eva's

HOME + HEALTH:
BETTER HOUSING SUPPORTS FOR WOMEN-IDENTIFIED HOMELESS YOUTH WITH MENTAL HEALTH CONCERNS

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A Collaboration Between Eva's Initiatives for Homeless Youth
and The Canadian Observatory on Homelessness

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ACKNOWLEDGEMENTS

ABOUT EVA'S

Eva's Initiatives for Homeless Youth is an award-winning organization that provides shelter, transitional housing, and programming to help homeless and at-risk youth reach their potential to lead productive, self-sufficient, and healthy lives. Thanks to the generosity of our donors, 123 youth aged 16 to 24 find safe shelter and support in our facilities every night. Eva's gives youth the tools to transition out of homelessness permanently.

Eva's is named in honour of Eva Smith, a Toronto community leader who noticed that youth at-risk and those who were homeless were unrecognized and unsupported. Her advocacy led to the opening of our first facility, Eva's Place, and Eva's now runs three facilities in the City of Toronto.

- Eva's Phoenix: townhouse-style transitional housing for 50 youth, providing education support and employment training.
- Eva's Place: 40-bed emergency shelter and home to the Family Reconnect Program.
- Eva's Satellite: 33-bed emergency shelter that also specializes in harm reduction for youth with substance use and mental health needs.

ABOUT THE CANADIAN OBSERVATORY ON HOMELESSNESS

The Canadian Observatory on Homelessness is a non-profit, non-partisan research institute that is committed to conducting and mobilizing research so as to contribute to solutions to homelessness. We work together as a group of researchers, service providers, policy and decision makers, people with lived experience of homelessness as well as graduate and undergraduate students from across Canada with a passion for social justice issues and a desire to solve homelessness in our communities.

EVA'S INITIATIVES FOR HOMELESS YOUTH

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HOME + HEALTH: BETTER HOUSING SUPPORTS FOR WOMEN-IDENTIFIED HOMELESS YOUTH WITH MENTAL HEALTH CONCERNS

EXECUTIVE SUMMARY

This report presents the findings from Eva's Home + Health: Better Housing Support for Women-Identified Homeless Youth with Mental Health Concerns Project. The project received funding from the Women's Xchange and was conducted in collaboration with the Canadian Observatory on Homelessness.

The purpose of the study was to identify supports to help women-identified youth who experience homelessness and mental health concerns maintain their housing after leaving emergency shelter and transitional housing environments. Research demonstrates that women-identified young people who experience homelessness are at a higher risk of experiencing mental health challenges and face greater victimization while homeless. But we know less about their mental health support needs once they enter housing. This project fills an important knowledge gap.

We surveyed 11 women-identified young people currently residing at Eva's shelters and transitional housing facilities. All 11 participants completed a short survey on their housing, mental health, and support needs. These young women were getting ready to exit the shelter and enter into transitional or independent housing. Approximately 4 to 6 months later, nine of these participants completed a follow-up interview.

A focus group with key Eva's employees was also conducted to contextualize the survey results. Results demonstrated that mental health challenges can be a barrier to stable housing. Of the nine participants at follow-up, four were in independent housing, two were in transitional housing, two were in an emergency shelter, and one was in a housing environment that had both emergency shelter and transitional housing units (listed as emergency shelter/transitional housing throughout this report). Improvements in mental health predominantly occurred in the transitional housing group. Declines in mental health predominantly occurred in the emergency shelter/transitional housing group.

Looking at each of the four housing types:

- Participants in independent housing experienced personal growth as well as challenges.
- Participants in transitional housing appeared to be thriving.

- Participants in emergency shelter experienced some challenges with their mental health and their housing.
- The participant in the emergency shelter/transitional housing experienced a great number of challenges.

Eva's staff shared that a majority of the young people they work with experience mental health challenges. They felt that more funding should be provided to mental health supports, particularly as it relates to follow-up supports when young women leave emergency shelters. Staff also recommended that culturally-responsive mental health supports should be offered.

Overall, results demonstrate that young women with mental health challenges who experience homelessness are a unique group who are able to thrive in supportive environments. Support is key to young women with mental health challenges, as it can help to empower young women develop their autonomy and attain stable housing.

INTRODUCTION

Since 1994, Eva's Initiatives for Homeless Youth has provided assistance to thousands of young people experiencing homelessness through emergency shelter, transitional housing, and programs focused on family reconnection, training and employment, and life skill development.

Every young person that comes to Eva's brings with them a unique story. This makes sense given the reality that the drivers of homelessness cannot be framed in singular terms. Instead, structural, system, and individual factors must all be taken into account (Gaetz, Donaldson, Richter, & Gulliver, 2013).

A significant portion of young people who access Eva's services face mental health challenges. These challenges may occur prior to entries into homelessness, but they are undeniably exacerbated by the experience of homelessness. As a result, many young people at Eva's facilities require additional supports and some have difficulties keeping stable housing because of their mental health.

Despite the resounding need for mental health supports, what is less clear are the unique supports required for women-identified young people who experience homelessness. Women-identified youth are an under-researched population and there is little evidence focused on their unique mental health concerns and the interventions that will set them on a path to stable housing. As such, Eva's undertook a study to examine the support needs of women-identified young people with mental health challenges as they enter into housing.

This report begins with a brief literature review on young women's homelessness. It describes the methodology used to examine the research question and the results that were found. It concludes with a discussion on the implications of the findings.

LITERATURE REVIEW

WOMEN AND POVERTY

Over 1.5 million women in Canada live in poverty, with some groups more likely than others to be poor (Statistics Canada, 2010). The poverty rates of specific groups according to Statistics Canada are presented below:

- 36% of First Nations women (living off reserve)
- 23% of Métis and Inuit women (living in the provinces)
- 28% of visible minority women
- 33% of women with disabilities
- 20% of immigrant women

These statistics demonstrate that an intersectional approach to women's poverty and homelessness is particularly relevant, as Indigenous women, racialized women, women with disabilities, and women who are immigrants may be particularly vulnerable to housing and income insecurity.

PROPORTION OF WOMEN WHO EXPERIENCE YOUTH HOMELESSNESS

Research on youth homelessness shows that young males generally outnumber young women (O'Grady & Gaetz, 2004; Segaert, 2012). However, it is important to contextualize these findings since we know that the experience of homelessness for young women and young men is very different. For example, due to the unsafe nature of the streets, young women may be more likely to remain in unstable living situations (Gaetz, O'Grady, Kidd, & Schwan, 2016). It is also well-substantiated that young women who experience homelessness are more likely to have experienced abuse in their childhood than young men, potentially leading to greater experiences of trauma (Gaetz et al., 2016).

MENTAL HEALTH AND YOUTH HOMELESSNESS

The majority of young people who experience homelessness face mental health challenges. A large body of research shows that mental health and housing are inextricably linked. Mental health challenges place young people at risk of homelessness, and mental health challenges are further exacerbated upon entries into homelessness (Hadland et al., 2011; Kidd, 2013; Muir-Cochrane et al., 2006; Van den Bree et al., 2009). *Without a Home: The National Youth Homelessness Survey*, the first pan-Canadian study on youth homelessness, found that 85.4% of homeless youth were experiencing a mental health crisis (Gaetz et al., 2016). Further, 42% of respondents reported at least one suicide attempt and 35% reported at least one drug overdose requiring hospitalization.

