

*Healing and Hope:  
Addressing Mental Illness and  
Trauma with Individuals Experiencing  
Homelessness, and Incarcerated African  
American Adolescents*

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# Disclosures

- No conflicts of interest to report
- No financial disclosures to report

# Measurable Learning Objectives

- ▶ The learner will be able to list two types of mental illness that are experienced by African American adolescents who are incarcerated.
- ▶ The learner will be able to identify two references in current literature related to African American adolescents who are justice-involved.
- ▶ The learner will be able to explain two current risks related to adolescents who are experiencing homelessness.
- ▶ The learner will be able to identify three intervention strategies learned from this training.

# Implicit Bias

- ▶ National Institute of Health (NIH) 2024 identified implicit bias as
  - ▶ The subconscious feelings, attitudes, prejudices, and stereotypes an individual has developed due to prior influences and imprints throughout their lives.
- ▶ Cultural knowledge
  - ▶ Knowledge about some cultural characteristics, history, values, beliefs, and behaviors of another ethnic or cultural group
- ▶ Cultural competence
  - ▶ Set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally
- ▶ Cultural responsiveness
  - ▶ The ability to learn from and relate respectfully with people of your own culture as well as those from other cultures

# Healing

- ▶ How is it defined?
  - ▶ “the process of making or becoming sound or healthy again.”
  - ▶ “the gift of healing”
    - ▶ Meriam Webster (2025)
- ▶ This sounds more like a definition for a physical ailment.
  - ▶ When something is “healed,” does it get stronger, or is it still compromised in some way?
- ▶ How does this definition speak to emotional pain?

# Hope

- ▶ What is hope?
  - ▶ “a feeling of expectation and desire for a certain thing to happen.”
    - ▶ "he looked through her belongings in the hope of coming across some information”
      - ▶ Meriam Webster (2025)
- ▶ What are the pros and cons of having hope?
- ▶ Perceived hopelessness, perceived burdensomeness, and perceived lack of support

# How Did We Get Here?

- ▶ Healing and Hope: Addressing Mental Illness and Trauma with Individuals Experiencing Homelessness, and Incarcerated African American Adolescents
  - ▶ Intersection of mental illness, trauma, homelessness, and incarceration
    - ▶ Which one should we address first?
      - ▶ What's the problem?



Let's watch a video regarding the implications that individuals experiencing homelessness face in current day.





# Discussion

- ▶ What did you hear?
- ▶ What did you not hear?

# Homelessness



# Accessing Healthcare In The Era Of COVID-19 for Youth Experiencing Homelessness (Mak, 2022)

- ▶ Collaboration with Community Mentor from Maine, Rebecca Adamson, who is a case manager at New Beginnings.
- ▶ “From working with homeless youth at New Beginnings Free Clinic for the past 4 years, I have seen that many do not have the health care literacy or skills to take care of minor medical problems at home, leading them to seek care for aches, abrasions, blisters, and sprains in the ER.”
  - ▶ What are the implications of this?
- ▶ “They often have a poor understanding of any chronic health conditions they have and difficulty accessing treatment, and often present with exacerbations of these conditions as well.”
  - ▶ Why would someone wait so long to receive care?

# Emergency Room Visits

- ▶ “When our clinic is not available to them, most prefer the ER as they have identified it as a source of same day, accessible health care and/or cannot be scheduled at their provider’s office due to payment or attendance issues in the past.”
- ▶ “Many report that the care they receive in the ER is impersonal and feel as though they are being judged for being homeless, for "over-using" the system, for having substance use disorders, and for their perceived gender, gender identity, or sexual orientations.”
  - ▶ Additional reasons to not ask for assistance regarding health care include
    - ▶ Not having insurance
    - ▶ Lack of transportation
    - ▶ Any others?

# Healthcare Literacy

- ▶ Defined as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.
- ▶ Is this important?
- ▶ “Increased health literacy through tailored education and social support as well as more trauma-informed services in traditional medical practices are both vital components to better health outcomes and healthcare resource utilization for homeless youth.”

# Homelessness & Mental Illness

- ▶ What is the current appropriate term for suicide?
- ▶ O'Brien et al. (2020) completed a study regarding “Mental Health Outcomes Among Homeless, Runaway, and Stably Housed Youth.”
  - ▶ 9<sup>th</sup> and 11<sup>th</sup>-graders in the 2016 Minnesota Student Survey (n= 68,785)
  - ▶ Unaccompanied homeless youth (0.5%), runaway youth (4%), youth who had both run away and been homeless (0.6%), and (4) stably housed youth (95%).
- ▶ Conducted a multivariable logistic regression to compare 4 mental health outcomes
  - ▶ self-injury, suicidal ideation, suicide attempts, and depressive symptoms
- ▶ Findings are that across all outcomes, unstably housed youth had poorer mental health outcomes when compared with their stably housed peers.

