



# THE SCHOOL OF PUBLIC POLICY

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## MASTER OF PUBLIC POLICY CAPSTONE PROJECT

Access to Mental Health Services for Youth Experiencing Homelessness in Calgary, AB

**Submitted by:**

Sukhmani Kaur Chatha

**Approved by Supervisor:**

Siu Ming Kwok, August 24, 2022

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## **Abstract**

This capstone researches access to mental health services for youth experiencing homelessness in Calgary. Having mental health supports would provide developmental aid such that youth who are experiencing homelessness have non-recurring experiences and are still able to properly develop their skillset for mental and emotional wellbeing in transition into adulthood. Based on the literature and research available, there are five issues that need to be addressed – the limitations of mainstream mental health services for homeless youth, limited use of shelters among youth experiencing homelessness, a lack of residential stability, low levels of school-based interventions, and aging out of government care. Although the focus here is on mental health, the approach to address the issue cannot purely be related to increasing mental health services. Such interventions might address those who are experiencing homelessness for a short period of time, however they fail to address the issue of youth homelessness itself which must be considered as well to ensure an effective long-term solution. In order to effectively address the issue, more funding for youth supportive housing combined with wraparound mental health and other social services is recommended.

## **Introduction:**

Most often when we think of who experiences homelessness, we envision a middle-aged individual. However, in Canada 20% of those experiencing homelessness are youth (Gaetz et al., 2016). Youth homelessness is defined as “young people between the ages of 13-24 who are living independently of parents or caregivers and do not have the means or ability to acquire stable or consistent residence (Homeless Hub, 2021).” Youth experiencing homelessness is a complex issue that can be traced back to many cultural, economic, social, and health issues. Combined with a lack of stable housing, youth experiencing homelessness often have other individual issues such as mental health problems, weak family connections, aging out of child protection services, abuse, or lack of education on supports available. The developmental changes that youth undergo adds another layer of complexity to this issue. All in all, systemic issues combined with individual issues and development of youth makes the prevalence of youth homelessness a complex issue to address. This paper is focusing on Calgary due to the 10-year plan released that discusses the preventative approach Calgary will be taking to address the issue.

The objective of this capstone is to illustrate how having mental health supports can help Calgary realize functional zero, which is ensuring that homeless episodes of youth are brief and non-recurring. Secondly, this capstone will relate the need for mental health supports to the stages of change framework to ensure there are supports available that can aid the emotional and developmental process of youth so that the homeless youth of today can lead stable, self-sufficient, and healthy lives in the future.

## **Theoretical Approaches**

There are two theoretical approaches being used to ground this research project: functional zero and stages of change. The functional zero perspective is grounded in the belief that homelessness can never be solved but rather be transitional. Transitional episodes of homelessness mean that individuals are rarely without shelter and if they are without shelter, are so for only a short period of time. Individuals who experience transitional homelessness are those who have few episodes and short stays.

From a social perspective employing a functional zero framework ensures that homelessness episodes and stays are transitional rather than chronic. If supports are in place, the period of youth homelessness would be short and they would only have a few episodes. Therefore, functional zero does not mean that a society does not have any people experiencing homelessness, rather it means that a particular society has increased positive exists from homelessness and by doing so has driven the number down below a certain capacity (Evans and Baker, 2021).

Thus, supports should be in place so that the episodes and stays for these youth are actually transitional rather than chronic. To ensure this, the transtheoretical or stages of change theoretical approach will be employed throughout this paper.

The stages of change is grounded in the belief that intentional change can be achieved through guiding individual decision making. This would be done by tailoring mental health treatment to youth experiencing homelessness (LaMorte, 2019). Because each youth is going through different developmental changes at the time, treatment must be altered to not only fit the characteristics of the youth but also the developmental capacity. This specializing of mental health treatment also emphasizes personal responsibility for change, as the treatments themselves become a more personable and relatable experience for the youth with a focus on enhancing resiliency.

The stages of change framework would be embedded in mental health services. The services would cater to individual needs with the end goal of guiding intentional change that will transition youth experiencing homelessness into well-functioning adults. Research done by Prochaska (2020), identified six stages in this model, which are discussed below.

Precontemplation is when an individual is not taking action, and does not plan to take any action in the near future. This could be due to a lack of information about programs or services available. Second, is contemplation in which an individual plans on taking action in the near future. Third, the preparation stage is when an individual fully intends to take action in the near future. Fourth is the action stage, in which an individual has begun taking action to change their behaviour. Five is the maintenance stage in which an individual continues to take action to prevent falling into old patterns or behaviours. Last is the termination stage in which individuals are confident in acting and behaving using the new healthy skillset or behaviour. Based off of this model, services would need to be heavily provided in the first to third stage to create that mindset shift, and then be provided at a lesser extent once an individual reaches the 4-6 stage (Prochaska, 2020). The services would need to be provided to create intentional behaviour change for betterment, and the process of this change would be dependent on the individual (Prochaska, 2020).

The two theoretical approaches guiding this paper and the subsequent recommendation can be classified into different categories of prevention. In Calgary's 10-year plan to end youth homelessness (2017), there are primary, secondary and tertiary types of prevention, and all types are important to consider when thinking about responses to homelessness. Primary prevention strategies aim to introduce policies that will reduce the risk and support youth who experience homelessness. Secondary prevention refers to "reducing the total number of people affected by homelessness at any one time" ("Calgary Plan to Prevent", 2017). And tertiary prevention aims to establish interventions that will "mitigate the negative effects of homelessness once it is established" ("Calgary Plan to Prevent", 2017). A response to homelessness that is guided by the stages of change framework will support tertiary prevention as it will ensure that supports are in place that result in positive behaviour changes to mitigate the negative effects of homelessness. A response to homelessness guided by the functional zero framework will support secondary prevention as it will work towards reducing the number of youth experiencing homelessness at any given time. And third both theoretical approaches working together will create a response that supports primary prevention. This is because these theoretical approaches will inform the policy response that will reduce the risk and support the youth who experience homelessness.

### **Methodology:**

The purpose of this capstone is to review the literature on access to mental health services for homeless youth, to understand the gap within these services that prevent effective utilization for homeless youth, and to identify a potential strategy to effectively address and reduce the gap in terms of service equity.

To complete this research, peer-reviewed journal articles, reports, and webpages were analyzed. When doing the analysis key areas that were kept top of mind were: understanding the complexities of the issue, assessing gaps in policy that fail to address the issue, and understanding what recommendation would best address the root of the problem.

