

# **Youth Matters in London: Mental Health, Addiction and Homelessness**

**Mirella Bryant (Youth Opportunities Unlimited)**

**Amanda Wright (Lawson)**



## INVESTIGATORS

Forchuk, C., Richardson, J., Bryant, M., Csiernik, R., Edwards, B.,  
Fisman, S., Godin, M., Mitchell, B., Norman, R., Ouseley, S., Rudnick, A., Wilk,  
P. & Connoy, M.

# Funding

Funding provided by:

- Canadian Institute of Health Research
- Mental Health Commission of Canada
- Human Resources Skills Development of Canada, Homelessness Partnering Strategy



# Background

- “Housing first” has effectively assisted people struggling with both homelessness, and mental illness/addiction
- It has not been tested specifically with youth
- Youth may have different issues in relation to both housing and treatment choices



# Youth – a different policy context

- Homeless youth with mental illness/addiction more likely to be on OW (general welfare) rather than disability support and therefore have less income than their adult counterparts
- Youth may not be able to sign a lease without an adult co-signer
- Almost by definition – there will be less education & less work experience
- Developmentally, the peer group is critical

# Purpose

- To test and compare three treatment approaches for street level interventions for homeless youth who have severe, moderate or undiagnosed mental illnesses
  1. Housing First
  2. Treatment First
  3. Housing and Treatment combined
- Focus on *choice* by allowing each participant to choose the preferred service

# Sample

- 187 youth under the age of 25 for our study from the London-Middlesex area

# Research Approach

- Interviews every 6 months for 18 months including open ended questions and measures (e.g. Quality of life, housing)
- Try to give preferred service and note what gets in the way or supports

# Results

## Factors Affecting Service Model Choice

Factor	More Likely to Chose...	Less Likely to Chose...
Gender – Males (vs. Female, Other)	Other	Both together
Income from Regular Work	Other	Housing/ Both together
Income from Casual Work	Both together	Housing
Income from Disability	Housing	Treatment/ Both together
Income from Welfare/Income Assistance	Treatment	Other
Income from Busking	Other	Treatment/ Both together
Previous treatment for substance use	Treatment/ Both together	Housing/ Other



# Results

## Factors Affecting Service Model Choice

Factor	More Likely to Chose...	Less Likely to Chose...
Primary Diagnosis		
• Schizophrenia	Housing	Treatment/ Both together
• Substance-related disorder	Treatment	Other
• Anxiety Disorder	Both together	Other
• Disorder of childhood/ adolescence	Other	Both together

# Results

## Factors Affecting Service Model Choice

Factor	More Likely to Chose...
Secondary Diagnosis	
• Schizophrenia	Housing
• Diagnosis unknown	Housing
• Other	Treatment
• Personality disorder	Both together
• Other diagnosis	Other
• Substance-related disorder	Other

# Results

## Service Model Chosen at Each Visit

Service Model	Visit 1 (n=187)	Visit 2 (n=162)	Visit 3 (n=158)	Visit 4 (n=146)
Housing first	75 40.1%	70 43.2%	65 41.1%	59 40.4%
Treatment first	57 30.5%	56 34.6%	49 31.0%	38 26.0%
Both together	38 20.3%	25 15.4%	28 17.7%	33 22.9%
Other	17 9.1%	11 6.8%	16 10.1%	16 11.1%

# Results

## Service Model Changes at Each Visit

	Visit 2 (n=162)	Visit 3 (n=157)	Visit 4 (n=145)
Service Model Changed	89 54.9%	82 52.2%	65 44.8%
Service Model Unchanged	73 45.1%	75 47.8%	80 55.2%

# Results

## Consistency of Service Model Choice

Service Model	Same Model at Every Visit		Total (n=144)	$\chi^2$ (p-value)
	No	Yes		
Housing first	37 63.8%	21 36.2%	58 100.0%	12.087 p=0.006
Treatment first	34 82.9%	7 17.1%	41 100.0%	
Both together	28 87.5%	4 12.5%	32 100.0%	
Other	13 100.0%	0 0.0%	13 100.0%	

# Results

## Reasons for Change in Service Model

- **Visit 2:** “I need, I have different goals in mind. Same categories but with different objectives.”
- **Visit 3:** “Although it’s overwhelming to do both at the same time, it’s near impossible to stay mentally healthy while homeless and vice versa. One eventually destroys the other.”
- **Visit 4:** “Because you can’t have one without the other. Basically, you wouldn’t be able to get proper treatment if you didn’t have a place to live and you can’t have a stable place to live without having treatment.”