The *Without a Home* survey found that young women experiencing homelessness reported markedly poorer mental health and had higher rates of suicide attempts than young men (59% for cisgender females and 39% for cisgender males) (Gaetz et al., 2016). LGBTQ2S youth also reported a greater degree of mental health concerns and suicide attempts than heterosexual youth.

Given these findings, it is not surprising to see that young women who experience homelessness are at a heightened risk for certain mental health conditions. Kirst and Erickson (2016) found that young women experiencing homelessness were significantly more likely than young men to have engaged in self-harming behaviour (56% of women vs. 34% of men) and attempted suicide (25% of women vs. 17% of men). Of young people with a co-occurring mental health and substance use problem, more than half were women (Kirst & Erickson, 2016). Young women who experience homelessness are also more likely to be diagnosed with anxiety and affective disorder such as depression (Edidin, Ganim, Hunter, & Karnik, 2012). This heightened risk of follows that of the general population (Miranda & Green, 1999).

Violence against young women also plays a significant role in their homelessness. Young women are at a greater risk for violence and trauma (Edidin et al., 2012) and young women who have experienced abuse, particularly sexual abuse, are more vulnerable to re-victimization (Canadian Housing and Renewal Association, 2002).

MENTAL HEALTH SUPPORTS

Despite a large number of young people who experience homelessness reporting mental health challenges, the majority do not access mental health treatment (Kamienecki, 2001; Slesnick & Prestopnik, 2005). Rickwood, Deane, and Wilson (2007) reported on facilitators and barriers to seeking mental health supports. Personal facilitators of seeking mental health supports include: a) having some knowledge about mental health issues and sources of help; b) feeling emotionally competent to express their feelings; and c) having established and trusted relationships with potential help providers. Barriers to accessing mental health supports include: a) experiencing suicidal thoughts and depressive symptoms; b) holding negative attitudes toward seeking help or having had negative past experiences with sources of help; and c) holding beliefs that they should be able to sort out their own mental health problems on their own.

Specific to young women, barriers to accessing mental health supports include being the sole caretakers of their children, inflexibility of low-income service jobs, and a lack of respect and judgment from health providers (Miranda & Green, 1999; Ensign & Panke, 2002). These barriers are coupled with the fact that the mental health supports available to young people who experience homelessness are often underfunded, making it difficult for efficient and effective service delivery (Gaetz et al., 2016).

Housing First for Youth may be a promising intervention (Gaetz, 2017). The model takes the Housing First model for adults and contextualizes it for young people. It includes having a wide array of housing options such as independent scattered-site housing, transitional housing, supportive housing, and family reconnection, as well as supports that are developmentally informed. This support is best delivered in small caseloads such as one worker per seven clients and includes best practice approaches such as harm reduction, trauma-informed care, and a recovery orientation. All of these supports are delivered in a manner that puts youth voice and choice first. This means that there are no preconditions to entering into housing and young people shape the type of supports they receive. This does not mean that young people can choose to not receive supports. Instead, there is a minimum level of engagement that has to occur, such as a home visit or contact in the community at least once a week. The adult model has resulted in resoundingly positive housing outcomes and the youth model is currently being evaluated.

This literature review has demonstrated that young women who experience homelessness are at a heightened risk of certain mental health conditions and that their access to mental health services is often a challenge. What has been less substantiated through research is the supports young women need upon attaining housing. This study furthers the scholarship in this much-needed area.

RESEARCH QUESTION

The main research question for this study is:

What support can help women-identified young people aged 16 to 24 who experience homelessness and mental health concerns maintain stable housing in the community after leaving shelter/transitional housing environments?

METHODS

PARTICIPANT INTERVIEWS

SAMPLE

Women-identified young people between the ages of 16 and 24 who accessed shelter/transitional housing at Eva's were eligible to participate in this study. Young people who access services at Eva's are diverse and inhabit multiple intersecting identities, including a diversity of ethnicities, races, income levels, sexualities, gender identities, abilities, health statuses, languages, faith/spiritualties, and immigration statuses.

PROCEDURE

Eva's stakeholders noted that, during the intake process with Youth Support Workers, young people typically identify their gender identities and any mental health concerns. Therefore, the study was introduced to women-identified young people who had previously indicated having mental health concerns. If potential participants were interested, a date and time was selected for the baseline interview to occur.

The young person's case manager was responsible for conducting the interview. The case manager obtained informed consent from participants prior to the beginning of the interview and told participants that they would be asked to participate in a follow-up interview approximately four to six months after their baseline survey. The interview was conducted during the lead-up to participants preparing to exit the shelter or transitional housing facility. The baseline interviews took place at one of Eva's facilities and the follow-up took place at a location determined by the participant.

Participants were compensated $20 for each interview.

The study received ethical approval from York University's Office of Research Ethics.

MEASURES

DEMOGRAPHICS

Participants were asked about their age, gender, ethno-racial identity, where they were born, if they had children, and if they been enrolled in school or a training program in the past 12 months.

HOUSING

At baseline, participants were asked how long they had been at either the shelter or the transitional housing facility and why they moved there. Participants were then asked how their current housing situation affected their physical and emotional health and the tools and resources they need to help them get housing.

At follow-up, participants were asked the same housing questions as they were asked at the baseline, along with several follow-up questions. The two scales that were used are described below.

TORO'S INSTRUMENT, HOUSING QUALITY (TORO ET AL., 1997)

Participants were asked to rate their current housing quality on a scale of one (very bad) to seven (very good) on the following dimensions: comfort, safety, spaciousness, privacy, friendliness, and quality. Total scores range from six to 42, with higher scores indicating greater housing quality.

QUALITY OF LIFE FOR HOMELESS AND HARD-TO-HOUSE INDIVIDUALS, HOUSING IMPACT (HUBLEY, RUSSELL, GADERMANN, & PALEPU, 2009)

Participants were asked to rate their current housing and neighbourhood conditions. This included quantitative and qualitative questions. Participants were asked to rate impact of their housing and neighbourhood on a scale of one (large negative impact) to seven (large positive impact). Open-ended questions focus on what participants like best and least about their housing and neighbourhoods.

MENTAL HEALTH

MENTAL HEALTH INVENTORY

The Mental Health Inventory (Veit & Ware, 1983) assesses psychological health and mental health status of adolescents and adults over the course of the past month. It assesses depression and anxiety symptoms, emotional/behavioural control, emotional ties/relationships, and positive affect. It also provides an overall psychological distress and psychological well-being score. The tool is appropriate for adolescents ages 13 and up. The scale has 38 items, with 36 items rated on a six-point scale and two items rated on a five-point scale. Higher scores on the scale indicate a greater level of the domain—that is, a higher score on the psychological distress scale indicates greater psychological distress. The measure takes approximately five to 10 minutes to complete.

COPING SELF-EFFICACY

The Coping Self-Efficacy Scale (Chesney, Folkman, & Taylor, 2006) assesses an individual's coping skills and confidence in performing coping behaviours. The tool is appropriate for young people and adults ages 18 and up. The scale has 26 items with each item rated on an 11-point scale. The anchor points of the scale are zero (cannot do at all), five (moderately certain can do), and 10 (certain can do). Higher scores indicate a greater level of coping skills and confidence in performing coping behaviours. The total score ranges from zero to 260 and the measure takes approximately four to eight minutes to complete.

After the first interview, the case manager provided feedback on the measures. It was determined that these measures were relevant and not overly burdensome on the young people in the study.

