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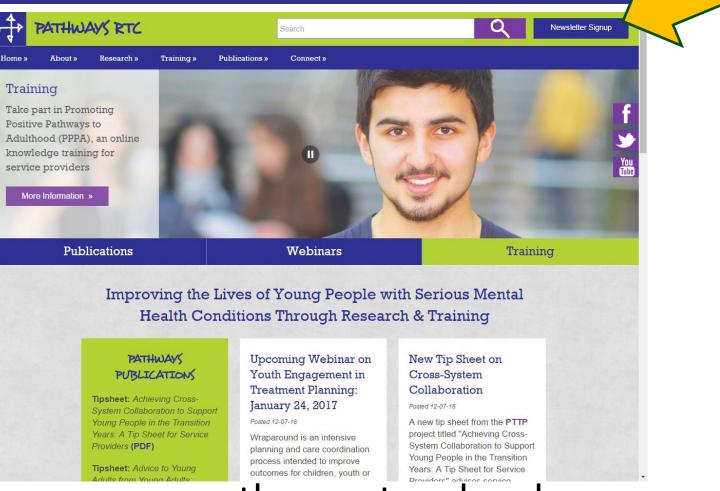
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Acknowledgments/Funders





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Mental Health Needs & Service Use of Young Adults Experiencing Homelessness



Mental Health Needs and Service Use Among Young Adults Experiencing Homelessness Implications for Early Identification and Service Delivery

Webinar presented by the Research and Training Center for Pathways to Positive Futures October 10, 2017

Presenters



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HOUSTON



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Participant Poll

• Who is on the call today?



Agenda

- Overview of Homelessness in Transition Age Youth
- Intersection of Homelessness & Mental Health and Related Concerns
- Overview of Homeless Youth Risk and Resilience Study (HYRRS)
- Findings from the HYRRS
 - Mental Health Needs
 - Mental Health Service Use
 - Help Seeking and Coping
- Implications for Intervention and Prevention



Defining Homelessness among Youth and Young Adults

The McKinney-Vento Definition of Homeless

- individuals who lack a fixed, regular, and adequate nighttime residence

 e.g. – doubled up/ couch surfing, living in cars, parks, public spaces, abandoned buildings, substandard housing, motels or camping grounds *due to the lack of alternative adequate accommodations*; living in emergency or transitional shelters; children of migrant workers

HUD Definition of Homelessness

- individuals and families who
- lack a fixed, regular, and adequate nighttime residence
- will imminently lose their primary nighttime residence;
- Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes
- Individuals and families who are fleeing . . . conditions that relate to violence against the individual or a family member.



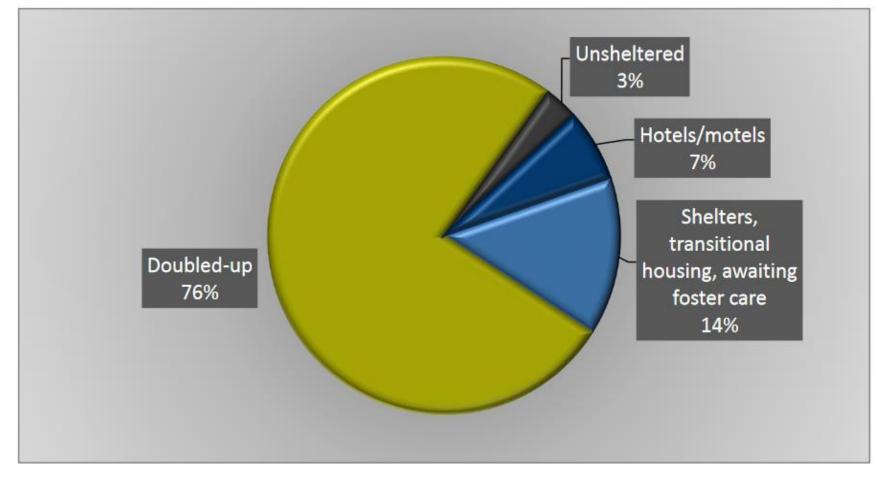
National Estimates

	HUD	Mk-V
Children living w/ Adults	61,265	1,166,429
Unaccompanied Youth	35,686	95,032
Parenting Youth	9,892	N/R
9 th -12 th Graders	N/R	323,263
18-24 year olds	50,001	N/A

http://nche.ed.gov/downloads/data-comp-1213-1415.pdf https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSu b_NatlTerrDC_2016.pdf



