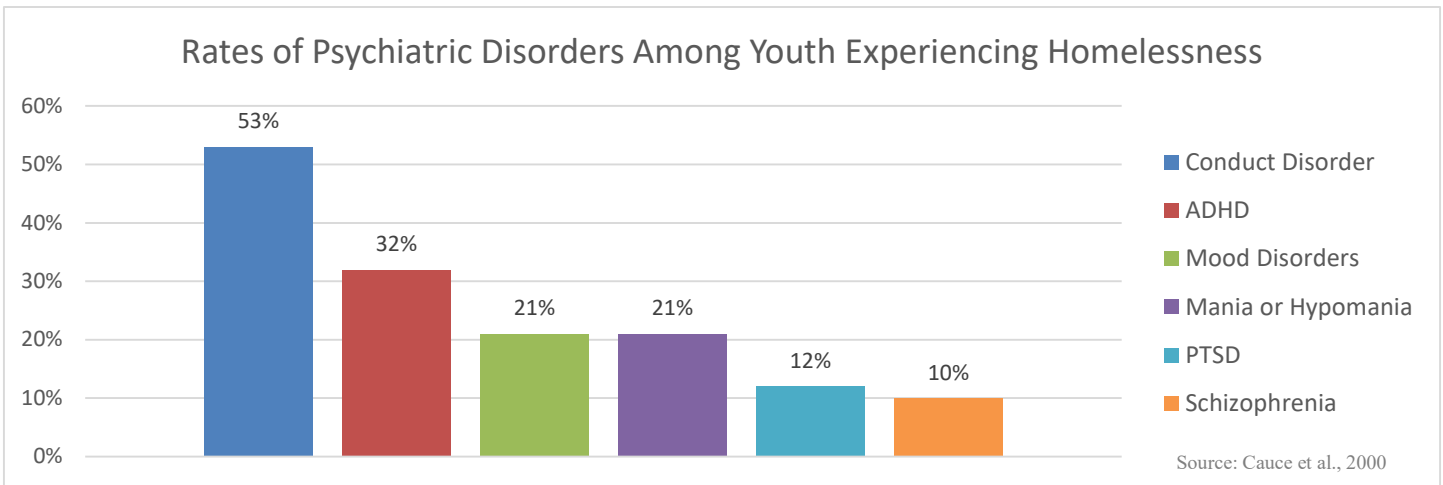




Mental Health Among Youth Experiencing Homelessness

Background

According to the 2018 Greater Los Angeles Homeless Count, there are approximately 3,164 youth experiencing homelessness in Los Angeles County on any given night. Data reveals that among this subpopulation, 1,683 (53%) are sheltered and 1,481 (47%) are unsheltered (LAHSA, 2018). Among all youth experiencing homelessness, 2,274 are transition-aged (age 18-24 and not in a family unit) and of this group more than 62% are unsheltered (LAHSA, 2018). The experience of homelessness has many implications for the mental health of youth. Data from the homeless count shows that approximately one in five youth experiencing homelessness reported having a serious mental illness (LAHSA, 2018), and evidence from a range of studies suggests even higher prevalence of mental health challenges among youth experiencing homelessness. As service providers and community partners work to create systems of support for youth experiencing homelessness, it is vital to understand the needs of the subpopulation of this group suffering from serious mental illness. This literature review details the findings of researchers and practitioners on the prevalence and impacts of mental health challenges for youth experiencing homelessness and examines ideas for interventions targeting this vulnerable group.



Key Takeaways:

- Studies consistently report high levels of psychiatric disorders among youth experiencing homelessness including depression, anxiety, substance use, posttraumatic stress disorder (PTSD), and dissociative behavior
- Youth experiencing homelessness often exhibit dual- or multi-diagnoses (mental health disorder combined with substance abuse)
- Evidence shows that having a mental health disorder prior to becoming homeless is a predictor of future homelessness and experiencing homelessness is a predictor of developing a mental health disorder
- Drop-in service centers are popular among youth experiencing homelessness and thus should provide youth-focused, mental health-specific services



Literature Review & Data Analysis

Background and Research Motivation

The 2018 Greater Los Angeles Homeless Count revealed that among the overall homeless population in Los Angeles County, 24% reported having a “serious mental illness” (LAHSA, 2018). While the percentage of reported serious mental illness among youth experiencing homelessness in the county is slightly smaller (22%), youth are a particularly vulnerable subgroup and should be given heightened attention by service providers (LAHSA, 2018). Definitions for “serious mental illness” vary, but the National Institute for Mental Health (NIMH) defines it as “a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities” (NIMH, 2019). Based on this definition, the 24% prevalence of reported serious mental illness among people experiencing homelessness in Los Angeles County is about five times higher than the national prevalence (5%) (NIMH, 2019). In 2017, 8% of 18-25 year-olds reported at least one serious mental illness (NIMH, 2019), as opposed to 22% of transition-age youth experiencing homelessness in Los Angeles County (LAHSA, 2018). It is possible that the prevalence of mental illness is even greater than indicated as survey respondents are more likely to under-report mental health challenges than other health conditions due to societal stigma placed on mental illness (Bharadwaj et al., 2017).

