



Resilience and suicidality among homeless youth

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A B S T R A C T

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Homeless and street-involved youth are considered an extremely high risk group, with many studies highlighting trajectories characterized by abusive, neglectful, and unstable family histories, victimization and criminal involvement while on the streets, high rates of physical and mental illness, and extremely high rates of mortality. While there exists a substantial body of knowledge regarding risk, in recent years attention has been increasingly shifting to the examination of resilience, intervention, and service delivery models for these young people. The present study describes the findings from a quantitative examination of personal and street-related demographics, psychological distress, self-esteem, resilience, and suicidality among 47 homeless and street-involved youth. Key findings indicate that the apparent erosion of mental health variables, including resilience, occurs as a function of how long the youths have been without stable housing. Finally, those youths' perceived resilience was associated with less suicidal ideation whereas higher psychological distress was associated with higher suicidal ideation, even when accounting for resiliency.

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Introduction

Relative to the large body of literature documenting the many domains of physical and mental health risk experienced by homeless youth in both their pre-street and street trajectories and the high rates of suicidal ideation, suicide, deliberate self-harm and mortality associated with those risks (Roy et al., 2004; Tyler, Whitbeck, Hoyt, & Johnson, 2003; Yoder, 1999), the literature on resilience in this population is very limited. This limitation persists despite (i) the importance in the lived experience of youth homelessness of the adaptive and multifaceted means of survival developed by youths, and (ii) the perspective of providers that understanding and developing interventions grounded in existing coping mechanisms is critical to their effectiveness (Kidd, Miner, Walker, & Davidson, 2007). Indeed, given the extremity of the various forms of adversity faced by homeless and street-involved youth, commentary regarding the extent of existing rates of suicidality and mortality may be less pertinent than the question of why mortality rates are not higher.

Resilience is, in essence, a set of personal qualities such as self-efficacy, engagement of the support of others, having an action-oriented approach, and adaptability, that allow one to thrive in the face of adversity (Connor & Davidson, 2003). The majority of the existing research into resilience and associated constructs among homeless youth to date has been qualitative. Themes emerging from these studies include emphases upon independence and having “street smarts” (a comprehensive base of knowledge about means of surviving in street contexts), a sense of personal mastery, the ability to flexibly adapt one's

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self-concept to street contexts, and lowered reactance to the opinions and behaviours of others (Bender, Thompson, McManus, Lantry, & Flynn, 2007; Kidd, 2003; Kidd & Davidson, 2007; Lindsay, Kurtz, Jarvis, Williams, & Nackerud, 2000; Rew & Horner, 2003; Williams, Lindsey, Kurtz, & Jarvis, 2001). Other areas that have emerged in qualitative analyses as being important to resilience include spirituality and hope, the construction of painful experiences as opportunities for growth, and strength taken from anger and non-conformity (Bender et al., 2007; Kidd, 2003; Lindsay et al., 2000; Rew & Horner, 2003; Williams et al., 2001).

Quantitative research into resilience is more limited. Research into the related area of coping styles has indicated that avoidant and disengagement types of coping are linked with higher risk and distress (Kidd & Carroll, 2007; Unger et al., 1998; Votta & Manion, 2003), though problem-focused coping has been found to be alternately protective (Unger et al., 1998) and not protective (Kidd & Carroll, 2007). Only one previous quantitative study of resilience has been found. Rew, Taylor-Seehafer, Thomas, and Yockey (2001) in a sample of 59 homeless adolescence found that resilience, defined as 'belief in one's personal competence and acceptance of self and life that enhances individual adaption, was significantly related to lower hopelessness and loneliness and fewer life-threatening behaviours. We have sought to extend this line of investigation. Using a sample of shelter youth we hypothesized that resilience and self-esteem will be negatively associated with suicidal ideation. Further we hypothesized that psychological distress and increased length of time homeless would be positively associated with suicidal ideation.

Methods

Participants

Participants included 47 youths (age range = 15–21 years, $M = 18.2$, $SD = 1.7$, median = 18 years). Youth were eligible to participate in the study if they (i) either had no fixed address (including: couch surfing, staying with extended family and/or friends temporarily), or (ii) were living in a shelter for homeless youth, for greater than 24 h at the time of the survey. Participants were recruited by front-line staff at local agencies serving homeless and street-involved youth. Interviews were conducted in youth-serving agencies in Hamilton, Ontario, Canada. Participants were reimbursed with 10 dollars in gift certificates. Participation in this study involved two components. First, a research assistant conducted a semi-structured interview on their pre-street and street histories and experiences with health services. Second, the research assistant provided the youth with a self-administered quantitative survey that was completed independently. In the present study the quantitative component is presented. For under age youth, their consent was accepted since they were regarded as emancipated and not in contact with parents and/or guardians. In addition, upon completion of the survey any youth who was considered at risk for suicidality based on the self-reported instrument was debriefed and given the contact information for the Mental Health Clinician that served the agencies where recruitment occurred. In the rare instances in which an immediate risk was evident a worker at the agency in which recruitment took place was informed of their risk status. The study protocol was passed by a Research Ethics Board.

Thirty of the participants (64%) were female and 17 (36%) were male. Seventy-four percent of the participants were White, 4% Black, 9% Native, and the remainder varied or did not report race/ethnicity. The mean education level was 10.6 years and the average age of the youths' first experience homeless was 14 years. Forty-five percent of youth reported being homeless for greater than 6 months (>6 months), with the remainder being homeless less than 6 months (<6 months).

Measures

Suicidal ideation of the participants was derived through an overall score from a 4-item scale commonly used in studies of youth (Lewinsohn, Rohde, & Seeley, 1996). Participants were asked to determine how often in the past year they had (1) thought about killing themselves, (2) thought about death/dying, (3) felt that everyone would be better off if they were dead, and (4) thought about plans to kill him/her self. Each of the four items was answered on a four-point scale (0 = *never* and 3 = *all of the time*), with an alpha coefficient of 0.90. This scale has shown good reliability in previous research with this population (Yoder, Hoyt, & Whitbeck, 1998).

Self esteem was measured using a total score of five items from the Rosenberg Self-Esteem Scale (1989). This shortened 5-item Self-Esteem scale has been used previously among this population (Adlaf, Zdanowicz, & Smart, 1996; Kidd & Shahar, 2008). The items (e.g. I am satisfied with myself) are answered on a five-point scale with responses ranging from *strongly disagree* to *strongly agree* ($\alpha = 0.84$).

Resilience was measured using the 25-item Conner-Davidson Resilience Scale (CD_RISC; Connor & Davidson, 2003). Example items include "I am able to adapt to change," "I have a strong sense of purpose," and "I am not easily discouraged by failure." Each item is answered on a five-point scale with responses ranging from not at all true to true nearly all of the time, based on how the youth felt in the previous month. All 25 items were summed to create a composite score of Resilience with a higher score indicated greater resilience ($\alpha = 0.92$).

A composite variable 'Psychological Distress' was derived based on 5 subscales (Loneliness, Trapped, Hopelessness, Giving Up, Helplessness) discussed in detail in Kidd and Shahar (2008). In this current study the 14 items in the Psychological Distress variable had excellent reliability ($\alpha = 0.94$). This variable has been used in previous studies with homeless youth (see Kidd & Shahar, 2008). *Loneliness* was evaluated using four items from the UCLA Loneliness Scale (e.g., "I feel isolated from

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