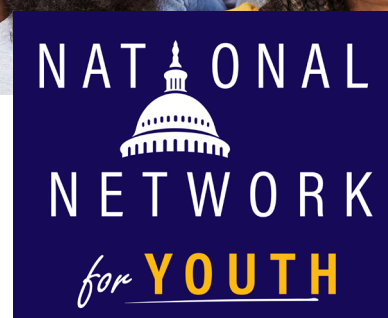




Spring 2023

## THE MENTAL HEALTH + WELL BEING OF YOUNG ADULTS EXPERIENCING HOMELESSNESS



The World Health Organization (WHO) acknowledges “there can be no health or sustainable development without mental health.”<sup>1</sup> WHO emphasizes the significance of mental health, the promotion of mental well-being, the prevention of mental disorders, and efforts to increase access to quality mental health care that respects human rights.<sup>1</sup>

**In September 2015, mental health was included in the UN Sustainable Development Goals (SDGs), acknowledging the burden of disease of mental illness and defining mental health as a priority for global development for the next 15 years.<sup>2</sup>**

Many youth experiencing homelessness have mental health challenges as both a cause and consequence of homelessness. Homelessness devastates youth and young adults’ physical, behavioral, and psychosocial health. The longer young people experience homelessness, the more they are exposed to the risks of sexual and economic exploitation, the more likely they are to experience trauma, declining health, and addictions, and the greater the difficulty they will have breaking the cycle of homelessness.<sup>3</sup>

Young adults experiencing homelessness (YAEH) have higher rates of mental health needs, including depression and mood disorders, than same-aged peers who are stably housed.<sup>4</sup> These youth are, therefore, in greatest need of mental health services, but being part of a marginalized and underserved population makes it more challenging for YAEH to advocate for and obtain these essential behavioral health services.<sup>1</sup>

### KEY TAKEAWAYS

- Young Adults Experiencing Homelessness worry that mental health providers will not believe them or that they may not receive the best care without health insurance.<sup>1</sup>
- Embedding prevention services within organizations, such as drop-in centers and shelters, can help to overcome barriers in access to mental health treatment and identify and engage youth who might otherwise not seek help.
- Given that suicide is the leading cause of death among Young Adults Experiencing Homelessness understanding factors that predict treatment attendance is paramount to preventing death by suicide.<sup>5</sup>
- When young adults experiencing homelessness engage in mental health services, it tends to be short-term. Therefore, youth service providers must ensure prevention and treatment are tailored and flexible.<sup>6</sup>

## ABOUT YOUTH AND YOUNG ADULT HOMELESSNESS

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Youth homelessness is a public health challenge. Youth experiencing homelessness between the ages of 18 through 25 are at a pivotal point in their development as they are expected to begin taking the financial and social steps necessary to transition from dependent to independent living. Unfortunately, because young adults experiencing homelessness (YAEH) often lack familial or financial resources, they struggle to navigate this transition, and many continue to experience homelessness as adults.<sup>7</sup>

**Currently, there is no single federal definition of homelessness.** Instead, the Department of Health and Human Services, Department of Education, and Department of Housing and Urban Development (HUD) each use a different definition.

HUD implements the narrowest definition of homelessness, leaving out many youth who are included

in HHS and ED definitions. The HUD policy puts youth at particular risk of being drawn into a cycle of long-term homelessness.

For this report, we define homelessness as people living on the streets, in emergency shelters, or temporary accommodations, such as, couch surfing, a vehicle, and squatting.

**Homelessness is often the result of interactions among risk factors ranging from individual conditions to socio-economic structures and environmental circumstances, including:**

- economic circumstances like poverty and housing insecurity;
- systemic racism, discrimination, and violence;
- mental health and substance use disorders;
- and involvement with the child welfare and juvenile justice systems.

## SUICIDALITY AMONG YOUNG ADULTS EXPERIENCING HOMELESSNESS

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YAEH are more likely to contemplate and attempt suicide than the general youth population. Several studies have reported that between 20–68% of YAEH report a lifetime suicide attempt.<sup>9</sup> In 2020, adolescents and young adults in the US aged 15 to 24 had a suicide rate of 14.24%. In the US, there is no complete count of suicide attempt data available.<sup>10</sup>

**Systemic barriers to treatment must be addressed and removed to reduce suicidal ideation among YAEH.**<sup>5</sup> This includes appropriate referrals and linkage to treatment services, improved education and training for healthcare professionals, and increased availability of services and insurance coverage for diagnosing and treating mental disorders and suicidal behaviors. In addition, service providers and community partners need training on how to identify and evaluate the severity of the youth's suicidal ideation, which includes the presence,

duration, and severity of thinking about death or ending life, capability to commit suicide, and their history of trauma.

