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POLICY BRIEF SERIES

MENTAL HEALTH CARE FOR HOMELESS YOUTH

A Proposal for Federal, Provincial, and Territorial Leadership, Coordination, and Targeted Investment

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Design by Dylan Ostetto, Canadian Observatory on Homelessness

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The Need for Government Action to Address the Mental Health Needs of Homeless Youth

The majority of youth experiencing homelessness in Canada face severe mental health challenges. As revealed in the first pan-Canadian study on youth homelessness, *Without a Home: The National Youth Homelessness Survey* (2016), 85.4% of homeless youth were experiencing a mental health crisis, 42% reported at least one suicide attempt, and 35.2% reported at least one drug overdose requiring hospitalization. Indigenous, LGBTQ2S, and female homeless youth are at the highest risk of experiencing a mental health crisis, along with youth who become homeless before the age of 16. These mental health struggles are the culmination of challenges faced by these youth in their homes, schools, and communities before becoming homeless, combined with exposure to violence and stigmatization once on the streets. The gravity of this situation is highlighted by the fact that suicide and drug overdose are the leading causes of death for Canadian homeless youth.

While mental health and housing status are intimately linked, our policies and programs have been insufficiently funded and coordinated to enable effective, timely, and appropriate care for some of the most marginalized young people in our country.

Fortunately, provinces, territories, and communities across the country are poised to take action and increasingly have the strategies, policies, and programs they need to improve the lives of young people experiencing homelessness. These efforts are supported by recent federal investments in mental health across Canada, as well as the expansion and extension of the Homelessness Partnering Strategy announced in the 2017 federal budget. Canada now has a unique opportunity to make real progress on youth homelessness and address the mental health needs of young Canadians who are homeless.

> *On any given night there are at least 6,500 young Canadians who experience homelessness and approximately 50,000 over the course of a year. An even greater number are part of the hidden homeless population. Young people who are homeless (ages 13-24) make up approximately 20% of the homeless population in Canada* (Gaetz et al., 2014).

In order to leverage this opportunity, the federal government should implement a youth homelessness strategy embedded within the renewed federal investment in homelessness, with a special focus on mental health and wellness. In partnership with the Government of Canada, provincial and territorial governments should implement targeted provincial/territorial strategies to prevent and end youth homelessness, ensuring that the mental health needs of youth at a high risk of homelessness and experiencing homelessness are addressed both through these targeted strategies, as well as through the federal mental health transfer funds. By employing a systems approach, these efforts can address the need for improved coordination and collaboration across services and sectors in order to best meet the needs of youth who are homeless. Through these efforts, Canada is positioned to become an international leader on youth homelessness, child and youth mental health, and systems integration.

Mental Health & Youth Homelessness: What Do We Know?

Decades of research have shown that mental health and housing status are powerfully linked, with many studies demonstrating that mental health challenges put people at risk of homelessness, and that homelessness amplifies mental health challenges (Hadland et al., 2011; Kidd, 2013; Kidd et al., 2017; Muir-Cochrane et al., 2006; Van den Bree et al., 2009). Research shows that people with poor mental health are more susceptible to the three main factors that can lead to homelessness: poverty, disaffiliation, and personal vulnerability. Similarly, the stress of being homeless may exacerbate previous mental health issues and can foster anxiety, fear, depression, sleeplessness, and substance use.

While studies have consistently demonstrated that youth experiencing homelessness often struggle with mental health issues, only recently has national data become available on the mental health challenges faced by homeless youth in Canada. In October 2016, the Canadian Observatory on Homelessness, in partnership with A Way Home Canada, released *Without a Home: The National Youth Homelessness Survey*. This study surveyed 1,103 young people experiencing homelessness from 47 different communities across 10 provinces and territories, providing the first national picture of youth homelessness in Canada. *Without a Home's* mental health findings are striking:

- *85.4% of homeless youth were experiencing a mental health crisis*
- *42% of homeless youth reported at least one suicide attempt*
- *35.2% of homeless youth reported having at least one drug overdose requiring hospitalization*

Canadian Definition of Youth Homelessness

"Youth homelessness" refers to the situation and experience of young people between the ages of 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence (Canadian Observatory on Homelessness, 2016).

Importantly, this study also found that youth who face the most severe mental health challenges are those who face systemic forms of marginalization, discrimination, and exclusion in their lives, including: LGBTQ2S youth, Indigenous youth, and young women. National data indicates that:

- *LGBTQ2S youth reported a much greater degree of mental health concerns, including suicide attempts*
- *Female youth experiencing homelessness report markedly poorer mental health and have a higher rate of suicide attempts (59% vs. 39% male)*
- *Indigenous youth become homeless at a younger age than non-Indigenous youth and are at greater risk for a history of suicide attempts*

Importantly, three key factors emerged as contributing to severe mental health struggles among youth: (1) adversity prior to homelessness, (2) early experiences of homelessness, and (3) prolonged homelessness and multiple experiences of homelessness. All three factors emphasize the fact that mental health and addictions issues among homeless youth are driven by experiences of violence, marginalization, and poverty.

ADVERSITY PRIOR TO HOMELESSNESS

National data indicate that young people that experience adversity prior to becoming homeless, such as physical and sexual abuse or neglect, are more likely to experience poorer mental health, suicide attempts, a lower quality of life, and negative psychological resilience than youth that did not have these experiences (Kidd et al., 2017). These stressful or traumatic experiences, often referred to as 'adverse childhood experiences' (ACEs), are strongly associated with homelessness for both youth and adults. Importantly, as ACEs accumulate for young people, their chances of experiencing both homelessness and mental health challenges increase (Montgomery et al., 2013; Novac, 2007). Given the extent of the adversity many youth experience prior to becoming homeless, it is no surprise that many homeless youth describe their mental health issues as having begun prior to leaving home (Craig & Hodson, 1998; Karabanow et al., 2007).