MK-V Students by Primary Nighttime Residence: School Year 2014-15



National Center for Homeless Education (2015). Federal data summary: school years 2011-12 to 2014-15. Retrieved from <u>http://nche.ed.gov/downloads/data-comp-1213-1415.pdf</u>



Life Challenges, Stigma, and Other Barriers to Self-identification

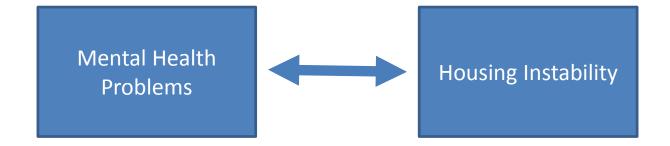
- Students experiencing homelessness are more likely to have
 - Health problems
 - e.g. respiratory infections; stomach and diarrheal infections; emergency hospitalizations; speech and stammering problems, asthma
 - Poor academic adjustment
 - e.g. poor attendance, grade repetition, lower standardized test score performance, suspension
 - AND, elevated psycho-social risk
 - e.g., behavioral and mental health difficulty, exposure to violence, social stigma
- Specific challenges as youth get older
 - We know much less about homelessness in high school and beyond
 - Homeless high school students are severely under-identified
 - Increasingly disconnected/ independent from formal services



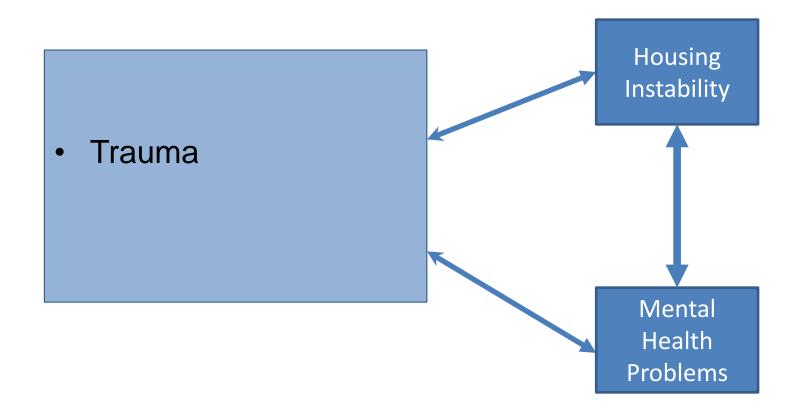
Homelessness and Mental Health

 High rates of mental health problems documented among homeless youth and young adults across settings (e.g. Cauce et al, 2000; Hogsdon et al, 2013; Whitbeck et al, 2004)

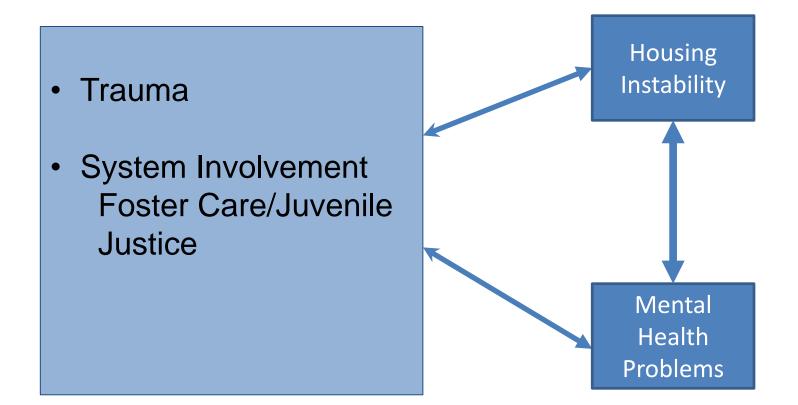
• Bi-directional relationship between Mental Health and Homelessness (Martijn & Sharpe, 2006; Narendorf, 2017)



