



# Personal control and service connection as paths to improved mental health and exiting homelessness among severely marginalized homeless youth



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## ABSTRACT

**Objective:** Non-service connected, continuously homeless youth are arguably one of the most vulnerable populations in the U.S. These youth reside at society's margins experiencing an accumulation of risks over time. Research concludes that as vulnerabilities increase so do poor long-term outcomes. This study tested the mediating effects of service connection and personal control as mediators of cumulative risk and housing, health and mental health outcomes. By understanding the processes associated with therapeutic change among those with the most vulnerabilities, service providers and researchers can target those factors to enhance positive outcomes.

**Method:** Seventy-nine, non-service connected, substance using homeless youth were offered a strengths-based outreach and engagement intervention and were assessed at baseline 3, 6 and 9 months post-baseline.

**Results:** Personal control mediated the effects of cumulative risk on housing stability, and service utilization mediated the effects of cumulative risk on mental health.

**Conclusions:** This study specifies important targets of intervention for a population at high risk for continuing homelessness. In particular, service providers should target youths' sense of personal control and link them to needed community-based services in order to help them exit street life and improve mental health outcomes.

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## 1. Introduction

Adolescents and young adults experiencing homelessness report multiple risks. These risks include high rates of alcohol and drug use, depression, risky sexual behaviors, and victimization (Lim, Rice, & Rhoades, 2015; Saddichha, Linden, & Krausz, 2014). Homeless individuals are more likely to have chronic and/or untreated medical conditions and higher mortality than housed populations (Beech, Myers, Beech, & Kernick, 2003; Roy, Boivin, Haley, & Lemire, 1998). Several studies have explored pathways into homelessness, but fewer studies have investigated factors influencing the exit from homelessness (Gabriellian et al., 2015), especially among youth (Edidin, Ganim, Hunter, & Karnik, 2012; Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009). The few completed intervention studies utilized samples of homeless youth engaged from drop-in centers or shelters, representing already service-connected youth. Youth not accessing services are likely those most in need of outreach and engagement because these youth have even more severe risk factors including decreased likelihood of exiting homelessness, and higher substance use and mental health problems, compared to service connected homeless youth (Kryda & Compton, 2009). In order to better specify factors that mediate the

accumulation of risk on outcomes among these vulnerable youth, this study examined the effects of service connection and personal control as mediators on housing, physical and mental health outcomes.

### 1.1. Cumulative risk among homeless youth

Many studies document the deleterious effects of cumulative risk among those experiencing homelessness, supporting the accumulation of risks perspective (e.g., Lehmann, Kass, Drake, & Nichols, 2007). This model suggests that problems accumulate over the life course to predict negative health and psychosocial outcomes (Lynch & Smith, 2005). "Earlier advantages (and disadvantages) influence the accumulation of resources (or hardships) through the life course, and exacerbate health inequalities over time" (Lippert & Lee, 2015, p. 346). Individuals who were exposed to one adversity in childhood are more likely to experience a second adversity later in life (Dong et al., 2004). Researchers have identified a series of risk factors that homeless youth often experience such as maltreatment, depression, survival sex, and substance use, and gang involvement (Cauce, Tyler, & Whitbeck, 2004; Yoder, Whitbeck, & Hoyt, 2003; Zerger, Strehlow, & Gundlapalli, 2008). Adversities are not only highly correlated with each other and with homelessness, but also with the onset and persistence of psychiatric disorders (Lehmann et al., 2007; Lim et al., 2015). For example, studies note that chronically homeless adults who experienced more childhood

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problems are significantly younger when they first become homeless and have more severe drug use prior to receiving housing support (Tsai, Edens, & Rosenheck, 2011). Similarly, homeless youth researchers note that the longer a young person experiences homelessness, the more likely they are to experience substance use, victimization and mortality, and the more difficult it becomes to exit street life (Ferguson, Bender, Thompson, Xie, & Pollio, 2011; Scutella, Johnson, Moschion, Yi-Ping, & Wooden, 2013).

Prevention of continuing homelessness into adulthood is imperative. Rayburn (2013) tracked substance abusing homeless adults 20 years following a stay in a homeless service program, and found that individuals in their early 30's were still experiencing struggles with addiction, unstable employment, the law and homelessness in their early 50's. Identifying factors that buffer the negative effects of cumulative risk can be a step towards prevention of chronic homelessness. Once identified, these buffering factors can be targeted to improve outcomes related to housing, and physical and mental health.

