SYSTEM PATHWAYS INTO YOUTH HOMELESSNESS

CASE STUDY

ADDICTIONS TREATMENT, HEALTH, & MENTAL HEALTH CARE

Addictions, health and mental health programs and services, especially emergency services, are frequent points of contact for youth when they are homeless. Youth access these systems when they are in crisis, and often vulnerable. These are opportune moments to connect youth to the housing and supports they need. When youth do not get appropriate care and support for their health, addictions and mental health, their housing stability suffers. Youth we spoke to clearly identified experiencing addictions, symptoms of mental illness, and health concerns. Frontline community agency staff said they are seeing more symptoms of mental illness in the youth they work with. The potential for these systems to be pathways out of homelessness is not being realized in Winnipeg. No youth we talked to was currently receiving mental health or addictions treatment nor support. Many youth avoided the health care system all together.

In 2013/2014, a research project titled *System Pathways into Youth Homelessness* interviewed 22 youth (aged 18-29) who have been homeless and 12 individuals working in front-line agencies, policy developers, and Government staff.

WHAT YOUTH TOLD US

Distrust and negative experiences

The youth we interviewed did not see the health system as a useful resource. Six of them stated that they generally avoid health care services. For one, it was fear of being judged in the emergency room. For another, it was because of fear of being hospitalized for mental health. "I don't want to be in a place like that where they're going to dope me up."

There was similar avoidance of mental health services. None of the youth were currently accessing any mental health supports despite eleven (55%) having a diagnosed mental health issue and two additional participants naming their own, undiagnosed issue. Mental health issues included personality disorders, amphetamine induced psychosis, sleeping disorders, generalized anxiety, depression, post-traumatic stress disorder, obsessive compulsive disorder, and schizophrenia.

A 21 year old female participant who had been in counselling for 12 years stated: "you know their little mind games they play around. They try and find a solution when they're actually making problems worse." A 19 year old female participant said she had gone to therapy arranged by Child and Family Services (CFS) a few times but she didn't like it because the therapist kept trying to make her talk about the past. A 22 year old male participant saw a counsellor a few times but was afraid to open up because he did not want to be put in a psychiatric ward.

Self-treatment

All of the youth we spoke to mentioned drug or alcohol addictions or frequent use. Twelve of the 22 participants dealt with their addiction on their own, and only two used detoxification services. Youth relied on family or friends to assist them with detox, including one male participant who paid a friend to keep him locked in a room for three days.

Several of the youth told us they have treated health and mental health concerns on their own as well. One young woman had no doctors help her with her chronic back pain so she self-medicated with marijuana. A 29 year old female participant said, "I have so much wrong with me it's not even funny…I deal with it myself."

Inaccessible or inappropriate services

Several youth described the challenges they faced in accessing health care services. Because many of the participants use emergency services, they experienced difficulty with the wait times. Three participants spoke about wait times being very long and two indicated that the long wait times made them avoid seeking health care when they needed it. Three participants indicated that they did not have the money to pay for prescriptions while one said she did not have the necessary identification to see walk-in doctors.

> *"I went straight back to the streets, back to the people I hung out with, back to having nothing to do."*
>
> *Youth participant*

The high rate of self-treatment raises the question of whether available services are accessible to or suitable for homeless youth. From the two youth who went to formal addictions treatment, it seemed neither had supports after treatment to remain sober. One who attended treatment said "I guess if maybe I had a place it would have been better. I should have been in longer like the residential rehabs but I couldn't 'cause I went straight back to the streets, back to the people I hung out with, back to having nothing to do." While mental health issues and trauma were common for the youth, other needs took precedence when living on the street. One woman was referred to a counsellor, but told us "I haven't gone for any help or been in any kind of treatments. Haven't had time, in my kind of world like I live, I have to just deal with it."