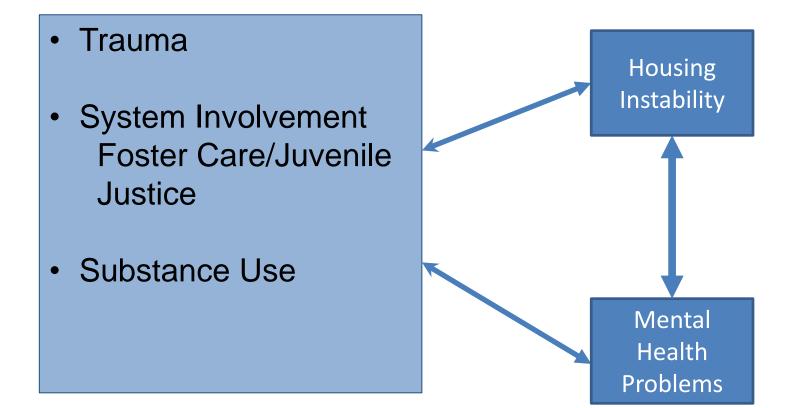








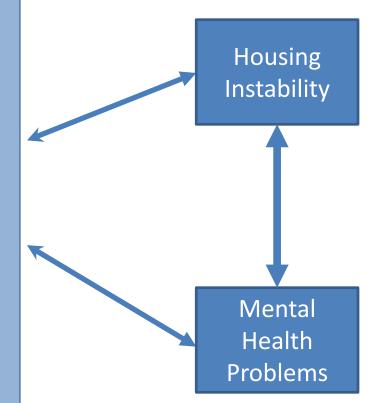






Trauma

- System Involvement Foster Care/Juvenile Justice
- Substance Use
- Fragile/Disrupted Family Relationships
- Strained Support Systems





HOMELESS YOUTH RISK AND RESILIENCE SURVEY



Homeless Youth Risk and Resilience Survey

Collaboration of researchers to collect data in 7 cities

- Houston
- Los Angeles
- New York
- St. Louis
- Denver
- Phoenix
- San Jose



HYRRS Team

• Denver

- Kimberly Bender, University of Denver, Graduate School of Social Work Anamika Barman-Adhikari, University of Denver, Graduate School of Social Work
- Houston
 - **Diane Santa Maria**, University of Texas Health Science Center, School of Nursing
 - Sarah Narendorf, University of Houston, Graduate College of Social Work
- Los Angeles & San Jose

Robin Petering, University of Southern California

- New York
 - Jama Shelton, Hunter College, Silberman School of Social Work
- Phoenix
 - Kristin Ferguson-Colvin, Arizona State University, School of Social Work
- St. Louis
 - Hsun-Ta Hsu, University of Missouri, School of Social Work



Survey Participants & Procedures

- Young adults ages 18-26
- Homeless or housed with a voucher
- Interviewed and recruited at young adult specific homeless services
 - Drop-in centers
 - Shelters
 - Transitional housing
- 200+ young people in each city for surveys;
 30 of those for qualitative interview
- Self-administered surveys on iPads



Participants (N=1,426)

Mean Age= 20.9 (2.1)

Gender		Spent Last Night in	
Male	59%	Unstable housing 18%	
Female	34%	Shelter	49%
Trans/Other		Streets	33%
8%			
Sexual Orientation		Race/Ethnicity	
Heterosexual	72%	White	19%
Bisexual	14%	Black	37%
Gay/Lesbian	9%	Hispanic	17%
Something		Multiracial	16%
Else/Questioning	5%	Other	11%



Risk & Resilience

- 39% had been in foster care (17% aged out)
- 37% had been involved with juvenile justice (14% aged out)
- 46% had been arrested as an adult
- 49% had some evidence of a substance use problem
- Mean Adverse Childhood Events Score=4.6
- 69% had at least a high school diploma or GED
- 32% are currently working



Mental Health Need

Measured Need

- PHQ-9 Depression (Kroenke et al, 2001)
- Kessler-6 Psychological Distress (Kessler et al, 2003)
- PTSD-CL 4 (Prins et al, 2003)
- Suicidal thoughts, attempts (NSDUH)