One major limitation of this study is the lack of data on youth homelessness in Calgary. The reason behind this could be due to the fact that youth homelessness is often described as ‘hidden homeless’ making data collection difficult and time consuming. However, to address this limitation as best as I could, I ensured that I looked at data from other Canadian cities that had more extensive research on youth homelessness. I made sure to look at the ways in which they were addressing issues of service equity as well to learn which ways would best address the root of the issue in Calgary.

## **Background on Youth Experiencing Homelessness:**

### Measures of Homelessness

One measure of homelessness is chronicity. Chronicity refers to individuals who are currently homeless and have been for six months or more in the past year. Most often individuals who are classified as chronically homeless have mental health, addictions, or physical disabilities. Episodic homelessness is another measure, referring to youth who have experienced at least three periods of homelessness in the past year. Transitional homelessness is when an individual has experienced homelessness or less than a year. Transitional homelessness usually occurs due to a major life event, such as loss of housing, accident, or being laid off. Among the youth who experience homelessness, 31.4% were chronically homeless, 21.8% were episodically homeless, and 46.8% were transitionally homeless (Gaetz et. al., 2016).

### Distinction between Youth Homelessness and Adult Homelessness

Youth homelessness is a distinct issue that requires specific solutions. When a youth experiences homelessness for the first time, often it is also the first time they are abandoning a life that was fully governed by adults. Due to this, many of the youth have not acquired the necessary skillset for independent living and are still undergoing significant development in many facets of life such as physical, social, emotional, spiritual, and psychological development (“Calgary Plan to Prevent”, 2017)

### Mental Health Issues Among Youth Experiencing Homelessness

Having mental health supports would provide developmental aid such that youth who are experiencing homelessness have non reoccurring experiences and are still able to properly develop their skillset for mental and emotional wellbeing in transition into adulthood. However, accessing mental health services is hard for these youth as the services currently available are often designed for a “stably housed youth population with natural supports” (“Calgary Plan to Prevent”, 2017). Because of this, youth experiencing homelessness become further marginalized and an underserved population with exacerbating mental health concerns, in addition to going through the developmental changes at their age.

In 2016, the Without a Home: National Survey of Homeless Youth was released. The report (N 1,103) outlines many systems and structural failures, alongside many personal factors driving youth homelessness. One important personal factor is mental health. The survey found that 85.4% of the youth reported having symptoms of high distress (Gaetz et. al., 2016). Upon further exploration the researchers found that the personal mental health of the youth and the mental health of the parents were two significant reasons behind why youth leave their homes.

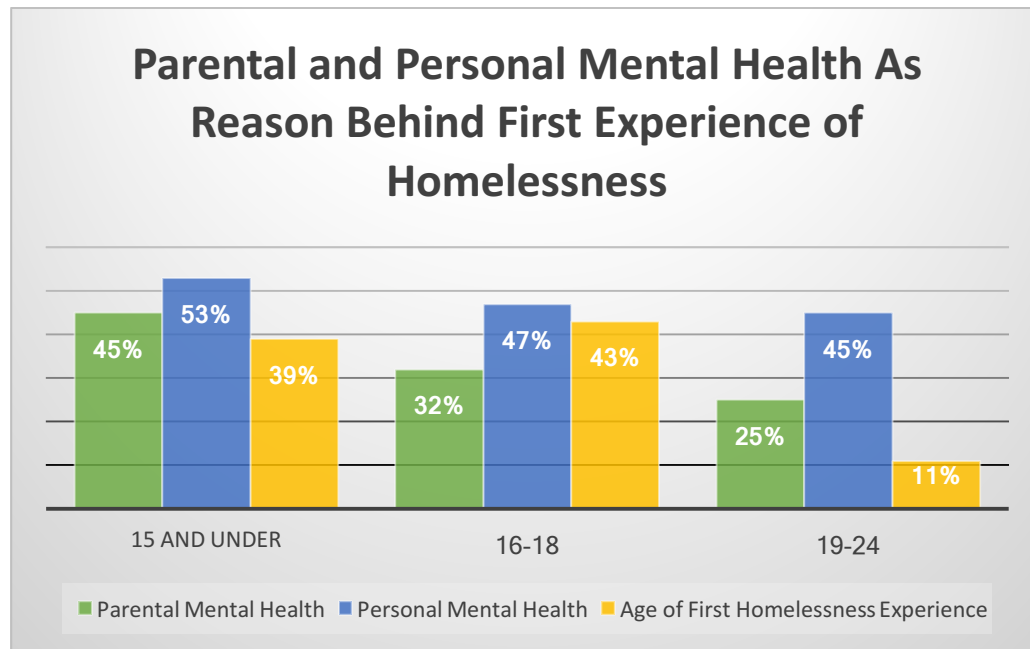


Figure 1: Parental and Personal Mental Health as Reason Behind First Experience of Homelessness.

As the figure illustrates, 39% of youth leave their home at age 15 or under. Of these youth, 53% state that their personal mental health was a factor in their first experience of homelessness, and 45% stated that parental mental health was also a driving force. 43% of youth who experience homelessness are between the ages of 16-18, and of these youth 47% stated that personal mental health and 32% stated parental mental health as reasons for their homelessness. Lastly, the 19-24-year age category makes up 11% of Canadian youth experiencing homelessness, and of these youth 45% state personal mental health as a driving force behind their homelessness, and 25% state that parental mental health is also a driving force.

These numbers illustrate the significance of mental health being one of the reasons youth experience homelessness for the first time. Moreover, the numbers illustrate the younger youth are more likely to state their mental health and parent mental health as a reason behind their homelessness.

The data has also shown that the age at which youth first become homeless is associated with mental health struggles (Gaetz et. al., 2016). Moreover, the younger a youth is when they first experience homelessness the worse their mental health becomes. This combined with the high degree of service needs being unmet and tailored to this population, exacerbates and pushes these youth further into homelessness. This means pushing youth further into homelessness means they will likely experience homelessness as adults.

The National Youth Homelessness Survey (2016) found that 43% of youth who are experiencing homelessness reported having mental health illness diagnosis during their childhood (Gaetz et. al., 2016). Many of these youth also reported their mental health declining significantly shortly after becoming homeless. This study also found that 85.4% of the youth surveyed reported symptoms of high mental distress, and 42% reported attempting at least one suicide (Gaetz et. al., 2016).

Mental health concerns among homeless youth is a combination of many structural and personal factors. This results in a complex interaction between behavior, social support, and mental health. Because of these interactions the pathways into homelessness are complex, non-linear, and different for each youth.