# Results

## What Has Gone Well?

- **Visit 2:** “Well I completed grade 11 math with a good mark. Within the last 3 months I’ve been sober, August 3rd is my dry day.”
- **Visit 3:** “I’m in a stable place right now. My mental health is improving sort of. I don’t have stable places for long periods of time, only for short periods. And I don’t have stable counseling, I have workers for short periods of time. It’s like couch-surfing”.
- **Visit 4:** “I got an apartment with London Housing which is awesome and I’ve kept it which is also awesome.”

# Results

## Housing Status

	Visit 1 (n=139)	Visit 2 (n=139)	Visit 3 (n=139)	Visit 4 (n=139)
Total Housed	62 44.6%	90 64.7%	97 69.8%	103 74.1%
Total Homeless	77 55.4%	49 35.3%	42 30.2%	36 25.9%



# Results

## Outpatient Service/Hospital Day Visits

	Visit 1 (n=142)	Visit 2 (n=142)	Visit 3 (n=142)	Visit 4 (n=142)
0 Visits	117 82.4%	130 91.5%	130 91.5%	128 90.1%
≥ 1 Visit	25 17.6%	12 8.5%	12 8.5%	17 9.9%

# Results

## ER Visits

	Visit 1 (n=140)	Visit 2 (n=140)	Visit 3 (n=140)	Visit 4 (n=140)
0 Visits	59 42.1%	73 52.1%	68 48.6%	89 63.6%
≥ 1 Visit	81 57.9%	67 47.9%	72 51.4%	51 36.4%

# Results

## Ambulance Trips

	Visit 1 (n=141)	Visit 2 (n=141)	Visit 3 (n=141)	Visit 4 (n=141)
0 Visits	106 75.2%	107 76.4%	104 74.3%	117 83.6%
≥ 1 Visit	35 24.8%	34 23.6%	37 25.7%	24 16.4%

# Results

## Head Injuries & Comorbid Conditions

Condition	Frequency (n)	Percent (%)
Head Injury	103	55.1
Migraine Headaches	94	50.3
Back Problems	91	48.7
Dental Problems	82	43.9
Asthma	56	29.9
Foot Problems	44	23.5
Gynecological (Female)	13	21.0
Skin Problems	35	18.7
Anemia	35	18.7
Arthritis	34	18.2

# Results

## Head Injuries & Comorbid Conditions

Condition	Frequency (n)	Percent (%)
Chronic Bronchitis/Emphysema	31	16.6
Pregnancy (Female)	10	16.1
Infestation (Lice, etc.)	23	12.3
High Blood Pressure	23	12.3
Kidney/Bladder Issues	22	11.8
Gastrointestinal Ulcer	19	10.2
Bowel Problems	17	9.1
Other STDs	13	7.0
Urinary Incontinence	11	5.9
Hepatitis C	11	5.9

Condition	Frequency (n)	Percent (%)
Epilepsy/Seizures	11	5.9
Liver Disease	9	4.8
Effects of a Stroke	5	2.7
Thyroid Condition	4	2.1
Diabetes	4	2.1
Heart Disease	3	1.6
Cancer	2	1.1
Tuberculosis (TB)	1	0.5
Dementia	1	0.5
Hepatitis B	0	0.0
HIV/AIDS	0	0.0

# What Helps & Hinders?

- Difficulty finding affordable, appropriate housing – assistance from Sisters of St Joseph
- Treatment agencies have been very open to providing help, waitlists can be difficult
- Additional undiagnosed problems such as head injury complicate the picture
- Maintaining contact can be an ongoing challenge – email & Facebook helps

# Policy Issues

- One approach is unlikely to work for the variety of homeless youth
- The least likely choice was the combination of housing and treatment (which is the approach most often promoted)
- Gender and parenthood are related to choosing housing first; addiction to choosing treatment first

# Contact Information

**Cheryl Forchuk, RN, PhD**

**Lawson Health Research Institute**

**750 Base Line Rd Suite 102**

**London, Ontario**

**N6C 2R5**

**email: [cforchuk@uwo.ca](mailto:cforchuk@uwo.ca)**

**Phone Number: 519-685-8500 ext 77034**

**Fax: 519-432-7367**



