

Larkin Street Youth Services

... IN BRIEF

Behavioral Health Issues among Homeless Youth

Homeless youth are impacted to a high degree by behavioral health issues. This is due in part both to their unstable histories, particularly in their homes of origin, and to ongoing trauma and stress from living on the streets. Mental health issues, substance use, or a combination of both create additional barriers to exiting street life and making successful transitions to stability.

Mental Health

One study that examined the mental health of homeless adolescents (ages 13-21) found that two-thirds met criteria for at least one of a group of disorders: conduct disorder, oppositional defiance disorder, attention deficit disorder, major depressive disorder, mania/hypomania, post traumatic stress disorder (PTSD), or schizophrenia.¹ Comparatively, 26% of the U.S. adult population meets criteria for at least one mental disorder.²

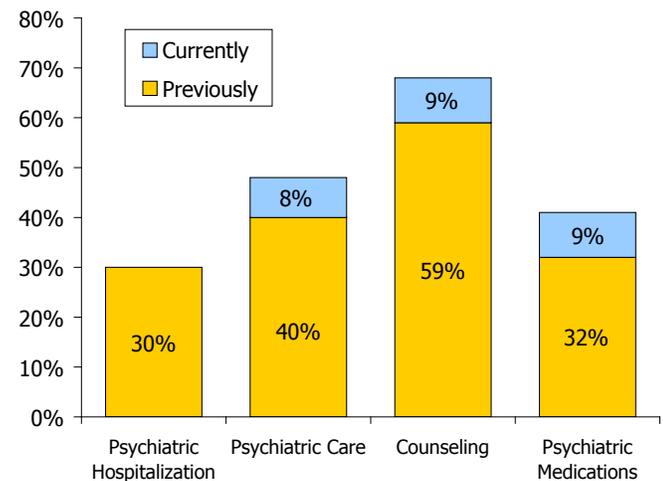
Homeless youth have had traumatic experiences, either in their home environment, on the streets, or both. In a sample of San Francisco street youth, two-thirds met the criteria for post-traumatic stress disorder.³ There are also high levels of suicidality and suicide attempts; 26% of youth in shelters and 32% of youth on the street have attempted suicide.⁴

Larkin Street youth report an extensive history of formal mental health care at intake. More than half of Larkin Street youth report that they have experienced serious anxiety or felt seriously depressed in the previous 30 days. Almost a third of youth have previously been hospitalized for psychiatric reasons.

Among Larkin Street youth⁵ :

- 68% have been in counseling
- 48% have seen a psychiatrist

- 41% have been prescribed psychiatric medications
- 30% have been hospitalized for psychiatric reasons
- 57% of youth report that they have experienced serious anxiety in the previous 30 days
- 54% of youth report that they have felt seriously depressed in the previous 30 days



Substance Use

Adolescence is a time of experimentation, and it is not uncommon for youth to experiment with substance use, regardless of their living conditions. However, among homeless youth substance use often becomes a coping strategy for dealing with the additional stresses of homelessness and trauma, trying to dull the pain of life on the streets or looking for relief from a psychiatric condition.⁶ Street youth may also use amphetamines to stay alert at night. The level of drug use among runaway and homeless youth is higher than that of mainstream youth. One study found that 25.8% of homeless youth use crack cocaine, 23.5% use other forms of

November 2008

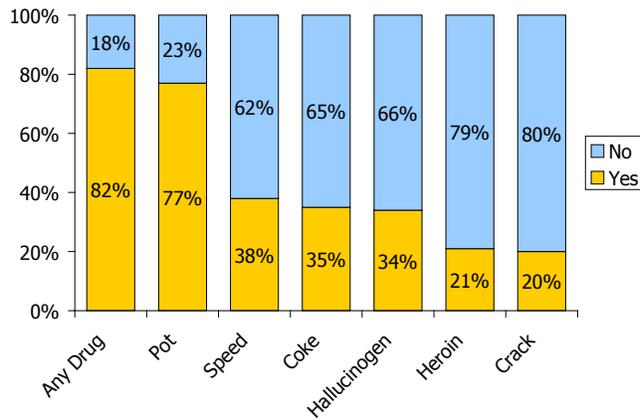
cocaine, and 54.7% use other drugs.⁷ Another study of San Francisco street youth found even higher rates with 80% reporting use of crystal methamphetamine or some other form of speed and another 30% reporting heroin use.⁸

Larkin Street youth report high levels of substance use, early age of first use, and high degree of injection drug use.