The Interpersonal Theory of Suicide links suicidal acts to perceptions of social relationships, specifically the perceived feeling of belonging and the high perceived feeling of being a burden.<sup>3</sup> Some studies have recommended increasing satisfaction with social support networks as a focus of suicide prevention interventions. However, YAEH may have increased stressors associated with family members that include high rates of childhood physical and/or sexual abuse, as well as parental substance use. Slesnick et al. found that characteristics of the YAEH social network need to be considered and potentially addressed by intervention efforts.<sup>3</sup>

## BARRIERS TO CARE

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**While mental health disorders are high among YAEH, only one-third utilize mental health services.**<sup>2</sup> There are various barriers to accessing mental health care for YAEH, including the inability to consistently access services in one location, lack of transportation, long waitlists, complex eligibility processes, the stigma around mental illness and/or service use, and providers who lack training in culturally responsive services for YAEH.<sup>2</sup>

A 2006 study found that among youth experiencing homelessness, only 32% who met the criteria of emotional distress used a mental health service.<sup>8</sup> Moreover, youth experiencing homelessness may struggle with healthcare literacy, be unsure how to successfully navigate the healthcare system, or be uninsured and unaware of the kinds of insurance services available. According to a study involving 688 YAEH, 57% did not seek mental health services because they didn't know where to go or how to initiate engagement.<sup>1</sup>

## INTERVENTIONS

Embedding prevention services within organizations, such as drop-in centers and shelters, can help to overcome barriers in access to mental health treatment and identify and engage youth who might otherwise not seek help.

With any interventions, a YAEH social network can influence the adoption of a program. The Diffusion of Innovation (DOI) Theory, states that the quality of communication between an individual's social network can influence the dissemination and acceptance of an intervention.<sup>11,13</sup>

### TECHNOLOGY-BASED TREATMENT OPTIONS

YAEH, have a high level of access to mobile technologies comparable with similar-aged peers. One-fourth of YAEH report using the internet for more than an hour a day (most often accessed via mobile devices), and rates of mobile phone ownership are also high (ranging from 44% to 62%) with those aged between 18 to 29 years accounting for the top end of that range.<sup>12</sup>

One proposed strategy to reach YAEH is to harness technology to disseminate empirically-based mental health tools to youth. The Stepping Stone Pilot Project conducted by the Rush University Medical Center found high engagement and satisfaction rates of a mobile phone based intervention.<sup>12</sup>

Young adults experiencing homelessness, in the pilot, were given phones and data plans for one month. The phones came preloaded with mental health apps designed to address mood regulation and sleep and teach basic cognitive-behavioral principles.<sup>12</sup> In addition, YAEH were given the option to schedule three 30-min phone therapy sessions with a doctoral-level therapist. Youth reported high levels of satisfaction, with 70% reporting being moderate to extremely satisfied and 90% would recommend participation to others. Most utilized all three phone therapy sessions.

### PEER SPECIALISTS

YAEH experiences with abuse, neglect, exposure to violence, and other forms of trauma can undermine the development of trusting relationships with adult authority figures and human service providers.<sup>10</sup> Therefore, implementing trauma-informed peer specialists in youth service agencies can be essential to serving YAEH successfully.

Peer Specialists in youth mental health represents a strategy that aligns with youth engagement and other integrative approaches that utilize youth voices to inform and improve services for young people.<sup>13</sup> Peer Specialists working with YAEH typically have personal histories of mental health recovery and past involvement with homelessness or the child welfare system. They are also transitioning to adulthood and can empathize with the YAEH in ways adults cannot.

Peer Specialists are uniquely qualified to engage and support YAEH because of their experience facing similar challenges and their capacity to display authentic empathy and validation.<sup>10</sup>

Research has identified a range of positive impacts from receiving youth peer support services, including increased coping, social connection, hope, empowerment, and recovery, all of which fall within the Social Cognitive Theory (SCT). In SCT, learning occurs in a social context with a dynamic interaction emphasizing external and internal social reinforcement with self-efficacy as a core concept.<sup>14</sup> YAEH may develop stronger self-efficacy by following peer guidance and experiencing success in their own recovery and coping skills.<sup>13</sup>

Organizations should ensure Peer Specialists receive trauma-informed care training and other professional development opportunities, fair pay and benefits, and career progression. Peer Specialists should feel valued and like part of the workplace environment. Organizations should include these professionals throughout program planning and implementation and provide age-appropriate professional support.<sup>12</sup>



**Embedding peer support within a trauma-informed program allows Young Adults Experiencing Homelessness to build mentoring relationships based on mutuality and respect, which are guiding principles of trauma informed care.<sup>15</sup>**

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**Youth experiencing homelessness are in the greatest need of mental health services, but being part of a marginalized and underserved population often makes it much more challenging to advocate for and obtain behavioral health services.<sup>7</sup> Therefore, youth service providers and community partners should identify alternative strategies, such as peer support services or technology-based platforms, to engage youth experiencing homelessness in mental health treatment.**



## Endnotes

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