FOCUS GROUP

To contextualize the participant results from a service-provision lens, a focus group with staff from Eva's transitional housing facility was conducted. The focus group addressed the staff's experiences working with women-identified young people with mental health challenges and the supports young people need to stabilize their housing. The focus group ran for approximately 45 minutes.

DATA ANALYSIS

Given the small sample size (n=11), a case study approach was used to analyse the data. This approach presents detailed summaries of groups of participants and then compares each group. Qualitative data was analyzed using a thematic approach.

RESULTS

SAMPLE CHARACTERISTICS

A total of 11 women-identified young people participated in the baseline interview and nine participated in the follow-up interview. This resulted in a retention rate of 82%.

WHO WERE THE PARTICIPANTS?

- All participants identified as cisgender females.
- The average age was 21.8 (Standard Deviation = 2.09) and the range of ages was 19 to 24.
- Five of the participants identified as Black, two participants identified as mixed-race, two participants identified as Middle Eastern, one participant identified as Native American, and one participant identified as White.
- Three participants had children.
- Seven of the participants were born in Canada. Of the participants not born in Canada, all came to Canada less than a year ago to five years ago.
- Seven of the participants had been enrolled in a school or training program in the past 12 months.

BASELINE RESULTS

CURRENT RESIDENCE

All of the participants resided in one of Eva's emergency shelters. The current length of stay at Eva's was diverse and ranged from four days to 441 days. The average length of stay was 180 days (Standard Deviation = 180.8). Therefore, participants can be grouped into:

- four participants with short stays (four to 13 days) and

🔹 five participants with long stays (163 to 441 days).

Two participants had missing housing move-in dates, so they were excluded from the calculations. The participants in these short stay and long stay groups had similar data, so their responses are presented as one group.

WHY DID YOU MOVE HERE?

When asked why they accessed the shelter, participants offered varying responses. A recurrent response was, "I had no place to go." Other reasons included the following.

🔹 Three participants were discharged from other facilities, including another shelter, from undefined custody, and a group home.
🔹 Two participants stated that they left their family homes, either due to being kicked out or feeling stressed in the environment.
🔹 Two participants who were in a relationship stated that they had no money and no other place to go.
🔹 One participant was "couch surfing" and one participant moved from a different city.
🔹 Lastly, one participant stated that they were unsure if they were ready to move out on their own yet.

WHAT IMPACT DOES YOUR HOUSING HAVE ON YOUR HEALTH?

The impacts of living in a shelter were primarily related to a participant's mental health. Participants stated that their physical health was not impacted, outside of one participant stating that the food at the shelter made them nauseous and two participants stating that they felt tired and exhausted. Mental health impacts were often related to the stress of the living environment. The following quotes demonstrate the impact of the stressful living environment:

🔹 "Stressful being with so many people and not having your own space."
🔹 "Drives me crazy being here. I get overwhelmed dealing with people and then my own stuff."
🔹 "Emotionally, I am breaking down and angry."
🔹 "I feel exhausted here and emotionally unstable."
🔹 "I am very closed off. I don't really come down to the common area much because [there are] too many guys. I sometimes don't like the [other] residents because they are rude."
🔹 "Numbing. Harassing in the environment from residents. No support from the workers."
🔹 "Claustrophobic."
🔹 "It has been tough living here with all kinds of people in a small place."

Some participants noted other elements of staying at the shelter. These participants shared that they made friendships, some good and some bad. They also indicated that living in the shelter made them focus on their lives more. One indicated that they were closer to their son's daycare and it made their life stress-free.

WHAT TOOLS AND RESOURCES HELPED YOU ATTAIN HOUSING?

Participants were then asked what tools and resources helped them attain housing. Many shared that they received support from a housing worker and three participants discussed that members from their churches helped them attain housing.

MENTAL HEALTH

MENTAL HEALTH INVENTORY

OVERALL MENTAL HEALTH SCORES

Participants generally scored in the mid-range for most of the scales. This indicates that they experienced mid-levels of psychological distress, psychological well-being, anxiety, depression, behavioural/emotional control, general positive affect, emotional ties, and quality of life. One thing to note is that the standard deviation of the general positive affect domain was relatively large, indicating that participant scores were quite varied.

Domain (Possible range of scores)	Mean	Standard Deviation	Minimum Score	Maximum Score
Psychological distress (24 to 142)	74	15.37	46	98
Psychological well-being (14 to 84)	47	12.42	33	74
Anxiety (9 to 54)	30	8.02	18	42
Depression (4 to 23)	14	3.70	8	21
Behavioural/Emotional control (9 to 53)	28	6.61	17	41
General positive affect (10 to 60)	37	10.23	25	56
Emotional ties (2 to 12)	8	3.58	4	12
Quality of life (1 to 6)	3	.97	3	6

SHORT STAY VS. LONG STAY

Participants with short stays and long stays reported similar results on each indicator of the Mental Health Inventory.

HOW DO THESE RESULTS COMPARE TO YOUNG PEOPLE NOT EXPERIENCING HOMELESSNESS?

Based on an Australian study that examined reliability of the Mental Health Inventory for adolescents in high school, the scores from the current study are quite similar (Heubeck & Neill, 2000). For female-identified young people, Heubeck and Neill (2000) found that the average psychological distress score was 76.07 with a standard deviation of 15.55. The psychological well-being average score was 53.84 with a standard deviation of 10.75. The current study shows that participants scored slightly lower on the psychological distress score and lower on the psychological well-being score.

COPING SELF-EFFICACY

Overall, participants scored slightly above the mid-level of the scale (range of possible scores is zero to 260). The average score was 160.82, with a standard deviation of 37.75. The minimum score was 98 and the maximum score was 233.

SHORT STAY VS. LONG STAY

Participants with longer shelter stays reported higher scores (167) than the short stay group (136) on this measure.

FOLLOW-UP RESULTS

WAS THERE A DIFFERENCE IN WHO PARTICIPATED IN THE FOLLOW-UP INTERVIEW?

Long-stay shelter users (n=5) were more likely to participate in the follow-up survey than short-stay shelter users (n=2). Two participants did not provide their baseline housing entry date.

WHERE WERE PARTICIPANTS LIVING?

Of the nine participants who conducted a follow-up interview:

- four were living in independent housing;
- two were living in transitional housing;
- two were an emergency shelter; and
- one was living in a mixed emergency shelter/transitional housing environment.

For participants in independent housing, their rent ranged between $500 to $1,150 per month.

WAS THERE A DIFFERENCE BETWEEN LONG-STAY AND SHORT-STAY SHELTER USERS?

Long-stay shelter users were living in independent housing or transitional housing. Short-stay shelter users were residing in an emergency shelter or independent housing.

The remainder of this section presents results based upon a participant's current housing location:

1) **independent housing;**
2) **transitional housing;**
3) **emergency shelter; and**
4) **emergency shelter/transitional housing.**

WHY DID YOU MOVE TO YOUR CURRENT HOUSING?

INDEPENDENT HOUSING

Participant responses ranged from:

a) wanting to live independently;
b) knowing the person they were renting from and feeling safe in the environment; and
c) two participants stated that they had to find housing, indicating time limits on their previous housing.

TRANSITIONAL HOUSING

One participant stated that they wanted to live in a safe environment that would lead to their success. The other participant stated that they needed more time to stabilise their lives and save money. This participant felt that they needed to stay in a stress-free environment while they attended school and felt that they needed extra emotional support.