This means that supports designed to address the mental health of these youth needs to consider the individualized and non-linear pathway. Therefore, the stages of change theoretical framework is an important foundational element needed to ensure that youth who are presently experiencing homelessness can intentionally change their behavior to become well-functioning adults.

In terms of prevalence of mental health challenges among homeless youth, a study done by Gulliver-Garcia (2011), found that 40-70% of homeless youth struggle with mental health issues compared to 10-20% of youth who are stably housed. Moreover, the same study concluded that approximately 50% of homeless youth are diagnosed with anxiety, depression, or substance use withdrawal compared with only 18% of those stably housed (Gulliver-Garcia, 2011)

Kidd et. al., (2018) found that the most common mental health and distress related illnesses in youth experiencing homelessness are substance use disorders at 40%, post-traumatic stress disorder (PTSD) at 36%, major depression at 31%, and bipolar disorder at 27%. This study also found that many of the youth exhibiting these illnesses were discharged after completing treatment from residential psychiatric treatment centers (Kidd et. al., 2018). When these youth attempt to receive treatment, they have severe access issues that prevents them from doing so, further exacerbates their current illnesses. Therefore, the inability to access mental health treatment also becomes a barrier that prevents positive exits from homelessness. This barrier prevents the functional zero framework from being reached and must be addressed to increase the positive exists from homelessness among the youth population.

Prevalence of Youth Experiencing Homelessness in Calgary

There is limited data that illustrates the prevalence of youth experiencing homelessness in Calgary. One measure that can be used to analyze the issue is the Point in Time counts conducted in Calgary. The PIT counts are a one-day count of homeless individuals within the community (“Point-in-Time Count”, 2018). The PIT counts are comprised of administrative data, street data, and systems data and collect demographic facts of those experiencing homelessness, source of income, reason for housing loss, and age of first homelessness experience (“Point-in-Time Count”, 2018). Often youth who are experiencing homelessness are underrepresented in these counts because youth rarely go into shelters and are often considered a part of the hidden homeless population. Hidden homelessness is when individuals “are couch surfing or staying with friends and family members in tenuous housing arrangements” making them more vulnerable and marginalized (“Calgary Plan to Prevent”, 2017).

The most recent PIT count in 2018 reported 272 youth experiencing homelessness. A table below summarizes the results of four years of PIT counts.

	<b>January 2014</b>	<b>October 2014</b>	<b>January 2016</b>	<b>January 2018</b>
<b>Youth 13-17</b>	84	112	77	56
<b>Youth 18-24</b>	339	271	300	216
<b>Total Youth</b>	423	383	377	272

Table 1: Number of Youth Experiencing Homelessness throughout the Years in Calgary.

The age category of youth experiencing homelessness is 13-24 years. It is important to consider how the needs of an individual who is thirteen is different than someone who is in their twenties. Table 1 illustrates the prevalence of youth experiencing homelessness throughout the years by age group. Youth aged 13-17 experiencing homelessness is less than those who are aged 18-24. Throughout the years,

youth who are experiencing homelessness has declined, with an overall decrease from 423 in January 2014 to 272 in January 2018.

The administrative count done in Calgary 2021 reported statistics on youth experiencing homelessness. Table 2 below summarizes these results.

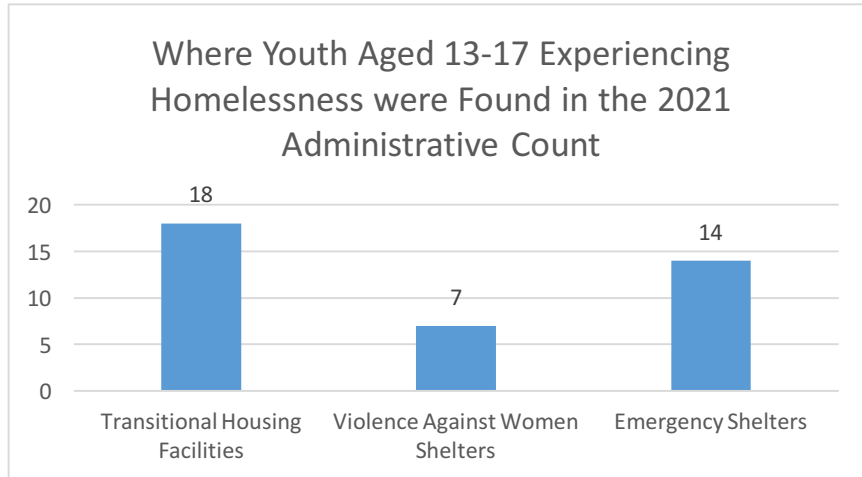


Table 2: Where Youth Experiencing Homelessness Aged 13-17 are found.

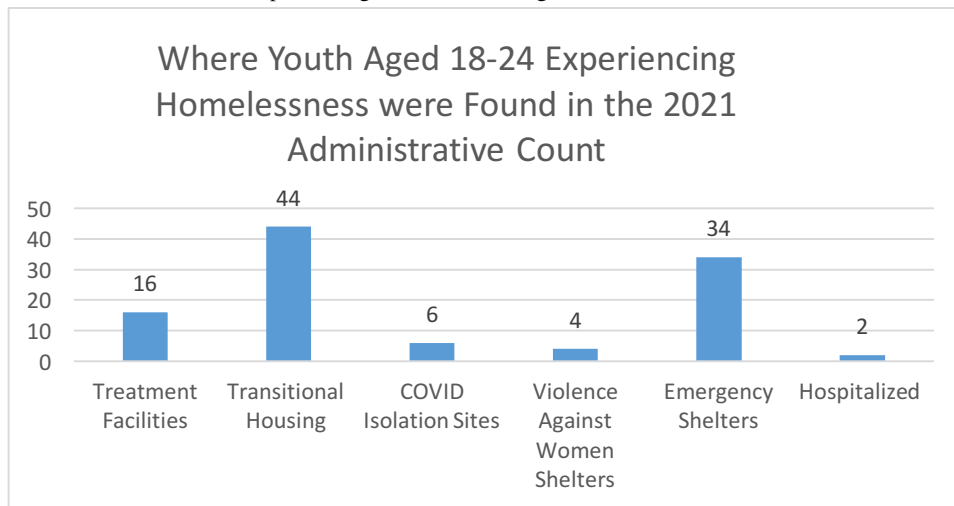


Table 3: Where Youth Experiencing Homelessness Aged 18-24 are found.