While not all mental illnesses or mental health conditions meet the criteria for serious mental illness, they may still have detrimental effects for youth experiencing homelessness. Evidence suggests that youth experiencing homelessness exhibit disproportionately high rates of mental health conditions as compared to their housed peers, including depression, anxiety, PTSD, schizophrenia, suicidal contemplation, substance use, dissociative behavior, and conduct disorder (National Health Care for the Homeless Council, 2015; Bender et al., 2015; Castro et al., 2014; Edidin et al., 2012; Bender et al., 2010; Merscham et al., 2009; Kidd & Carroll, 2007; Tyler et al. 2004). Castro et al. (2014) linked increased frequency and duration of homelessness for youth with higher rates of psychiatric diagnoses and found that youth experiencing homelessness with psychiatric diagnoses had a higher chronicity of homelessness than those without diagnoses. This literature review will synthesize information on the prevalence and impact of these mental health conditions among youth experiencing homelessness in hopes that service providers and policymakers pay special attention to addressing this issue affecting a particularly vulnerable group.

Disproportionate Risk of Mental Illness

Researchers have consistently found high rates of mental health disorders among youth experiencing homelessness. While some studies posit that mental health disorders are a predictor of future homelessness, others have found that mental health disorders are also an outcome of homelessness. Either way, lifetime prevalence of psychiatric disorders among youth experiencing homelessness is almost twice as high as it is for housed youth (Edidin et al., 2012). Other research suggests that youth experiencing homelessness are six times more likely to meet criteria for two or more psychiatric disorders than their housed peers (Whitbeck et al., 2004).

Mood disorders

Depression, anxiety, and PTSD are particularly common mental health disorders among youth experiencing homelessness. Cauce et al. (2000) found that among their sample of youth experiencing homelessness aged 13 to 21 in Seattle, WA, 21% of respondents met the criteria for major depression or dysthymia (MDD), and 12% reported experiencing PTSD. Another study of youth experiencing



homelessness aged 15-25 in Houston, TX found that 41% of participants met the criteria for MDD, 41% had bi-polar disorder, and 28% exhibited signs of PTSD (Busen & Engebretson, 2007). A more recent study of 18-24 year-olds experiencing homelessness in Los Angeles, CA, Denver, CO, and Austin, TX found that approximately 31% of respondents had experienced major depressive episodes and 23% had PTSD (Bender et al., 2015). The same study found that youth in the sample who experienced multiple types of street victimization or abuse either before or after becoming homeless were much more likely to experience major depression and PTSD than those who did not experience victimization or abuse (Bender et al., 2015). Saperstein et al. (2014) found that among their sample of youth experiencing homelessness in New York City, more than 22% exhibited the symptoms of anxiety disorder. Youth experiencing homelessness in British Columbia, Canada also exhibited disproportionately high rates of depression (39%) and anxiety (23%) disorders when compared to the general youth population (7% and 3%, respectively) (Saddichha et al., 2014).

Suicide and self-harm

Because of the higher prevalence of depression and mood disorders, youth experiencing homelessness are also more likely to both contemplate and attempt suicide than the general youth population. While the rates of suicidal contemplation and suicide attempts among adolescents in the United States in general are about 12% and 4%, respectively (Nock et al., 2013), researchers have found much higher rates among youth experiencing homelessness. One study of youth experiencing homelessness aged 16-19 in the Midwest found that 66% of respondents had thought about committing suicide in the year prior to the study and 16% had attempted suicide (Yoder et al., 2008). Another study of 16-19 year-old Canadian males experiencing homelessness found that 43% of respondents reported having contemplated suicide at some point in their lifetime and 21% had attempted suicide (Votta & Manion, 2004). A study comparing suicidality among youth experiencing homelessness in Toronto, Canada and New York City found that 46% of participants had made at least one suicide attempt either before or after becoming homeless and that 78% of the attempters had tried multiple times to commit suicide (Kidd & Carroll, 2007). Self-mutilation is also an issue for youth experiencing homelessness. A study of 16-19 year-olds experiencing homelessness in four Midwestern cities found that 69% of participants had deliberately injured themselves in the past, as compared to a 4% self-mutilation rate within the general youth population (Tyler et al., 2003).