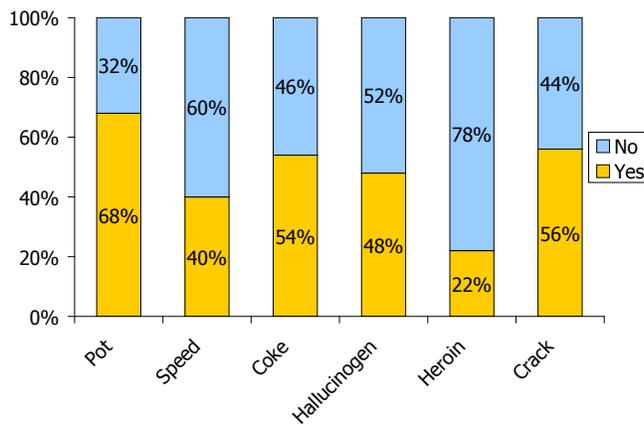
Among Larkin Street youth:

- The average age of first drug use is 12 years old
- 82% have used drugs in their lifetime
- 17% have injected drugs

Have you ever used...



In the past year have you used...



Many youth are aware of the impact that substance use is having on their lives. This is indicated by the fact that:

- 35% have used more of a drug or alcohol than they had planned
- 53% have tried to stop using drugs
- 25% have been in substance use treatment

Conclusion

Homeless youth face multiple challenges when making the transition to independence and self-sufficiency. For many youth this includes trauma histories, mental health issues, and substance use issues. Essential to getting these youth on the right path is a model of care that includes both housing and support services, including behavioral health services, to assist youth in developing the skills they need to move beyond the streets.

References

- ¹ Cauce, A. M., Paradise, M., Ginzler, J. A., Embry, L., Morgan, C. J., Lohr, Y., et al. (2000). The characteristics and mental health of homeless adolescents: Age and gender differences. *Journal of Emotional and Behavioral Disorders*, 8(4), 230-239.
- ² National Institute of Mental Health. (2006). *The numbers count: Mental disorders in America*. Bethesda, MD: National Institutes of Health.
- ³ Robertson, M. J., & Toro, P. A. (1999). Homeless youth: Research, intervention, and policy. In L. B. Fosburg & D. L. Dennis (Eds.), *Practical lessons: The 1998 National Symposium on Homelessness Research*. Washington, DC: U.S. Department of Housing and Urban Development/U.S. Department of Health and Human Services.
- ⁴ Family and Youth Services Bureau. (1998). Youth with runaway, throwaway, and homeless experiences. Prevalence, drug use, and other at-risk behaviors. In *Compendium of critical issues and innovative approaches in youth services*. Silver Spring, MD: National Clearinghouse on Families and Youth.
- ⁵ Data source – Larkin Street Youth Services database. Intake data for youth served at the agency between July 1, 2006 and June 30, 2007. Not all youth receiving services complete an intake. Percentages reflect valid responses.
- ⁶ Baron, S. W. (1999). Street youths and substance use: The role of background, street lifestyle, and economic factors. *Youth & Society*, 31(1), 3-26.
- ⁷ HomeBase. (2001). *Memo - Homeless youth and the connection to foster care*. San Francisco: HomeBase.
- ⁸ Denizet-Lewis, B. (2000, June). Trouble in paradise: San Francisco's Castro district embraces gay people from all over the world, but the fabled neighborhood is at war over a new wave of immigrants: homeless lesbian and gay youth. *Out*, 8, 94-101.

Since 1984, Larkin Street Youth Services has been committed to helping San Francisco's most vulnerable youth ages 12-24 move beyond street life. This commitment has fueled the development of a comprehensive continuum of services that is nationally recognized as a model of innovative and effective care. We offer stability, safety and the opportunity for a better life.

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