### 1.2. Protective factors

Studies with adult populations consistently show that those with access to a social service worker, or who utilize community services, are more likely to exit homelessness (Gabrielian et al., 2015; Raleigh-DuRoff, 2004; Zlotnick, Tam, & Robertson, 2003). In regard to homeless youth, the more connections youth report with formal and informal support systems, the more likely they are to increase housing stability (Slesnick, Bartle-Haring, Dashora, Kang, & Aukward, 2008). While it is expected that increased service connection plays a critical role in improving youth outcomes, it is important to identify mechanisms through which service connection leads to positive outcomes. According to Bandura's (1977, 1986) Social-Cognitive Theory, self-efficacy is the major mechanism of change in human behavior, and is defined as "people's beliefs about their capabilities to exercise control over their own level of functioning and over events that affect their lives" (Bandura, 1993, p. 118). Homeless individuals often feel a lack of personal control over their lives, but perceived control has been strongly linked to mental health (Hodgson, Shelton, & van den Bree, 2015; Pearlin, Menaghan, Lieberman, & Mullan, 1981), and housing outcomes (Tsemberis, Gulcur, & Nakae, 2004). It was of interest in this study to test whether personal control serves as the mechanism linking service connection and positive outcomes.

### 1.3. Current study

In order to address the multiple needs of homeless youth, and to prevent continued homelessness and mental health problems into adulthood, research attention on identifying modifiable factors associated with improved outcomes is of paramount importance. Because many youth avoid accessing mainstream health services (Ensign & Gittelsohn, 1998), outreach and engagement services are essential to begin the process of re-engagement. Client level factors, such as service use and personal control, have been identified as predictors of housing, physical and mental health outcomes, but no prospective studies identifying mediators of change have been conducted with homeless youth. In this study, personal control and service connection were hypothesized to mediate the long-term indirect effects of cumulative risk on housing stability, mental and physical health, with personal control also mediating the relationship between service connection and the targeted outcomes. Fig. 1 shows the hypothesized model.

## 2. Methods

### 2.1. Participants

Homeless youth between the ages of 14 to 24 years were recruited from homeless camps, the library, a church sandwich line and other locations homeless youth are known to hang-out. One hundred twenty-eight ( $N = 128$ ) youth were approached to participate in the study, and of those, 61% ( $N = 79$ ) were eligible and agreed. Those who were not eligible were provided a resource list. In order to be eligible for the study, youth reported experiencing homelessness for the prior 3 months, had not sought services through a shelter, drop-in center or substance use/mental health treatment program in the prior 3 months and reported at least six uses of alcohol/drugs in the prior 30 days. See Table 1 for a summary of demographic variables. In brief, 53% of the sample was male, the average age was 20.8 years ( $SD = 2.13$ ) and the majority of youth reported being White, non-Hispanic (57%) or African American (32%). Many youth reported a history of childhood sexual ( $n = 33, 41.8%$ ) or physical abuse ( $n = 36, 45.6%$ ).

### 2.2. Procedure

Youth were approached and screened during outreach by a research assistant (RA). Upon consent or assent (for those 14–17 years), the baseline self-report assessment was administered, requiring about one

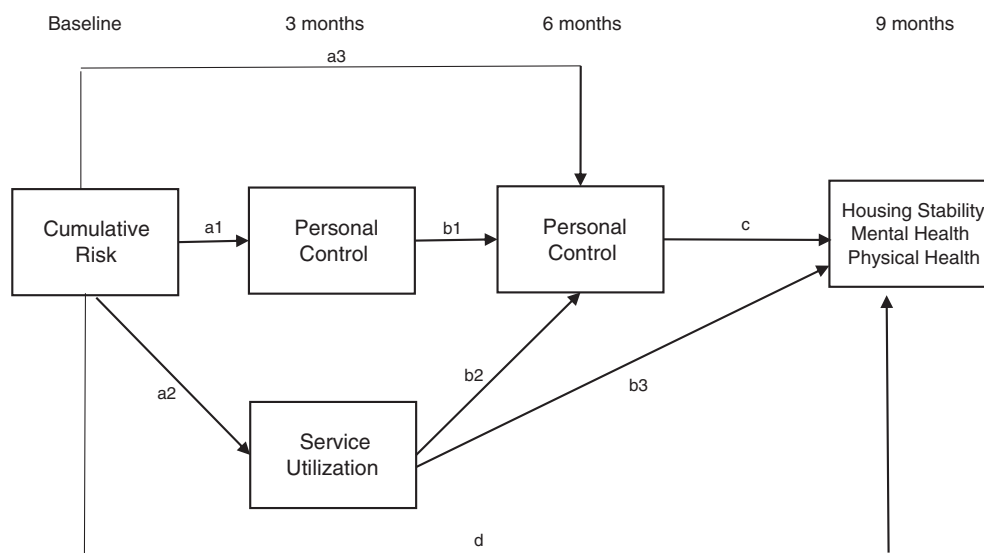


Fig. 1. Hypothesized model. Note. For visual simplicity, control variables are not shown in the model.

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