Serious Mental Illness and Prolonged Youth Homelessness[i]

Most youth who become homeless return to their parent(s) or guardian(s),[1] though some experience multiple or lengthy episodes of homelessness. Because research on this latter group is quite limited, ASPE commissioned a project to summarize what research is available on these youth. This project aims to help service providers and policymakers more effectively target resources to prevent or end prolonged episodes of homelessness among youth, as well as to support researchers in identifying areas for further research to supplement our understanding about prolonged youth homelessness.

Serious mental illness is prevalent among adults who experience chronic homelessness. While less is understood about mental illness and chronic homelessness among youth and young adults, a growing body of research shows that:

- *Mental health disorders such as psychosis that first become symptomatic during adolescence and early adulthood can increase risk for homelessness.*
- *The more time youth spend on the streets, the greater their likelihood of mental health disorders.*
- *Early interventions for first-episode psychosis and supportive housing programs may help prevent and address prolonged homelessness among young people with mental health issues.*

CHRONIC HOMELESSNESS IN YOUTH AND SERIOUS MENTAL ILLNESS

There are well-established connections between adult chronic homelessness and serious mental illnesses such as schizophrenia, bipolar disorder, and major depression. Serious mental illness is prevalent among adults experiencing chronic homelessness.[2] In fact, approximately 20 percent of adults with schizophrenia alone experience homelessness.[3] About 30 percent of adults experiencing chronic homelessness have a **serious mental illness** (**SMI**),[4] and about three-quarters of chronically homeless adults have reported SMI, substance use disorder, or both.[5] This study sought to examine the less-understood relationship between mental illness and chronic homelessness among youth and young adults. For more information on the project methodology, see the text box on page 3.

Key Research Findings

Mental health disorders such as mood disorders, depression, post-traumatic stress disorder, and suicidal ideation are considerably more prevalent in youth experiencing homelessness than in adolescents from the general population.[6] [7] [8] [9] [10] [11] These mental health disorders often intersect with issues such as trauma and risk behaviors.

However, less is known about the mental health of youth experiencing prolonged homelessness. One key study found youth at highest risk of experiencing five or more years of homelessness reported more mental health issues than lower-risk peers, including depression (66.7% vs. 51.2%) and posttraumatic stress (46.7% vs. 30.4%). This highest-risk group also reported higher rates of traumatic experiences including physical abuse (64.6% vs. 39.5%), sexual molestation (46.7% vs. 23.3%), and sexual assault (42.6% vs. 19.0%), as well as higher rates of current substance use including methamphetamine use (40.9% vs. 23.7%) and marijuana use (66.7% vs. 45.9%).[12]

*Because there is no consensus on the most appropriate way to define chronic homelessness among youth, and because limited research exists on youth who explicitly meet the U.S. Department of Housing and Urban Development's definition of chronic homelessness,[i] this brief uses the term **"prolonged homelessness"** as an umbrella term to describe extended durations of homelessness of any length.*

[i] U.S. Office of the Federal Register National Archives and Records Administration. (2015). Homeless emergency assistance and rapid transition to housing: Defining chronically homeless. *Federal Register, 80*(233/Notices [December 4]), 75791–75806. Retrieved June 17, 2016 from https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf.

[i] This is an ASPE summary of work under the project An Examination of Young People Experiencing or at High Risk for Homelessness, conducted by ICF Macro under contract number GS-23F-9777H to ASPE.

Mental health needs are prevalent among youth experiencing homelessness, but less is known about how they relate to prolonged homelessness.