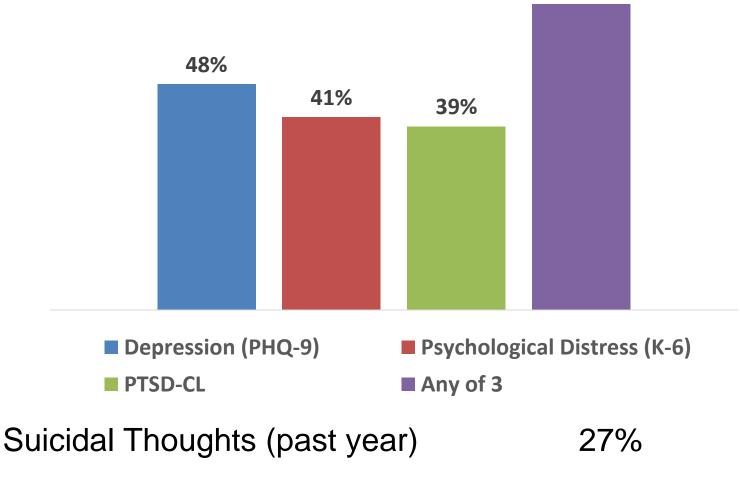


Mental Health Need

- Historical Need
 - Self-reported diagnoses ADHD, Depression, Bipolar, Schizophrenia, ODD/CD
- Perceived Need
 - Are you currently experiencing problems with your mental health?
 - Do you currently feel that you need mental health treatment?



Findings – Measured Mental Health Need



14%

Suicide Attempt (past year)



Who is at Highest Risk?

Those who identified as LGBQ (74% MH Need)

Those who identified as female or transgender (71% with MH Need)

Those who identified as White (70%) compared to those that identified as African American (60%)

Those with substance use problems (77% with MH Need)

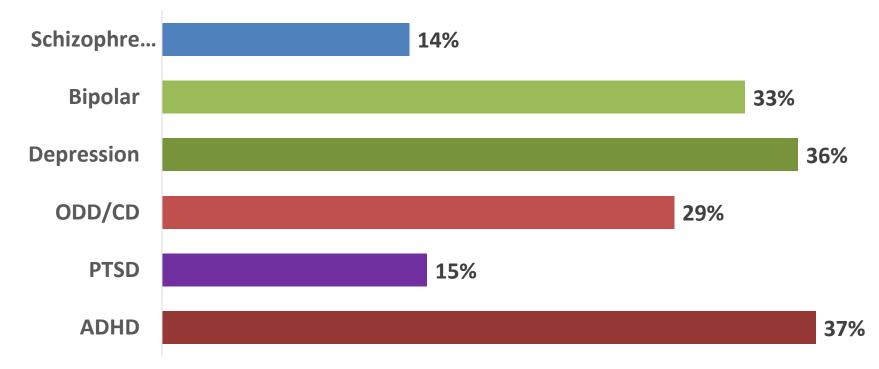
Those with higher ACE scores (mean 5.4 vs. 3.2)

Not related: living situation, working, education level, system involvement, arrest



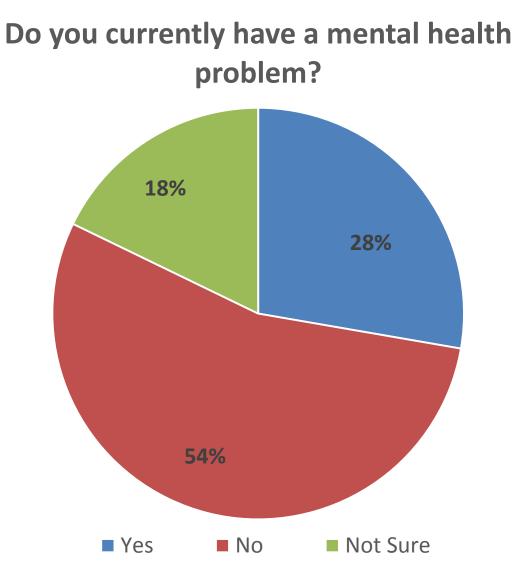
Findings – Mental Health Need

Historical Diagnoses





Perceived Need





Findings – Measured Vs. Report Need

- 49% of those who stated they were not currently experiencing a mental health problem met criteria for at least one of the indicators of need
 - Heterosexual or Male or Hispanic or African American were at higher risk to have a measured mental health problem but not report a need
- 84% of those who said they **did not know** whether they were currently experiencing a mental health problem had an indicator of need
- 85% of those who said they were **currently experiencing** a mental health problem had at least one indicator of need



Acknowledged Need

I do have very bad anxiety...and I do have a bipolar disorder as well because one minute I can be flowers and cupcakes and the next second I can be really mean.

