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The health diagnoses of homeless adolescents: A systematic review of the literature

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ABSTRACT

Background: Homelessness during adolescence impacts negatively upon young people's physical and mental wellbeing. To be effective, programs aimed at addressing the health needs of this population must include knowledge of both the presenting and underlying acute and chronic conditions that characterise this high risk group of youth.

Methods: We undertook a systematic review of the international literature for studies that used validated instruments and techniques to diagnose prevalence rates of physical and mental health disorders in homeless adolescents.

Results: Twenty-one studies fulfilled the selection criteria. Of these, nine studies examined mental health diagnoses including depression, post-traumatic stress disorder, anxiety and substance abuse disorders. With one exception, the remaining twelve studies all related to sexually transmitted infections.

Conclusion: Homeless adolescents are diagnosed with widely varying rates of mental health disorders and high rates of sexually transmitted infection. Other likely chronic and acute physical conditions appear to be neglected in the published research.

Introduction

The rising incidence of adolescent homelessness is well-recognised in the international literature. Conducting high quality research among homeless populations is always challenging with little scope for designing randomised controlled trials or implementing longitudinal follow-up. Nonetheless, there is a pressing need for accurate data concerning the numbers of homeless adolescents and their mental and physical health statuses. Gathering these data requires creative and opportunistic approaches to recruitment and testing in often unconventional settings. The numerous disadvantages of being homeless during one's formative adolescent years also suggests that understanding the health challenges of homeless adolescents requires research in educational, nutritional, psychological and physical domains.

Adolescent homelessness is not a new problem. The effects of being homeless upon the physical health outcomes of adolescents in the United States were studied in the mid-eighties and reported in detail by Wright (1991). Wright's findings were somewhat startling. Approximately 18% of homeless adolescents were diagnosed with chronic physical disorders, a

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figure almost double the rate found in age-matched housed youth. Acute conditions were similarly over represented in homeless adolescents at up to triple the rate for respiratory infections and up to five times the rate for genito-urinary problems, again compared to housed counterparts. Furthermore, the question of whether the comparatively poor health status of homeless adolescents could in large part be accounted for by their corresponding levels of poverty was considered and decided in the negative. Instead, Wright concluded that "homelessness is an independent and quite consequential "risk factor" in its own right," which is to say that "… homelessness makes people ill" (Wright, 1991, p.31).

The world now has a new generation of homeless adolescents. The research about this population is broad in scope, canvassing issues of social disadvantage (Bralock et al., 2011; Commander, Davis, McCabe, & Stanyer, 2002), pathways to homelessness (Baker, McKay, Lynn, Schlange, & Auville, 2003; Martijn & Sharpe, 2006), food insecurity (Booth, 2006; Dachner & Tarasuk, 2002; Tarasuk, Dachner, Poland, & Gaetz, 2009), mental and physical health disorders (Edidin, Ganim, Hunter, & Karnik, 2012; Kulik, Gaetz, Crowe, & Ford-Jones, 2011) and proposed and implemented treatments and interventions (Helfrich, Aviles, Badiani, Walens, & Sabol, 2006; Naranbhai, Abdool Karim, & MeyerWeitz, 2011; Peterson, Baer, Wells, Ginzler, & Garrett, 2006). The picture that arises is one of significant numbers of homeless teens coping with high levels of trauma and distress, the mis-use of substances, inadequate nutrition and high-risk sexual behaviours. As was the case at the time of Wright's research, documenting the burden of disease among homeless adolescents is critical for identifying areas of research priority and designing health care initiatives. To this end, many of the published studies of homeless adolescents utilise screening tools or focus upon describing risk behaviours that are suggestive of high rates of mental and physical health problems. However, these methods are indicative only and cannot be used as a basis for reporting rates of disorder. Fewer studies incorporate rigorous diagnostic methods using recognised instruments and techniques. These studies report prevalence and other statistical information about the diseases of this hard to reach population, and provide a better means of appreciating the character and extent of the health challenges faced by homeless adolescents.

The primary objective of this article is to provide a systematic review of the literature reporting on homeless adolescents' mental and physical health *diagnoses*. Specifically, we are interested in establishing which mental and physical health disorders are being diagnosed and reported, the prevalence of these diagnoses within the sampled populations, the rigour of the diagnostic processes and the use of other study characteristics such as design, sampling and analytic methods. The secondary objective is to identify any neglected or under-researched aspects of homeless adolescent health.

Methods

Definitions

Identifying the numbers and needs of homeless adolescents is a complicated task, not least because homelessness takes many forms and is of widely varying duration across individuals. For the purposes of this review, homelessness is defined in terms of the Australian Bureau of Statistics' 'cultural definition' of homelessness, which distinguishes between primary, secondary and tertiary categories (Chamberlain & MacKenzie, 2006). Primary homelessness refers to the living situations of all people without conventional accommodation (i.e., those living on the streets, in cars, in derelict buildings or similar). Secondary homelessness describes the use of temporary shelters such as emergency or transitional accommodation, boarding houses and other households for a period of no more than 12 weeks. Tertiary homelessness captures the use for 13 weeks or longer of accommodation that does not meet the minimum community standard of a small self-contained flat (such as boarding house accommodation).

Inclusion and exclusion criteria

Studies eligible for inclusion contained quantitative data reporting the prevalence of mental and/or physical *diagnoses* in homeless adolescents, aged 10–19 years. In order to be considered diagnostic, the studies were required to use validated instruments and techniques such as biomarkers and Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria or examination by a physician. We also elected to include self-report as 'adequate diagnosis' in manuscripts whose methodology was clear enough to suggest a high possibility of eliciting a correct response (e.g., where the participant had been informed of his or her test results by a doctor or nurse).

All documents were sourced from English-language, peer-reviewed journals. Exclusion criteria included the use of non-diagnostic 'screening' tools, studies with purely narrative data, a mean age of participants greater than 19 or less than 10 years of age, participants living in homelessness with their families (as their care experiences and access to health services may differ from adolescents who are individually homeless) and research foci upon issues other than adolescent health diagnoses.

Literature search strategy

The search strategy was devised to capture studies across the broad range of mental and physical health disorders applicable to homeless adolescents. Search terms were truncated (as indicated by '*') and combined with Boolean operators as follows: (Title or Abstract: runaway OR homeless*) AND (Title or Abstract: adol* OR teen* OR youth) AND (Keyword: health OR wellbeing OR illness OR diseas* OR disabilit* OR disorder* OR injur* OR emergenc* OR casualt*). Publication dates were restricted to the years 2002–2012.