EMERGENCY SHELTER

One participant stated that they had nowhere to go, while the other participant wanted a new start.

EMERGENCY SHELTER/TRANSITIONAL HOUSING

The participant stated that this housing option was affordable.

WHAT ARE THE IMPACTS OF YOUR HOUSING ON YOUR HEALTH?

INDEPENDENT HOUSING

Participants generally reported that their housing had positive impacts on their lives, but that it could be isolating at first and that their limited financial resources impacted their opportunities for fun. In turn, they stated:

- "At first I felt lonely, but I got used to not being in the shelter."
- "I have gotten more serious and mature making sure I pay my bills. But now I don't have time for fun."
- "Nice, friendly neighbourhood. Subsidized housing. Close to supports and services."

One participant did not provide a response.

TRANSITIONAL HOUSING

Participants in transitional housing had positive things to say about their housing. One participant stated, "All positive effects."

The other participant stated their housing was, "in a really good location, downtown/accessible. Not stress from rent ($0). Nice, spacious room with a bathroom. Lots of windows. These all make my physical and emotional health look better."

EMERGENCY SHELTER

Participants in an emergency shelter felt depressed, anxious, and nervous.

EMERGENCY SHELTER/TRANSITIONAL HOUSING

The participant stated that their housing has affected them negatively, making them feel slightly more out of control.

WHAT ARE THE TOOLS AND RESOURCES TO KEEP YOUR HOUSING?

INDEPENDENT HOUSING

Two participants stated that paying rent on time and having a close relationship with their landlord was key to keeping their housing. One of the other participants focused on income supports, such as a savings program, debt repayment/financial literacy, and pre-employment programs.

WHAT ARE THE TOOLS AND RESOURCES TO ATTAIN INDEPENDENT HOUSING?

TRANSITIONAL HOUSING

Participants listed several factors they needed to address before attaining independent housing. One participant stated that they needed to work on their sobriety and connect with their case worker. The other participant stated they needed to learn organizational skills and developing a routine and sticking to it. This participant also stated they were looking for a healthy work/life/school balance, something which case workers helped them develop and which drastically improved their mental health.

EMERGENCY SHELTER

One participant shared that they needed to sign up for Ontario Works.

EMERGENCY SHELTER/TRANSITIONAL HOUSING

This participant did not provide a response.

HOW ARE PARTICIPANTS RATING THEIR HOUSING QUALITY?

The average housing quality scores are presented in the table below.

	Comfort	Safety	Spaciousness	Privacy	Friendliness	Quality	Total
Independent housing	6	6.25	5.5	5.25	5.5	5.5	34
Transitional housing	7	5	7	5.5	6.5	6.5	37.5
Emergency shelter	6	4	6.5	6	5.5	5	33
Emergency shelter / Transitional housing	2	2	6	2	4	2	18

Transitional housing participants had the highest overall housing quality rating and, upon examining specific domains, often had the highest domain ratings for comfort, spaciousness, and privacy. Independent housing participants had the highest ratings in relation to safety and

emergency shelter participants had the highest rating for privacy. The participant who was currently residing in the emergency shelter/transitional housing facility reported the lowest ratings.

Due to the small sample size, it is hard to generalize any of these findings, but there are indications that certain domains are more salient depending upon the type of housing one is residing in.

HOUSING IMPACT

DOES YOUR HOUSING FEEL LIKE HOME TO YOU?

- Three of the independent housing participants stated that their current residence feels like home and one participant stated that it did and did not feel like home.
- One transitional housing participant felt like their current residence felt like home and one participant stated that it did not feel like home.
- One emergency housing participant felt like their current residence felt like home and one participant stated that it did not feel like home.
- The emergency shelter/transitional housing participant did not feel like their current residence was a home.

WHAT IMPACT DOES YOUR HOUSING HAVE ON YOU?

Participants were asked to rate the impact their housing had on them, on a one-to-seven scale. Participants in independent housing had an average rating of 6.25, one participant in transitional housing had a rating of 7 (the other participant did not answer the question), and participants in the emergency shelter had an average rating of 5.5. All of the ratings show that participants generally reported a positive impact of their housing on their lives. The one exception was the participant residing in the emergency shelter/transitional housing environment, who stated that their housing had a large negative impact on them.

WHAT IS THE BEST THING ABOUT YOUR CURRENT HOUSING?

INDEPENDENT HOUSING

Participants appreciated the independence and privacy of having their own places.

TRANSITIONAL HOUSING

Participants stated that they enjoyed having their own room. One participant stated, "My big, beautiful, rent-free room. It sort of feels like a bachelor. The architecture in there is so beautiful. I feel blessed."

EMERGENCY SHELTER

Participants stated that they enjoyed the programs and it provided them with somewhere to go when there is nowhere to go.

EMERGENCY SHELTER/TRANSITIONAL HOUSING

This participant stated that the space was nice and that it was close to a shopping centre. They also said that it is a good resting place to sort out something before they moved out on their own.

WHAT IS THE WORST THING ABOUT YOUR CURRENT HOUSING?

INDEPENDENT HOUSING

Two participants did not list anything wrong with their current housing. The other two participants listed a faulty appliance and distance from amenities.

TRANSITIONAL HOUSING

One participant shared that the worst thing about their current housing was not having someone cook for them. The other participant shared, "The residents can get a little bad when drinking or on substances. They might engage in harmful behaviour which doesn't make me feel safe."

EMERGENCY SHELTER

Participants stated that the worst thing about their housing was that not many people cared and that there were rude people.

EMERGENCY SHELTER/TRANSITIONAL HOUSING

The participant did not like their neighbourhood, as they felt harassed.

NEIGHBOURHOOD IMPACT

DO PEOPLE FEEL SAFE IN THEIR NEIGHBOURHOODS?

INDEPENDENT HOUSING

Two participants felt safe in their neighbourhood and two participants felt safe and unsafe. The participants who felt safe attributed this to people "minding their own business". Participants who felt safe and unsafe stated it was because of the location and because there were a lot of cars that sped by. All participants felt safer during the day than at night.

TRANSITIONAL HOUSING

Both participants felt safe in their neighbourhoods because of the location of their housing. One participant stated, "It's an upscale residential neighbourhood. The transitional shelter is a house. Sometimes I forget I'm homeless." One participant felt the same about their safety during the day and at night. The other participant did not provide an answer about their safety during the day and at night.

EMERGENCY SHELTER

Both participants felt safe in their neighbourhoods because of the location of the shelter. Participants stated that they felt safe because they were located near a hospital and police station and one participant shared that the shelter was, "away from everything." Both participants felt safer during the day than at night.

EMERGENCY SHELTER/TRANSITIONAL HOUSING

The participant listed several challenges in their neighbourhood, such as gang violence and being approached to engage in sex work.

DO YOU FEEL A PART OF THE NEIGHBOURHOOD?

INDEPENDENT HOUSING

Three of the participants did not feel a part of their neighbourhood and one participant did feel a part of their neighbourhood.

TRANSITIONAL HOUSING

Both participants felt they were a part of their neighbourhood.

EMERGENCY SHELTER

One participant felt a part of their neighbourhood and one participant did not.

EMERGENCY SHELTER/TRANSITIONAL HOUSING

The participant did not feel a part of their neighbourhood.

WHAT IS THE BEST THING ABOUT YOUR NEIGHBOURHOOD?