Associations among Prolonged or Repeated Homelessness, SMI, Trauma, and Substance Use

	Serious Mental Illnesses/Symptoms	Associated Trauma and Risk Behaviors
Youth at highest risk of experiencing 5+ years of homelessness[9]	Depression Posttraumatic stress	Physical abuse Sexual molestation Sexual assault Substance use
Longer homeless episodes[10]	Major depressive episodes	Substance use
Higher number of lifetime homeless episodes[10]	Manic episodes Psychotic disorder	Substance use

Preliminary data from a small study of a homeless population in Chicago also associated increased length and frequency of homeless episodes in youth with higher rates of psychiatric disorders, including depression and psychosis.[ii] Youth who met criteria for major depressive episodes, social phobia, or substance abuse had significantly longer homeless episodes, and youth diagnosed with suicidality, manic episodes, obsessive compulsive disorder, substance abuse, or psychotic disorder had more lifetime homeless episodes, than peers without these diagnoses. Higher numbers of psychiatric disorders were also linked to higher rates of risk behaviors related to smoking, sexual behaviors, alcohol, marijuana, and hard drug use.[13]

Prolonged experiences of homelessness among youth are associated with higher levels of serious mental health illness, as well as trauma and other risk behaviors.

MENTAL HEALTH DISORDERS AND HOMELESSNESS: CAUSE OR EFFECT?

The extent to which youth mental health disorders contribute to, are a consequence of, or both drive *and* result from homelessness, remains uncertain. In addition, underlying factors could lead to both mental health disorders *and* homelessness. A small body of evidence suggests that pre-existing mental health issues may increase the likelihood of youth homelessness and that homelessness can exacerbate pre-existing mental health issues.

Mental Health Issues and Serious Mental Illness May Precede Homelessness and Intensify

Collecting in-depth, qualitative information to develop a timeline of life events can help elucidate the pathways into, and trajectories following, homelessness. One of the few studies to examine time

Schizophrenia and other psychotic disorders typically start to show between the ages of 15 and 25[a] and are characterized by a range of symptoms that may include delusions, hallucinations, disorganized thinking, impaired motor skills, lack of emotional expression, and a diminished ability to engage in everyday activities.[b]

a Heinssen, R.K., Goldstein, A.B., Azrin, S.T. (2014). Evidence-based treatments for first episode psychosis: Components of coordinated specialty care. Retrieved from http://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf

b Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). Mental disorders. Retrieved from http://www.samhsa.gov/disorders/mental

[ii] Length of longest homelessness experience (*M* = 15.2 months, *SD* = 15.7 months) and current length of homelessness (*M* = 10.6 months, *SD* = 13.7 months).

sequence of mental health disorders and homelessness showed that 44 percent of youth reported substance abuse disorders and 42 percent reported psychological disorders, including post-traumatic stress disorder (PTSD) and mood disorders,[iii] when they first became homeless. And after becoming homeless, these rates rose to 66 percent and 70 percent respectively, suggesting that homelessness and trauma experienced while on the streets may heighten pre-existing behavioral health difficulties.[14]

Early Psychosis May be One Pathway into Homelessness

Each year about 100,000 young people experience **first episode psychosis (FEP)**.[15] This first psychotic episode may lead to difficulties at school, strained relationships with friends and family, and isolation. Early symptoms left unaddressed may interfere with school or work[16] and could place youth at risk for homelessness. One study found that nearly a third of youth experiencing homelessness reported four or more psychotic symptoms, including paranoid ideation and auditory hallucinations.[17]

EARLY INTERVENTION SERVICES FOR FIRST EPISODE PSYCHOSIS: COORDINATED SPECIALTY CARE PROGRAMS

Because the first episode of psychosis often aligns with the timing of adolescence and early adulthood and may contribute to prolonged homelessness, interventions that support youth with FEP are worth considering. Evidence-based early interventions such as Coordinated Specialty Care (CSC) programs provide treatment to such high-risk youth and young adults and help them stay in school or work while meeting their health needs.

CSC is a team-based, recovery-oriented, multi-component approach to treating young people experiencing FEP. Teams consist of clinicians including psychologists, social workers, mental health counselors, and rehabilitation counselors. Core treatment elements may include:

- individual or group psychotherapy
- case management
- supported employment and education services
- family education and support
- low doses of select antipsychotic drugs

Services are closely coordinated with primary health care, with an emphasis on shared decision making to address unique individual needs and establish a positive relationship between clinicians and clients.[18]

Based on research supported by the National Institute of Mental Health (NIMH), the Recovery After an Initial Schizophrenia Episode (RAISE) and Specialized Treatment Early in Psychosis (STEP) are examples of evidence-based CSC programs. Randomized controlled trials have shown that participation in RAISE has led to improved symptoms, greater involvement in work and school, and better social functioning and quality of life among youth with FEP[19] [20] and that participation in STEP has led to improvements in psychopathology, fewer hospitalizations, and better participation in school and work.[21]

PROJECT METHODOLOGY

This brief is part of a project to systematically gather, in one location, the sum of knowledge about prolonged homelessness among youth. The project sought to understand: 1) the characteristics and experiences of these youth, 2) the intersection between mental illness and prolonged homelessness among youth, and 3) potential interventions for this population. This brief focuses on the second of these research questions.

