



MENTAL HEALTH, WELL-BEING AND THE TRANSITION AWAY FROM HOMELESSNESS FOR YOUTH

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THE STUDY

Rationale: To follow young people over the course of a year as they transition away from homelessness

51 youth from Halifax and Toronto

Not homeless for between 2 months to 2 years (not in shelter, couch surfing, or sleeping rough)

6 months of past homeless experience

METHODS

4 meetings throughout the course of a year

In-depth qualitative interviews

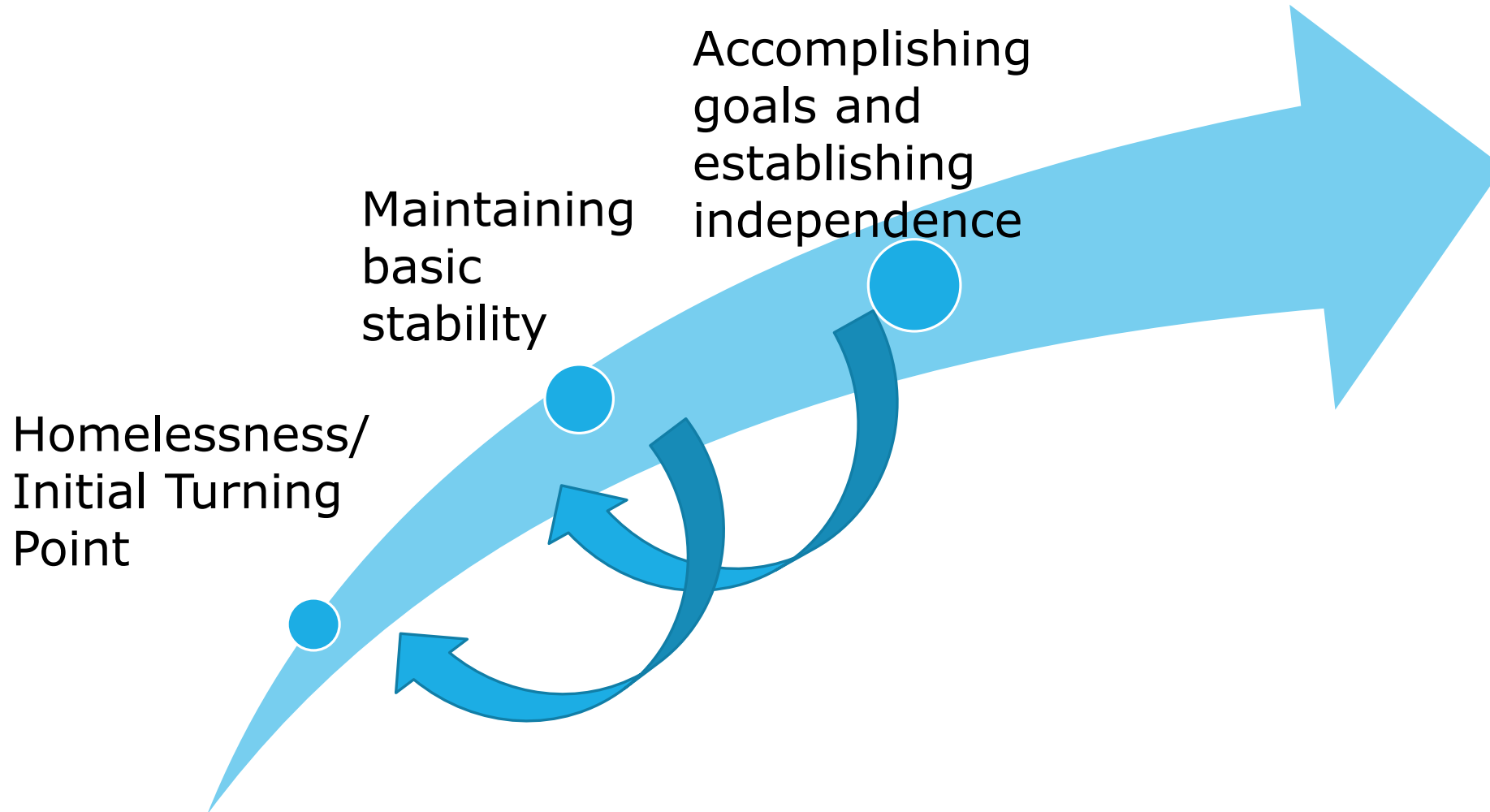
Quantitative scales measuring:

