Thinking about homeless youth's mental health differently: A call for intersectoral prevention

Sue-Ann MacDonald, Benjamin Roebuck

According to a recent pan-Canadian study on youth homelessness, Without a Home: The National Youth Homelessness Survey (1), the majority of youth experiencing homelessness in Canada face severe mental health challenges, with 85.4% of homeless youth experiencing a mental health crisis, 42% reporting at least one suicide attempt, and 35.2% reporting at least one drug overdose requiring hospitalization (2). Indigenous, LGBTQ2S (lesbian, gay, bisexual, transgender, queer, questioning and two-spirit), and female homeless youth are disproportionately affected and are at the highest risk of experiencing a mental health crisis, along with youth who become homeless before the age of 16 (2). Furthermore, they state:

These mental health struggles are the culmination of challenges faced by these youth in their homes, schools, and communities before becoming homeless, combined with exposure to violence and stigmatization once on the streets. The gravity of this situation is highlighted by the fact that suicide and drug overdose are the leading causes of death for Canadian homeless youth (2).

Homeless youth consistently report being physically and sexually assaulted, robbed, threatened with a weapon, chased, shot at, stabbed, beaten up, and exploited at rates greater than the general population (3-6). Research on youth homelessness highlights that young people may experience high rates of victimization both prior to becoming homeless and once they are living on the streets or in shelters (5,7-13), and victimization is likely to increase with the length of time spent homeless (14) worsening health outcomes (15,16). Not only are the streets defined as dangerous or "risky", but the activities associated with street life appear to increase youth's chances of becoming victims of violence Hoyt et al. Ironically, these youth are the least likely to seek help (15,17,18), specifically mental health services (19), adding another layer to their vulnerability. Young people who are homeless are five times as likely to be victims of assault than domiciled youth, five times more likely to be victims of theft, and ten times more likely to be robbed by force and be victims of sexual assault (17). These experiences are not without consequence. According to Kidd et al., "rates of psychiatric symptoms and general distress among youth who are homeless are at a level that is commonly seen among youth in outpatient and inpatient psychiatric care settings" (2018: V). This discrepancy between homeless and domiciled youth's experiences of victimization and their mental health is nothing short of disgraceful, begging the question why these systemic issues have not galvanized national attention and initiatives to address these inequities.

GENDER AND VICTIMIZATION

Gender also influences adversity on the street. Homeless women in general are more likely to have been sexually abused, raped, and physically assaulted than the general population or than homeless men (12,20-22). Sexual assaults against homeless women are reported as being more violent and

are often perpetrated by strangers in public places (23). Among a sample of people who were homeless in Ottawa, 16% of female young people reported that they had experienced a miscarriage resulting from a physical assault (24). Also found that victimization is not evenly distributed, and young women were more likely to experience victimization than males on the street with minority and queer female youth experiencing the highest rates of victimization (25). Age was also a significant predictor of victimization, with those who left home at an earlier age being more likely to experience victimization on the streets. Youth who identify as LGBTQ2S frequently leave home because of conflict over their sexual identity or the fear that they will not be accepted if they come out to their parents (26,27). They report higher rates of abuse in their family home and of victimization on the street than other young people who are homeless (18,26-29).

AT-RISK AND RISKY HOMELESS YOUTH

Research on young people who are homeless reveals that most they have experienced childhoods rife with abuse, neglect, and abandonment which set them on a negative developmental course pushing and pulling them to the streets (3,6,8,15,17,30-34). Poor parent-child relationships and parenting practices (5,35-37) along with family breakdown, instability, and recomposition (38-41) place these youth at increased risk for homelessness, further victimization, mental health problems (20,42) and engagement in criminalized activities (5,43,44).

Many youth arrive on the streets from the child welfare system (16,45) or are released from detention centers and have nowhere else to go (31), revealing a systemic and structural dimension to the problem of youth homelessness. Some researchers have gone one step further arguing that youth exiting the foster care system through emancipation are at an increased risk for homelessness (46). Significant gaps that contribute to youth homelessness have been identified in Ontario's child welfare and protection services, especially for sixteen and seventeen-year-olds (16,47). Structural constraints abound for this population; inadequate social assistance and supportive housing systems, failing health and educational systems and transitioning services to adulthood, and the changing labor market make it difficult for this age group to gain access to scarce resources and to eke out a living in socially legitimate ways (46,48).

While on the street, youth also are known to engage in activities that increase their chances of becoming victims of violence, such as prostitution or selling and using drugs (49). Many researchers have noted a rise in criminal involvement among youth who do not have access to legitimate means of self-support, without which a significant number are drawn into illegal activities as a method of survival on the streets (8,43,50). Experience with deviant behaviors increases the likelihood of victimization (5,16-18,50) and the likelihood of further involvement with deviance and crime

School of Social Work, Université de Montréal, Montréal (Qc) H3T 1J7, Canada.

Correspondence: Dr. Sue-Ann MacDonald, Associate Professor, School of Social Work, Université de Montréal, Pavillon Lionel-Groulx 3150, Jean-Brillant (C-7069), Montréal (Qc) H3T 1J7, Canada. Tel: 514-343-6111, ext: 3626, e-mail: sueann.macdonald@umontreal.ca

(50,51). Homelessness disrupts important social bonds and impairs personal networking that could be instrumental to getting off the street, and many individuals become trapped in an environment where they will be further victimized (21). Victimization on the street is psychologically distressing and can lead to depression and low self-esteem, which in turn contributes to apathy and feelings of futility, making it more difficult to escape further abuse (21,52). Young people experiencing homelessness have much higher levels of mortality through violence and disease than the general population; rates are estimated to be 8 to 11 times higher than similarly aged youth who are not homeless (53). Young people on the streets who feel "trapped, hopeless, worthless and alone" are also at a higher risk of suicide and suicide attempts (37).

All of the aforementioned factors combine to create a daunting and debilitating picture of homeless youth, however, little is known about how youth perceive such challenges, and how they survive in the face of so many challenges. And although youths' own voices on their individual efforts to confront, engage with, and negotiate the various risks associated with street life are starting to receive more attention in research, it is clear that much of their energy, strength, creativity and problem-solving are invested in trying to find adequate shelter, food, and resources rather than focusing on education, career, health or relationship goals typical of their peers with access to housing (54). Given the poor outcomes associated with youth homelessness in the areas of mortality, mental health, substance abuse, victimization, criminal offending, and the disproportionate impacts on youth leaving care, girls, LGBTQ2S and indigenous youth, there is a critical need for multi-sectoral engagement in the prevention and elimination of youth homelessness. Currently, the normalization of youth homelessness and its generalized acceptance or apathy in society act as barriers to stakeholders recognizing the role they could play to ensure that all youth have access to safe housing and perhaps that if we acted in a coordinated effort homelessness could even be prevented. Furthermore, gaps in service delivery and the ways that social services, housing and health agencies compete for funding and clients within their siloed mandates create a climate where young people fall through the cracks (55). We argue that it is important to think about these problems differently, from a bottom-up approach that recognizes all the systemic factors that create homelessness and subsequently impact, trigger or worsen mental health. We wonder, what if schools, mental health programs, hospitals, criminal justice interventions, child protection agencies, and all levels of governments worked together to ensure that every youth has access to housing and appropriate services? Coordinated prevention has the capacity to interrupt a downward spiral of negative outcomes associated with life on the street and to generate significant social and financial benefits. It is time to work together to end youth homelessness and recognize the interlocking factors that impact mental health.

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