The administrative count split the group of youth experiencing homelessness as those aged 13-17 and those aged 18-24. A limitation of this data is that it does not factor in rough sleepers or couch sleepers – which makes up a large portion of those experiencing homelessness. Table 2 reports that 18 individuals counted were between the age of 13-17 and were in a transitional housing facility, 7 were in violence against women shelters, and 14 were in emergency shelters. In Table 3 those who are currently experiencing homelessness between the ages of 18-24, 16 were in treatment facilities, 44 were in transitional housing places, 6 were in COVID isolation sites, 4 were in violence against women shelters, 34 in emergency shelters and 2 were hospitalized. These reported numbers are important in seeing where most of the youth are and how supports need to be available in these places for youth so that positive exits from homelessness can rise.



The Exiting Homelessness in Calgary report (2020), stated that 42% first experienced homelessness when they were under the age of 18. Of these 42%, 69% indicated that they were living alone and 31% stated they were living with family. 17% of the youth in this study stated that they were under the age of 13 when they first experienced homelessness (“Exiting Homelessness in Calgary”, 2020).

94% of the youth in this study also said that there was a lack of affordable housing which was another barrier in them exiting homelessness (“Exiting Homelessness in Calgary”, 2020). In terms of finding housing, 77% of these youth stated that their age was a barrier to finding a rental property, and 48% stated that their mental health illnesses made it difficult for them to find housing (“Exiting Homelessness in Calgary”, 2020). Lastly, 61% of the youth experiencing homelessness in this study reported that once they are housed, finding and accessing mental health supports is still a challenge (“Exiting Homelessness in Calgary”, 2020). These statistics illustrate how youth who are experiencing homelessness in Calgary do make efforts towards finding housing and exiting homelessness but uncontrollable barriers limit their search and ability to do so. Therefore, alluding to the notion of just housing being inadequate to help Calgary in reaching a state of functional zero for youth who are experiencing homelessness.

### **Organization of Mental Healthcare in Calgary**

In Calgary accessing public mental healthcare is a process that often excludes youth who do not have a stable housing situation. There are various ways of accessing mental healthcare in Calgary. A search of “accessing mental health services Calgary,” yielded these results.

#### Access Mental Health

The Canadian Mental Health Association (2022) outlines the process required to receive mental health supports using the access mental health service. First, one must call an Alberta Health Services number, which directs you to a healthcare worker who will go through a pre-screening process. Oftentimes, when this number is called, an individual is put on hold or they are told to leave a message with a return number and their call will be returned as soon as possible. Second, once the pre-screening process is complete, that form is sent over to a mental health clinic that is closest to where an individual’s place of residence is, and a confirmation letter is mailed to the home. Third, approximately, 2-3 weeks after the pre-screening is received by the clinic, an individual receives a call from the clinic to book an appointment. Most often appointments occur on a bi-weekly basis, so an individual cannot book appointments based on need.

#### Distress Centre

The distress centre is a phone line which an individual calls in to receive immediate assistance (“Partners in Mental Health”, 2022). A volunteer answers the phone to talk with the individual in distress to calm them down. If there are a lot of calls all at once, the individual calling will have to wait or call another time. Second, the volunteers are not all trained counsellors which means the scope of help they can provide is limited. Third, those youth, especially in high distress, do not have access to a phone, and will not be able to call in to be with a volunteer.

#### 211 and 811 phone lines

The 211 and 811 are both phone lines that individuals can call when they need guidance and someone to help with referrals to the correct mental health services. These phone lines are available 24/7 and both help assess the correct type of support services needed based on the symptoms the individual describes (“Partners in Mental Health”, 2022).

#### Walk in counselling

There are three main drop-in mental health service centres in Calgary. Woods Homes, South Calgary Health Centre, and Calgary Counselling Centre. These three centres offer walk-in appointments for individuals who are in need of mental health services (“Partners in Mental Health”, 2022).

### Mental Health Services in Drop-in Shelters

Drop-in shelters in Calgary do have mental health services available for individuals experiencing homelessness to use.

This section illustrates the services presently available for youth who are experiencing homelessness and in need of support. The next section will discuss the access gaps, and the need to realize and reassess these services to adequately address the issue of service equity and accessibility of mental health supports for this vulnerable population in Calgary.

Moreover, the next half of this paper will discuss the literature findings with regards to increasing service equity. It will discuss how the literature findings can be applied to the context of Calgary, and how the city can work towards ensuring that youth who are experiencing homelessness can increase their autonomy and ability to access mental health supports, with the hopes that these youth will become well-functioning adults.

### **Barriers to Accessing Mental Health Services**

Based on the literature and research available, there are five issues that need to be addressed – the limitations of mainstream mental health services for homeless youth, limited use of shelters among youth experiencing homelessness, a lack of residential stability, low levels of school based interventions, and aging out of government care. The literature used for this paper refers to how the inability for youth to properly access mental health services is due to either one or a combination of these factors. Most often, these factors predispose youth to experiencing homelessness and further exacerbate their marginalization by acting as a barrier to receiving mental health supports. These issues and the ways in which they can be interrelated will be discussed below.

### Limitations of Mainstream Mental Health Services for Homeless Youth

These services discussed above illustrate how there are gaps within the social services designed to help with mental health challenges. These gaps become especially detrimental when youth do not have access to things such as a cell phone, a permanent address, a lack of knowledge of the services available, and an inability to transport to reach the services.

These processes have concerns for those who do not have access to stable housing. First, youth who are experiencing homelessness do not have a permanent address for a pre-screening confirmation to be sent to them, an address to write down when filling out other required forms or finding a clinic that is closest. Second, most of these youth do not have regular access to a cellphone so having to use a cellular device to access help or leave a message to have a call returned is impractical for them. Using a public phone or borrowing a phone is also a barrier because a callback number cannot be provided either. Third, these youth may have difficult travelling to a certain location to access help, and this can act as a deterrent to receiving the help (Gaetz et. al., 2016). Fourth, 85.4% of the youth experience homelessness fall into the high distress category (Gaetz et. al., 2016), which means waiting approximately 3-4 weeks for an appointment is not timely to address their needs.

### Lack of Shelter Use Among Youth Experiencing Homelessness

Throughout Calgary there are dedicated shelters for youth who are experiencing homelessness. Some youth shelters in Calgary include, Calgary Boys & Girls Club and Calgary Wood's Homes. These shelters not only have beds for youth but they also have many other programs and services in place, one of which is mental health services. However, there is a small number of youth who utilize these shelters ("Calgary Plan to Prevent", 2017).

The table below illustrates the number of youth experiencing homelessness who use shelters. Shelter use is very low among the entire age category; however, it is significantly low among those who are 18-24 years old (“Calgary Plan to Prevent”, 2017). Youth who are older tend to stay in short term support housing more than shelters.