- Quality of life
- Mental health and well-being
- Physical and psychological dimensions of community integration
- Hope
- Self concept

TWO WAYS TO CONSIDER MENTAL HEALTH IN THIS PROJECT

- 1) Trace mental health and well-being through the process as an indicator of how young people are doing
- 2) Examine the role it plays as a factor shaping the transition process

OVERVIEW OF THE TRANSITION PROCESS

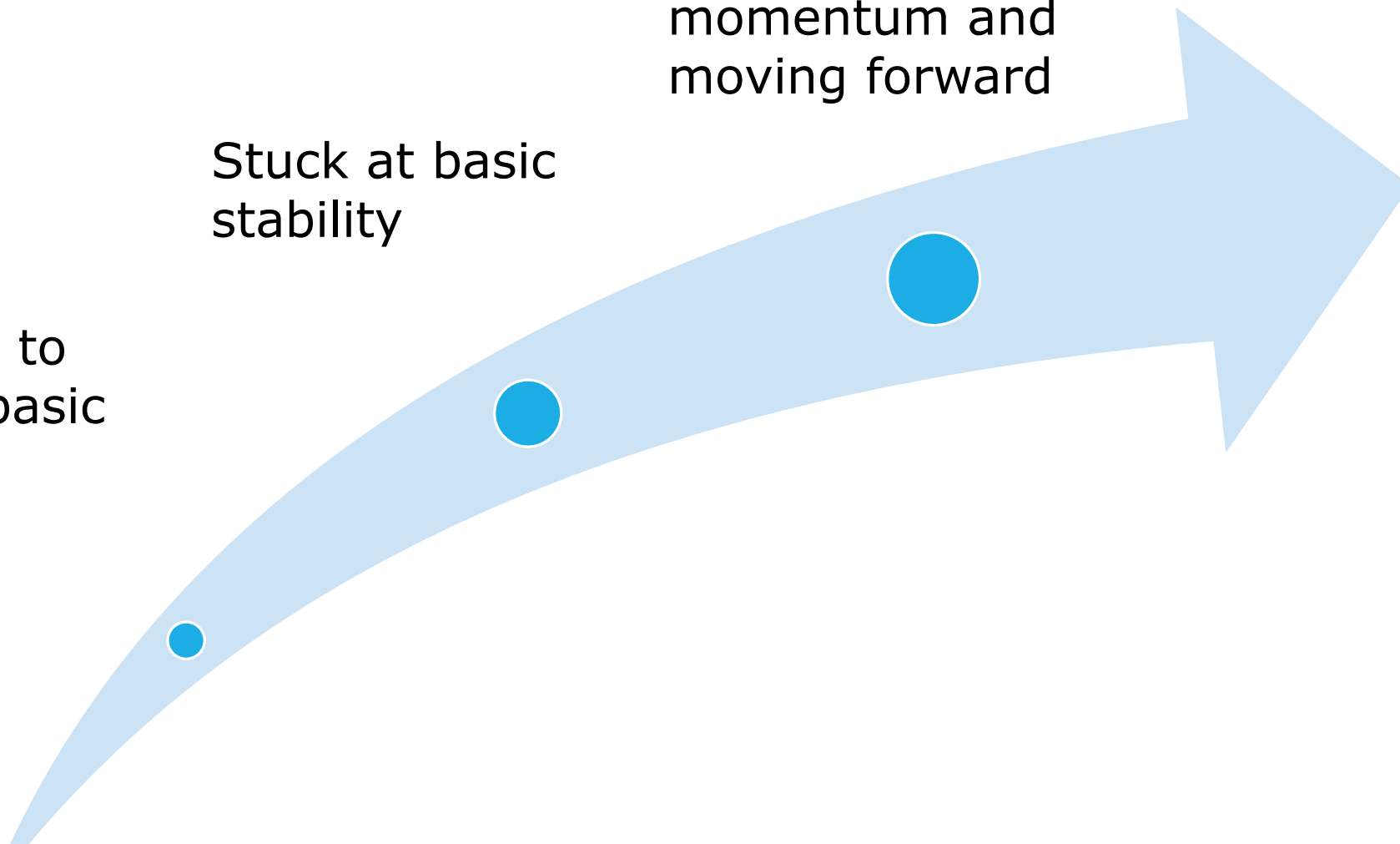


A GENERAL TYPOLOGY

Struggling to
establish basic
stability

Stuck at basic
stability

Positive
momentum and
moving forward



BROAD THEMES

A year is not a very long time

This is a group with no safety net

Those who did well tended to have a supportive person in their life (e.g. a family member, partner, or social service worker)

Trauma was a reoccurring theme with broad impacts

The process of transitioning was usually a lonely one because youth had to distance themselves from homeless services and old street-involved friends



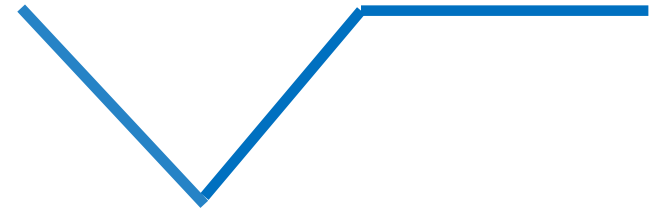
1) TRACING MENTAL HEALTH AND WELL-BEING AS INDICATORS

MEASURES OF MENTAL HEALTH AND WELL-BEING

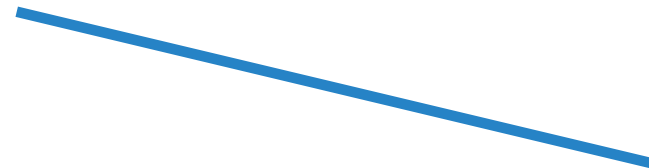
Community integration



Quality of Life and Mental Well-Being



Hope





2) EXAMINING THE ROLE MENTAL HEALTH PLAYS IN THE TRANSITION PROCESS

DEAN

Struggling to establish basic stability

Trauma: He describes deep anger from history of neglect and abandonment and mistrust of authority from time in CAS

