Developing a trauma-informed mental health group intervention for youth transitioning out of homelessness

Key Details

KEY WORDS
Youth Homelessness; Group Therapy; Mindfulness Techniques; Mental Health and Wellness; Trauma-Informed Framework

POPULATION GROUPS
Youth Living In Poverty; Youth Workers

STEPPING UP THEMES
Health & Wellness; Coordinated & Youth-Friendly Communities

RESEARCH ORIGIN
Ontario

SOURCE
Institution

"Young people who are homeless experience converging and amplified risk due to their developmental stage, as well as the stress, risk behaviours, and associated trauma that often accompany becoming or being homeless... Intervention models that target homelessness itself as the core problem (with a focus on housing, employment, and school engagement) are criticized for overlooking the influences of trauma and mental health on the situations and choices of youth" (p. 149-150).

1. What is the research about?

This research was part of a wider pilot project that aimed to create a practical set of supports for youth in the early stages of transitioning to stable housing. Most research on the subject suggests that youth who are homeless are significantly more likely to experience mental health issues than youth who are housed, but they are less likely to seek mental health care due to "difficulty navigating the healthcare system, few clinic sites, lack of coordination among service providers, inconvenient operating hours, and long waitlists" (p. 149).

Despite an overwhelming need to provide youth who have experienced homelessness with mental health care, current interventions focus primarily on meeting basic needs and supporting youth in becoming active members of society. While the importance of meeting basic needs should be emphasized, it is also crucial to address the underlying causes of youth homelessness, such as mental health issues and trauma.

In response to this need, the researchers developed a mental health group intervention for youth who were in their first year of transitioning out of homelessness. The group consisted of weekly, 90-minute, open sessions, held at a community arts hub. The group took a trauma-informed approach, borrowing from cognitive behavioural-based therapy frameworks. The group intervention approach was particularly important for these youth; although the stress of being homeless had somewhat been lifted, they were faced with the task of managing their mental health and learning ways to cope in a new context.

2. Where did the research take place?

This research took place in Ontario.

3. Who is this research about?

This research is about youth between the ages of 16 and 26, who were in their first year of transitioning into stable housing.

4. How was the research done?

In order to develop the group intervention, the authors conducted a literature review of current intervention approaches, and consulted with experts in the fields of youth homelessness, mindfulness, and dialectical behavioural therapy (this is a type of psychotherapy that uses a cognitive-behavioural approach). They also connected with other professionals involved in the intervention process, such as peer mentors, case managers, and other community organizations. As a result, the authors identified a number of key areas for intervention that were used to develop the mental health group intervention approach. Session topics included crisis management, self-care and emotional regulation, mindfulness, social skills, anger management and expression, relationships, self-esteem, self-stigma, practical skills, and trauma. In response to feedback from the youth participating in the group, an additional component for practical skills (i.e. budgeting and goal-setting) was added.

5. What are the key findings?

The researchers identified **seven important considerations** when implementing the mental health group intervention:

a) Meet basic needs.
It was important for the basic needs of youth to be met before they could meaningfully engage in this mental health group intervention. Providing meals during session breaks was a helpful strategy.

b) Familiarize youth with session facilitators.
Establishing safety and trust with youth who were hesitant to attend groups due to previous negative experiences with formal services was critical. Introducing youth to session facilitators through short online videos, and ensuring ongoing communication through relevant media (i.e. by text, phone calls, social media), helped to increase youth engagement.

c) Be flexible.
The open style (voluntary attendance) of the group allowed youth to engage on their own terms, which was important, since they were balancing a number of responsibilities, such as school and work. The life changes being experienced by these youth made it difficult to commit to attending every session, so attendance varied from week to week.

d) Use a trauma-informed framework.
Studies have shown that youth who have experienced homelessness are more likely to have experienced trauma, and this was reflected in session topics. Participants often brought up this topic without being prompted. Facilitators had experience in trauma-informed care and were able to engage with participants.

e) Ask youth for feedback, and use engaging resources.
Throughout the intervention, youth were often asked about whether the group topics were relevant, and if there was anything they thought should be added. A session on practical skills was added as response to participant feedback. Activities such as popular videos, games, and role-playing were used to engage youth in a way that was meaningful and relevant.

f) Manage difference.
Since there were no inclusion/exclusion criteria based on mental health, youth had differing needs, which at times made it difficult for participants to understand and relate to one another's experiences. Having two facilitators for the group was essential, as one facilitator could facilitate the group while the other could work with participants needing extra support.

g) Provide pathways to formal services.
Approximately half of the youth who participated in weekly sessions went on to engage in other forms of mental health care. The open style of the group helped to develop a sense of trust towards mental health professionals among the youth involved.

6. Why does it matter for youth work?

The mental health group intervention carried out by the researchers disproves the common belief that it is not possible for youth experiencing or transitioning out of homelessness to meaningfully engage in mental health activities. Many of the youth who attended the weekly sessions went on to engage with more formal mental health and wellness services, proving that they are more than capable of benefiting from group interventions like the one discussed in this research.

The researchers provide **four key messages** for professionals working with youth who have experienced homelessness:

a) A **flexible approach** is essential when working with youth transitioning out of homelessness.

b) **Relationship-building** between mental health professionals and youth is key for developing trust and safety.

c) A **trauma-informed** approach is necessary due to high levels of post-traumatic stress among youth who have experienced homelessness.

d) **Group interventions** can help youth become involved with more formal mental health care services.

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