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PREFACE

Challenged mental health, be it in the form of extreme stress, addiction, or mental illness, goes hand in hand with youth homelessness. In most situations, it can be understood as a normal response to abnormal circumstances. Those circumstances feature the severe forms of pre-street adversity— poverty, neglect, abuse, bullying, and discrimination—that are so common in this population. On the street, adversity for this highly marginalized population includes victimization, trauma, stigmatization, poverty, poor physical health, and the constant stress of day-to-day survival. Regardless of the causes or consequences, poor mental health is a daily reality for street-involved youth.

Youth homelessness is a large-scale and complex problem. There are human rights implications and complex care system and policy considerations. The population of youth who are homeless is diverse, and the numbers are high: 40,000 in Canada (Gaetz, Donaldson, Richter, & Gulliver, 2013); over one million in the United States (Lee, Tyler, & Wright, 2010); and 75,000 in the United Kingdom (Quilgars, Johnson, & Pleace, 2008).

We have a lot of information about the kinds of mental health problems youth who are homeless face. Most youth describe problems that began before they left home (Craig & Hodson, 1998; Karabanow et al., 2007). The limitations of the mental health service sector are particularly apparent for youth with more severe forms of mental illness. Embry, Stoep, Evans, Ryan, and Pollock (2000), for example, found in their study that 15 of 83 youth with severe mental illness who were released from residential psychiatric treatment became homeless following discharge from services.

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 (Kidd et al., 2017). One study found three times the prevalence of mental illness among youth who are homeless compared with youth who have housing (Craig & Hodson, 1998). The prevalence of specific mental illnesses varies from study to study (Merscham, van Leeuwen, & McGuire, 2009; Xiaojin, Thrane, Whitbeck, & Johnson, 2006), but studies have generally found the following rates among youth who are homeless:

- Major depression: 31%;
- Bipolar disorder: 27%;
- Posttraumatic stress disorder: 36%; and
- Substance use disorders: 40%.

Of those youth with a mental illness, 60% present with multiple diagnoses (Slesnick & Prestopnick, 2005). Rates of psychosis vary quite a bit, but it is likely that psychotic illnesses are considerably more prevalent among youth who are homeless, particularly among those who use methamphetamines (Martin, Lampinen, & McGhee, 2006).

Pre-street conditions (e.g., abuse, neglect), street adversity (e.g., trauma, victimization, chronic stress), and specific forms of discrimination (e.g., based on sexual or gender identity, Indigenous heritage) have strong associations with psychological distress, mental illness, and addiction among youth who are homeless (Craig & Hodson, 1998; McCarthy & Thompson, 2010; Merscham et al., 2009; Mundy, Robertson, Robertson, & Greenblatt,, 1990). Homelessness itself is inherently traumatic (Goodman, Saxe, & Harvey, 1991). Studies show a dose–response type of relationship between exposure to homelessness and mental health decline (Hadland et al., 2011; Kidd, Gaetz, & O'Grady, 2017).

In terms of accessing services, most youth with severe mental illness are not receiving any form of treatment (Kamieniecki, 2001; Slesnick & Prestopnik, 2005). Access to publicly funded resources is difficult, and even when resources are available, many youth avoid them. Moreover, community service agencies have very little capacity to provide care for people with more severe mental illness and addictions. Barriers to mental health care for these youth include lack of a health card or benefits documentation, no formal diagnosis, substance use, unstable housing, and long waiting lists.

As is typical of many social challenges, we are much better at describing the problems than we are at generating solutions. The knowledge base problem that attends mental health intervention for youth experiencing homelessness is further compounded by very poor resourcing of services for this population. These two issues present a major challenge for service providers for various reasons:

- Most experienced service providers have a good experiential knowledge base about the risk and adversity considerations that affect the youth they serve. Thus, more information about risk is often not needed or very helpful.
- The limited information that is available about effective mental health and addiction interventions is scattered and very difficult to access. Most direct service providers do not have access to the academic publications that provide this information. Even if they are accessible, most publications are very technical and provide outcome data but very little information on implementation and intervention components. There is detailed information about interventions for high-risk youth in the broader literature,

but without specialist assistance, it is very difficult to find, extrapolate, and translate these approaches to daily practice in settings that serve youth who are homeless.