INDEPENDENT HOUSING

Participants liked that their neighbourhood had resources available, had friendly neighbours, and was quiet.

TRANSITIONAL HOUSING

Participants liked the availability of resources and felt comfortable. One participant stated, "There are families, people walking their dogs, students, elderly people. People from different walks of life. Makes me feel very comfortable."

EMERGENCY SHELTER

Participants stated they were close to transit and did not have to travel far for anything.

EMERGENCY SHELTER/TRANSITIONAL HOUSING

The best thing about the participant's neighbourhood was that the community tried to reach out to each other when bad things happened.

WHAT IS THE WORST THING ABOUT YOUR NEIGHBOURHOOD?

INDEPENDENT HOUSING

Participants listed feeling unsafe at night and the youth crime in their neighbourhood.

TRANSITIONAL HOUSING

One participant did not have anything bad to say about their neighbourhood, while the other participant noted that the closest subway station was always closed.

EMERGENCY SHELTER

One participant listed that the neighbourhood was not close to anything.

The participant reiterated several challenges in their neighbourhood, such as gang violence and being approached to engage in sex work.

ANYTHING ELSE YOU WOULD LIKE TO ADD?

TRANSITIONAL HOUSING

One participant shared the following: "Build transitional places that are beautiful. That feels like a home. Hardwood floors. Cozy. Put them in good neighbourhoods. Being happy/comfortable with your living space sets the tone for your life and from there you'll be encouraged/motivated to go onto bigger and better things."

WHAT IMPACT DOES YOUR NEIGHBOURHOOD HAVE ON YOU?

Participants were asked to rate the impact their neighbourhood had on them on a one-to-seven scale, where one represented a large negative impact and seven represented a large positive impact. Participants in independent housing and transitional housing had an average rating of 4.5, participants in the emergency shelter had an average rating of 5, and the participant in the emergency shelter/transitional housing had a rating of 2. Thus, the majority of participants felt that their neighbourhood had a neutral impact on them. The one exception was the participant currently residing in the emergency shelter/transitional housing environment who stated that their neighbourhood had a moderately negative impact on them.

MENTAL HEALTH

Presented below are the mental health scores for each group at baseline and follow-up.

PSYCHOLOGICAL DISTRESS

Psychological distress (24 to 142)	Baseline Mean	Follow Up Mean	Difference
Independent housing	81.75	76	-5.75
Transitional housing	60.5	52.5	-8
Emergency shelter	63.5	72.5	9
Emergency shelter/Transitional housing	75	86	11

Participants in independent housing had the highest psychological distress scores among the participants at baseline and the participant in emergency shelter/transitional housing had the highest psychological distress score at follow-up. Participants in transitional housing had the lowest psychological distress scores at both time points.

From baseline to follow-up, participants in independent housing and transitional housing both reported decreases in their psychological distress. Participants in emergency shelters and emergency shelter/transitional housing reported an increase in their psychological distress.

PSYCHOLOGICAL WELL-BEING

Psychological well-being (14 to 84)	Baseline Mean	Follow Up Mean	Difference
Independent housing	48	52.5	4.5
Transitional housing	45.5	69.5	24
Emergency shelter	53.5	58	4.5
Emergency shelter/Transitional housing	46	31	-15

Participants residing at an emergency shelter had the highest rating of psychological well-being at baseline. Participants in transitional housing had the highest rating of psychological well-being at follow-up, but the lowest rating at baseline. Participants in emergency shelter/transitional housing had the lowest rating of well-being at follow-up.

The psychological well-being of the majority of participants increased from baseline to follow-up. The biggest jump occurred for participants in transitional housing. The exception was the participant currently residing in an emergency shelter/transitional housing facility, who reported a marked decrease in psychological well-being.

ANXIETY

Anxiety (9 to 54)	Baseline Mean	Follow Up Mean	Difference
Independent housing	30	27.5	-2.5
Transitional housing	24	15	-9
Emergency shelter	26	28	2
Emergency shelter/Transitional housing	30	30	0

Participants currently residing in independent housing and emergency shelter/transitional housing had the highest anxiety scores at baseline. The participant currently residing in an emergency shelter/transitional housing environment had slightly higher anxiety scores at follow-up than participants in independent housing and emergency shelters. Transitional housing participants had the lowest anxiety scores at both baseline and follow-up.

Anxiety scores decreased for participants in independent housing and transitional housing, with transitional housing participants reporting a larger drop. Scores of participants in emergency shelter slightly increased and the emergency shelter/transitional housing participant reported no difference.

DEPRESSION

Depression (4 to 23)	Baseline Mean	Follow Up Mean	Difference
Independent housing	16	13	-3
Transitional housing	10	8.5	-1.5
Emergency shelter	12	10	-2
Emergency shelter/Transitional housing	16	19	3

Participants currently residing in independent housing and emergency shelter/transitional housing had the highest depression scores at baseline and the participant in emergency shelter/transitional housing had the highest score at follow-up. Participants currently residing in transitional housing had the lowest depression scores at baseline and follow-up.

Depression scores for the majority of participants decreased at follow-up. Participants in independent housing had a slightly larger decrease. The participant in emergency shelter/transitional housing had a slight increase in their depression, with the score reaching close to the maximum score on the depression subscale.

BEHAVIOURAL/EMOTIONAL CONTROL

Behavioural/Emotional Control (9 to 53)	Baseline Mean	Follow Up Mean	Difference
Independent housing	32	28.25	-3.75
Transitional housing	21.5	26	4.5
Emergency shelter	24	29.5	5.5
Emergency shelter/Transitional housing	27	28	1

Participants in independent housing had the highest loss of behavioural/emotional control scores at baseline and participants in emergency shelter had slightly higher scores at follow-up. Participants in transitional housing had the lowest loss of behavioural/emotional control scores at baseline and follow-up.

Participants in independent housing were the only group to report a reduction in loss of behavioural/emotional control. Transitional housing, emergency shelter, and emergency shelter/transitional housing participants all reported increases, indicating a slight decrease in their behavioural/emotional control regulation.

GENERAL POSITIVE AFFECT

General Positive Affect (10 to 60)	Baseline Mean	Follow Up Mean	Difference
Independent housing	37.75	37.5	-0.25
Transitional housing	35.5	49.5	14
Emergency shelter	41	41	0
Emergency shelter/Transitional housing	37	22	-15

Participants in emergency shelters had the highest rating of general positive affect at baseline. Participants in transitional housing had the lowest rating of general positive affect at baseline and the highest rating of general positive affect at follow-up. The participant in emergency shelter/transitional housing had the lowest general positive affect scores at follow-up. The general affect scores for participants in independent housing remained the same at baseline and follow up.

Transitional housing participants were the only group to report an increase in general positive affect and the increase was relatively large. In contrast, the participant in emergency shelter/transitional housing had a large decrease in general positive affect.

EMOTIONAL TIES

Emotional Ties (2 to 12)	Baseline Mean	Follow Up Mean	Difference
Independent housing	8.25	7	-1.25
Transitional housing	5	9.5	4.5
Emergency shelter	8	8	0
Emergency shelter/Transitional housing	5	5	0

Participants in transitional housing and emergency shelter/transitional housing had the lowest emotional ties score at baseline and participants in independent housing had the highest emotional ties score. The participant in emergency shelter/transitional housing environment had the lowest score at follow-up and participants in transitional housing had the highest score. Transitional housing participants were the only group to report an increase in emotional ties.