The project included a systematic literature review across several scientific databases on prolonged homelessness among youth. Using peer-reviewed, government, and non-profit sources, the team reviewed literature from the runaway and homeless youth, education, juvenile justice, mental health, and child welfare domains. Of the 1,682 abstracts initially reviewed, 216 articles were deemed relevant for full article review. Most of the limited peer-reviewed literature did not focus explicitly on prolonged youth homelessness, instead describing the association between key characteristics and experiences, such as duration of homelessness or number of homeless episodes, or interventions that have been shown to be effective with similar high-risk populations.

Using semi-structured discussion guides tailored for practitioners and researchers, ICF also conducted phone conversations with ten key informants to elaborate on or clarify the information and gaps identified from the literature review. Information from these discussions should be interpreted with caution, as the sample of key informants was too small for results to be generalized.

[iii] The Diagnostic and Statistical Manual of Mental Health Disorders, 5th Edition (2013, American Psychiatric Association) classifies depressive and bipolar disorders as mood disorders.

While these CSC programs could potentially prevent prolonged homelessness among youth, they have not yet been tested with youth experiencing homelessness. A key informant for this study noted that as additional evidence from RAISE becomes available, it may shed more light on this issue.

SUPPORTIVE HOUSING INTERVENTIONS FOR YOUTH WITH MENTAL HEALTH ISSUES

Permanent supportive housing (**PSH**) is an evidence-based intervention shown to provide safe and stable housing for adults with mental health and substance use disorders who are homeless or disabled,[22] particularly for adults experiencing chronic homelessness. PSH is a combination of non-time-limited affordable housing assistance and voluntary supportive services such as intensive case management services, behavioral health services, meals, job training, and money management and other life-skills training.[23]

> *When used for youth, the term "**supportive housing**" refers to services and housing provided for as long as needed, whether permanently or until the youth can be transitioned out to more appropriate long-term supports.*

Similar supportive housing models for youth ages 18-24 are still in the early stages of development and implementation. However, according to some key informants in this study, adapting adult PSH models holds promise for meeting the needs of youth and young adults with mental health issues experiencing or at risk for prolonged homelessness.[24] [25]

One study of supportive housing for young adults ages 18-24, 68 percent of whom reported mental health challenges that interfered with daily living and 40 percent of whom were homeless for over a year, found that supportive housing promoted overall health and well-being. While over half of the young ("transition age") adults in this study who exited supportive housing went to an unstable housing situation, preliminary data show that youth who were stably housed upon exiting supportive housing had spent longer time in supportive housing. Most significantly, the young adults who spent more time living in supportive housing experienced improved self-reported health, increased service utilization, and increased health and nutritional benefits.[26]

CONCLUSIONS

- Although we know that serious mental illness is related to homelessness, further research is needed to understand the extent to which one may cause or result from the other, or whether each may help drive the other in some cases.
- Because serious mental illness increases risk of homelessness, a stronger understanding of what serious mental illnesses predict prolonged homelessness, as well as what types of evidence-based interventions can support youth and young adults with serious mental illness to live healthy and productive lives, is necessary for preventing and ending prolonged youth homelessness.
- Building this understanding will require more research exploring whether there is a causal pathway between serious mental illness in youth and chronic homelessness in adulthood.
- More research would also be helpful regarding potentially adaptable interventions for youth experiencing or at risk of prolonged homelessness, including coordinated specialty care programs and supportive housing for youth with serious mental illness, and evaluations of these interventions with youth experiencing or at risk of prolonged homelessness.

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