# Homelessness & Mental Illness

- ▶ 11% of homeless youth, 20% of runaways, and 33% of youth who had experienced both had attempted suicide in the previous year compared with 2% of stably housed youth.
- ▶ Youth who both ran away from home and experienced homelessness in the past years had >7 times greater odds of attempting suicide compared with their housed peers who had not run away, and this risk remained elevated (albeit to a somewhat lesser degree) for youth who had run away but had stable housing and for unaccompanied homeless youth who had not run away.

# Daily Discrimination

- ▶ Researchers Jones-Patten, Bounds, Shin, & Nyamathi (2024) wrote “Discrimination Experiences and Mental Health Outcomes Among African American Homeless Smokers” in the Journal of Social Distress and Homelessness.
- ▶ Daily discrimination experiences are associated with both the physical and psychological well-being among African Americans (AAs).
- ▶ Little is known about the impact of daily discrimination on mental health among people experiencing homelessness (PEH), especially AA persons experiencing homelessness (AA PEH).
- ▶ In this study, we measured perceived discrimination, depression, and anxiety using the Everyday Discrimination Scale (EDS-L), the Centers for Epidemiologic Studies-Depression Scale (CES-D Scale), and the Generalized Anxiety Disorder Scale-7 (GAD-7).
  - ▶ Let’s take a look at each one individually



# Findings

- ▶ Participants (n = 100) reported race (43%) and homelessness (37%) as the main reasons for discrimination experiences.
- ▶ After adjusting for anxiety, age, and education, everyday discrimination was significantly associated with depression scores.
  - ▶ Everyday discrimination may be associated with depressive symptoms among AA PEH.
- ▶ Follow up discussions
  - ▶ How one is labeled by others can impact mental health, and lead to further traumatization.
  - ▶ Does smoking have anything to do with the findings of this study?
  - ▶ How can the identified assessments help a provider to treat African American adolescents who are incarcerated?

# Trauma and Incarcerations



Clients of Children of Promise in 2012, Shaun Mader

# How Do We Code Trauma?

- ▶ DSM-IV-TR (PTSD 309.81)

- ▶ **Criterion A: stressor**

- ▶ The person has been exposed to a traumatic event in which both of the following have been present:
      - ▶ The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
      - ▶ The person's response involved intense fear, helplessness, or horror. Note: in children, it may be expressed instead by disorganized or agitated behavior.

- ▶ DSM-V (PTSD 309.81)

- ▶ **Criterion A: stressor**

- ▶ Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
      - ▶ Directly experiencing the traumatic event(s)
      - ▶ Witnessing, in person, the event(s) as it occurred to others
      - ▶ **Learning** that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental
      - ▶ **Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.**

# Let's Talk About Trauma

- ▶ The effects of human trauma are thought to be much broader than the diagnosis of PTSD and can overlap with many other diagnostic categories.
- ▶ “Recent physiological research supports the complexity of neurobiological responses to childhood stress and trauma. Trauma disconnects the person physiologically, emotionally, spiritually, cognitively, interpersonally, and socially.”
  - ▶ Wheeler, 2007
- ▶ Trauma can occur on an individual, social, and/or collective level (systemic forces, oppression of minority groups).
- ▶ Van Deusen Hunsinger (2021) posited that “trauma is triggered by an inescapably stressful event that overwhelms people’s existing coping mechanisms” (p.361).

# What Can Trauma Look Like?

- ▶ Single Incident Traumas (may present with)
  - ▶ Insomnia
  - ▶ Irritability
  - ▶ General anxiety
  - ▶ Vigilance
  - ▶ Impaired concentration
- ▶ *Numerous Traumatic Events (may present with)*
  - ▶ Problems with aggression
  - ▶ Self-hatred
  - ▶ Dissociation
  - ▶ Somatization
  - ▶ Depression
  - ▶ Distrust
  - ▶ Shame
  - ▶ Relationship problems
  - ▶ Affect regulation
- May suffer from a variety of psychological problems that may fall outside of the diagnostic category for PTSD
- Some studies show that two-thirds of children do not suffer from PTSD but from a variety of other psychiatric disorders:
  - Dissociative Disorders
  - Borderline Personality Disorder
  - Bipolar and Unipolar Depression
  - Substance Abuse
  - Eating Disorders
  - Oppositional Defiant Disorder
  - ADHD/ADD

# What Can Trauma Look Like?

- ▶ “An individual’s vulnerability to trauma depends on the developmental stage, genetic vulnerability, gender [identity], past experiences, preexisting neural physiology, cognitive deficits, emotional maturity, coping skills, hardiness, relationships with others, sociocultural factors, and a host of other factors that can cause pervasive personality problems to develop.” (Wheeler, 2007)
- ▶ Big T vs. Small t Traumas (Shapiro, 2001)
  - ▶ Big T
    - ▶ Natural disasters, terrorist activities, war, incest, physical abuse, car accidents and other life-threatening events
  - ▶ Small t
    - ▶ Occur often and to most people, emotional neglect or indifference, humiliation, and family issues