First Nations youth die by suicide about 5 to 6 times more often than non-Indigenous youth. Suicide rates for Inuit youth are among the highest in the world, at 11 times the national average
(Health Canada, 2015).

These adversities are compounded for Indigenous youth who experience intergenerational trauma due to the transmission of historical oppression and its negative consequences across generations. High rates of both homelessness and ACEs among Indigenous Peoples, for example, are directly linked to various types of historical trauma, compounded by structural issues such as racism, landlord discrimination, and barriers to accessing health care, education, and employment. For Indigenous youth, these experiences of complex trauma and continual adversity set the stage for both homelessness and complex mental health and addictions needs.

EARLY EXPERIENCES OF HOMELESSNESS

National data indicates that the younger the age of the first homelessness episode, the greater the mental health and addictions symptoms, the poorer the quality of life, and the greater the likelihood of having attempted suicide. Strikingly, 40.1% of participants in the Without a Home study indicated they were under the age of 16 when they first experienced homelessness, with 9.6% indicating they were homeless before they turned 13. Importantly, some youth were more likely than others to experience homelessness at a younger age:

- *Transgender and gender non-binary youth were more likely to report becoming homeless before the age of 16 (49.2%) than were cisgender youth (37.1%)*
- *LGBTQ2S youth were more likely (46.7%) than heterosexual youth (37.1%) to report becoming homeless before turning 16*
- *Among Indigenous youth who were homeless, 45% became homeless for the first time before they were 16*

PROLONGED HOMELESSNESS AND MULTIPLE EXPERIENCES OF HOMELESSNESS

Research has consistently identified that when young people become and remain homeless for an extended period of time, they experience increasingly negative mental health outcomes. *Without a Home* found that prolonged experiences of homelessness are associated with increased risk of exploitation, violence, and victimization for youth, which in turn were associated with greater mental health challenges. For example, young people who had been physically or sexually assaulted while homeless were over three times more likely to experience high mental health risk. *Without a Home* also found that 76% of homeless youth have had multiple experiences of homelessness, with 37% of these youth reporting more than five experiences of homelessness. Groups that are more likely to have multiple experiences of homelessness include transgender and gender non-binary youth (82.8%), LGBTQ2S youth (80.2%), and Indigenous youth (80.4%).

Falling Short: Mental Health Supports for Homeless Youth

Studies have shown that the majority of homeless youth experiencing mental health issues and severe mental illness are not receiving any form of treatment or care (Kamieniecki, 2001; Slesnick & Prestopnik, 2005). Without intervention, homeless youth experience worsening outcomes for their housing, health, and wellbeing. In the absence of mental health supports, these youth are also more likely to develop addictions or substance abuse issues in their efforts to deal with the stress, violence, and stigmatization of living without a home. Unfortunately, young people who are homeless in Canada often struggle to access appropriate services that are equipped to support the co-occurring mental health and addictions challenges they often face. Canadian homeless youth mortality data speaks to these shortcomings, with studies indicating that this population has a very high rate of mortality and that suicide and drug overdose are the two leading causes of death for young people who are homeless (Roy et al., 2004).

At the service level, mental health supports available to homeless youth are often underfunded, understaffed, and poorly coordinated, making it difficult to provide services that are timely and employ best practices. Mainstream services are often inaccessible to youth who are homeless because they have been designed for youth who are stably housed and have natural supports (Slesnick et al., 2009). According to a large Vancouver study, 64% of street-involved youth reported difficulties accessing health and social services (Barker et al., 2015). Importantly, youth who struggled to access services were significantly more likely to report "severe housing instability, high-intensity drug use, recent interactions with law enforcement, drug dealing, and histories of violence and physical abuse" (Barker et al., p. 350). Studies have also demonstrated that age restrictions create access barriers for youth experiencing homelessness (Garrett et al., 2008) and that drug-using youth experiencing homelessness particularly struggle to access services (e.g., Krüsi et al., 2010).

Importantly, additional barriers to service have been identified for populations that experience structural forms of oppression and discrimination. LGBTQ2S youth who are homeless often experience homophobia and transphobia when trying to access services (Abramovich, 2016), and studies demonstrate that Indigenous youth are more likely than other homeless youth to have difficulty accessing health services and addiction treatment (e.g., Phillips et al., 2014). Such studies illustrate that youth experiencing homelessness often face numerous, intersecting barriers to health and social services that are compounded by complex forms of structural disadvantage and discrimination.

At the systems level, services often exist in communities as a patchwork of emergency response programs that are poorly coordinated. The result is an underserved population, often experiencing severe and complex forms of mental illness and addictions, whose poor mental health begins to snowball the longer they are on the streets (Karabanow, 2004; Kidd et al., 2016).

> *Unsupported mental health problems among young people are associated with low educational achievement, unemployment, substance use, criminal involvement, poor sexual and reproductive health, self-harm, and poor self-care – all of which increase the lifetime risk of illness and premature death* (UNICEF, 2011).

Youth Mental Health and Homelessness: A Policy Fusion Issue

Both youth mental health and youth homelessness are inherently "policy fusion" issues. At a policy level, this means that homeless youth experiencing mental health struggles often interact with numerous systems (e.g., housing, health care, children and family services, social services, municipal affairs, education, employment and training, and justice), and thus that the responsibility for care is spread across many government systems.