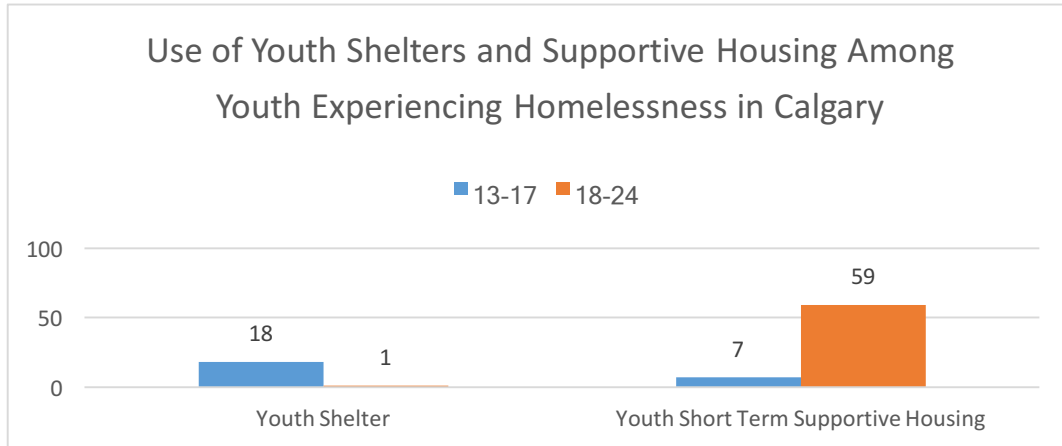


Table 4 Use of Youth Shelters and Supportive Housing Among Youth Experiencing Homelessness in Calgary

The literature discusses many reasons youth avoid shelters, these reasons are grouped into two types of barriers: attitudinal and access (Yoonsook et al., 2015). Attitudinal barriers are related to a youth’s perception about their current situation. Many youth who are experiencing homelessness feel shame and do not want to be labeled as homeless (Yoonsook et al., 2015). Because of this, these youth distance themselves from things such as shelters to avoid the stigma associated with homelessness. Another attitudinal barrier is pride (Yoonsook et al., 2015). Many youth also have a desire to be self-reliant and independent and because of this are too prideful to go to shelters for help even if they are in need (Yoonsook et al., 2015).

Additionally, access barriers - availability, accessibility, acceptability, accommodation, and affordability - prevent youth from accessing shelter services. Access barriers are split into four different types, availability, accessibility, acceptability, accommodation, and affordability. Youth noted that there is a lack of youth focused shelter services that are properly communicated to them, this relates back to the availability barrier (Yoonsook et al., 2015). Second, in terms of accessibility, youth noted that it is hard to access shelters when there is one central location that requires extensive transportation to access from outlying areas (Yoonsook et al., 2015). Third is the acceptability barrier, this barrier relates to the preferences of the youth seeking out services (Yoonsook et al., 2015). Some shelters are in need of upkeep of the resources available and have unwelcoming staff, this all acts as a barrier to youth accessing shelter services. Fourth is the accommodation barrier. This barrier refers to the inability to access services because of restrictive rules (Yoonsook et al., 2015). Because some shelters have rules for the time services can be accessed or have rules that restrict access to those who are not sober at the time reflect the inability for youth who might be in dire need of services to not be able to access them. Overall, the accommodation barrier refers to the restrictive rules that are hard for youth to comply with, and this inability to comply results in an inability to access the services within the shelters, such as mental health support (Yoonsook et al., 2015). The last access barrier is affordability. This barrier is not considered a relevant barrier when discussing shelter services because the services provided are free.

Both the attitudinal and access barriers discussed above shed light on how containing mental health supports within shelters may not be beneficial for youth. Because youth who experience homelessness often fall into the hidden homeless category, the use of shelters among this population is very low. This paired with the desire for self-reliance, stigma associated with homelessness, and the four types of access barriers means that having services located within shelters should be reassessed. Moreover, mental health services discussed above which are available to the general public also pose significant access issues for youth who do not have stable housing, access to transportation, or a cellphone.

These barriers can result in youth distancing themselves from shelters and rough sleeping or utilizing short term services because they do not want to be seen relying heavily on services. These issues illustrate the need to enhance and modify the services available to appeal to youth to actually use them.

The low usage of shelter use can also be related to a lack of education in schools about supports that are available to those who are at risk of being homeless. Youth reported that when they spoke about being at risk of experiencing homelessness at school to their teachers the teachers did not know where to guide the children to help them (“Calgary Plan to Prevent”, 2017). If those at risk of being homeless, which may be due to an undiagnosed mental health illness, are not provided with support in school of the shelter services available then youth are less likely to use them.

The lack of shelter use among youth experiencing homelessness exacerbates the marginalization of this population. This is because using shelters can benefit youth in three ways (Yoonsook et al., 2015). The first is using services can help youth shift their mindset in becoming a better person. Second, the use of shelter services help develop a sense of stability in a youth’s life. A sense of stability is important for youth to develop as this will help youth adapt to stable housing as well. A sense of stability will also allow youth to focus on their mental health and use services to address their mental health concerns. Third, using shelters is helpful as it introduces youth to connect with other youth who are experiencing similar circumstances. This can create a network for youth to rely on each other and work together to exit out of homelessness.

The positive aspects of shelter use also relate to the stages of change theory, as the use of shelters would help to further develop a mindset shift and prompt youth to utilize the services available to develop a sense of stability and a positive mindset to be a better person and well-functioning adults in the future. Lastly, this also relates to the functional zero approach because the development of a sense of stability, skill-set to be a better person, and a sense of belonging can help foster positive exists out of homelessness.

#### Unstable Housing Situation:

Unstable housing situations refers to any situation in which a youth does not have a long term home. This can be a result of a youth running away, aging out of government care, or living in a family that is struggling to keep their housing. Situations like these can cause youth to their permanent housing and consequently act as a barrier to accessing mental health supports.

Youth running away from their homes can result in them entering homelessness. Youth who are aging out of government care are not supported in the way they need or are not provided adequate follow up treatment to sustain their success in a permanent housing situation. And lastly, family dynamic can result in lost housing which again creates a pathway into homelessness.

A large part of unstable housing accounts for aging out of services without proper follow up. The Exiting Homelessness in Calgary (2020), reported that 25% of youth in the study cohort had been in a group home or foster care directly before becoming homeless. To add to this the study found that 67% of those

in the study cohort who experienced or currently were experiencing homelessness had been in government care for one to two years, and 33% of them had been in government care for three to five years (“Exiting Homelessness in Calgary”, 2020).