I do know I have ADHD and I do know it's very severe. But I've been able to control that a little bit. I feel like I'm not bipolar I just feel like if you piss me off or make me mad everybody gets upset.



Uncertain about Need

You know I don't know if I am bipolar. I don't think I am. I just think I'm too damn real for this and I have a low tolerance for stuff.

I think ...you can't really get rid of mental illnesses. Like, people will think if you're acting okay you don't have them anymore so you can function like everyone. But they always forget that you still have them and that you still have to try differently from others.

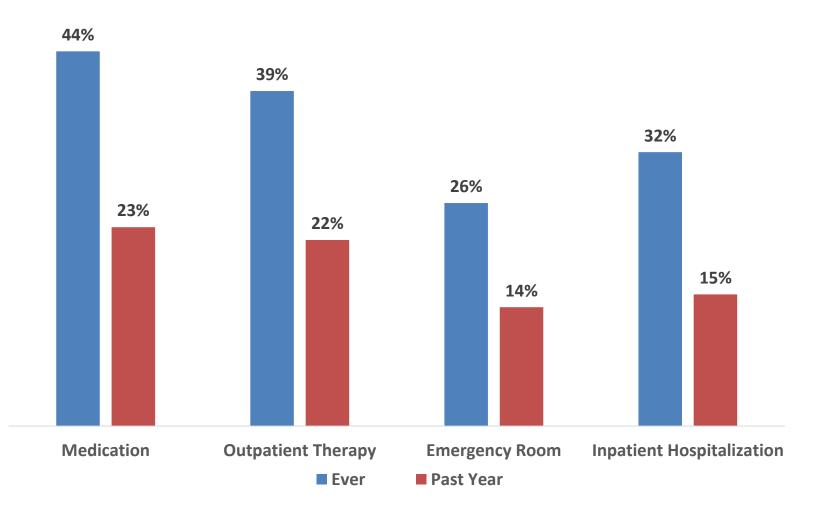


MENTAL HEALTH SERVICE USE



Findings – Mental Health Treatment

Mental Health Treatment Experiences





Findings – Reported Unmet Need

 Have you ever needed mental health treatment but didn't get it? Yes - Ever 33% Past Year 29%

• Do you feel you currently need treatment?

• Yes	18%
• No	56%
 Don't Know 	15%

• Currently Getting Treatment 11%



Don't Need Treatment

I would never take medication ever again because I felt like I'm not myself. I don't need medication to function....

[medication] just zoned me...I just felt like I was on cocaine or something, I just didn't feel myself.

I don't like when people pick my brain. See this is different I'll let you know everything because you're not tryna pick my brain. You don't wanna put me on medication they do.



Do Need Treatment..Just not Medication

I need counseling, bad. Cuz like I said it's not all peaches and cream thinking about it so, counseling.

I don't like taking medication. I feel like I have more problems with it. Like I know I know that I can relapse but like I want to be able to deal with my own problems without like chemicals in my brain and stuff.

Well I didn't like taking the medicine so I would like not take it and then when I finally, after I had my baby and I realized that I needed to start taking it, I just started taking it ever since.