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WHAT AGENCY WORKERS TOLD US

Accessibility and service design

Youth experiencing homelessness have unique requirements for accessibility. One person we interviewed in the health system told us, "when youth are requesting something, it is when they need it. And they need immediate follow-up." Many of those who work with youth explained that they do not have the same patience or skills to navigate health services and end up frustrated unless they have an advocate with them. It also takes time and patience on the part of practitioners to develop trust with youth, something not often available at walk-in clinics or emergency rooms where youth tend to go for care. Mental health was seen as the least accessible and yet most in-demand system for youth experiencing homelessness: "There are not enough beds or psychiatrists, they can't get in…they're so transient that in a couple months things can be completely different, so they don't make their appointments."

When they do get services, they tend to be emergency services without a long-term support or treatment plan, and are then put back into community agencies where resources or expertise may be lacking. For example, one interviewee said when workers or foster parents take suicidal youth to hospital, they wait for so long, the crisis subsides. The youth then makes a contract with a nurse to not harm themselves, and they return to the care of the foster parents or agency staff. The underlying issues remain unresolved. The health and mental health issues, when unaddressed, get more serious in later adulthood.

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Agency youth worker

Not "high needs" enough

Many youth fall through gaps in the system because they lack diagnoses, or are not considered to have high enough needs to require additional support. Qualifying for adult disability or mental health services requires an IQ of 70 or below. Some youth are not tested to see if they qualify for this, while others fall just outside of the threshold required for intensive supports. Yet, as respondents indicated, with a small amount of extra support and coordination, the youth would likely thrive. For example, if a young person is considered to have "emotionally disturbed behavior" there is a mandate for systems including Child Welfare, Education, Justice, and others to work together. Without that requirement, working together depends on individuals and is inconsistent.

Trauma-informed care

For agency participants in this study, health and mental health care are particularly important because of the previous and ongoing experiences of trauma. Recognition of this importance by decision-makers was seen as lacking: "we focus on education and training, education and training. But healing needs to happen. If they can't go to school because of underlying reasons, what makes government think they can then just go get a job?" The results of untreated mental illness, which is often related to past trauma, can lead to further suffering: "when someone with a mental health condition can't get housing, they resort to crime or are involved more in violence. This goes hand in hand with addiction because they're not getting medication so they resort to street drugs. This just adds to the complex issues in their lives."

ISSUES AND RECOMMENDATIONS

Issue: Despite self-identified health, mental health and addiction support needs, youth are reluctant to use traditional services due to inaccessibility, fear, and distrust. When they do use emergency services, the experience is often negative, increasing this fear and distrust.

Recommendations: WRHA should continue to provide health practitioners, who are trained in working with youth who are homeless, at locations where youth feel safe. These health practitioners are also gateways to psychiatric services, which youth would not otherwise seek out.

Additionally, all health practitioners who are likely to come in contact with youth who homeless (including staff in emergency rooms and Access Centres) should be trained in trauma-informed care.

Recommendation: For youth to be able to navigate this system in adulthood, referrals from resource centres should connect youth to existing clinical services so they know how to access them independently. CFS should be connecting youth with family doctors so they have a health care provider they trust upon exiting care.

Issue: A number of youth were unable to have prescriptions, especially those for mental illness, filled because of cost. This led some youth to self-medicate.

Recommendation: Doctors and nurses with low-income patients should ask about accessability of the medications prescribed, and assist in accessing low-cost options or government assistance if needed.

Issue: Youth in addictions treatment leave without adequate plans for housing which will allow them to remain sober. Much of the literature on addictions treatment suggests it should be available as soon as someone expresses a desire to access it.

Recommendation: While not all youth accessing detox programs are interested in longer treatment, these options must be available immediately after detox. Second-stage housing or other appropriate housing and support should be available immediately after treatment.

Issue: Many of the youth we spoke to have had negative experiences with traditional health and mental health care. Going to a clinical appointment or waiting to access psychiatric services through a health care provider, for example, are not what youth are looking for. Community organizations are currently providing support for youth's mental health although staff and management of these organizations feel ill-equipped/under-resourced to do so.

Recommendations: Healing and mental health supports, where youth can express themselves and deal with trauma, should be in places and with people they trust. There needs to be collaboration with clinicians or others organizations with mental health expertise for things like risk management, treatment planning and outreach.