- There is an increasing desire and demand in the service sectors for evidence-based and evidence-informed interventions. This demand is driven by interest in providing effective services and by accountability requirements of funders and partners.
- Service providers in this sector are under-resourced (Kidd, 2012), which results in high staff turnover, large caseloads, budgets that do not cover specialist staff and intensive trainings, and similar factors that can hamper the ability of service staff to meet complex mental health needs. Basic safety and survival considerations come first, as they need to, with few resources left to address mental health.
- Broader mental healthcare systems are poorly designed to meet the needs of youth who are homeless (Schwan, Kidd, Gaetz, O'Grady, & Redman, 2017). Service access, flow, and intensity are poorly matched to youth who are experiencing the life chaos that attends homelessness and to youth without family supports. Another consideration is the adverse reactions of many youth to institutional services when such experiences in the past have been highly aversive (e.g., bullied in school, failed child protection efforts). Moreover, the needs of these youth are often acute, and addressing them requires intense, coordinated, and expensive supports that are seldom available in cash-strapped public health systems.

Given these many challenges, service providers often seek information and advice about the best mental health practices for street-involved youth. As researchers and practitioners, we ourselves face these questions on a regular basis across a range of forums. We are dissatisfied with what is available to guide these critical front-line efforts. Nothing better illustrates the importance of mental health interventions for this population than the fact that suicide and drug overdose are the primary causes of death and that the general mortality rate among these youth is many times that of youth who have housing (Roy et al., 2004). Assembling this book is our effort to curate in a single resource the best available information on mental health–oriented intervention in this field. We have sought to produce chapters that focus on practice, noting key approaches, considerations, and implementation and evaluation strategies that can be readily understood and used by service providers and administrators. We have brought together some of the most experienced people around the world to produce this peer-reviewed guide that we hope will become a key go-to resource for service providers.

The book contains four sections covering a range of topics that service providers inquire about most often. **Part 1: Approaches and Interventions** describes specific approaches to addressing the mental health and substance use challenges of youth experiencing homelessness. Topics include the community reinforcement approach and motivational enhancement therapy, dialectical behaviour therapy, mindfulness approaches, trauma-informed care, ecologically based family therapy, and crisis response. **Part 2: Specific Groups** reflects the diversity among youth experiencing homelessness. While many of the interventions and approaches described in this book may be relevant across groups, we need to pay attention to the unique needs of LGBTQ2S, Indigenous, newcomer, and black youth, as well as mothers with children in their care, and youth who are transitioning out of homelessness. We also discuss service providers as a specific group, one that needs support around preventing the burnout that is common in doing this challenging work. **Part 3: Contexts and Considerations** focuses on where and how interventions are delivered. The two most common intervention contexts—drop-in centres and outreach—are the focus of the first two chapters. Other topics include supported employment, arts-based approaches, peer support, digital technologies for engaging youth, interagency partnerships, and interventions in developing countries. **Part 4: Assessment and Evaluation** aims to support service providers who are increasingly required to provide outcome evidence in order to obtain funding and to inform service improvement and resource allocation. The first chapter describes system-level assessment tools for guiding decisions about how to allocate scarce resources such as housing. The second chapter guides service providers in thinking through how they can best capture the processes and outcomes of their work. We close with an afterword written by a young person with lived experience of homelessness.

Our hope is that the approaches described in this book will inform your work in the field. We encourage you to engage with colleagues around needs assessments within your organizations to determine a good starting point. Everyone involved could use this guide in the planning process, thinking through the recommendations, implementation considerations, and staff models and partnerships that are necessary to deliver and sustain interventions for youth experiencing homelessness.

HOW WE DEFINE "YOUTH" IN THE BOOK

The terms "youth" and "young people" are used throughout this book, and refer to people between adolescence and young adulthood. We generally define youth as being between age 16 and 24, which is the age range in most jurisdictions for youth-serving agencies.

We wish you the best with your efforts to do this extremely important, demanding, and rewarding work.

Sincerely,
Sean Kidd, Natasha Slesnick, Tyler Frederick, Jeff Karabanow, and Stephen Gaetz

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