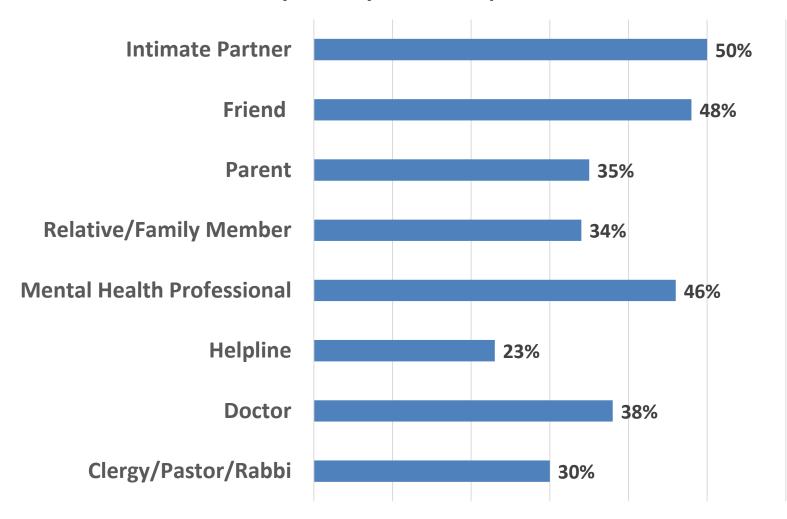


HELP SEEKING AND COPING



Help Seeking

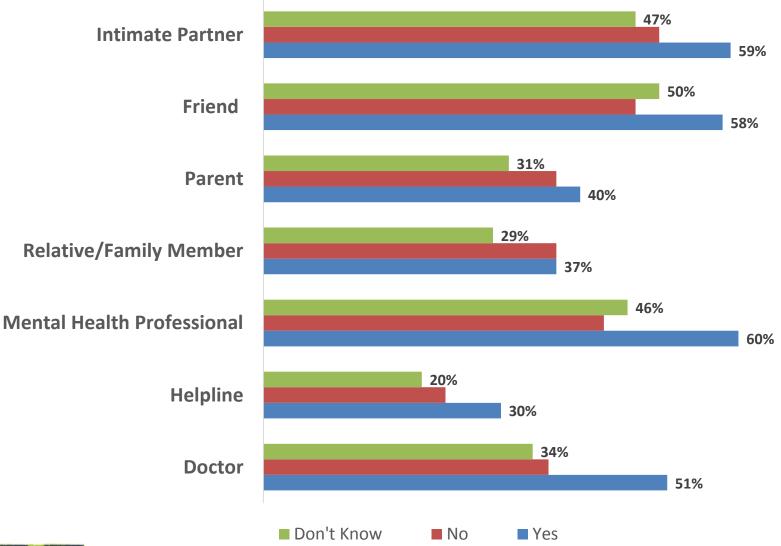
If you were having a problem with your mental health, how likely would you seek help from...





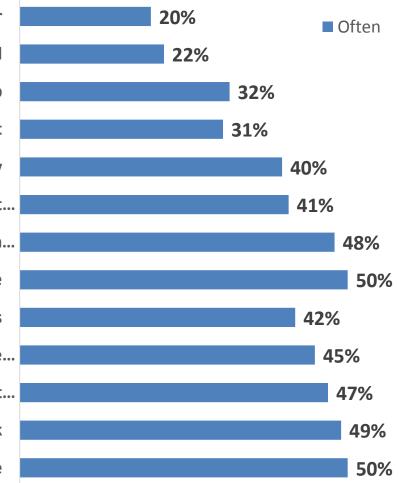
General Help Seeking Questionnaire; Wilson et al, 2007

