

TORONTO STAFF REPORT

September 1, 2004

To: Board of Health
From: Dr. Barbara Yaffe, Acting Medical Officer of Health
Subject: Homeless Youth with Concurrent Disorders in Toronto

Purpose:

To report on the work to date of the Homeless Youth with Concurrent Disorders Work Group

Financial Implications and Impact Statement:

There are no financial implications resulting from the adoption of this report.

Recommendations:

It is recommended that:

- (1) the Board of Health endorse the Youth Safe House model to meet the needs of homeless youth with concurrent disorders in Toronto;
- (2) the Board of Health forward this report for information to the Ontario Ministry of Health and Long-Term Care and the Ministry of Children and Youth Services, requesting that the Ministries collaborate to address the needs of homeless youth with concurrent disorders and provide funding for the proposed Youth Safe House pilot project; and
- (3) the Board of Health forward this report to Community Services Committee for information
- (4) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

In November 2002, the City of Toronto, Homeless Health Reference Group formed the Homeless Youth with Concurrent Disorders (HYWCD) Work Group to address concerns of increasing mental illness and substance use amongst homeless youth. Mental illness and substance use are described as “concurrent disorders” when youth experience them together. The increasing need for health and social services for youth with concurrent disorders was also to be addressed by the HYWCD Work Group.

The objectives of the Homeless Youth with Concurrent Disorders Work Group were to:

- i) develop guiding principles for pilot project models to address the needs of homeless youth with concurrent disorders;
- ii) develop options for the design of a pilot project to address identified needs;
- iii) develop implementation plans for the various options;
- iv) present the options and implementation plans to the work group’s steering committee, the City of Toronto Homeless Health Reference Group.

The Work Group adopted a definition of youth as “people from the ages of 16 to 29 years”. The definition of homeless includes those who are “visible”, that is on the streets or staying in hostels, those who are “hidden”, that is who live in illegal or temporary accommodation and “those at risk for becoming homeless.” (Mayor’s Homelessness Action Task Force, 1998). The HYWCD Work Group received initial project funding from Ontario Works.

The HYWCD Work Group submitted the report “Homeless Youth With Concurrent Disorders” to the Homeless Health Reference Group (HHRG). This report was approved by the HHRG and is attached as Attachment 1.

Comments:

Research has documented wide variability in prevalence rates of concurrent disorders (within community and treatment populations), depending on the setting. Information on the prevalence rates within the homeless youth population is sparse. However, homeless youth sector service providers in Toronto have identified that more homeless youth are developing mental health issues. As youth try to deal with being homeless and the stress associated with life on the street, they are using drugs and alcohol in greater numbers (Youth Profile 2003). The numbers of homeless youth also continue to rise. Between 1994 and 1999 the numbers of youth using shelters in Toronto increased by 13% (Youth Profile 2003). In 2002, there were 6900 youth staying in shelters in Toronto, accounting for 22% of all shelter users (The Toronto Report Card on Housing and Homelessness, 2003).

Research has also shown that persons with concurrent disorders are associated with the risk of relapse and re-hospitalization for mental illness; depression and the risk of suicide; incarceration; homelessness; family problems; increased risk of violence; and the likelihood of leaving mental health or substance abuse treatment early. Given these risks, effective assessment, treatment and

support for people with concurrent disorders could help reduce health, social and correctional service costs.

In Toronto, there are no specific services for homeless youth with concurrent disorders. Services are spread throughout the mental health system and the addiction system, and workers in the homeless youth sector have to negotiate between both systems to get client services. The nature of street life often interferes with the ability of youth with concurrent disorders to keep appointments. The stigma of having a mental illness for “street involved people” is such a significant barrier to this population that many youth will not even acknowledge that they have mental health concerns. Homeless youth appear to access addiction services more often than mental health services since addiction services tend to be more flexible than mental health services. Accessing mental health resources is more complicated, takes more time and has less clear outcomes. In addition, homeless youth often do not understand what a mental health assessment or psychiatric consultation involves or how it could help them. Youth may fear and feel disempowered by mental health interventions and therefore avoid assessment at all possible costs.

The HYWCD Work Group consulted with key stakeholders and identified several service needs (current gaps in services) for homeless youth with concurrent disorders, including: limited access to medical care services; few psychiatrists experienced with youth with concurrent disorders; limited training for medical personnel in understanding addictions and focusing on helping youth move forward; lack of intensive services for youth with mental health concerns other than psychosis; few therapists and specialists who deal with youths’ past trauma and sexual abuse; need for co-ordination of services, particularly between mental health and addictions services; need for ‘case managers’ or supportive adults to accompany youth to initial appointments; limited access to youth detox centres and youth medical detox centres; need for outreach services for homeless youth with concurrent disorders and sufficient spaces in current programs for these clients.

One of the key service needs identified through consultations with service providers and homeless youth is for “interim services” that can help youth stabilize or deal with a current crisis and then enter or re-enter health and social service systems already in place. In addition, there is a need for “physical respite” (i.e. a safe place to sleep during the day or to “come down” from substance use). Few agencies in Toronto have the resources to provide this service. The HYWCD Work Group is currently developing a detailed model for a safe place, “a “Safe House model” for homeless youth to stabilize and have physical respite. The pilot project will include service agreements for partnering agencies who will contribute staffing and other resources, as well as a plan for training for shelter and hostel staff who work with homeless youth. Supportive Community Partnership Initiative (SCPI) funding has been secured for the pilot project work. However, long-term funding for this initiative is presently unavailable.

Conclusions:

The needs of homeless youth with concurrent disorders in Toronto are complex, and services to meet these needs are currently not available or accessible. The development of a youth safe house model is a much needed step forward. There remains a pressing call for the development

of a more co-ordinated, systemic response to the health and social service needs of homeless youth with concurrent disorders.

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List of Attachments:

Attachment 1: Homeless Youth with Concurrent Disorders: A Report of the Work Group, 2004