Schizophrenia and psychosis

Evidence suggests that prevalence of schizophrenia in the general population is less than 1% (McGrath et al., 2008), but much higher among youth experiencing homelessness. While there are not as many studies focused on schizophrenia and youth experiencing homelessness as there are for other psychiatric disorders, the research that does exist suggests that between 8% and 21% of youth experiencing homelessness meet the criteria for schizophrenia, schizoaffective disorder, or related psychosis (Merscham et al., 2009; Busen & Engebretson, 2007; Cauce et al., 2000).

Substance use

Other literature reviews consistently report high substance use rates for youth experiencing homelessness. The National Health Care for the Homeless Council (2015) reported a range of between 28% and 81%, while Edidin et al. (2012) found that between 70% and 90% of youth experiencing homelessness have used at least one substance. Schwartz et al. (2008) found that youth experiencing homelessness in San Jose, CA were more than twice as likely to have a history of



substance use (except for alcohol) as their housed peers. Another study reported that the majority of its sample of 13 to 19 year olds experiencing homelessness had used at least one of the following substances in the previous year: tobacco (95%), alcohol (94%), marijuana (97%), cocaine/crack (56%), amphetamines (73%), hallucinogens (71%), and opiates other than heroin (59%) (Ginzler et al., 2007). The same study also found high rates of substance use disorder, with 86% of respondents having abused or developed a dependence on at least one of said substances (Ginzler et al., 2007). A different study reported that among its sample of 18-24 year-olds experiencing homelessness in Los Angeles, CA, Denver, CO, and St. Louis, MO, 28% of respondents had an alcohol addiction and 36% had some sort of drug addiction (Bender et al., 2010). Another study found evidence of substance abuse for 47% of its sample of youth experiencing homelessness aged 15-24 in Houston, TX, with a majority of that 47% reporting abuse of at least two substances (Busen & Engrebretson, 2007). Substance use and abuse rates for adolescents overall nationwide are considerably lower (United States Department of Health and Human Services, 2019), highlighting the importance of substance abuse prevention and addiction treatment programs aimed at youth experiencing homelessness.

Dissociative disorder

Victims of abuse, trauma, and childhood neglect are prone to dissociative coping behavior, which involves involuntary mental separation from memories of physical and emotional experiences. These behaviors can be dangerous, as research has linked them to increased incidence of PTSD and other mood disorders among youth experiencing homelessness (Thompson, 2005). There is not a great deal of literature investigating dissociative disorder in the context of youth homelessness, however Mounier & Andujo (2003) found it to be a common defense mechanism among a sample of 16-19 year-olds experiencing homelessness in Southern California. Tyler et al. (2004) found widespread prevalence of dissociative symptoms among youth experiencing homelessness in Seattle, WA and identified sexual abuse, physical abuse, and family history of mental health challenges as positively associated with these symptoms.

Conduct and behavioral disorders

According to the literature, youth experiencing homelessness are more likely than housed youth to exhibit ongoing uncooperative, defiant, and hostile behaviors toward peers and authority figures (National Health Care for the Homeless Council, 2015). One study on psychopathology and youth experiencing homelessness in eight Midwestern cities found that more than 75% of respondents met criteria for this kind of conduct disorder (Yoder et al., 2008). Another study found that behavioral disorders were four times more prevalent among youth experiencing homelessness than among housed youth (Yu et al., 2008). Evidence suggests that male youth are particularly likely to meet criteria for conduct and behavioral disorders; one study of youth experiencing homelessness in the Midwest found that 83% of males had conduct disorder issues compared to 70% of females (Whitbeck et al., 2004). Conduct and behavioral disorders, while not considered serious mental illnesses, may make youth more predisposed to the development of mood and substance use disorders as well negative educational outcomes and justice system involvement (National Health Care for the Homeless Council, 2015; Nelson et al., 2004).

