



# Intersection of homelessness and mental health: A mixed methods study of young adults who accessed psychiatric emergency services



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## ABSTRACT

Young adults who experience homelessness have high rates of mental disorders, yet low rates of outpatient mental health service use. This mixed methods study examined the intersection of homelessness and mental health in a sample of 54 young adults (ages 18–25) who were hospitalized on a short-term, inpatient psychiatric unit. Nearly half ( $n = 26$ ) reported being homeless in the prior year and more than a quarter were homeless at the time of admission ( $n = 15$ ). Qualitative analyses identified key factors that contributed to both mental health problems and homelessness including disrupted support networks, fragile family relationships, foster care involvement, substance use and traumatic events. Homelessness was both a facilitator and a barrier to successfully accessing mental health services to manage mental health symptoms. Findings highlight the interconnection of homelessness and mental health and their common relationship with additional underlying risk factors. Providers across service settings need to recognize the overlap of client populations and provide integrated, trauma informed care to address housing instability, mental health, and substance use together.

## 1. Introduction

According to the 2016 Annual Homeless Assessment Report, over 30,000 unaccompanied homeless young adults (ages 18 to 24) were identified across the United States in the annual Point-in-Time Count in January 2016 (U.S. Department of Housing and Urban Development, 2016). Prior studies have found that over two thirds of homeless youth and young adults meet criteria for a mental disorder (Cauce et al., 2000; Hodgson, Shelton, & van den Bree, 2014; Whitbeck, Johnson, Hoyt, & Cauce, 2004), so it is likely that many of these young adults are struggling with a mental health problem requiring treatment. Yet, studies have identified low rates of outpatient mental health service use among young adults overall (Center for Behavioral Health Statistics and Quality, 2015) and with homeless youth specifically (Berdahl, Hoyt, & Whitbeck, 2005; Solorio, Milburn, Andersen, Trifskin, & Rodriguez, 2006). Instead, both young adulthood and homelessness put youth at risk for accessing services through crisis-oriented, emergency care (IOM, 2015; Solorio, Milburn, Andersen, Trifskin, & Gelberg, 2006). This study aimed to examine the intersection of homelessness and mental health in a sample of young adults who had recently used psychiatric emergency services in order to identify how to more effectively intervene with this high-risk population.

### 1.1. Relationships between mental health and homelessness

Homeless young adults have very high rates of mental disorders, with complex presentations that often include multiple disorders (Hodgson, Shelton, van den Bree, & Los, 2013). In a study conducted in Washington State, Cauce et al. (2000) found that two thirds of their sample of homeless youth (ages 13–21;  $n = 362$ ) met criteria for at least one of six disorders based on DSM-III-R criteria. Whitbeck et al. (2004) found even higher rates in their study of homeless youth ages 16–19 across eight Midwestern States, where 89% of youth met criteria for one of five mental disorders in the previous year and 67% met criteria for two or more (Whitbeck et al., 2004). In both of these studies, behavioral disorders, including conduct disorder and oppositional defiant disorder, were present in over 50% of the sample, while mood disorders such as major depression and mania were identified in over 20% (Cauce et al., 2000; Whitbeck et al., 2004).

The high rates of psychiatric diagnoses found in homeless youth are influenced by the elevated prevalence of these problems prior to becoming homeless (Craig & Hodson, 1998; Martijn & Sharpe, 2006) and an increase in diagnosable mental health problems associated with becoming homeless (Bender, Ferguson, Thompson, & Langenderfer, 2014; Thompson, Bender, Windson, Cook, & Williams, 2010; Whitbeck, Hoyt, Johnson, & Chen, 2007). In a study of 161 homeless youth that accessed homeless services in London, Craig and Hodson (1998) found that 70% with diagnosable mental disorders reported onset of these

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disorders prior to homelessness. Another study that explicitly explored pathways to homelessness found that psychological problems (defined as diagnoses of PTSD, Major Depression or Psychotic Symptoms) were a significant contributor to both pathways into homelessness and problem trajectories after homelessness (Martijn & Sharpe, 2006). The authors used qualitative data and a diagnostic interview with 35 young people in Australia to understand the circumstances that led to homelessness and then how problems progressed after homelessness. They identified five different pathways to homelessness composed of family problems, trauma, substance use and psychological problems. Psychological problems played a role in four of the five pathways into homelessness that were identified. After homelessness, several trajectories included psychological problems - one where previously identified psychological problems increased in severity following homelessness and another where psychological problems emerged for the first time after the onset of homelessness (Martijn & Sharpe, 2006).