More broadly, this means that housing status and mental health are inherently linked, and that both are connected to broader structural conditions such as poverty. When a young person faces challenges to accessing secure, adequate and appropriate housing, they are more likely to face mental health challenges and experience greater difficulty accessing timely, high-quality mental health care. The reverse is also true – youth experiencing mental health issues face unique challenges in obtaining permanent and appropriate housing, including as a result of discrimination based on their mental health status. These experiences are also amplified for particular groups of youth who experience unique struggles such as racism, homophobia, transphobia, colonial legacies of trauma, and childhoods of poverty. For example, studies show that youth who live in lower-income neighbourhoods have higher rates of suicide, emergency department visits for deliberate self-harm, and acute care mental health service use. Importantly, such findings highlight that both homelessness and mental health challenges are equity issues – meaning that they are crucially related to how social and economic advantage are distributed in society.

The intersection of these structural issues and policy fields indicates that any intervention that hopes to produce demonstrable improvements in the lives of these youth must take a systems approach. Immediate action, with targeted funding at appropriate levels, is necessary if we expect to address the systems failures that are driving youth homelessness. The advantage of a systems approach is that if interventions and policies are coordinated, investment in any part of the system (e.g., mental health care for children and youth) can provide positive outcomes in other areas (e.g., reductions in youth homelessness).

The Policy Context

FEDERAL RESPONSIBILITIES AND FUNDING FOR HEALTH CARE

Funding for health care in Canada is a shared responsibility between the federal government and the provinces/territories, with Canada Health Transfer (CHT) funding predicated on the five core principles of the *Canada Health Act*: universality, comprehensiveness, portability, accessibility, and public administration. Mental health care is also a shared responsibility: provinces and territories are responsible for mental health care under the constitution, while the Government of Canada funds mental health for some specific groups in Canada, including Indigenous Peoples who are living on reserve or in Inuit communities. The federal government also provides direct funding for serving members of the Canadian Armed Forces, veterans, current and former members of the Royal Canadian Mounted Police, and newcomers and refugees.

In 2017, the Government of Canada announced a 10-year commitment to stable, long-term funding for mental health services, leading to health agreements with most provinces and territories. Importantly, Budget 2017 identified one of the key indictors of this initiative's success as "Shortened wait times for mental health services to help children and young persons under the age of 25 in need of support" (p.157). This funding is a most welcome investment in the mental health and wellness of Canadians, particularly given data that indicates many provinces and territories have not spent significant portions of their CHT on mental health care. Ontario, for example, spent $1,361 per capita on health care, compared to $16.45 per capita on mental health (Lurie, 2014). With this new federal investment in mental health, and the prioritization of improved access to mental health services for youth, Canada is well positioned to significantly improve mental health outcomes for youth who are homeless.

FEDERAL RESPONSIBILITIES AND FUNDING FOR HOMELESSNESS

Over the past 16 years, the Government of Canada, through its National Homelessness Initiative (NHI) and the Homelessness Partnering Strategy (HPS), has actively supported communities across the country to address homelessness. The Government of Canada first announced a homelessness strategy in December 1999 with the launch of the NHI, with an original allocation of $753 million over three years. This meant the annual budget of the NHI was $147 million or, adjusted for inflation, $211 million. In subsequent years the program was renewed on an annual or semi-annual basis, with either a flat-lined budget or a reduced allocation. When the Government of Canada announced the five-year renewal of the HPS in 2014, the annual budget was reduced once again from $131 million to $119 million, but with a new mandate to focus more of its investment on Housing First. Fortunately, the 2016 investment of an additional $111.8 million over two years included a $12.5 million investment in the new Innovative Solutions to Homelessness (ISH) stream, which listed youth as a priority population.

With the release of Budget 2017, the Government of Canada provided the longest-term commitment to the HPS ever by a federal government to date. Budget 2017 proposed a total investment of $2.1 billion over the next 11 years to expand and extend funding for the HPS, nearly doubling 2015-16 investments by 2021-22. More broadly, the federal government announced an investment of $11.2 billion over 11 years for the National Housing Strategy, within which $5 billion is dedicated to the new National Housing Fund. Despite these positive developments, there is currently no targeted youth homelessness strategy or funding stream federally, and youth were not mentioned among the vulnerable citizens prioritized for supports through the National Housing Fund.

THE PROVINCIAL, TERRITORIAL, AND MUNICIPAL POLICY CONTEXT

In recent years, provinces, territories, and communities across Canada have increasingly committed to addressing both youth homelessness and mental health issues, including the mental health challenges faced by marginalized children and youth. Each province and territory has developed a mental health strategy and some provinces, such as Alberta, have also developed children and youth mental health strategies. There has also been significant momentum to address the mental health needs of youth experiencing homelessness at the provincial and municipal levels, with at least 10 communities across the country in the process of planning and implementing homelessness strategies, with many more poised to do so. Alberta is the first provincial or territorial government to release a homelessness plan targeted at youth (between ages 13 and 24) and Ontario has made youth homelessness one of its four key priority areas.

A scan of existing Canadian plans to reduce and/or end youth homelessness indicates a shared belief that addressing youth homelessness requires addressing mental health, and that housing is a necessity for ensuring mental health and wellness.