The youth surveyed indicated that a main reason exiting government care leads to their homelessness experience was a lack of coordination between the systems which made finding housing and living in a house long term hard (“Exiting Homelessness in Calgary”, 2020). More specifically, 94% stated that there was a lack of housing they could afford which led them to experience their homelessness. And 48% reported that due to their mental health challenges the housing options available to them were limited. This limitation could be due to a combination of factors such as rental discrimination against those who have a mental health illness, inability to live on their own due to mental health challenges, no services available in the surrounding area to support their mental health. Further research tied to this explains how most youth that go through government care or have experienced homelessness have been exposed to trauma or abuse which can lead to various mental health challenges. And this detracts from their ability to carry out daily functions, such as independently living in a house (Tyler, et. al., 2019).

Table 4 illustrates the number of youth residing in supportive housing, as reported in the 10 Year Plan to End Youth Homelessness in Calgary (2020). It is interesting to see how many of the youth (59) in supportive housing are between the ages of 18-24 years. There is a very low number of youth (7) who are between the ages of 13-17 years. One of the main reasons is because the skill set and developmental needs of those who are 13-17 years is very different than those who are 18-24 years of age. Most often the youth in the younger age category have not developed a concrete skill set to sustain themselves without help. This couple with developmental changes, and potential mental health challenges means these youth are unable to successfully utilize supportive housing facilities. This is problematic because if a small number of youth aged 13-17 reside in short term supportive housing, and a small number reside in youth shelters, where do the rest reside? The answer is probably rough sleeping or couch surfing. As discussed earlier, rough sleeping and couch surfing mean these youth have low levels of service utilization which research shows is likely to worsen the mental health of youth experiencing homelessness (Tyler, et. al., 2019). Sleeping in places not intended for human habitation can also put a strain on the development of these youth while further marginalizing them (Tyler, et. al., 2019).

Residential stability for youth would have positive impacts on their ability to access services and uplift them out of their homelessness. This is supported by a study done by (Tyler, et. al., 2019). Which concludes that youth who stayed more frequently in a supportive housing facility reported fewer days of feeling depressed and lower substance use. The importance here is that these housing facilities need to ensure that there are services and supports available that are tailored to the entire youth age group to help them sustain their housing. This aligns with the stages of change theory because if youth are provided with housing that meets their developmental needs and their current skill set and teaches them positive behaviours it can induce a mindset shift. This mindset shift can lead to independent living in which youth learn how to sustain their homes and deal with their mental health challenges. More importantly, supportive housing would have to work in tandem with services designed to support skill set development. This would support a functional zero perspective, as more youth are placed into supportive housing, increasing the positive exists out of homelessness.

### **Recommendation**

Although the focus here is on mental health, the approach to address the issue cannot purely be related to increasing mental health services. Such interventions might address those who are experience homelessness for a short period of time, however they fail to address the issue of youth homelessness itself which must be considered as well to ensure an effective long term solution. Therefore, the recommendation is chosen based on whether it fits into a preventative approach, how strongly it aligns to both the stages of change and functional zero approach, the long term effectiveness, and the cost. These

criteria are chosen as they consider the issue of youth homelessness itself and access to mental health services.

In order to effectively address the issue, more funding for youth supportive housing combined with wraparound mental health and other social services is recommended.

#### A Preventative Approach

The City of Calgary's 10-year plan to end youth homelessness discussed the requirement to have preventative approaches available instead of intervention methods. A preventative approach means the need to utilize and restructure services to address "the primary pathways into youth homelessness" ("Calgary Plan to Prevent", 2017). The youth who are at risk or currently experiencing homelessness require multi-faceted models of support, these supports need to be designed with a focus on prevention and being youth centered.

Youth supportive housing combined with wraparound mental health and other social services will work towards ensuring that supports are in place for youth at risk of experiencing homelessness to receive help and create short non-reoccurring experiences.

#### Stages of Change and Functional Zero

This recommendation supports the stages of change as the wraparound services available would ensure that youth are able to work with professionals to create a mindset shift, and develop their skill set for a positive transition into adulthood. This aligns with functional zero, as placing these youth into housing right away with supports works towards increasing the positive exits out of homelessness. Having wraparound services available means they can quickly and effectively get access to the services they need to deal with those issues and support positive development and exits out of homelessness.

#### Comparative Cost of Services for Homelessness:

A study done by Pomeroy (2005), looked specifically at the relative costs of responses to homelessness in four Canadian cities. It used data from Toronto and Vancouver to develop estimates of the relative cost of addressing homelessness, and it used data from Montreal and Halifax to expand on the analysis. The study took this data and narrowed their approach to analyze whether institutional responses to addressing homelessness, such as psychiatric hospitals, treatment centres, emergency hostels, and shelters, is higher than community based supportive and affordable housing that is tailored to specific homeless populations.

Overall the study found that the relative cost of addressing homelessness through supportive and affordable housing was lower than institutional responses, such as prisons and psychiatric hospitals and emergency shelters (Pomeroy, 2005). Table # summarizes the costs of each of these services. As seen, prisons and psychiatric hospitals carry an average annual cost of \$66,000 to \$120,000. Emergency shelters carry an average annual cost of \$13,000 to \$42,000. Supportive and transitional housing carries an average annual cost of \$13,000 to \$18,000. And affordable housing carries an average annual cost of \$5,000 to \$8,000.