Help Seeking by Perceived Need





Coping

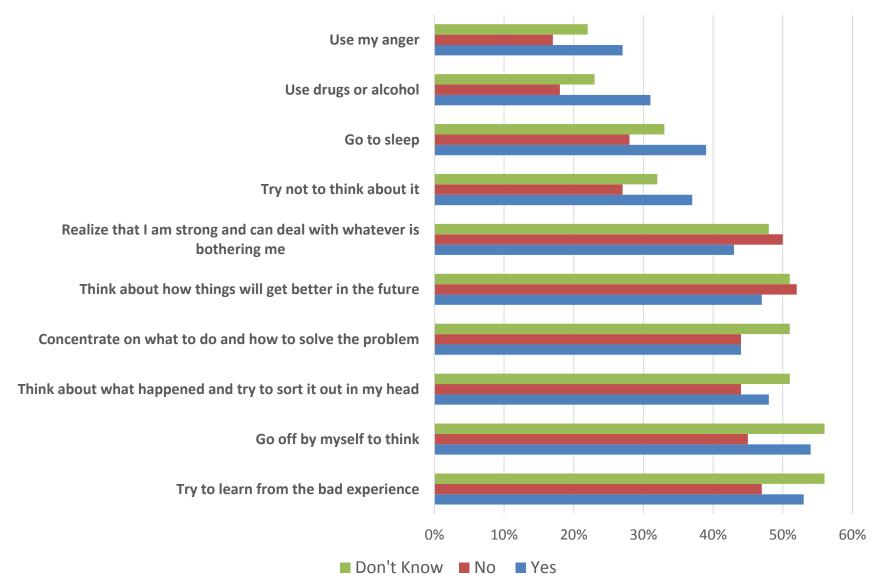


Use my anger Use drugs or alcohol Go to sleep Try not to think about it Do a hobby Try to value myself and not think so much about... Realize that I am strong and can deal with... Think about how things will get better in the future Use my spiritual beliefs Concentrate on what to do and how to solve the... Think about what happened and try to sort it out... Go off by myself to think Try to learn from the bad experience

Coping Scale, Kid & Carroll, 2007



Coping by Perceived Need





Coping

Substance Use

- I smoke my pain away.
- Ima just sneak off, go buy me a blunt and smoke by myself.
 Spirituality
 - –I just pray. Sometimes I just...you got to pray. You got to pray to God. Sometimes you have to let Him handle it.

Mindset

- Me I take every day at a time because I feel like if I don't ima get overwhelmed and I might lose myself.
- I look at everyday as a blessing.



Acknowledgements

GREATER HOUSTON COMMUNITY FOUNDATION





IMPLICATIONS & RECOMMENDATIONS



Recommendations for Young Adult Homeless Service Providers

- Include natural and peer supports
- Recognize prior negative experiences with treatment, especially medication
- Assess and recognize, in non-judgmental ways, the role of substance use in managing symptoms
- Explore different language for mental health, modifications for specific groups that resist identifying as having a mental health problem
- Utilize positive cognitive strategies
- Strategies such as mindfulness, enhancing immediate distress tolerance and coping skills



Recommendations for Identification and Engagement

- Avoid using the word "homeless" in initial contacts with school personnel, families, or youth
- Develop upstream relationships to improve a warm handoff/reception
 - School districts, shelters, legal-aid groups, soup kitchens, food banks, drop-in centers, child-welfare, juvenile justice, and housing departments
- Allow youth to set priorities
- Stable housing will help, but won't fix underlying problems
 - Many of the problems experienced by youth are exacerbated, not caused by, the experience of homelessness



Resources for Transition-Age and Unaccompanied Youth

- <u>http://www.naehcy.org/educational-resources/youth</u>
- <u>http://www.naehcy.org/educational-resources/higher-ed</u>
- <u>http://www.naehcy.org/letendre-scholarship-fund/about-the-fund</u>
- http://center.serve.org/nche/ibt/sc_youth.php
- http://www.1800runaway.org/
- http://www.youtube.com/user/itgetsbetterproject
- <u>http://www.thetrevorproject.org/</u>



??? QUESTIONS ???



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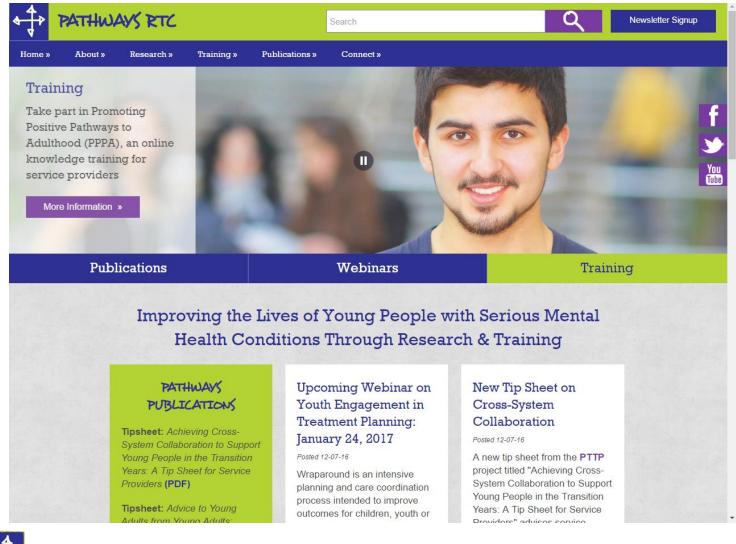
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