STRATEGY/PLAN	LOCATION	MENTAL HEALTH STRATEGIES/ RECOMMENDATIONS
Here and Now: The Winnipeg Plan to End Youth Homelessness	Winnipeg, MB	▪ Support family-centred and accessible mental health and addiction strategies. ▪ Provide all youth who have been in the care of Child and Family Services (CFS) with the choice to receive ongoing supports funded by CFS until the age of 25 regardless of legal status. This includes … health and mental health care and mentorship supports available to youth as a right. ▪ Improve access to community-based primary health and mental health supports. ▪ Work with a cross-sectoral table of youth service providers and system representatives to establish close and ongoing relationships between hubs, outreach, and housing support staff with health and mental health practitioners.
A Way Home - A Plan to End Youth Homelessness in Kamloops	Kamloops, BC	▪ Ensure adequate services for youth with mental health issues.
Community Strategy to End Youth Homelessness in Edmonton	Edmonton, AB	▪ Youth serving agencies, systems and the community raise awareness around trauma, mental health and addictions and appropriate pathways and services to address them. ▪ There is greater awareness and understanding of the realities of individuals attributable to the process of integration, trauma, communication barriers, ethno-racial background, family composition, sexual orientation, mental health and addictions, gender, and immigration status.
Supporting Healthy and Successful Transitions to Adulthood: A Plan to Prevent and Reduce Youth Homelessness	Alberta	▪ Invest in youth-focused community-based/mobile mental health and addictions supports. ▪ Work with community organizations to streamline access to Community Residential Treatment programs for youth. ▪ Ensure when rapidly re-housed, youth have access to the support necessary to remain housed. ▪ Increase accessible information for youth to become aware of services and supports available to them. ▪ Increase community capacity to identify and refer youth to appropriate treatment options through increased information, collaboration, and resource sharing.

More broadly, both education and primary care are within provincial/territorial jurisdiction, and policies and services in these policy areas significantly impact young people who are homeless. Some provinces and communities are currently exploring how to better integrate mental health services and primary care, a step that may assist marginalized young people who often have better access to primary care than mental health services.

THE INDIGENOUS POLICY CONTEXT

The health care system for Indigenous Peoples in Canada is delivered through a patchwork of policies and legislation, with authority for health services and programs divided between the federal, provincial/territorial, municipal governments, and various Indigenous authorities. Coordination of these various authorities to deliver high-quality, timely, and culturally appropriate health care to Indigenous peoples remains a key challenge across Canada, creating numerous barriers to health and wellbeing. In a recent review of Indigenous-specific policies and legislation in Canada, the National Collaborating Centre for Aboriginal Health identified that "the only jurisdiction with a Métis health policy is the Northwest Territories; the most comprehensive Aboriginal-specific policy framework in Canada is the *Ontario Aboriginal Healing and Wellness Strategy*, and the one jurisdiction in the country recognizing a need to respect traditional healing practices is the Yukon" (NCCAH, 2011). Despite these challenges, in recent years First Nations and Inuit peoples have gained greater control in the delivery of community-based health services, based on widespread acknowledgement that Indigenous communities themselves are best positioned to identify their own health needs and manage and deliver health care in their communities (Wigmore & Conn, 2003; Lavoie et al., 2010). Given that Indigenous adults and youth are disproportionately represented among homeless populations, and Indigenous youth face some of the worst physical and mental health outcomes in Canada, all levels of government must act on the *Truth and Reconciliation Commission of Canada: Calls to Action*.

Truth and Reconciliation Commission of Canada: Call to Action

In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

WHY NOW? THE URGENT NEED FOR GOVERNMENT LEADERSHIP, COORDINATION, AND TARGETED INVESTMENT

Despite evidence to the contrary, our approach to addressing the mental health needs of homeless youth has primarily been to wait for mental health challenges to become acute before intervening through emergency supports, rather than focusing on prevention. All available research suggests that this approach is deeply flawed. The longer youth are left without appropriate and timely interventions, the worse their short-term and long-term outcomes are in many life domains. Our current approach is leaving thousands of our most marginalized youth trapped in cycles of destitution, suffering, and victimization, and with this comes an enormous social and economic cost to Canada. Fortunately, there is considerable motivation across the country to change this approach, accompanied by policy alignment at the provincial, territorial, and municipal levels. There are several key indicators that government action on this issue is urgent, timely, and cost effective.

WE ARE FACING A MENTAL HEALTH CRISIS

- Approximately 20% of Canadians experience mental health issues (6.7 million Canadians) (MHCC, 2016).
- 520,000 people living with mental illness in Canada are either homeless or vulnerably housed (MHCC, 2013).
- In Canada, suicide accounts for 24% of all deaths among 15-24 year olds (Public Health Agency of Canada, 2002).
- The wait times for mental health care continue to put many children and youth at risk. For example, only 31% of child and youth mental health agencies in Ontario are able to meet the Canadian Psychiatric Association benchmark for wait times (Schizophrenia Society of Ontario, 2008).

INVESTMENTS CAN BUILD ON POLITICAL MOMENTUM

- Improving access to mental health services was explicitly identified as a priority in a new Health Accord in the Liberal Platform, as well as in the new Minister of Health's mandate letter and in many of her communications.
- An investment in youth mental health will not only reduce youth homelessness, but will contribute to other federal, provincial, and territorial policy priorities, including: illness prevention, youth unemployment, infrastructure, federal-provincial-territorial partnership, and Indigenous issues.
- In 2012, the MHCC developed a national mental health strategy that identified a clear set of policy ideas that can strengthen mental health care for children and youth. This strategy was based on extensive civil society engagement and was welcomed by both provincial and municipal governments.

INVESTING IN MENTAL HEALTH IS COST-EFFECTIVE

- The economic cost of mental health problems and illnesses to Canada is at least $50 billion per year in lost productivity - 2.8% of Canada's 2011 gross domestic product (MHCC, 2016).
- The economic burden of mental health is enormous compared to other diseases. In Ontario, for example, the burden of mental health and addictions is 1.5 times that of all cancers, and more than seven times that of all infectious diseases (Ratnasingham et al., 2012).
- Improving a child's mental health from moderate to high can lead to lifetime savings of $140,000 (MHCC, 2013).

