



## EXECUTIVE SUMMARY

# **Youth Homelessness: Mental Health and Substance Use During the COVID-19 Pandemic**

Pandemic Proof: Synthesizing Real-World Knowledge of Promising Mental Health and Substance Use Practices Utilized During the COVID-19 Pandemic with Young People Who Are Experiencing or Have Experienced Homelessness

# Pandemic Proof:

## Pandemic Proof: Synthesizing Real-World Knowledge of Promising Mental Health and Substance Use Practices Utilized During the COVID-19 Pandemic with Young People Who Are Experiencing or Have Experienced Homelessness

**Nominated Principal Investigator:** Dr. Naomi Thulien

**Co-Principal Investigator:** Dr. Amanda Noble

### **Author Affiliations:**

Thulien, N.S.,<sup>1,2,3</sup> Noble, A.,<sup>4,5</sup> Akdikmen, A.,<sup>1</sup> Ali, D.,<sup>5</sup> Coplan, I.,<sup>5</sup> Daley, M.,<sup>6</sup> French, D.,<sup>7</sup> Hwang, S.W.,<sup>2,8,9</sup> Kidd, S.,<sup>10,11</sup> & Roglich, J.<sup>1</sup>

1. School of Nursing, McMaster University, Hamilton, ON
2. MAP Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute of St. Michael's Hospital, Toronto, ON
3. Centre for Critical Qualitative Health Research, University of Toronto, Toronto, ON
4. Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, ON
5. Covenant House Toronto, Toronto, ON
6. Lived Experience Lab, Toronto, ON
7. A Way Home Canada, Toronto, ON
8. Division of General Internal Medicine, Department of Medicine, University of Toronto, Toronto, ON
9. Dalla Lana School of Public Health, University of Toronto, Toronto, ON
10. Department of Psychiatry, University of Toronto, Toronto, ON
11. Psychology Division, Centre for Addiction and Mental Health, Toronto, ON

### **How to Cite This Document:**

Thulien, N.S., Noble, A., Akdikmen, A., Ali, D., Coplan, I., Daley, M., French, D., Hwang, S.W., Kidd, S., & Roglich, J. (2020). *Pandemic Proof: Synthesizing Real-World Knowledge of Promising Mental Health and Substance Use Practices Utilized During the COVID-19 Pandemic with Young People Who Are Experiencing or Have Experienced Homelessness*. Toronto: Canadian Observatory on Homelessness Press.

**ISBN: 9781550146776**

© 2020 Canadian Observatory on Homelessness Press

This research paper is protected under a Creative Commons license that allows you to share, copy, distribute, and transmit the work for non-commercial purposes, provided you attribute it to the original source.

**Acknowledgements:**

We respectfully acknowledge that the land on which we developed this report is in traditional First Nation, Inuit, and Métis territory. Specifically, this report was developed in Toronto, on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, the Seneca, and the Huron-Wendat, and in Hamilton, on the traditional territory of the Erie, Neutral, Huron-Wendat, Haudenosaunee, and Mississaugas. We stand in solidarity with Indigenous youth who are overrepresented in the population of young people who are experiencing or have experienced homelessness.

We extend our deepest gratitude to the young people and providers who took the time to provide their expertise for this report.

Also supporting this research are the following collaborators: A Way Home Canada, Covenant House Toronto, and Lived Experience Lab.



This work was supported by the Canadian Institutes of Health Research Knowledge Synthesis Grant: COVID-19 Rapid Research Funding Opportunity in Mental Health and Substance Use (funding reference number: CMS 171713).



Design by Chris Durand, Canadian Observatory on Homelessness (Hub Solutions).

Hub Solutions is a social enterprise embedded within the Canadian Observatory on Homelessness (COH). Income generated from Hub Solutions fee-for-service work is reinvested into the COH to support research, innovation, policy recommendations and knowledge mobilization. Learn more: [www.hubsolutions.ca](http://www.hubsolutions.ca)

# Executive Summary

“When this pandemic started a lot of folks were talking about it being the great equalizer – we are all in the same situation. We very quickly realized this was not the case.”~ front-liner provider (focus group participant)

The COVID-19 pandemic is highlighting societal inequities in an unprecedented manner. Young people who are experiencing or have experienced homelessness are disproportionately impacted by the negative socioeconomic consequences of the pandemic. The pandemic has also made visible the precarious existence in which these young people live.

The aim of this knowledge synthesis was to deliver real-world evidence on promising mental health and substance use practices utilized by front-line providers working during the COVID-19 pandemic with young people who were experiencing or had experienced homelessness. However, the evidence we uncovered over the past five months has been less about downstream individual-level interventions and more about the need for upstream structural interventions.



## Key Messages:



We must pay special consideration to the mental health and substance use needs of young people with current and past experiences of homelessness, who are more likely than the general population to have pre-existing mental health challenges, struggles with financial hardship, and employment uncertainty.