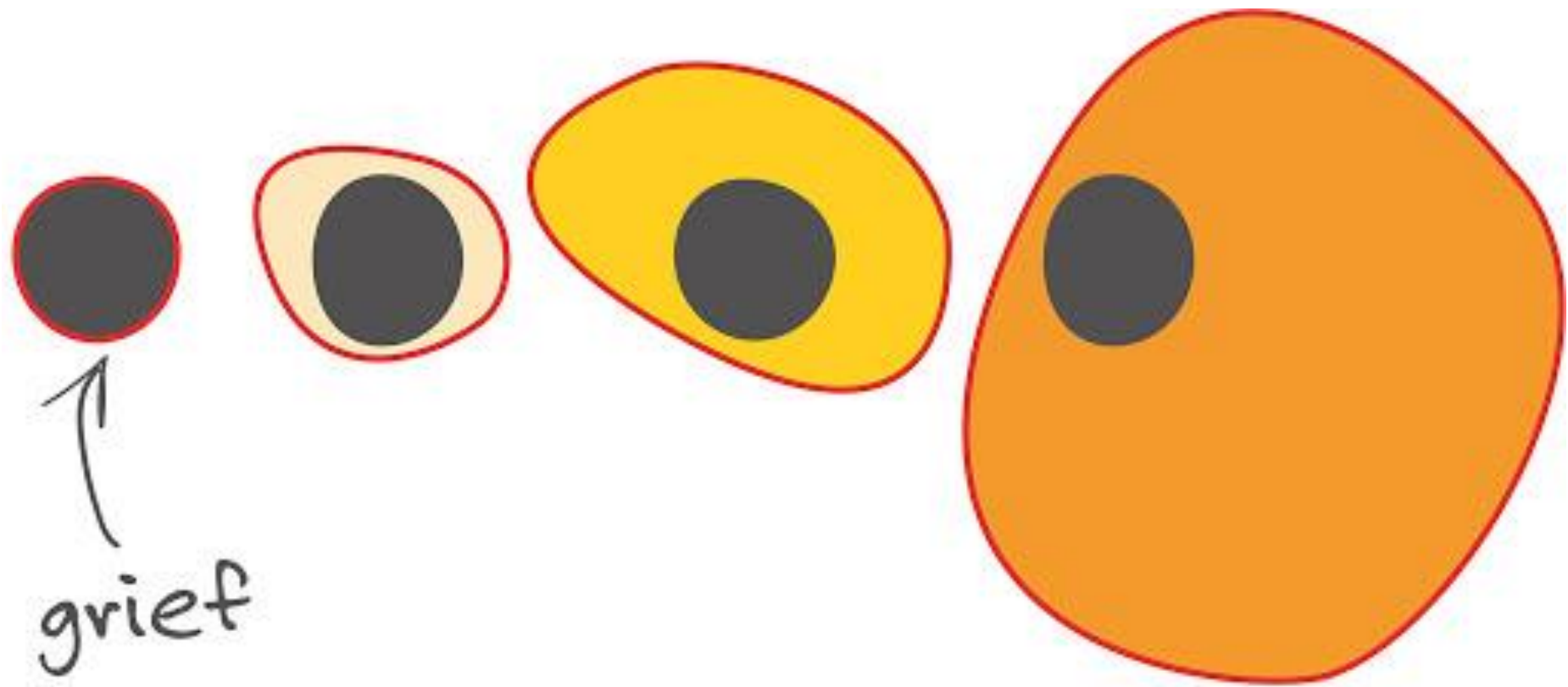
# What Can Trauma Look Like?

- ▶ COVID-19 Pandemic
  - ▶ “We are all in this together.”
  - ▶ Financial Grief
  - ▶ Moral Injury
    - ▶ “When we are asked to do something that is against our ethical code or make decisions that weigh heavy on our spirit or are soul-crushing” (Mental Health Weekly, 2020, p.6).
- ▶ “In one way or another, many of us all over the world are coping with traumatic stress at this point in our collective life history - either through recent overwhelming losses, or through past trauma that threatens to be reactivated, through vicarious trauma as we witness the suffering of others, or perhaps through the sheer magnitude of the *current collective trauma* - the hugeness and profound uncertainty of it all” (Van Deusen Hunsinger, 2021, p.359).

# Fried Egg Model

- ▶ A model presented by Lois Tonkin (1996) challenges the popular belief that grief becomes less invasive and that it goes away with time. Rather, according to this theory, Tonkin suggests that it begins as an all-consuming feeling and that it does not change but suggests that the bereaved person learns to adapt and grow "around" the loss and emotions.





*grief*

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Lois Tonkin (1996)

# Homelessness and Trauma

- ▶ Snow-Hill and colleagues (2024) wrote an article entitled “The World Through My Eyes: A Photovoice Project With Youth Experiencing Homelessness.”
- ▶ Youth experiencing homelessness (YEH) are infrequently included in the development, organization, and provision of homelessness-related services.
  - ▶ This lack of youth voice and services tailored for their expressed needs can lead to underutilization of services, dissatisfaction, and poor outcomes.
- ▶ Photovoice, a participatory research method, has been used to empower persons from marginalized populations and to provide a platform for them to share their voices.
- ▶ This photovoice project partnered with six YEH (18-20 years old). Participants worked together, with the support of two group facilitators, to take photographs, identify themes, write narratives that best represented their lived experience, and share their concerns and ideas for the community.
- ▶ Let’s see what they reported...