What should a Government Investment Support?

In order to prevent and end youth homelessness in Canada and address the mental health needs of youth who are homeless, two key actions must be taken:

- Federal implementation of a youth homelessness strategy embedded within the renewed federal investment in homelessness, with a special focus on mental health and wellness.
- Provincial and territorial implementation of provincial/territorial strategies to prevent and end youth homelessness, ensuring that the mental health needs of youth at a high risk of homelessness and experiencing homelessness are addressed both through these targeted strategies and the federal mental health transfer funds.

By employing a systems approach, these efforts can address the need for improved coordination and collaboration across services and sectors to best meet the needs of youth who are homeless.

The recommendations below provide a framework for how federal, provincial, and territorial governments can move solutions into action. These recommendations align with the Canadian Observatory on Homelessness's *Policy Brief: Federal Investment in Youth Homelessness* and should inform efforts at all levels of government, including the redesign of the Homelessness Partnering Strategy. By implementing these recommendations, federal, provincial, and territorial governments would reduce the flow of young Canadians into homelessness, reduce youth homelessness through prevention, and simultaneously invest in other policy priorities.

1) DEVELOP AND IMPLEMENT STRATEGIES TO PREVENT AND END YOUTH HOMELESSNESS, SUPPORTED BY TARGETED INVESTMENTS

In order to make meaningful progress, all levels of government must develop and implement strategies to prevent and end youth homelessness. Federal investment in a National Youth Homelessness Strategy, with specific attention to the mental health needs of youth experiencing homelessness, is necessary to drive change at the provincial, territorial, municipal, and local levels. This federal strategy must be supported by a targeted investment that will provide provinces, territories, and communities with the direction and resources to achieve results.

To be effective, all strategies must be *inclusive* in their process, *strategic* in their objectives, set real and measurable *targets* for change, be *clear* to all stakeholders, and lead to *real changes* in young people's lives. Most importantly, all strategies must thoughtfully address the challenges that the mental health sector faces in service delivery and programming, including:

- *The segregation of different care systems (e.g., education, health, housing and social services), making it difficult to address the whole-person needs of youth*
- *Variable quality and responsiveness of care*
- *Unequal access for all individuals and groups*
- *Services unable to keep pace with best research and practices*
- *Funding disparities*
- *Stigmatization of mental health challenges (MHCC, 2010)*

More broadly, the success of any strategy depends on collaboration among a wide range of stakeholders, including funders, governments, service providers (mainstream as well as homeless-serving organizations), people facing mental health challenges, and people affected by homelessness – building upon the best available information and evidence.

FEDERAL RECOMMENDATIONS	PROVINCIAL/TERRITORIAL RECOMMENDATIONS
Federal leadership in the development and implementation of a National Youth Homelessness Strategy to prevent and end youth homelessness, supported by a targeted investment.	*Provincial and territorial development and implementation of strategies to prevent and end youth homelessness, supported by a targeted investment.*
a) Ensure the National Youth Homelessness Strategy includes a focus on the mental health needs of youth experiencing homelessness. b) Convene an inter-ministerial subcommittee to develop a report on the mental health needs of youth experiencing homelessness across Canada in order to: (1) better understand the needs of youth experiencing homelessness; (2) report on system and service gaps; and (3) propose recommendations to prevent and end youth homelessness (as well as associated accountabilities across government ministries). Similar to Out of the Shadows at Last (2002), such a report should be based on a review of the best available research, as well as submissions and deputations from a broad range of stakeholders. c) Appoint a Parliamentary secretary accountable for youth mental health, including outcomes of youth experiencing homelessness across Canada. Overseeing the efforts of the Inter-Ministerial Subcommittee and reporting directly to the Prime Minister on both strategy and progress, this appointee should work closely with other ministries, including the Department of Justice, Employment and Social Development Canada (including the Homelessness Partnering Strategy), and Indigenous and Northern Affairs Canada. d) Convene a federal/provincial/territorial/Indigenous planning table to support planning and implementation of recommendations on housing and homelessness, with a focus on youth homelessness. This planning table should include a specific focus on the mental health needs of youth who are homeless, as well as systems integration to address these needs.	a) Ensure the provincial/territorial homelessness strategies align with the National Youth Homelessness Strategy, and include a focus on the mental health needs of youth experiencing homelessness. b) Provide targeted funding to support community plans to prevent and end youth homelessness and ensure that all community plans address the mental health needs of youth experiencing homelessness. c) Identify systems integration as a provincial/territorial priority in efforts to address the mental health needs of youth experiencing homelessness. This should be reflected in both policy and funding. d) Encourage communities to adopt systems integration as a priority in their community plans.

2) INVEST IN SYSTEMS INTEGRATION TO ADDRESS THE MENTAL HEALTH NEEDS OF YOUTH EXPERIENCING HOMELESSNESS

The move towards a coordinated response to the mental health needs of homeless youth requires an integration of services within the homelessness sector, as well as between the sector and mainstream services. An integrated systems response requires that programs, services, and service delivery systems are organized at every level –from policy, to intake, to service provision, to client flow, based on the needs of the young person. This is referred to as a 'System of Care' approach, and has been effectively adopted in some US and Canadian communities that support strategic and planned approaches to ending homelessness. For example, Alberta's plan to prevent and end youth homelessness advocates for a System of Care, as does Calgary's Ten Year Plan to End Homelessness. More recently, the Ontario government also committed to a more integrated response when it announced support for nine "one-stop" youth hubs for youth experiencing mental health challenges. Building on this national momentum, Canada now has the opportunity to transform how marginalized youth receive mental health supports.