Trauma

Youth experiencing homelessness are commonly subject to various forms of trauma, including adverse interpersonal relationships, childhood maltreatment, emotional and physical abuse, sexual abuse, and domestic violence, that can have detrimental effects on their mental health (Davies & Allen, 2017). Martijn & Sharpe (2006) found that trauma was common among youth experiencing



homelessness prior to their time spent unhoused and that the trauma was a factor in the homelessness of over half of their sample. Another study found that over 80% of its sample of youth experiencing homelessness in Los Angeles, CA reported at least one lifetime traumatic experience, with 52% reporting multiple traumas (Wong et al., 2014). The same study found that trauma experienced both before and during homelessness contributed to depressive symptoms for the surveyed youth, and that earlier trauma was a significant driver of PTSD symptoms (Wong et al., 2014). A different study of Canadian youth experiencing homelessness found that over half of the sampled youth exhibited severe negative effects of trauma, and that on average, the youth in the sample had been through between 11 and 12 potentially traumatic experiences in their lifetimes (Coates & McKenzie-Mohr, 2010). McKenzie-Mohr et al. (2012) point out that due to the marginalization, exclusion, and societal stigmatization of people experiencing homelessness, homelessness itself can be traumatic, especially for young people.

Identity Discrimination

Evidence suggests that youth experiencing homelessness who perceive that they are the victims of discrimination based on their identity, including their race, sexual orientation, and gender identity have disproportionately negative mental health outcomes. Gattis and Larson (2017) found an association between depressive symptoms and perceived macroaggressions targeted at racial or sexual minority statuses among a sample of African American youth experiencing homelessness. The same authors found in a different study that perceived racial discrimination and stigmatization of homeless status was associated with depressive symptoms among African American youth experiencing homelessness (Gattis & Larson, 2016). Another study of youth experiencing homelessness in Los Angeles, CA found both that non-white youth reported higher levels of perceived discrimination relative to white youth, and that perceived racial discrimination was positively associated with emotional distress (Milburn et al., 2010). Furthermore, Milburn et al. (2010) noted that higher levels of racial/ethnic identification were associated with less emotional distress, suggesting that providers and agencies serving youth experiencing homelessness should design programs that emphasize racial/ethnic pride.

Comorbidity and Dual-Diagnoses

Youth experiencing homelessness are also prone to combinations of mental health disorders including substance use disorder and other psychiatric diagnoses (Edidin et al., 2012). One study found that adolescents experiencing homelessness were six times more likely to manifest two or more mental health disorders, including substance use disorder, than their housed peers (Whitbeck et al., 2004). Another study of 12-17 year olds experiencing homelessness in New Mexico found that 60% of participants met the criteria for either dual-diagnosis (substance use disorder and another mental health disorder) or multiple-diagnosis (substance use disorder plus two or more mental health disorders) (Slesnick & Prestopnik, 2005). Busen & Engebretson (2007) reported an even higher rate (76%) of multiple psychiatric disorders among their sample of youth experiencing homelessness. These rates are much higher than for overall youth and adolescent populations (Merikangas et al., 2010), and reflect a need for multifaceted, comprehensive interventions for youth experiencing homelessness with co-occurring disorders.

Barriers to Care

According to the National Health Care for the Homeless Council (2015) youth experiencing homelessness face a number of barriers to getting treatment for mental health challenges. Barriers to care include lack of knowledge of available services, embarrassment about asking for help, past



negative experiences with mental health staff, lack of transportation, unaffordability of care, concerns of being reported to police, and not being old enough to consent for care (National Health Care for the Homeless Council, 2015). Further, youth may not be aware that they have a mental health challenge or that service access could help treat their symptoms. One study found that among a sample of 13 to 25 year-olds experiencing homelessness, upwards of half of respondents met the criteria for mental health problems, but less than half of those that met the criteria reported a need for services (Pedersen et al., 2018). The same societal stigma on mental illness that causes people to underreport mental health symptoms may also contribute to underutilization of services. A qualitative study of service utilization by youth experiencing homelessness with multiple mental health disorders found that the participants reported three main types of barriers to accessing service: individual (motivation, support, and therapeutic relationship), program (flexibility and comprehensiveness of services and availability of harm reduction services), and systemic (stigma and accessibility) (Kozloff et al., 2013).

Potential Interventions

A number of researchers have evaluated interventions aimed at improving mental health outcomes for youth experiencing homelessness, but as Edidin et al. (2012) and Slesnick et al. (2009) point out, there is still relatively little research on the efficacy of these programs. The research that does exist has noted some successful outcomes in the short-term, but long-term outcomes for youth experiencing homelessness with mental health issues are largely unstudied.