# Trauma and Corrections

- ▶ Quinn (2025) wrote an article entitled “Trauma, Justice, and Equity: Using Critical Theories and Concepts to Address Systemic Harm Among Youth Punishment System-Involved Black Girls.”
- ▶ Black girls, particularly those involved in systems such as juvenile justice, child welfare, and education, often face disproportionate exposure to violence, abuse and neglect, trauma, and systemic racism.
- ▶ Many girls reside in high-need, under-resourced communities that are particularly susceptible to PTSD symptoms noting a push for criminogenic factors predicting criminal behavior, such as parent maltreatment, trauma, and addiction-based treatment of this population
  - ▶ (Brown et al., 2020; Epperson et al., 2014; Liu et al., 2020; Quinn et al., 2020b; Walters, 2011).

# Trauma and Corrections

- ▶ Many of the study results note the strengths and protective factors of Black girls, including:
  - ▶ Having high reports of self-esteem and future orientation despite their reports of PTSD
    - ▶ (Quinn et al., 2020b)
  - ▶ Ability to discern unsafe intimate relationships with adverse partners
    - ▶ (Quinn et al., 2023a)
  - ▶ Older Black girls abstain from substance misuse while engaging in sexual activity
    - ▶ (Quinn et al., 2023b).
- ▶ Students racialized as Black in states with bans on food stamp eligibility and temporary assistance for drug felony conviction had 1.37 times the odds of high depressive symptoms compared to students in states without bans.
  - ▶ Adkins-Jackson (2024)

# Findings

- ▶ Recent efforts by the National Juvenile Justice and Delinquency Prevention Coalition's (NJJJPC) suggest a trauma-informed approach and collaborative treatment efforts across child and family service organizations for youth with trauma histories.
  - ▶ (Olafson et al., 2016; Yoder et al., 2019).
- ▶ A comprehensive, culturally responsive approach that includes trauma-informed care, healing-centered engagement, and holistic support systems are needed.
- ▶ Equitable access to tailored mental health services, educational resources, and culturally relevant interventions is essential to mitigate the long-term effects of trauma, promote resilience, and foster healing.
- ▶ Additionally, advocacy efforts to dismantle systemic harm and address racial and gender disparities are critical for creating inclusive environments that empower and support Black girls in these systems.
- ▶ By centering their lived experiences, this review emphasizes the importance of fostering environments of healing, justice, and equity for this vulnerable population.

# Findings

- ▶ Cognitive behavior therapies (CBTs) using exposure to directly confront trauma stories have been at the forefront of evidence-based treatments for PTSD, though they may not be well tolerated by some victims of chronic trauma
  - ▶ (Nemeroff et al., 2006; Volpe et al., 2017).
- ▶ A review of exposure-based gold standard CBTs for PTSD noted patient intolerance with trauma exposure (Orsillo & Batten, 2005).
  - ▶ In a test of narrative exposure therapy with homeless African American young adults, one female participant dropped out of the study because they could not recall their trauma history (Quinn et al., 2017).
- ▶ Mindfulness-based Stress Reduction (MBSR) interventions are focused on functioning and well-being to increase awareness of their sensory, cognitive, and affective responses as they arise and does not require exposure to their trauma stories
  - ▶ (Dutton et al., 2013; Nemeroff et al., 2006; Stephenson et al., 2017).

# Trauma and Corrections

- ▶ The article “System-involved Youths & Mental Illness” written by Marvin & Terry (2024) discussed the varying correlations that youth experience while incarcerated.
- ▶ Studies find that incarcerated youth with mental health issues are more vulnerable and likely to be assaulted.
  - ▶ Cebulla, 2016
- ▶ Youth with prior victimization experiences are more likely to be victimized when incarcerated.
  - ▶ Wolff et al., 2009
- ▶ Studies show that for all youth, incarceration can have a negative impact on their mental well-being.
  - ▶ Dannerbeck Janku & Yan, 2009
- ▶ Incarcerated youth report higher rates of self-harming behaviors and suicidal ideation.
  - ▶ Lambie & Randell, 2013

# Suggestions and Recommendations

- ▶ Community-based Suggestions
  - ▶ Evidence-based community programs are effective in reducing further system involvement for justice-involved youth with high ACEs.
    - ▶ Wolff et al., 2017
  - ▶ For youth leaving a correctional facility, reentry efforts must help make connections with community-based services.
    - ▶ Lambie & Randell, 2013
- ▶ School-based Suggestions
  - ▶ Schools should provide more opportunities for students to seek mental healthcare.
    - ▶ Espinosa et al., 2013
  - ▶ Schools should actively seek to promote school connectedness as research shows these protective factor helps reduce system involvement for youth with high ACEs
    - ▶ Hinojosa & Hinojosa, 2024
- ▶ System-based Suggestions
  - ▶ Rather than a punitive approach, the juvenile justice system should focus on a treatment-oriented philosophy.
    - ▶ Walker et al., 2022
  - ▶ Implementing evidence-based programs such as Anger Replacement Training has been shown to reduce reoffending for youth with high ACE scores.
    - ▶ Kowalski, 2019