In order to be effective, an integrated systems response requires coordinated and collaborative engagement across all levels of government. Because both homelessness and mental health are 'policy fusion' issues, responses must involve health, corrections and justice, housing, education, child welfare, and other sectors that these young people come into contact with. This requires that all levels of government, including Indigenous governments, be at the table.

The federal government should play a key role in fostering system integration by studying effective examples, coordinating and facilitating implementation nationally, and facilitating the collection of metrics that help to justify this work as a strategic investment. Importantly, systems integration can also help achieve a key desired outcome of the new federal mental health transfers: "Shortened wait times for mental health services to help children and young persons under the age of 25 in need of support" (Department of Finance Canada, 2017, p. 157).

Integrated System Response in Action: Foundry's Network of Youth Hubs

The British Columbia Integrated Youth Services Initiative (BC-IYSI), called Foundry, is a great example of an integrated system response that supports a network of "one-stop shop" youth centres across BC which offer health, counseling, mental health, substance use, and social supports, as well as youth and family support and navigation. As Christy Clark, Premier of BC, put it: "Asking for help is hard, but getting it shouldn't be. By launching this centre we're making it as easy as possible for youth and families to take charge of their health by providing a variety of services through an integrated and personal approach."

System integration can be defined broadly as the provision of services with high levels of coordination, communication, trust, and respect among service agencies so that they are better able to work together to achieve common objectives (Greenberg & Rosenheck, 2010, p. 185).

FEDERAL RECOMMENDATIONS	PROVINCIAL/TERRITORIAL RECOMMENDATIONS
Federal prioritization and support for systems integration at the provincial, territorial, and community levels to address the mental health needs of youth experiencing homelessness.	*Provincial and territorial prioritization and support for systems integration in all efforts to address the mental health needs of youth experiencing homelessness.*
a) Work with provinces and territories to ensure that allocated mental health transfer funds will address the mental health needs of youth, especially homeless and Indigenous youth, through an integrated systems approach. b) Continue to invest in research to identify and evaluate effective, innovative, and highly integrated service delivery models, such as the *ACCESS Open Minds* research project. c) Identify evidence-based indicators of systems integration and improved access to supports and services for youth experiencing homelessness. d) Develop tools and metrics that provinces/territories and communities can use to assess system integration and improved access locally. e) Require provinces/territories to report on indicators that encourage community approaches to systems integration that can be adapted as evidence of best practices evolve.	a) Invest in the provision of coordinated and integrated mental health supports and services at the community level through: ▪ The use of health transfer funds to foster integration and systems change. For example, to support the scaling of successful integration models, such as *Foundry* in BC. ▪ The promotion of strategic partnerships between community service organizations and health care providers. ▪ Collaboration with communities to create rapid care access pathways for homeless youth with the greatest mental health needs. ▪ The promotion of capacity building initiatives from community service direct care levels through to mainstream service domains (e.g., emergency rooms, first responders, etc.). ▪ The establishment of information sharing agreements with youth-serving organizations to facilitate improved systems integration. b) Work across departments, ministries and sectors by establishing inter-ministerial planning tables to coordinate activities within government and hold each ministry accountable for the roles they play in the mental health outcomes of youth experiencing homelessness. Led by provincial/territorial Ministries of Health, the mandate of these tables should be to ensure that no young person slips through the cracks. c) Work with communities to identify opportunities for greater systems integration among current services and programs, with the aim of enhancing capacity for integration among existing services and programs. Provinces and territories should aim to establish a network of 'youth hubs' within each province or territory, wherein young people can receive walk-in, 'one-stop' access to supports, under one roof. d) Support the gathering of comparable data across communities on indicators of systems integration and improved access by establishing common and consistent data collection and data sharing methods, in partnership with the federal government.

3) PRIORITIZE AND INVEST IN PROGRAM MODELS THAT FOCUS ON PREVENTION AND RAPID EXITS FROM HOMELESSNESS FOR YOUTH

Given the long and difficult pathways into homelessness for many young people, and the clear harms that result from prolonged homelessness, we must focus on prevention and rapid exists from homelessness. Importantly, studies have shown that prevention interventions targeted to young people have the capacity to generate greater personal, social, and economic benefits than intervention at any other time in the lifespan. To end youth homelessness in Canada, all levels of government must invest in primary, secondary, and tertiary homelessness prevention.

PRIMARY PREVENTION

means 'working upstream' to address structural and systems factors that more broadly contribute to housing precarity and the risk of homelessness. Primary prevention of youth homelessness includes systems prevention, which means working with mainstream institutions to stop the flow of young people from mental health care, child protection, and corrections into homelessness. Given that mental health challenges put young people at risk for homelessness, prevention also means ensuring that all young people have timely access to mental health supports and treatment.

SECONDARY PREVENTION

refers to a range of targeted strategies to quickly support individuals and families who are either at imminent risk of homelessness, or who have recently experienced homelessness. Schools, primary care, and food banks are some of the many partners that communities can work with to identify youth at risk and quickly facilitate access to supports.

TERTIARY PREVENTION

involves supporting individuals and families who experience homelessness to exit quickly, access housing, and receive the necessary supports. As identified in the Canadian Observatory on Homelessness's *Policy Brief: Federal Investment in Youth Homelessness*, key program interventions include:

- *Housing First for Youth (including transitional housing options such as the Foyer)*
- *Employment training and support*
- *Mental health and addictions supports, including harm reduction*
- *Reengagement in education*

Federal Budget 2017

"If not prevented, or effectively treated early, mental health issues can have lasting health implications. That's why Budget 2017 proposes to invest $6 billion over 10 years for home care, and $5 billion over 10 years to support mental health initiatives. Through this funding, Canadians can expect ...better access to mental health support for as many as 500,000 young Canadians under the age of 25 who cannot currently receive even basic mental health services"

(Department of Finance Canada, 2017, p. 156).