LIFE SATISFACTION

Life Satisfaction (1 to 6)	Baseline Mean	Follow Up Mean	Difference
Independent housing	3.25	3.75	0.5
Transitional housing	3	5	2
Emergency shelter	4.5	4.5	0
Emergency shelter/Transitional housing	3	2	-1

Participants in transitional housing and emergency shelter/transitional housing had the lowest life satisfaction scores at baseline and participants in emergency shelters had the highest rating. Participants in transitional housing had the highest life satisfaction rating at follow-up and the participant in emergency shelter/transitional housing had the lowest score at follow-up. Transitional housing participants were the only group to report a marked increase in life satisfaction.

COPING SELF-EFFICACY

Coping Self-Efficacy	Baseline Mean	Follow Up Mean	Difference
Independent housing	170	161.75	-8.25
Transitional housing	165	197	32
Emergency shelter	192	154	-38
Emergency shelter/Transitional housing	136	62	-74

The emergency shelter/transitional housing participant had the lowest coping self-efficacy score at baseline and follow-up. Participants in an emergency shelter had the highest coping self-efficacy score at baseline and transitional housing participants had the highest at follow-up. Transitional housing participants' coping self-efficacy increased from baseline to follow-up, while independent housing participants' scores decreased. The participants in emergency shelter and emergency shelter/transitional housing demonstrated a very large decrease in their coping self-efficacy scores.

SUMMARY

Presented below are summaries of each participant group. They demonstrate the unique trends that emerged in each group.

INDEPENDENT HOUSING

- **Participants in independent housing experienced personal growth as well as challenges.** Participants noted that there was a sense of responsibility attached to attaining their own housing. Although the transition to housing from the shelter could be lonely, this feeling dissipated once participants became comfortable in their housing. Participants generally reported satisfaction with the quality of their housing and the majority of participants felt that their housing was their home. Perhaps most importantly, the participants appreciated the sense of privacy and independence of having a place of their own.
- **Participants experienced less of a connection to their neighbourhood.** Participants did not always feel safe in their neighbourhood and reported that they did not feel like they were connected to their neighbourhood. The participants did appreciate the availability of resources in their neighbourhoods.
- **Mental health of participants in independent housing varied.** At baseline, these participants often reported the highest levels of psychological distress. Encouragingly, these rates of psychological distress often decreased at the follow-up period. This indicates that there were some improvements in mental health upon exiting the shelter system and entering into housing. The coping self-efficacy scores did not reflect this trend, as they decreased from baseline to follow-up. This may indicate that the stress of independent living impacts participants' coping abilities.
- **In order to maintain their housing, participants noted the importance of paying rent on time and having a close relationship with their landlords.** Other areas of supports to maintain housing included income supports, such as a savings program, debt repayment/financial

literacy, and pre-employment programs. It is interesting that mental health supports were not mentioned by participants as a facilitator in maintaining housing.

TRANSITIONAL HOUSING

- **Participants in transitional housing appeared to be thriving.** These participants moved into transitional housing to gain stability and develop skills for independent living. Participants were generally satisfied with the quality of their housing and felt that it had a positive impact on them. One participant did not always feel safe in their housing, due to the behaviours of other residents.
- **The impact of transitional housing had a particular impact on one of the participants.** The quality and location of the house made them forget that they were homeless. Further, they stated, "Build transitional places that are beautiful. That feels like a home. Hardwood floors. Cozy. Put them in good neighbourhoods. Being happy/comfortable with your living space sets the tone for your life and from there you'll be encouraged/motivated to go onto bigger and better things." It is clear that providing comfortable environments for young people with mental health challenges is vital to their wellbeing and movement to independent housing.
- **Participants felt safe in their neighbourhoods and a part of their communities.**
- **Participants demonstrated the most marked improvements in mental health.** They reported substantial decreases in psychological distress and substantial increases in psychological well-being. This finding is important since participants in transitional housing generally had the lowest scores in psychological well-being at baseline. They also showed a marked increase in levels of coping self-efficacy.
- **Improvements in mental health and satisfaction with housing and neighbourhoods demonstrate that transitional housing is an effective housing model for young women with mental health challenges.** Supports offered by transitional housing and the affordability of the accommodations puts residents at a lower level of psychological distress.
- **Participants listed several factors that need addressing before obtaining independent housing.** One participant stated that they needed to work on their sobriety and connect with their case worker. The other participant stated that they needed to learn organizational skills and develop a routine and stick to it. They also stated that they were looking for a healthy work/life/school balance, something which case workers helped them develop, which drastically improved their mental health.

EMERGENCY SHELTER

- **Participants experienced some challenges.** They were generally satisfied with their housing but found that living with other residents could be difficult. They also felt depressed, anxious, and nervous living at the shelter. Participants enjoyed programming offered at the shelter and appreciated having a place to stay.
- **Participants felt safe in their neighbourhoods and appreciated their proximity to transit.**
- **Participant mental health showed some declines.** Levels of psychological distress increased among these participants, as did their levels of anxiety and loss of emotional/behavioural control. Participants did make gains in psychological well-being, but there were no changes in any of the specific subscales (e.g. general positive affect, emotional ties, and life satisfaction). Participants' level of coping self-efficacy dropped substantially from baseline.

This may indicate that the stress of living in an emergency shelter impacted their level of coping and feelings of psychological distress.

- **Participants were less forthcoming in regards to factors required to attain stable housing.** For example, one participant shared that they needed to sign up for Ontario Works. This may indicate that participants were focused on attending to their immediate needs and not considering independent housing at the moment.

EMERGENCY SHELTER/TRANSITIONAL HOUSING

- **The participant in the emergency shelter/transitional housing environment experienced a great number of challenges.** She said that her housing situation had a negative impact on her life and she found their housing to generally be of poor quality. Her current housing did not feel like a home to her. She did appreciate that her housing was a nice space, close to a shopping centre, and perhaps most importantly, allowed her to sort some things out in her life prior to moving into independent housing.
- **The participant did not find her neighbourhood to be a safe place.** This was attributed to the gang activity in the neighbourhood and being approached to engage in sex work. As a result, she listed her neighbourhood as having a moderate negative impact on her life. The participant did share that there was a sense of community when bad things happened in the neighbourhood, indicating that the neighbourhood did offer some supports.
- **The participant's mental health dramatically decreased in a number of areas.** In particular, her overall levels of psychological distress increased over the study period and her level of psychological well-being decreased. In particular, her ratings of depression increased and her general positive affect and coping self-efficacy dramatically decreased. It appears that her dissatisfaction with her housing and the lack of safety in her neighbourhood had a very large influence on her mental health.
- **The participant did not provide any tools or supports they required to attain stable housing.**

INTERPRETATION

All participants shared their unique stories during the research process. Among the four housing groups that surfaced (independent housing, transitional housing, emergency shelter, emergency shelter/transitional housing), some commonalities emerged. It appeared that participants in independent and transitional housing had substantially different experiences than participants in emergency shelters and emergency shelter/transitional housing.

- **Participants in transitional housing were thriving.** They had positive changes in their mental health and were working on ways to achieve stable housing. Prior to entering into transitional housing, young women were experiencing lower levels of psychological distress than independent housing and emergency shelter participants. This may be due to the fact that transitional housing participants knew they were moving into a supportive environment and that there would be supports available to them. Transitional housing participants' psychological distress decreased and their well-being increased over time. This may be the direct result of young women being comfortable in their housing and neighbourhood and receiving supports from staff. One of the only challenges to emerge was living in a congregate environment. It is clear that supports and stability offered by transitional housing

greatly impacted these participants. What is less clear is if these participants will feel prepared to enter independent housing and if their level of supports will decrease over time.