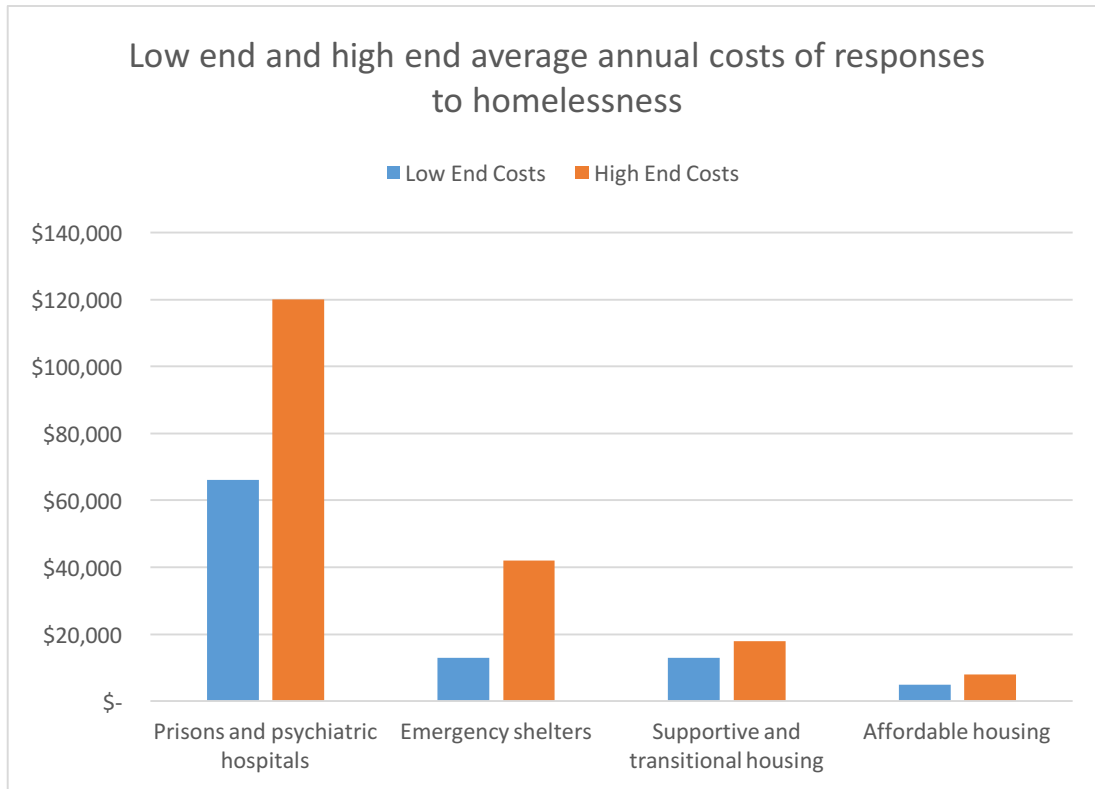


Table 5 Low end and high end average annual costs of responses to homelessness

The study also found that the mental health supports offered through supportive housing can cost up to five times less for each individual than it would be to admit that individual into a hospital for care (Pomeroy, 2005). Despite the lower cost the literature has also found that supportive and affordable housing have a higher rate in reducing the overall mental health symptoms those experiencing homelessness exhibit. These supports also help those with more serious mental health illnesses reintegrate and live in the community more than institutional responses. With 85.4% of youth who experience homelessness being characterized as high distress individuals (Gaetz et. al., 2016), being able to have supportive housing would be beneficial in creating an atmosphere of reintegration into the community, which supports both the stages of change and the functional zero theoretical approaches.

Moreover, the study found that even if a high level of services are provided the cost of supportive and affordable housing is still less than the cost for institutional responses (Pomeroy, 2005). This is important to know and consider when comparing cost because of the different developmental stages of the youth in the age cohort. Because of the different developmental stages some it is important that some supportive housing accommodations are designed with heavier supports for those that need more support, either because of the developmental stage they are in or because of mental health illnesses that limit their ability to properly function.

Because of the this, supportive housing as a response to homelessness is advantageous to the other options. It fits the criteria of being a preventative approach, it can be manipulated to follow the stages of change theoretical approach, it supports a functional zero perspective, and it is most effective in increasing access to mental health services. Because it meets all the criteria that are important to address youth homelessness and their inability to access mental health supports, this option can be considered more effective than institutional responses which often do not solve the problem, rather they act as temporary solutions.

Two critical issues in ensuring that supportive housing can actually be undertaken is to first redirect funding towards these options, which means lessening the amount to institutional services, and directing investment towards this response. And second, is to tailor these services to actually fit the youth homeless population. The latter issue will be discussed in detail below which will ultimately support the notion of supportive housing as the best option to address mental health service access for youth experiencing homelessness in Calgary.

### Housing First for Youth

Despite the cost effectiveness and superior effectiveness of reducing mental health symptoms, a critical factor for supportive housing is how it needs to be tailored to the population it is serving. In this instance, youth experiencing homelessness range from ages 13-24 years, and because of the large age range the severity of need and developmental ability is diverse. Therefore, to support supportive housing as a recommendation, it must be tailored to these youth and their differing need and stage of development. Providing youth with housing as a first step, creates stability in the lives of these youth which then enables them to address other issues, such as their mental health (Gaetz, 2014).

A way to support this is through Housing First for Youth. This initiative follows the logic of the needs of an individual need to be based on their developmental, social, and legal needs. Most often housing is provided to those experiencing homelessness if they pass certain requirements. When this is the case, access to housing and the access to services such as mental health services that a permanent residence grants, acts as a staircase model. If an individual can pass the first stage, such as being sober for a certain time period, then they can move onto the second stage, and third and so on until they have proved themselves ready for housing (Gaetz, 2014). This method can act as a deterrent to acquiring housing and those who cannot climb the stairs leading to housing will eventually stop trying and fall further into their homelessness thus marginalizing themselves even more from mental health supports.

Housing First for Youth is based on the principle that if individuals are housed right away, instead of having to take certain steps to prove that they are ready for housing, it will act as a preventative approach and will be more successful in helping youth move forward in their lives (Gaetz, 2014). Housing First for Youth means that instead of proving that youth are ready for housing, they are moved into independent and permanent housing and are provided with services and supports as they require them (Gaetz, 2014). This approach would also ensure that youth experiencing homelessness with high levels of mental health illness and addictions are prioritized when receiving housing with high levels of support.

This cost effective approach, considers how the diverse developmental needs and skillset of youth who are experiencing homelessness, means they need different levels of support and services. Research supports this and states that if Housing First approaches are successful in doing this, it enables youth to make a successful transition into adulthood. Moreover, a housing first approach with support services based on developmental need, has a positive impact on housing stability, mental health outcomes, and overall quality of life (Gaetz, 2014). This links back to the stages of change theoretical approach because it reinforces how supports can create a mindset shift and develop a positive skillset to support their development into well-functioning adults. This recommendation further reinforces a functional zero approach in reducing youth homelessness as it ensures that those experiencing homelessness are provided with supportive housing quickly, making their homelessness experience short and non-reoccurring.