A key strategy used to facilitate rapid exits from homelessness is Housing First for Youth (HF4Y). HF4Y is based on the principle that youth should be provided immediate access to housing with no preconditions. Given that Housing First can lead to improved mental health outcomes for adults experiencing homelessness (e.g., Mares & Rosenheck, 2010; Larimer et al., 2009) there is a need to adapt and scale this approach for youth across Canada. In order to be successful, a focus on mental health and wellness must be embedded in all program models focused on prevention and rapid exits from homelessness.

FEDERAL RECOMMENDATIONS	PROVINCIAL/TERRITORIAL RECOMMENDATIONS
Federal support for program models that focus on prevention and rapid exits from homelessness for youth, within which strategies for addressing the mental health needs of youth should be embedded.	*Provincial and territorial support for program models that focus on prevention and rapid exits from homelessness, within which strategies for addressing the mental health needs of youth should be embedded.*
a) Within the renewed federal investment in homelessness, the federal government should require that designated communities demonstrate an investment in program models that focus on youth homelessness prevention and rapid exits from homelessness for youth. b) Provide a targeted investment to support new and existing program models that focus on prevention, such as school-based prevention programs, Family First strategies, Youth Reconnect and Host Homes. Addressing the mental health needs of youth should be a key component in all program models, as should harm reduction measures. c) Ensure the inclusion of Housing First for Youth, embedded in an integrated systems approach, within the National Housing Strategy. Housing First for Youth should be broadly applied as both a community philosophy and program intervention.	a) Support communities to implement best practices in the prevention of youth homelessness and the provision of supports that enable youth to exit homelessness quickly, within which strategies for addressing the mental health needs of youth should be embedded. Such strategies should include Housing First for Youth, school-based prevention programs, Family First strategies, Youth Reconnect, and Host Homes, among others. b) Engage in the ongoing review of current system barriers to assess how the prevention of youth homelessness can be improved, including through integration and improved access to service in an effort to address the mental health needs of marginalized and homeless youth. c) Work with communities to ensure that a harm reduction approach is embedded in community programs and initiatives for youth experiencing homelessness. d) Work across departments, ministries, and sectors to ensure housing stability and ongoing mental health and addictions supports for young people who are transitioning from mental health care, child protection services, and corrections.

4) ADOPT A YOUTH-CENTERED APPROACH TO ADDRESSING YOUTH HOMELESSNESS, GROUNDED IN HUMAN RIGHTS

All youth have the legal and human right to both housing and health care, as ratified by the Government of Canada in several international human rights treaties, such as the International Covenant on Economic, Social, and Cultural Rights and the Convention on the Rights of the Child. In order for the Government of Canada to comply with its human rights obligations to marginalized youth, the federal government should embrace human rights as a legal framework for policy and decision-making. This would require that governments and other actors be mindful of the effects and consequences of every policy decision (including budgeting decisions) for young persons' access to adequate housing and mental health care.

Ensuring the human rights of young people requires that youth are directly engaged in developing the policies, frameworks, programs, and services that affect their health, their housing, and their future. Youth must be meaningfully engaged at every step of this process, including progress evaluation, and this engagement must be conducted in a non-judgmental and anti-oppressive way, with minimal or no risk for the participant.

FEDERAL RECOMMENDATIONS	PROVINCIAL/TERRITORIAL RECOMMENDATIONS
Federal adoption of a youth-centered approach to addressing youth homelessness, grounded in human rights.	*Provincial and territorial adoption of a youth-centered approach to addressing youth homelessness, grounded in human rights.*
a) Foster meaningful youth engagement in all policy development, planning, and implementation processes, including specifically the engagement of homeless youth experiencing mental health and addictions challenges. Ensure the provision of necessary supports (reimbursement, compensation, accessibility, etc.) at all events, forums, and discussion groups. b) Ensure the National Youth Homelessness Strategy explicitly references the human rights of youth experiencing homelessness. c) Appoint a federal homeless youth rights advocate to liaise with provincial/territorial child and youth advocates.	a) Meaningfully include youth with lived experience of homelessness in the development and implementation processes of provincial and territorial plans to prevent and end youth homelessness. Ensure the provision of necessary supports (reimbursement, compensation, accessibility, etc.) at all events, forums and discussion groups. b) Ensure provincial/territorial strategies explicitly reference the human rights of youth experiencing homelessness.

5) ENSURE THAT ALL STRATEGIES AND PROGRAM RESPONSES ADDRESS THE UNIQUE NEEDS OF DIVERSE YOUTH EXPERIENCING HOMELESSNESS

The population of young people experiencing homelessness and mental health challenges is incredibly diverse, and some youth are at greater risk for more severe mental health challenges, including LGBTQ2S youth, Indigenous youth, and young women. All levels of government must ensure that investments in mental health meet the needs of diverse groups of youth. Areas of focus should include:

- *Targeted models of support for diverse youth, including LGBTQ2S youth, Indigenous youth, racialized youth, sex-trafficked youth, gang affiliated youth, and youth with severe mental illness. These approaches should include population-specific services, the strengthening of culturally- and context-relevant skill sets among staff, and partnerships with other culturally/contextually relevant community resources. The provision of youth-centred and youth-friendly community-based/mobile clinics should be a priority, as should street-level health services and outreach.*
- *Targeted interventions such as evidence-informed methods of psychotherapy, family intervention, addictions, and HIV intervention, and models of integrated housing, vocational, educational, and cultural supports into which mental health interventions are embedded. Such approaches should be trauma-informed, integrated, largely outreach-based, and built out as specialist capacity within existing services.*
- *Targeted interventions addressing the barriers specific populations of homeless youth face in their efforts to obtain education and employment.*