# Incarcerated Parents

- ▶ Fordham (2024) conducted research entitled “The Effects Of Parental Incarceration on The Antisocial Behavior Of The Children Left Behind.”
- ▶ This study is a secondary analysis of data from the 2016 Minnesota Student Survey. The survey, which is administered every three years, asks students questions on their opinions, health, behavior, activities, and experiences.
- ▶ Compares youth whose parents have never been incarcerated, were previously incarcerated, or are currently incarcerated.
- ▶ The Panel Study of Income Dynamics found that roughly 20% of black children will have an incarcerated father at some point, with approximately 10% of white children facing the same situation.
  - ▶ Why is this occurring at twice the rate with African Americans?

# Incarcerated Parents

- ▶ Survey questions:
  - ▶ Disobedience
    - ▶ During the last 30 days, how many times have you been sent to the office for discipline?
  - ▶ Proneness to Violence
    - ▶ During the last 30 days, how many times at school have you pushed, shoved, slapped, hit, or kicked someone when you weren't kidding around; During the last 30 days, how many times at school have you spread rumors or lies about someone?
  - ▶ Presence of Mental Health Issues
    - ▶ Do you have any long-term mental health, behavioral, or emotional problems? Long-term means lasting six (6) months or more.
  - ▶ Risky Sexual Behavior
    - ▶ Have you ever had sexual intercourse ('had sex?'); The last time you had sexual intercourse, did you or your partner use a condom?

# Findings

- ▶ Across all grades, students with an incarcerated parent, either currently or in the past, are at a higher risk than their peers for the following:
  - ▶ Disobedience and defiance against authority
  - ▶ Aggressive behavior
  - ▶ Physical and verbal violence
  - ▶ Engaging in sexual intercourse
  - ▶ Engaging in unprotected sexual intercourse
  - ▶ Suffering from long-term mental illness
- ▶ Now that we know there are higher risks, what do we do regarding prevention?

# Mental Illness & Incarceration

## IN THE US...

At least **63%** of unhoused people with **serious mental illness** will be arrested in their lifetimes.



Homelessness, mental illness & criminalization are deeply connected problems that **housing can help with.**

PRISON  
POLICY INITIATIVE

Source: <https://www.prisonpolicy.org/blog/2023/09/11/housing-first/>

Prison Policy Initiative (2025)

# Prevalence of Mental Illness of Incarcerated Adolescents

- ▶ Meta-analysis of 47 studies conducted by Beaudry, Yu, Langstrom, & Fazel (2021) indicated the following:
  - ▶ Psychotic Illness
    - ▶ 3% in incarcerated population
    - ▶ 0.5% - 1.5% in general population
  - ▶ Major Depressive Disorder
    - ▶ 9% in incarcerated males
    - ▶ 27% in incarcerated females
    - ▶ 10% in general population males
    - ▶ 26% in general population females
  - ▶ ADHD
    - ▶ 17% in incarcerated males
    - ▶ 20% in incarcerated females
    - ▶ 11% in general population
- ▶ PTSD
  - ▶ 8% in incarcerated males
  - ▶ 17% in incarcerated females
  - ▶ 2% in general population males
  - ▶ 8% in general population females
- ▶ Suicidal Ideation
  - ▶ 19% - 38.3% in incarcerated population
  - ▶ 15.3% in general population
- ▶ Self-Harm Reported
  - ▶ 20.9% in incarcerated population
  - ▶ 10.5% - 16.9% in general population
- ▶ Suicide Deaths
  - ▶ 17.6% - 32% in incarcerated population
  - ▶ 6% - 7.8% in general population

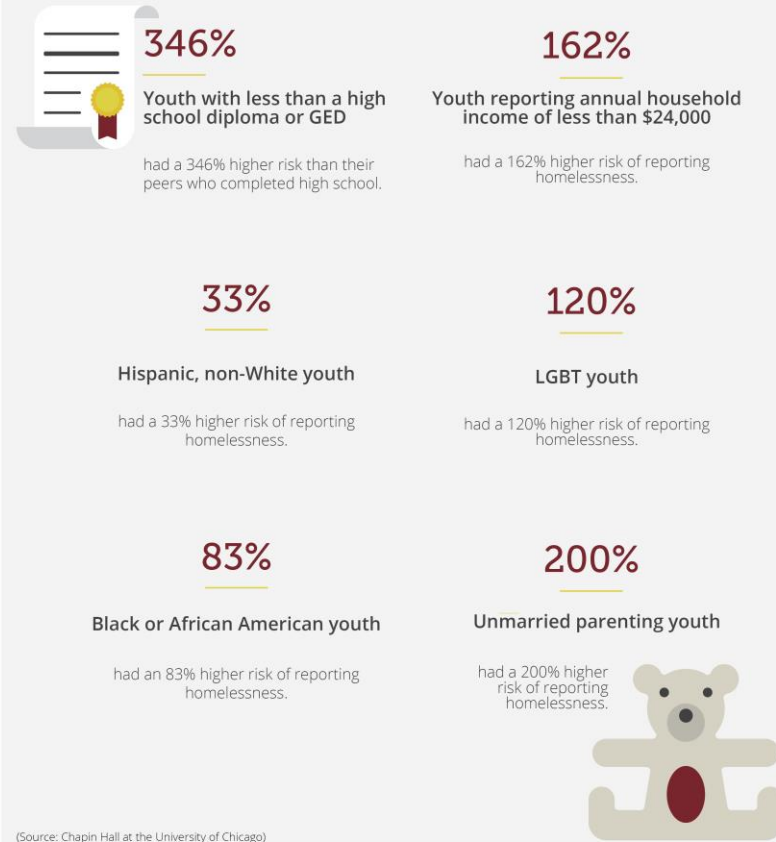
# Youth Experiencing Homelessness (YEH)