Addiction: Struggling with abuse of crystal methamphetamine

Criminal involvement: Trauma, addiction, and limited structural opportunities combine to underwrite ongoing crime and street involvement

MARCUS

Stuck at the level of basic stability

Complex needs: Psychosis, depression, drug use, and a learning disability

Inconsistent mental health support poses ongoing threat to basic stability

Gaining stability with supports but with current support options not much room forward

STEPHANIE

Positive momentum and moving forward

Early street involvement and long history of victimization and trauma

In recovery from opiate addiction

Transitional housing and long term relationship with engaged caseworker

Recently graduated from college

Recent relapse after breach of trust from mental health professional

Ongoing struggle with depression and anxiety

RECOMMENDATIONS

Improved access to good-quality, affordable housing

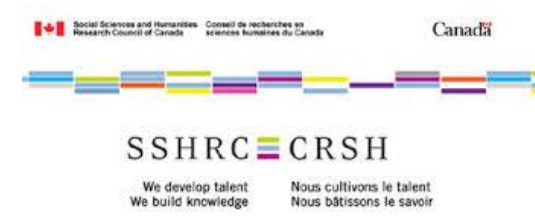
Better supports for people with disabilities and complex needs that support independence

Improved access to caseworker support that continues past 25

Improved access to one-on-one psychological counselling

Improved access to skills building and artistic expression as a source of meaning and confidence building

Opportunities to meet post-homeless peers away from shelters/drop-ins



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THANK YOU!