It is essential that government investments support services that are socially inclusive and equitable, as well as culturally sensitive, congruent, and safe. More pointedly, the federal government should seek to remedy the systemic inequalities particular groups of youth face in accessing both housing and mental health care. Indigenous youth, for example, face systemic barriers to both health care and housing, in part due to jurisdictional disputes between different levels of government. One of the 94 Calls to Action identified by the Truth and Reconciliation Commission of Canada was for "all levels of government to fully implement Jordan's Principle." Jordan's Principle asserts that First Nations children must have access to public services available to other Canadian children without experiencing any service denials, delays, or disruptions related to their First Nations status. Jordan's Principle is a crucial example of why municipal, provincial, territorial, and federal governments need to work collaboratively, and at a systems level, to ensure inequities are not perpetuated in our current housing and health care systems. Fortunately, the 2017 federal budget proposed an $828.2 million investment over five years to improve the health outcomes of First Nations and Inuit Peoples, identifying a key indicator of success as "Improved mental wellness for First Nations and Inuit, particularly youth" (Department of Finance Canada, 2017, p.163).

FEDERAL RECOMMENDATIONS	PROVINCIAL/TERRITORIAL RECOMMENDATIONS
Federal commitment to addressing the unique needs of diverse youth experiencing homelessness, as reflected in both policy and funding.	*Provincial and territorial commitment to ensuring that all provincial, territorial, and community strategies and program responses address the unique needs of diverse youth experiencing homelessness.*
a) Ensure that government services and programs take a youth-centered approach so that the needs of diverse youth experiencing homelessness, including Indigenous youth, racialized youth, newcomer youth and youth who identify as LGBTQ2S, are met. b) Establish a funding stream that provides support for Indigenous-focused and -led programs to prevent and end youth homelessness. c) Work with Indigenous communities to support culturally sensitive, congruent, and safe supports and services for Indigenous youth experiencing homelessness. d) Support an integrated approach to mental health and addiction services for Indigenous youth. e) Identify evidence-based indicators of improved access to supports and services for particular populations of youth experiencing homelessness, including Indigenous youth, racialized youth, newcomer youth, and youth who identify as LGBTQ2S. Work with provinces, territories, and communities to collect common data on these indicators.	a) Ensure that the provincial/territorial strategy to prevent and end youth homelessness reflects the unique needs of diverse youth experiencing homelessness, including Indigenous youth, racialized youth, newcomer youth and youth who identify as LGBTQ2S. b) Identify and promote evidence-based practices that address the unique mental health needs of diverse youth experiencing homelessness, including Indigenous youth, racialized youth, newcomer youth, and youth who identify as LGBTQ2S. c) Support the gathering of comparable data across communities on indicators of improved access to mental health supports and services for diverse youth experiencing homelessness. This can be done by establishing common and consistent data collection and data sharing methods, in partnership with the federal government.

6) DEVELOP A NATIONAL RESEARCH STRATEGY FOCUSED ON YOUTH HOMELESSNESS, AND INVEST IN KNOWLEDGE DEVELOPMENT AND DATA MANAGEMENT, IN ORDER TO ADVANCE AN INTEGRATED SYSTEMS RESPONSE TO YOUTH HOMELESSNESS

If we want to produce effective and efficient policies and services, all interventions to address youth homelessness must be built upon the best available research. As suggested in the MHCC's (2010) *Evergreen: A Child and Youth Mental Health Framework for Canada*, all interventions across Canada should be evidence-based, and inter-ministerial governments must establish and enforce research-based standards of care. Developing a national research strategy focused on youth homelessness, with a focus on integrated systems responses and an embedded mental health strategy, can help ensure that the mental health needs of youth are addressed in communities across Canada. Provinces and territories should support these efforts by partnering with the federal government to create a provincial/territorial approach to knowledge development and data management specific to youth homelessness.

FEDERAL RECOMMENDATIONS	PROVINCIAL/TERRITORIAL RECOMMENDATIONS
Federal adoption of a national research strategy focused on youth homelessness in order to advance an integrated systems response, within which a mental health strategy is embedded in all elements.	*Provincial and territorial knowledge development and data management specific to youth homelessness in order to advance an integrated systems response, with a special focus on youth's mental health and wellness.*
a) As a priority within a National Youth Homelessness Strategy, the federal government should adopt a national research strategy focused on quickly mobilizing research knowledge and innovations to advance integrated systems responses to youth homelessness, within which a mental health strategy should be embedded in all elements. Such a strategy must include: ▪ Information and data management strategies ▪ System-wide data collection ▪ Data sharing across sectors in order to support an outcomes-based approach ▪ Empowered participation of youth with lived experience and their families ▪ Application of culturally-informed research methodologies, protocols, and OCAP principles with respect to the engagement of Indigenous governments and communities ▪ Program evaluation that drives continuous improvement ▪ Knowledge mobilization to identify and share innovative, effective practices b) Support a national knowledge translation and dissemination platform to identify and mobilize best practices to address the mental health needs of youth experiencing homelessness.	a) Create a provincial/territorial approach to gathering comparable data by establishing common and consistent data collection and data sharing methods, in partnership with the federal government. b) In liaison with the federal government, establish provincial/territorial service standards in the area of youth homelessness, which in turn can be tracked provincially to inform funding decisions. c) Source provincial funds to support implementation of research projects that facilitate the bringing to scale of evidence-based and -informed services identified in the National Youth Homelessness Strategy.

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