Another critical aspect of understanding mental disorders among homeless youth is the presence of trauma, both before and after homelessness. One study of nearly 400 youth ages 13–24 in Los Angeles found that prior to homelessness, 71% of had come from adverse home environments characterized by domestic violence or substance use, 51% had experienced physical abuse and 33% had experienced sexual abuse (Wong, Clark, & Marlotte, 2016). In their study of homeless youth in London, Craig and Hodson (1998) found that 69% had experienced an adverse childhood event. In the LA study, most had experienced multiple traumatic events with a mean of 3.8 out of 10 traumatic events prior to becoming homeless (Wong et al., 2016). These experiences were directly related to psychological problems assessed in the study including PTSD, depression, and self-injury with sexual trauma and cumulative trauma exposures having particularly significant effects (Wong et al., 2016). In addition, trauma exposure continues once young people become homeless. Studies have found that up to 83% of homeless adolescents on the streets were physically or sexually victimized after becoming homeless (Stewart, Steiman, Cauce, Cochran, Whitbeck, & Hoyt, 2004) and many also witness traumatic events (Bender et al., 2014). In an analysis of three latent victimization classes identified based on victimization after becoming homeless, Bender et al. (2014) found that those with high victimization as well as those that had witnessed traumatic events had elevated risk for PTSD and major depressive disorder compared to those with low victimization experiences. Length of time on the streets has also been associated with mental health problems, with those who remain on the streets longer at increased risk for psychological problems (Solorio, Milburn, Andersen, Trifskin, & Rodriguez, 2006), possibly due to the victimization experienced while homeless. The Martijn and Sharpe (2006) study specifically examined the role of trauma and its relationship to psychological problems in pathways to homelessness and identified a specific group representing 25% of the sample in which a traumatic event had preceded a mental health diagnosis of PTSD or Major Depression or both.

### 1.2. Mental health service use and homelessness

Although mental health need is high among homeless youth, many go without mental health treatment (Hodgson et al., 2014; Hughes et al., 2010). Young adults overall, have low rates of utilization of outpatient treatments, with only 32% of those with a diagnosable mental illness receiving treatment in the past year as measured in the National Survey of Drug Use and Health (Center for Behavioral Health Statistics and Quality, 2016). Research specifically examining the rates of mental health treatment among homeless youth is limited, however, it appears that rates of mental health service utilization among homeless youth are similarly low. One study of 90 young people in the UK found that while 88% met criteria for a current mental disorder, only a third of those had used outpatient mental health services at follow-up eight to 12 months later while 24% had been to an emergency department (Hodgson et al., 2014). Another study of 688 youth in Los

Angeles found that 32% of youth had used a mental health service. Among those that did not receive treatment, the most commonly identified barrier was not knowing where to go or how to access treatment (Solorio, Milburn, Andersen, Trifskin, & Rodriguez, 2006). Barriers that prevent homeless youth from using health services have also been identified in several qualitative studies. Three different studies using focus groups in Los Angeles (Christiani, Hudson, Nyamathi, Mutere, & Sweat, 2008), Santa Monica (Hudson et al., 2010), and Ontario (Kozloff et al., 2013) to explore barriers and facilitators to using health care services generally among homeless youth identified structural barriers, such as costs and wait lists, as well as, personal barriers, such as stigma and fear of discrimination. Christiani et al. (2008) also specifically explored barriers to substance use treatment and found that young people articulated clear connections between mental health, homelessness and using substances to manage. This served as a disincentive for seeking treatment since substance use was perceived as helpful for surviving on the streets and managing mental illness (Christiani et al., 2008).

### 1.3. Young adulthood

Examining the connection between mental health and homelessness in young adulthood is important since it is a developmental period where the incidence of mental disorders peaks (Kessler et al., 2007), yet the use of mental health services is lowest (Pottick et al., 2008). Young adults are less likely than older age groups to seek treatment and more likely to attempt to manage mental health challenges on their own (Center for Behavioral Health Statistics and Quality, 2015). This likely reflects the fact that for some young people, these disorders are newly emerging, so they are learning to understand and manage them for the first time. Even for those that have received a diagnosis and treatment prior to the transition to adulthood, however, this developmental period is a time in the life course where they are exploring and trying out roles (Arnett, 2000) and tend to resist incorporating mental illness as part of their identity (Biddle, Donovan, Sharp, & Gunnell, 2007). They are also hesitant to identify as homeless and often stay in doubled up situations also known as “couch-surfing” where they are not connected with supportive services (Santa Maria, Narendorf, Bezette-Flores, & Ha, 2015). When they do seek help, it is generally through homeless systems that are designed with the needs of older groups of adults in mind. Research conducted through a housing first program for those with serious mental illness found that young adults differed from older adults in important ways (Kozloff et al., 2016). The young adults had higher rates of substance use disorders, higher rates of recent assaults and lower rates of connection to regular sources of medical care. And notably, 61% of the youth in their sample had used the emergency department in the past six months (Kozloff et al., 2016). Better understanding the experiences of young adults with serious mental illness who have experienced homelessness can provide information to assist both mental health service providers and homeless service providers to better meet the needs of this vulnerable group.

### 1.4. The current study

While prior research has documented a strong connection between mental disorders and homelessness, this body of research has primarily come from samples recruited from homeless specific settings rather than within a sample recruited in a psychiatric setting. The current study aims to fill this gap by examining homelessness within a broader population of young adults that had recently experienced a psychiatric crisis and received a diagnosis of a serious mental illness that resulted in short term inpatient hospitalization. Examining the narratives of young people that had experienced homelessness and a psychiatric crisis provides an opportunity to understand the factors that led to these situations and to further examine the relationship between the two. The study focused first on examining differences among the overall sample

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