mental health needs. Whatever the housing model, young people will have more success living independently in models which integrate intensive supports. A renewed investment in housing will mean that emergency services and hospitals are not default housing in Canada.

Immediate Action

The stigma and burden of mental illness cannot be carried alone by homeless young people, their families, and the community agencies that support them.

1. The specific needs of homeless youth who are struggling with mental health issues must be seen, and acknowledged nationally through:
 - a. Effective collaboration with psychiatric and mental health providers;
 - b. Policy and research initiatives;
 - c. Funding allocations that reflect those specific needs.
2. At the federal level, the inclusion of homeless youth with mental health issues must formally become part of the national agenda:
 - a. Youth homelessness must be included in the mandate of the Mental Health Commission of Canada.
3. Provincial, territorial governments and regional municipalities must address this costly and devastating crisis through cross departmental policies and strategies that:
 - a. Integrate health, child welfare, housing and correctional responses effectively;
 - b. Encourage and enable innovative models of support to be developed and implemented;
 - c. End the default "discharge to homelessness" when young people leave child welfare, hospital or correctional institutions.

¹² Mental Health Commission of Canada, *Turning the Key*, 2011

National Learning Community on Youth Homelessness

The National Learning Community on Youth Homelessness was founded in 2006 by Eva's Initiatives and is a collaborative forum working to build capacity within the homeless youth serving sector and raise awareness of youth homelessness in Canada. Its member organizations work with over 14,000 homeless and at risk young people a year and represent communities from coast to coast.

Members

Jocelyn Helland – Manager, Broadway Youth Resource Centre, Vancouver BC

Marilyn Dyck – Executive Director, The Doorway, Calgary AB

Katie Davies – Managing Director of Youth Housing and Shelter, Boys and Girls Club, Calgary, AB

Darrell Lechman – Founder/Director, Saskatoon Community Youth Arts Programming Inc., Saskatoon, SK

Kelly Holmes – Executive Director, Resource Assistance for Youth, Winnipeg, MB

Louise Smith – General Manager, YMCA of Greater Toronto, Toronto ON

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Andrea Corbin – Coordinator of Intervention Programs, Dans la Rue, Montreal, QC

Rob Morris – Director, Residential programs, Phoenix Youth programs, Halifax NS

Sheldon Pollett – Executive Director, Choices for Youth, St. John's NL

Associate Members

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