- ▶ Baiden et. al (2024) conducted a study entitled “Prevalence of Youth Experiencing Homelessness and its Association with Suicidal Thoughts and Behaviors: Findings From a Population-based Study.”
  - ▶ Data for this study came from the 2021 Youth Risk Behavior Survey. An analytic sample of 17,033 youth aged 14-18 (51.7 % male) was analyzed using binary logistic regression.
- ▶ Of the 17,033 youth examined:
  - ▶ 3 % experienced homelessness during the past 30 days
  - ▶ 21.3 % experienced suicidal ideation
  - ▶ 17.3 % made a suicide plan
  - ▶ 10.9 % attempted suicide during the past 12 months.
- ▶ YEH was associated with:
  - ▶ 2.48 times higher odds of experiencing suicidal ideation
  - ▶ 2.46 times higher odds of making a suicide plan
  - ▶ 4.38 times higher odds of making a suicide attempt (AOR=4.38,  $p<.001$ ).
- ▶ The findings of this study highlight the importance of identifying youth who are at risk of experiencing homelessness to ensure early interventions are put in place to prevent suicidal behaviors.

# Increasing Risk of Homelessness in Adolescents

## Youth at Greater Risk of Experiencing Homelessness

Statistics describe the relative risk of certain groups of young adults, 18-25, having reported "explicit homelessness" in the last 12 months.



(Source: Chapin Hall at the University of Chicago)

# Increasing Risk of Homelessness in Adolescents

## Prevalence of Youth Homelessness in America

1 in 10

young adults ages 18-25 experienced a form of homelessness over a 12-month period.

*That's 3.5 million young adults. About half of them involved explicitly reported homelessness while the other half involved couch surfing only.*

1 in 30

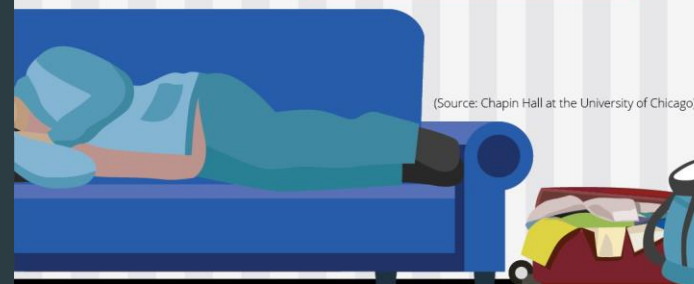
youth ages 13-17 experienced a form of homelessness over a 12-month period.

*That's about 700,000 youth. About three-quarters of them involved explicitly reported homelessness (including running away or being kicked out) and one-quarter involved couch surfing only.*