- **Participants in independent housing were in a developmental phase.** Prior to independent housing, they reported psychological distress. This could be due to feelings of stress related to exiting the shelter system and moving out on one's own. This psychological distress dissipated over time as demonstrated by the reduction in psychological distress scores from baseline to follow-up. Participants enjoyed the independence of their housing, but found the transition to independent living sometimes isolating. They had little connection to their neighbourhoods and often felt unsafe. Their mental health demonstrated some improvements, but they had a decrease in their level of coping self-efficacy. At baseline, these participants had a high level of coping self-efficacy. This demonstrates that the shelter environment was helping them develop coping skills prior to entering into housing. As many of the participants in independent housing were long-stay shelter residents, it also demonstrates that the development of coping skills may have occurred over a long period of time. The decline in coping self-efficacy at follow-up shows that the stressors of independent living, particularly the tools required to maintain and stabilize one's housing, can be very challenging. These findings provide evidence that there is a substantial need for more follow-up supports upon entry into independent housing.

- **Participants in emergency shelters were in a phase of "figuring things out."** These participants were attending to their immediate housing needs and not necessarily planning exits into stable housing. They found living in an emergency shelter to be hard on their mental health. This included increased psychological distress and decreased coping self-efficacy. Returning to or maintaining residence at the shelter resulted in a slight increase in psychological distress, but also a slight increase in psychological well-being. This indicates that the emergency shelter environment can be stressful for residents, but it also provides social opportunities and supports. The participants' coping self-efficacy ratings had a steep decline from baseline to follow-up. This may reflect that a return to or maintaining residence in an emergency shelter can lead to feeling less confident in one's coping skills. It demonstrates that supports focused on strengths-based approaches that empower young women may be particularly useful to service delivery in emergency shelters.

- **The participant in an emergency shelter/transitional housing environment was struggling.** She reported mental health concerns related to her housing situation, noted that her housing and neighbourhood had a large negative impact, and experienced steep declines in some aspects of her mental health. One of the most concerning issues she faced was being propositioned to enter into the sex trade. This demonstrates the vulnerability women-identified young people experience when accessing emergency shelters and transitional housing environments and the impact it can have on their mental health. This participant did share that her housing environment allowed her to sort some things out in her life. The transition from congregate, supportive-type living situations to independent housing is one that will take time. As a result, young women should be given space to grow and develop in supportive environments and access stable housing when they are ready.

STAFF FOCUS GROUP

Key Eva's employees were asked a series of questions related to their experiences working with women-identified youth with mental health challenges.

WHAT PERCENTAGE OF YOUNG WOMEN EXPERIENCE MENTAL HEALTH CHALLENGES?

Staff agreed that a large percentage of women-identified young people they work with experience mental health challenges. It was agreed that approximately 75% of women-identified youth may experience mental health challenges.

Staff shared that some of their clients received a mental health diagnoses, but many have not. Mood disorders were cited as the most common mental health challenge experienced by women-identified young people.

WHAT MENTAL HEALTH SUPPORTS ARE WOMEN-IDENTIFYING YOUTH REQUESTING?

Staff felt that a small number of women-identified young people ask for supports. Requests for supports were often tied to access to a psychiatrist and mental health counsellors. Some staff members shared that young women would like to see more holistic and culturally-appropriate mental health supports. As current mental health practices are engrained in Western traditions, staff felt it was important to support young women youth who were interested in alternative forms of care.

One staff member also felt that spiritual care would be beneficial. It was thought that this spiritual component to mental health care allows for a space for young women to be themselves.

WHAT MENTAL HEALTH SUPPORTS IS EVA'S ABLE TO PROVIDE?

Staff shared that there are currently no in-house mental health supports available, making it difficult to provide appropriate services to young women. As a result, staff discussed that they commonly referred young people to other services. Staff felt this was a challenge, since they realize the importance of developing connections with young people and did not think it was healthy for young people to have to retell their stories each time they accessed a new service.

ARE THERE GENDER DIFFERENCES IN MENTAL HEALTH?

Staff were asked if they noticed any gender differences in relation to mental health. They shared that regardless of gender, young people are not being properly diagnosed. One staff member felt that young women coped with their mental health by keeping busy. They stated that young women are more likely to be out in the community so as to avoid the stressors of living in the shelter. Young men were thought to use substances as a coping mechanism.

WHAT IS THE RELATIONSHIP BETWEEN MENTAL HEALTH AND HOUSING?

Staff agreed that housing should lead to improved mental health but noted several challenges that impact this theory. These challenges include poverty, access to employment, connection to society, and adequate mental health supports. The staff agreed that there needs to be more

follow-up procedures in place once young people exit Eva's. As it currently stands, the follow-up supports are limited.

Staff shared that young people do not shy away from coming back to Eva's to access supports. It was acknowledged that young people are told that they can come back should they require supports.

HOW ARE STAFF PREPARING WOMEN-IDENTIFYING YOUTH WITH MENTAL HEALTH CHALLENGES FOR HOUSING?

Staff discussed how they have conversations with young women they serve as they prepare to enter into housing. Staff discuss the young person's connection to community services and ensure that they are connected to supports once they are in the community. These supports are tailored to the specific needs of each young person.

Goal-setting is also important. It is important to help young people achieve their goals, whether they are financial, employment, or educational goals.

WHAT CHALLENGES DO YOUNG WOMEN WITH MENTAL HEALTH CONCERNS FACE?

Mental health supports play a big role. There was some worry that young people experience a decrease in supports upon entry into housing. This can result in a decrease in their mental health. Staff noted that young people worry that if a crisis happens, they will have to return to the shelter.

It was thought that the lack of follow-up supports puts young people at a disadvantage. If follow-up supports were in place, other pieces of their lives would fall in place easier.

Staff also recognized the importance of working with landlords. Staff stated that landlord mediation and landlord relationship-building is important.

WHAT ARE THE STRENGTHS OF YOUNG WOMEN WITH MENTAL HEALTH CHALLENGES?

Staff discussed several strengths, including the ability to manage their own resources, such as financial resources to pay rent. Young people were also described as resourceful: they know where to go, what questions to ask, and how to navigate the system. From a gender lens, it was thought that women-identified young people tend to know the supports they need and are quicker to ask for it.

OTHER THOUGHTS

Staff thought that the lack of proper diagnosis was a major challenge faced by young people and that there is a need to identify mental health diagnoses earlier. They expressed that this could happen sooner if psychiatrists were available in shelter spaces.

Staff also expressed a need for culturally-responsive services framed in a trauma-informed approach. They shared that counsellors need training on trauma-informed care and more opportunities for training. Additionally, staff expressed a need for more follow-up supports, which would improve youth outcomes and help young people maintain housing.

Lastly, staff felt that there needs to be more flexibility in the length of stay at Eva's, extended to over a year and up to two years. This would allow more time to build community connections and a circle of care.