To summarize, based on the literature supportive housing for youth experiencing homelessness is recommended. This approach would work by offering housing to youth experiencing homelessness, and would have different types of supportive housing available based on the youth's developmental needs. First, this response acts as a preventative response to homelessness, which is what They City of Calgary's 10-year response to ending youth homelessness deemed to be important. Second, this response to youth homelessness is cost effective compared to institutional responses to homelessness, which often cost more



but do not act as a preventative approach nor do they strongly support the stages of stage or functional zero theoretical approaches. Third, supportive housing options are effective in increasing access to mental health services and research has shown that this response does a better job alleviating the mental health symptoms experienced by youth experiencing homelessness. If 85.4% of youth experiencing homelessness are in high distress (Gaetz et. al., 2016), then having access to supportive housing ensures that these youth have access to treatment that helps their symptoms. Fourth, swift access to mental health services due to supportive housing also supports the stages of change and functional zero theoretical approach in that the services help youth remain in stable housing and teach them ways to become well-functioning adults, ensuring that the homelessness experienced by these youth is short and non-reoccurring.

### **Conclusion:**

A concern for youth experiencing homelessness is declining mental health due to the challenges they face on a daily basis. One of the necessary supports for youth experiencing homelessness then is need for adequate mental health access. Having these supports available ties back to the functional zero and stages of change framework as these supports would provide developmental aid such that youth who are experiencing homelessness have non reoccurring experiences and are still able to properly develop their skillset for mental and emotional wellbeing which in the long run would help with transitioning into adulthood.

Accessing mental health services is hard for these youth, as the services currently available are often designed for a “stably housed youth population with natural supports” (“Calgary Plan to Prevent,” 2017). Because of this, youth experiencing homelessness become a further marginalized and underserved population with exacerbating mental health concerns in addition to going through the developmental changes at their age. 85.4% of Canadian youth experiencing homelessness exhibit symptoms of high distress (Gaetz et. al., 2016). The inability of easy access to mental health services exacerbates these symptoms and further marginalizes these youth from receiving help and recovering from their homelessness episode. Previous literature on youth homelessness has explained a gap in accessing mental health services. This gap is due many factors such as a lack of permanent residence, no phone number, long wait times for walk in clinics.

Because of these gaps in access, funding supportive housing is recommended. This response follows a preventative measure which means it attempts to resolve the issue right when it arises rather than intervening further down the line. Supportive housing has a positive impact on housing stability, mental health outcomes, and overall quality of life (Gaetz, 2014). Supportive housing also supports the stages of change and functional zero theoretical approaches used throughout this paper.

Funding supportive housing will offer a pathway to accessing mental health services for youth experiencing homelessness while supporting their overall development into well-functioning adults which will support Calgary in moving closer to functional zero in terms of the youth experiencing homelessness.

## References:

Calgary Homeless Foundation. (2020). *Exiting Homelessness in Calgary: Understanding Pathways Towards Being Housed*. Retrieved DATE, from <http://www.calgaryhomeless.com/wp-content/uploads/2021/01/Exiting-Homelessness-in-Calgary.pdf>

Calgary Homeless Foundation. (n.d.). *2018 Calgary point-in-time homeless count at a glance*. Retrieved DATE, from [http://calgaryhomeless.com/content/uploads/FINAL\\_Calgary2pagerPITReport-1.pdf](http://calgaryhomeless.com/content/uploads/FINAL_Calgary2pagerPITReport-1.pdf)

Calgary Homeless Foundation. (2017). *Calgary Plan to Prevent and End Youth Homelessness – 2017 Refresh*. Retrieved DATE, from <http://www.calgaryhomeless.com/wp-content/uploads/2020/09/Plan-to-End-Youth-Homelessness-Calgary-2017-web.pdf>

Canadian Mental Health Association. (2022). *Partners in Mental Health*. Retrieved DATE, from <https://cmha.calgary.ab.ca/partners-in-mental-health/>

Evans J., Baker T., (2021). Breaking through the epistemic impasse: Ending homelessness with the invention of ‘functional zero’ in the Anglo-American world. *Futures*, 129. PAGES. doi: <https://doi.org/10.1016/j.futures.2021.102730>

Gaetz, Stephen. (2014). *A Safe and Decent Place to Live: Towards a Housing First Framework for Youth*. Toronto: The Homeless Hub Press. Retrieved, DATE from [https://www.homelesshub.ca/sites/default/files/Housing\\_First\\_for\\_Youth\\_AODA.pdf](https://www.homelesshub.ca/sites/default/files/Housing_First_for_Youth_AODA.pdf)

Gaetz S., O’Grady B., Kidd S., Schwan K. (2016). *Without a Home: The National Youth Homelessness Survey*. Toronto: Canadian Observatory on Homelessness Press. Retrieved DATE, from <https://homelesshub.ca/sites/default/files/WithoutAHome-final.pdf>

Gulliver-Garcia, T. (2016). *Putting an End to Child & Family Homelessness in Canada*. Toronto: Raising the Roof.

Homeless Hub. (2021). *Youth*. Retrieved DATE, from <https://www.homelesshub.ca/solutions/priority-populations/youth>

Kidd, S., Slesnick, N., Frederick, T., Karabanow, J., Gaetz, S. (2018). *Mental Health and Addiction Interventions for Youth Experiencing Homelessness: Practical Strategies for Front-line Providers*. Toronto: Canadian Observatory on Homelessness Press. Retrieved DATE from [https://www.homelesshub.ca/sites/default/files/attachments/COH-MentalHealthBook\\_0.pdf](https://www.homelesshub.ca/sites/default/files/attachments/COH-MentalHealthBook_0.pdf)

LaMorte W. (2019). *The Transtheoretical Model (Stages of Change)*. RETRIEVED DATE, from <https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/behavioralchangetheories6.html>

Pomeroy, S. (2005). *The Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities*. Retrieved DATE, from [https://homelesshub.ca/sites/default/files/attachments/Cost\\_of\\_Homelessness\\_Pomeroy\\_English.pdf](https://homelesshub.ca/sites/default/files/attachments/Cost_of_Homelessness_Pomeroy_English.pdf)

Prochaska J. (2020). Transtheoretical Model of Behaviour Change. In: Gellman, M.D. (eds) Encyclopedia of Behavioural Medicine. *Springer, Cham*, 2266-2270. doi: 10.1007/978-3-030-39903-0\_70

Tyler, K., Olson, K., Ray, C. (2019). Short Message Service Surveying with Homeless Youth: Findings From a 30-Day Study of Sleeping Arrangements and Well-Being. *Youth and Society*, 52(5). 850-866. doi: <https://doi.org/10.1177/0044118X19832167>

Yoonsook, H., Narendorf, S., Maria, D., Bezette-Flores, N. (2015). Barriers and Facilitators to Shelter Utilization Among Homeless Young Adults. *Evaluation and Program Planning*, 53. 25-33. doi <https://doi.org/10.1016/j.evalprogplan.2015.07.001>