Trauma-Informed Care

Service providers are increasingly asserting the need to address trauma when delivering mental and behavioral health services including to people experiencing homelessness. Trauma-Informed Care (TIC) has emerged as an effective framework for organizations and agencies to integrate an awareness and understanding of trauma and its impacts into their operations (Hopper et al., 2010). The Substance Abuse and Mental Health Services Administration (2014) emphasizes six key principles of a trauma-informed approach to care: 1) safety; 2) trustworthiness and transparency; 3) peer support; 4) collaboration and mutuality; 5) empowerment, voice, and choice; and 6) cultural, historical, and gender issues. McKenzie-Mohr et al. (2012) note that trauma-informed services should strive to minimize the possibilities of re-traumatizing individuals receiving care, and stress that TIC is most effective when informed by a social analysis of each individual's situation. TIC has been applied in the context of youth experiencing homelessness in multiple states, with positive outcomes including reduced PTSD symptoms (Hopper et al., 2010).

Social connectedness

One potentially promising strategy involves focusing on interventions that foster social connectedness among youth. Evidence suggests that a higher level of social connectedness is associated with higher self-esteem and lower levels of psychological distress among youth experiencing homelessness (Dang, 2014). A recent survey of 18-25 year-olds in permanent supportive housing buildings in Los Angeles revealed that the supportive housing environment fostered ontological security, or a sense of well-being rooted within one's social and material environment, which positively affected participants' social relationships and mental health outcomes (Henwood et al., 2018). Another recent study of youth experiencing homelessness in Los Angeles, CA, Austin, TX, and Denver, CO found that social connectedness was an effective buffer against depressive disorder, substance use disorder, and especially the co-occurrence of both disorders



(Begun et al., 2018). The same study cautioned that certain types of social networks and connectedness can actually lead to adverse substance use outcomes for youth experiencing homelessness and thus called on service providers and program designers to pay particular attention to the types and quality of social connections being made to encourage supportive social networks (Begun et al., 2018). Additionally, Rice and Barman-Adhikari (2014) found that youth experiencing homelessness who used email and social media to maintain social ties were more likely to look for housing and employment online than youth who did not.

Drop-in centers

Another promising venue for interventions are youth-oriented drop-in centers that provide a variety of services. Drop-in centers can serve as a “one-stop shop” where youth experiencing homelessness can access, among other things, recreational activities, healthcare including HIV/STI screening, food and drink, tutoring, and mental health services (Slesnick et al., 2008). Drop-in centers are also the most widely utilized service venue among youth experiencing homelessness (Pedersen et al., 2016). Slesnick et al. (2008) found that case management services and a specific kind of therapy called Community Reinforcement Approach (CRA) offered at a drop-in center in Albuquerque, NM improved both mental health and substance use outcomes for youth experiencing homelessness. The study also found that youth experiencing homelessness who utilized the drop-in center’s services spent fewer days homeless than those who did not access the services, although the center was ill-equipped to provide the youth with long-term or permanent housing (Slesnick et al., 2008). In a follow-up study, researchers compared the efficacy of three interventions (case management, CRA, and Motivational Enhancement Therapy (MET)) offered at a drop-in center in Ohio, finding that substance use and mental health outcomes improved for youth experiencing homelessness with each method (Slesnick et al., 2015). Another study tested a model called the Social Enterprise Intervention (SEI), which sought to engage youth experiencing homelessness in vocational training and mental health services at a drop-in center in Los Angeles and found that the SEI was associated with better mental health and social outcomes in the short-term (Ferguson & Xie, 2007). These collective findings suggest that drop-in centers have a variety of options at their disposal to address the mental health challenges of their youth clients, although they are limited in their ability to house these clients in the long-term.

Housing first

While there is a dearth of literature on the long-term effects of intervention strategies on the mental health of youth experiencing homelessness, there has been some research evaluating programs that entail permanent housing and thus represent long-term interventions. As previously mentioned, Henwood et al. (2018) found that placement in permanent supportive housing increased social connectedness and improved mental health outcomes for youth experiencing homelessness. Another study examining Canada’s “Housing First” program (by which youth experiencing homelessness receive immediate access to permanent independent housing regardless of sobriety status or service utilization) found that “Housing First” resulted in increased housing stability for youth experiencing homelessness with mental illness (Kozloff et al., 2016). Consistent with other research that has linked housing stability via permanent supportive housing to improved mental health outcomes (Pearson et al., 2009; Mares & Rosenheck, 2007), these findings suggest that “Housing First” could be effective in the long-term for addressing the mental health needs of youth experiencing homelessness.



Pets

One study found that youth experiencing homelessness who are pet owners report fewer symptoms of depression and loneliness than their peers who do not own pets (Rhoades et al., 2015). However, because of rules that do not allow pets in shelters and service centers, the pet owners also reported lower rates service utilization and likelihood of staying in a shelter than their peers without pets (Rhoades et al., 2015). This suggests that service providers could consider relaxing restrictions on pets in shelters and service centers.

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