## Range of Homeless Experiences

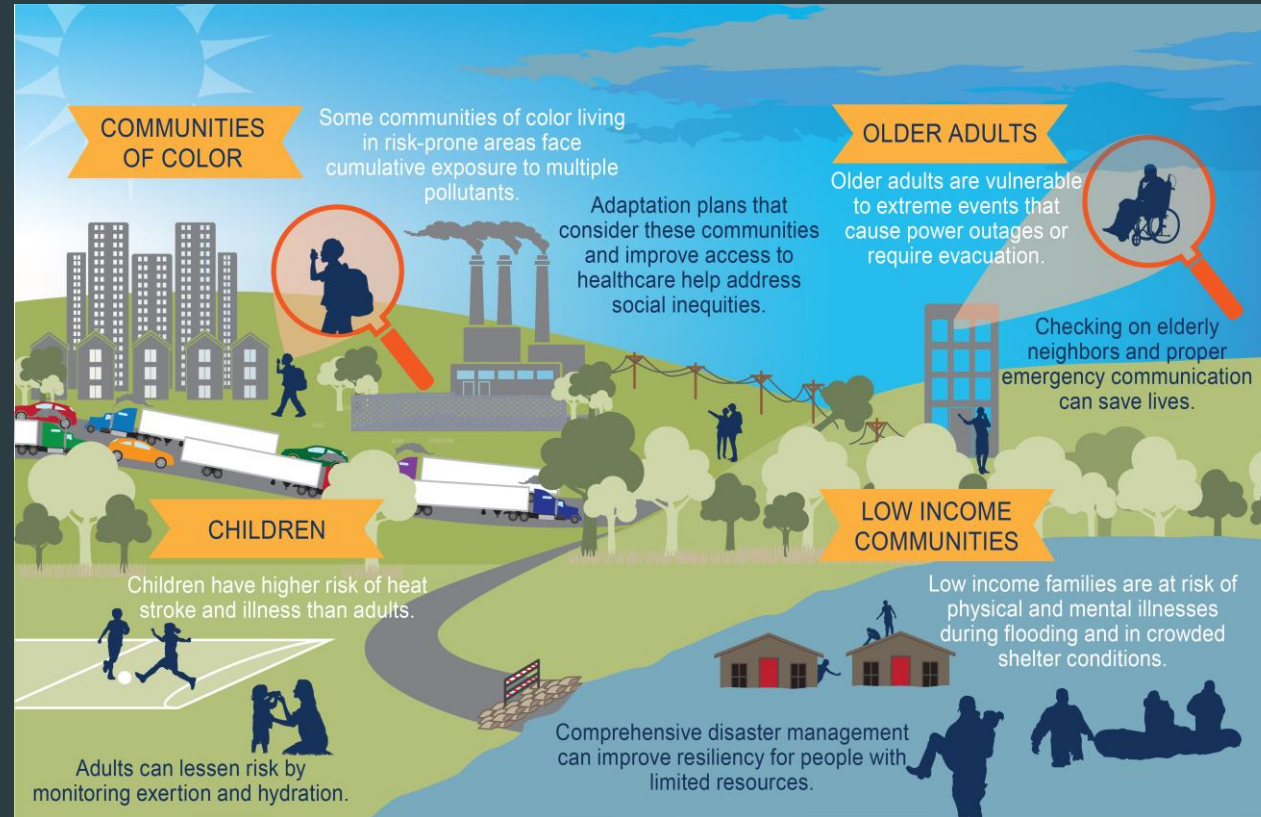
While the concept of "homelessness" might seem straightforward, in reality it takes many forms in terms of situations, acuity, safety, needs, and duration of events. The survey confirms a scenario of American youth homelessness in which a shifting population of young people uses temporary situations to get by when they cannot stay in a home of their own.

Data depict the experiences of youth (13-25), over a 12-month period, as described during the survey follow-up interviews with a smaller sample of respondents.





# Environment and Mental Illness



# Environmental Stressors

- ▶ Researchers Budescu and colleagues (2024) wrote an article entitled “Sleep and Mental Health Among Youth Experiencing Homelessness: A Retrospective Pilot Diary Study”
- ▶ The goal of this study was to describe the nightly sleep conditions of youth experiencing homelessness, and examine the association between sleep and mental health, both cross-sectionally and using diary data.
- ▶ 147 youth (ages 16-24) experiencing homelessness completed a baseline survey assessing self-reported sleep and depressive and anxious symptoms.
- ▶ 49 completed a follow-up 7-day diary study measuring nightly sleep conditions and daily depressive and somatic symptoms.
- ▶ Let’s take a guess!
  - ▶ What percentage of youth slept for less than seven (7) hours each night?
  - ▶ What were the “nightly complaints” that YEH reported?

# Findings

- ▶ The majority of the sample (71%) reported sleeping less than 7 hours per night on average, and feeling like they did not get adequate sleep, especially among youth identifying as LGBTQ.
- ▶ In a qualitative follow-up question, the plurality attributed poor sleep to mental health woes.
  - ▶ Cross-sectionally, youth with lower levels of self-reported sleep quality (more daytime fatigue and insomnia) reported higher levels of depressive and anxious symptoms.
- ▶ The diary data indicated that the most common nightly complaints among shelter utilizers are lack of privacy, noise, and uncomfortable temperatures.
- ▶ Multilevel models suggest that poor sleep conditions predicted higher levels of somatic symptoms the following day, after controlling for baseline levels of depressive and anxious symptoms.
- ▶ This study highlights the role environmental context plays in sleep health and its subsequent impacts. Individuals experiencing homelessness lack autonomy over their sleeping environments, and thus cannot make adjustments such as reducing disruptions such as noise, temperature, and light. Importantly, these less-than-ideal sleeping conditions contribute to pre-existing health disparities and may have long-term implications.

# Access to Resources & Mental Illness

- ▶ Ringle, Sung, Roulston, & Schleider (2024) wrote an article entitled “Mixed-Methods Examination of Adolescent-Reported Barriers to Accessing Mental Health Services.”
- ▶ Many adolescents struggle to access the mental healthcare they need. To increase access to mental health services, we must have a clear understanding of the barriers adolescents face from their own perspectives.
- ▶ This online mixed-methods study aimed to enhance understanding of access barriers by centering the perspectives of diverse adolescents who had recently tried and failed to access mental health support.
- ▶ What’s your guess?
  - ▶ How many adolescents do you believe reported at least one barrier to accessing mental health support?

