

Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

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

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Target/priority population(s) in synthesis:

- Young people (16 – 24 years of age) who are experiencing or have experienced homelessness.

- Front-line providers working with young people (16 – 24 years of age) who are experiencing or have experienced homelessness.

What is the issue?

An estimated 35,000-40,000 Canadian youth (aged 13 – 24 years) experience homelessness at some point during the year and at least 6,000 on any given night (Gaetz et al., 2016). The overwhelming majority have experienced some form of trauma and their challenges related to mental health and substance use have been documented for decades (Auerswald et al., 2019; Hwang, 2000; Karabanow, 2008; Kidd et al., 2017; Kulik et al., 2011; Roy et al., 2010; Wood et al., 2006).

Struggles with mental health and substance use are not unique to young people currently experiencing homelessness; rather, these challenges persist – and sometimes get worse – for young people who have experienced homelessness in the past (Kidd et al., 2016; Thulien et al., 2018; Thulien et al., 2019). Intervention-focused research with young people with current and past experiences of homelessness is emerging but quite limited (Altena et al., 2010; Coren et al., 2016; Hwang & Burns, 2014; Luchenski et al., 2017; Morton, Kugley et al., 2020; Wang et al., 2019). Thus, it is against this backdrop of social and structural inequities and limited guidance in peer-reviewed literature around “what works” to improve outcomes related to mental health, substance use, and sustained exits out of homelessness, that the COVID-19 pandemic came on scene – accelerating our need for an evidence-informed response.

The aim of this knowledge synthesis was to deliver real-world evidence on promising mental health and substance use practices utilized by front-line providers working with young people who were experiencing or had experienced homelessness during the COVID-19 pandemic. We focused on three key domains: 1) Pandemic impacts on mental health and substance use patterns; 2) Provider practice adaptations; and 3) Promising and transformative approaches to mental health and substance use care.

Key messages:

- We must pay special consideration to the mental health and substance use needs of young people with current and past experiences of homelessness, who are more likely than the general population to have pre-existing mental health challenges, struggles with financial hardship, and employment uncertainty.
- Providers must be careful not to inadvertently perpetuate access inequities – already common in this population – by pivoting to phone/virtual care without having a concurrent plan around addressing resource-related barriers to access.

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

How was the synthesis conducted?

We began this synthesis in June 2020 by utilizing an electronic survey, amassing on-the-ground perspectives of Canadian front-line providers who serve young people who are experiencing or experiencing homelessness. We published a preliminary report on June 24, 2020, using data from the electronic survey (188 providers responded). From June – November 2020, we further refined this synthesis through focus groups with providers and young people, and deeper exploration of the peer-reviewed literature. This was an iterative process; findings from our electronic survey influenced the direction of our literature review and focus group questions, and the focus group findings influenced subsequent reviews of the literature.

What did the synthesis find?

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

Pandemic Impacts on Mental Health and Substance Use Patterns

“When this pandemic started a lot of folks were talking about it being the great equalizer – we are all in the same situation. We very quickly realized this was not the case.”

~ front-line provider (focus group)

Our survey and focus group discussions highlighted the snowstorm of inequities young people (and providers) are trying to navigate during this pandemic. In addition to dealing with struggles related to worsening mental health/substance use and pandemic-related closures (job, school, drop-in centres, etc.), most young people have friends/family at high risk for getting COVID-19 or belong to a high-risk group themselves. Furthermore, current public health restrictions and ensuing service limitations operate on the assumption that young people: have a place to isolate; can isolate safely and with others; can afford phones/computers; and have access to the internet.

Provider Practice Adaptations

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

~ youth (focus group)

The emphasis on phone/virtual practice adaptations is understandable given the requirement to align with pandemic-related public health measures; however, the implications for young people who prefer/depend on in-person supports – especially the most marginalized (e.g., transgender, refugee, and street-entrenched young people) – are worrisome. Providers must be careful not to inadvertently perpetuate access inequities – already common in this population (Kulik et al., 2011) – by pivoting to phone/virtual care without having a concurrent plan around addressing resource-related barriers to access. Crucially, the importance of community and personal relationships should not be underestimated.

Promising and Transformative Approaches

“...as a system whole, especially what is happening in the world right now, [we] need to re-construct, re-work and re-structure how we deliver service. Client identities are missing entirely. Health equity needs to be at the forefront of the change, especially when Black and Indigenous individuals are disproportionately affected by this pandemic. My specific recommendation is a complete flip of how we deliver care.”

~ front-line provider (survey)

Overall, we got the sense that provider practice adaptations were made out of necessity and not necessarily because the adaptations represented a better way of serving young people. In other words, responses pertaining to this domain were not what we envisioned at the outset of this research. That said, the ambivalence on behalf of providers and youth makes sense given providers had to rapidly adapt their practices, and do so in a sector plagued by insufficient evidence on how interventions impact long-term outcomes – including socioeconomic inclusion and housing stability (Luchenski et al., 2017; Morton, Kugley, et al., 2020) – to guide the way.

We have incorporated provider and youth insights into promising and transformative approaches into the implication section below. With adequate resources (e.g., staffing and financial support), more rigorous evaluation (e.g., research over a longer period of time with a comparison control group and inclusion of participant narratives), and attention to the social determinants of health (e.g., equitable social and economic inclusion), several of these adaptations might signal a better, more youth-centred way of approaching the mental health and substance use needs of young people who are experiencing or have experienced homelessness.

What are the implications of this synthesis?

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

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

With this in mind, and drawing from our study data and the literature, we suggest recommendations for practice, research, and public policy. We see important alignments with two documents in particular: *From Risk to Resilience: An Equity Approach to COVID-19* (Public Health Agency of Canada, 2020) and *The Roadmap for the Prevention of Youth Homelessness* (Gaetz et al., 2018).

Practice

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

Research

- Pilot promising phone/virtual supports (e.g., cognitive behavioral therapy interventions) that have been tested with young people who have not experienced homelessness (rigorous testing – ideally with a control group for comparison – is crucial)

- Incorporate perspectives of young people with current and past experiences of homelessness into all phases of the research process (crucial for any research involving young people who are experiencing or have experienced homelessness)
- Assess how intervention outcomes vary by subpopulations (e.g., 2SLGBTQ+, Indigenous, and racialized youth)
- Incorporate and test the integration of virtual supports into promising evidence-based complex wraparound interventions for youth exiting homelessness (e.g., Kidd et al., 2019; Kidd et al., 2020)
- Rigorously study promising interventions related to system navigation (e.g., connecting youth with an advocate/mentor), early intervention (connecting youth to family/natural supports), and housing stabilization (rent subsidies and cash transfers) – look at longitudinal outcomes beyond housing stability, such as socioeconomic inclusion

Policy

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

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

List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting:

- Youth
- Homelessness
- Substance use
- Mental health
- Interventions

- Social determinants of health
- 2SLGBTQ+ (two-spirit, lesbian, gay, bisexual, queer)
- Racialized
- Indigenous
- COVID-19 Pandemic

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