Providers must be careful not to inadvertently perpetuate access inequities – already common in this population – by pivoting to phone/virtual care without having a concurrent plan around addressing resource-related barriers to access.



**While it intuitively makes sense to divert young people from the shelter system – especially during a pandemic – we must ensure these young people have the social and economic supports needed not just to survive, but to thrive in the mainstream.**

During this pandemic, there is a pressing need to understand what individual-level practice adaptations hold promise to meet the mental health and substance use needs of young people who are experiencing or have experienced homelessness; however, it is essential that we situate this need and our response within the broader societal context in which youth exist.

The way we frame a health issue is important because it will influence our understanding of the solutions. For example, if the problem of worsening mental health and substance use is caused by/connected to structural determinants of health such as racism, insufficient housing, precarious employment, limited social connections, and poverty, and not individual “vulnerability” (a term that denotes weakness and is used all too often when referring to youth experiencing homelessness), then it is logical that the proposed solutions should encompass structural interventions.



**“My greatest challenge has been not being able to access supports in person. I like things in person – just having that routine of going. Being off work and school, and not having a lot to do, I kinda declined in my mental health. I became very isolated and alone and not really going out as much.” ~ youth (focus group participant)**

**“There’s a lot of youth out there who have issues and anxiety and everything. I’m one of them. It’s hard to know that, in this pandemic, there’s not a lot of resources.” ~ youth (focus group participant)**

This report contains survey data from 188 front-line providers across Canada and is supplemented by three focus groups – two with providers and one with young people who have experienced homelessness. We have endeavored to situate these findings

within the rapidly evolving literature on pandemic-related impacts on mental health and substance use. Below are our recommendations for practice, research, and policy:

## Practice

- Increase (not decrease) outreach and do so in a proactive way (reach out to youth not seeking services)
- Increase staffing levels to facilitate enhanced engagement (consider staff burnout)
- Consider a blended model of phone/virtual support (ensure adequate staff training), in-person visits, and holistic outreach (phone/virtual supports will not be equitable for all)
- Consider implementing wellness checks (phone or in-person)
- Constantly evaluate the effectiveness of practice adaptations – there is no one size fits all approach
- Proactively alleviate the amount of system navigation work required of young people (consider active collaboration with other agencies/ organizations)



## Research

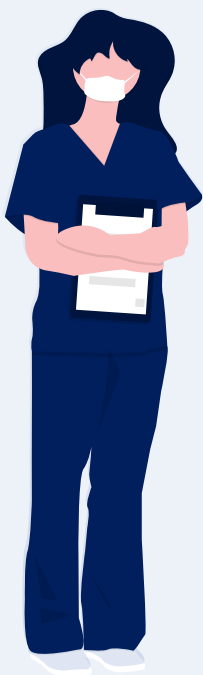
- Pilot promising phone/virtual supports (e.g., cognitive behavioral therapy interventions) that have been tested with young people who have not experienced homelessness (rigorous testing – ideally with a control group for comparison – is crucial)
- Incorporate perspectives of young people with current and past experiences of homelessness into all phases of the research process (crucial for any research involving young people who are experiencing or have experienced homelessness)
- Assess how intervention outcomes vary by subpopulations (e.g., 2SLGBTQ+, Indigenous, and racialized youth)

- Incorporate and test the integration of virtual supports into promising evidence-based complex wraparound interventions for youth exiting homelessness (e.g., Kidd et al., 2019; Kidd et al., 2020)
- Rigorously study promising interventions related to system navigation (e.g., connecting youth with an advocate/mentor), early intervention (e.g., connecting youth to family/natural supports), and housing stabilization (e.g., rent subsidies and cash transfers) – look at longitudinal outcomes beyond housing stability, such as socioeconomic inclusion



## Policy

- Consider the intersecting nature of social determinants of health (e.g., race, class, gender, income, and education) when putting forward solutions to address youth homelessness
- Augment investments in agencies/organizations serving young people experiencing homelessness so they can prioritize an equity-informed approach (e.g., enhance in-person outreach to the most marginalized and free/affordable devices to access virtual/phone supports)
- Consider the potential cost-effectiveness of rent subsidies and cash transfers (collaboration with researchers would be helpful here)
- Invest in long-term outcomes beyond housing stability (e.g., equitable socioeconomic inclusion)



“One thing I’ve noticed is their source of community, that sense of belonging, it has been jeopardized. Not only because things are closed, but because they now have to adapt, or navigate, rebuilding relationships through different avenues.”~ front-line provider (focus group)

The COVID-19 pandemic has exposed and created a snowstorm of intersecting inequities that providers and young people are struggling to navigate. It also presents a unique opportunity to reimagine how we serve young people who are experiencing or have experienced homelessness. We trust this report makes a modest contribution to the emerging literature on this topic.