CONCLUSIONS AND RECOMMENDATIONS

This study examined the support needs of young women aged 16 to 24 with mental health concerns to maintain stable housing in the community after leaving shelter/transitional housing environments. It is important to acknowledge that this is a small study and that results may not be applicable to a wider sample. It would have been ideal to speak with more young women to get more generalizable information and better address how young women's intersectional identities impact their experiences. The response rate was relatively high, but speaking to each of the original 11 participants would have been optimal. As well, conducting qualitative interviews with the young women would have provided a deeper understanding of their housing, neighbourhoods, and mental health.

Below we present a series of recommendations to develop a comprehensive mental health support system for women-identified young people who access services at Eva's and are preparing to enter into independent housing.

RECOMMENDATION 1

Increase the level of in-house mental health supports for women-identified young people at Eva's and develop mental health plans for them upon their exit.

Results demonstrated that the housing path of young women is varied and can result in differential rates of mental health well-being. As noted by staff, there is a need for more mental health supports, both within emergency shelters and transitional housing and externally once young women leave facilities into independent housing. Mental health plans should involve:

- ensuring that young women are linked to mental health supports in the community prior to exiting Eva's.
- following up on a regular basis once a young woman exits. This includes visiting young people in their residences or in the communities, and the length of this follow-up support should be determined by each young person.
- helping young women identify supports in their communities. This could include touring the neighbourhood to identify community centres, health centres, and other programs.
- ensuring the safety of young women in their housing.

RECOMMENDATION 2

Ensure that women-identified young people are involved in the development of mental health supports that incorporate intersectional approaches.

Mental health supports should be driven by young women and adapted to meet their diverse and unique needs. For example, staff noted that traditional Westernized mental health care models will resonate with all young people. Thus, culturally relevant mental health services should be examined. This is particularly important for the current sample, as the majority of participants were racialized.

Relatedly, it is important to address mental health and homelessness among young women through an intersectional lens. As we know that homelessness is the result of a myriad of structural, systems, and intrapersonal factors, this intersectional approach to young female homelessness is important.

An example of intersectional approaches to mental health among street-involved African Canadian youth is proposed by Hasford, Amponash, & Hylton (2018). They state that an intervention should be grounded in an anti-racist praxis (e.g., addressing racism and other interlocking systems of social oppression and allyship by recognizing one's social location and privilege).

RECOMMENDATION 3

In developing mental health supports, ensure that a strengths-based approach is incorporated. It is also important to frame mental health supports in a strengths-based manner.

As stated by Noble & Howes (2018), "by focusing on the strengths of our young people, we avoid stigmatizing and even retraumatizing them, allowing them to build the confidence and resilience necessary to move forward in their lives" (p. 197). Each participant displayed many strengths and were able to discuss positive impacts of their housing and neighbourhoods. For example, young women appreciated the independence and privacy of living in independent housing and the support and stability of transitional housing. Young women staying in emergency shelters appreciated the programming made available to them. Mental health supports should be framed around these variables to empower young women to attain stable housing.

RECOMMENDATION 4

Ensure that mental health supports are framed in a trauma-informed care approach.

Homelessness is traumatic and many young women have histories of trauma. Therefore, it is important to respond appropriately by adopting specific policies, principles, and practices that generate spaces of safety (Hopper, Olivet, & Bassuk, 2018). Specific for young mothers, service providers must take the following into consideration when implementing services and supports: building trust with young mothers, gradually decreasing the amount of time and supports in which the service provider is delivering as to foster and encourage independence, and working

with young mothers in crises to breakdown and assist in managing crisis situations (Murnan, Zhang, & Slesnick, 2018).

RECOMMENDATION 5

Apply the principles of Housing First for Youth, particularly among women-identified young people in independent housing.

The results show that Housing First for Youth may be an appropriate program for young women with mental health challenges. As previously stated, Housing First for Youth offers support delivered in small caseloads and includes best practices such as harm reduction, trauma-informed care, and a recovery orientation. Supports are delivered in a manner that puts youth voice and choice first. Participants in independent housing, transitional housing, and emergency shelter all demonstrated the positive potential of a Housing First for Youth approach.

- Young women in independent housing clearly demonstrated a need for tailored supports to help them with the transition to independent living. With Housing First for Youth, participants receive case management supports to assist them in a variety of domains, including mental health and community integration.
- Participants in transitional housing best illustrated the benefit of supports. As transitional housing is part of the Housing First for Youth model, this provides further evidence that the model would work well with young women with mental health challenges.
- It is also important to consider the participants in emergency shelter and how they could benefit from Housing First for Youth. In the Housing First for Youth model, these participants would have received supports to find new housing as opposed to returning to the shelter. This is an important practice, particularly as it relates to mental health, as participants in the current study demonstrated some declines in mental health upon return to the shelter.

Shifting to a Housing First for Youth philosophy will require substantial funding and a potential reorganization of operations for shelter providers like Eva's. Funding that supports the development of Housing First for Youth approaches are necessary.

RECOMMENDATION 6

In developing mental health supports, ensure they are holistic and tap into domains outlined in Eva's Outcome Framework.

Results of the current study can be linked to The Canadian Observatory on Homelessness' previous work with Eva's where an outcome measurement framework that extended beyond traditional indicators was co-developed (Ecker, Donaldson, & Helland, 2017). Taking direction from the Circle of Courage by Brendtro, Brokenleg, & Van Bockern (2007), this framework outlined five main outcome areas:

- Connection to the culture and land
- Social relationships
- Community engagement
- Intrapersonal growth

🔹 Wellbeing

These outcomes areas are framed in a holistic manner and focus on indicators that extend beyond achieving housing stability. They are all directly related to the results from the current study as participants all touched upon the importance of feeling supported in their living environments, engaging within their neighbourhoods, developing mastery and independence, feeling mentally well, and applying non-Westernized perspectives to mental wellness. It is evident that this outcome framework adequately captures the experiences of young people in their development and path to stable housing and should be further developed.

RECOMMENDATION 7

Provide more opportunities for staff training.

Staff noted that there was limited funding for training in mental health best practices. Therefore, more funding should be allotted to developing staff capacity to deliver mental health supports in the homelessness sector. This includes more intensive mental health training for staff in topics such as trauma-informed care, harm reduction, recovery-oriented service delivery, strengths-based approaches, and culturally competent care.

RECOMMENDATION 8

Consider a reduction in the time limits placed on transitional housing.

Participants in transitional housing demonstrated excellent outcomes related to their mental health. This demonstrates the importance of providing on-site supports for young women with mental health challenges; however, it is not known if these positive outcomes will be sustained over time, particularly as they exit the transitional housing environment. Therefore, the length of stay in transitional housing environments should be examined and potentially lengthened to ensure young women feel prepared to enter into independent housing. This will help them develop the agency and independence required for attaining stable housing.

RECOMMENDATION 9

Strengthen current partnerships with mental health agencies and seek out new partnerships.

It is important to recognize that no one organization can do this work alone. It will be important to continue to foster relationships with current mental health partner agencies, but also seek out new partnerships. In particular, it will be important to seek out mental health agencies that work with racialized communities as well as agencies that specialize in working with women-identified young people.

RECOMMENDATION 10

Develop research and evaluation projects to continue this work.

This project represents the voices of a small number of women-identified youth. It will be important to grow this research and speak with a number of young women to determine if results are applicable to a wider range of individuals and to better pursue an intersectional approach to data analysis. Given the small sample size, we were not able to stratify data to examine the collective experiences of racialized women, Indigenous women, and other groups who share specific identity factors and experiences. This will be important going forward with other research.

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