# Findings

- ▶ All adolescents reported at least one barrier to accessing mental health support, and 20% reported multiple barriers.
  - ▶ Aged 11-17 years, 50% racially minoritized youth, 15% gender diverse youth, 64% LGBTQ + youth; 78% with clinically elevated depressive symptoms.
- ▶ Content analysis revealed 13 barrier categories, with parent-related barriers (three different categories) accounting for 32% of all barriers.
- ▶ The most common barrier categories related to personal and financial constraints.
- ▶ Asian adolescents, adolescents who were aged 17 years or more, and adolescents who reported uncertainty of their gender identity endorsed the numerically highest mean number of barriers to accessing mental health support.
  - ▶ Why?

# Not Seeking Help

- ▶ Radez and colleagues (2021) wrote “Why Do Children and Adolescents (Not) Seek and Access Professional Help For Their Mental Health Problems? A Systematic Review of Quantitative and Qualitative Studies.”
- ▶ Mental health disorders in children and adolescents are highly prevalent yet undertreated. A detailed understanding of the reasons for not seeking or accessing help as perceived by young people is crucial to address this gap.
- ▶ They conducted a systematic review of quantitative and qualitative studies reporting barriers and facilitators to children and adolescents seeking and accessing professional help for mental health problems.
- ▶ We identified 53 eligible studies;
  - ▶ 22 provided quantitative data
  - ▶ 30 provided qualitative data
  - ▶ 1 provided both

# Findings

- ▶ Four main barrier/facilitator themes for not seeking help were identified:
  - ▶ 96% reported barriers related to young people's individual factors, such as limited mental health knowledge and broader perceptions of help-seeking.
  - ▶ 92% reported theme related to social factors, for example, perceived social stigma and embarrassment.
  - ▶ The third theme captured young people's perceptions of the therapeutic relationship with professionals (68%) including perceived confidentiality and the ability to trust an unknown person.
  - ▶ The fourth theme related to systemic and structural barriers and facilitators (58%), such as financial costs associated with mental health services, logistical barriers, and the availability of professional help.

# Protective Factors and Interventions





# Prison-Based Dog Training Program

- Duindam, Creemers, Hoeve, & Asscher (2021) conducted a study which “aimed to improve socioemotional functioning of incarcerated youth by giving them the opportunity to train a shelter dog.”
- Primary (aggression and institutional infractions) and secondary (wellbeing and therapeutic functioning) outcomes were assessed for the intervention (n = 61) and comparison group (n = 77) before the start of Ducth Cell Dogs (DCD), after 4 weeks, and after 8 weeks at posttest.
- Overall, DCD participation was not effective.
  - Why is this intervention method not effective for adolescents?

# Dog Training Program Findings

- Compared to the comparison group, institutional infractions decreased in DCD participants with an immigrant background and increased in DCD participants with a native Dutch background.
- DCD participation reduced the quality of the therapeutic alliance for younger participants and those in secure residential facilities.
- This may suggest that dog training program (DTP) participation requires that a certain developmental stage is reached in order to harvest the benefits of the human-animal bond.
- In general, young adolescents have been found to be more self-centered in relation to their pets due to their stage of moral development (Gage & Christensen, 1990).
  - Juveniles value pets because of the pleasure they bring and personal needs they satisfy (Gage & Christensen, 1990; Kohlberg & Kramer, 1969).

# Protective Factors to Violence

- Positive and warm parent-youth relationships in which parents set consistent, developmentally appropriate limits and demonstrate interest in their children's education and social relationships.
- A positive, caring relationship with a reliable and ethical adult.
- Feeling connected at and to their school.
- Experiencing academic success.
- Interacting with prosocial and non-violent peers.

# Protective Factors to Violence

- Physical environments like schools, parks, and business and residential areas that are regularly repaired and maintained and designed to increase visibility, control access, and promote positive interactions and appropriate use of public spaces.
- Healthy social and problem-solving skills.
- Emotional regulation skills.
- School readiness and academic achievement.

# Protective Factors to Violence

- Additional community buffers against violence and associated risks include:
  - Safe and stable housing.
    - Are these the same thing?
  - Economic opportunities.
  - Increasing access to services and social support.
  - Residents' willingness to assist each other.
  - Collective views that violence is not acceptable.

# Pregnant & Experiencing Homelessness

- ▶ Lakrouf, Roy, Arbaud, & Stich (2024) wrote “Interventions for Pregnant Youth and Young Mothers Experiencing Homelessness: A Systematic Review.”
- ▶ This review encompassed 10 studies that revolved around two primary themes: housing and supportive services, such as case management (n = 6), and parental services, including childcare provision or parenting classes (n = 4).
- ▶ We found that housing strategies incorporating counselling and case management notably enhanced participants' substance use patterns, mental health, healthcare access, and employment trajectories.

# Findings

- ▶ Comparatively, housing services without supportive services did not lead to improvements within the participants.
- ▶ Parental services such as family home visits significantly reduced homelessness for participating families.
- ▶ School-based programs that offer childcare and supportive services improved maternal academic outcomes, reduced the incidence of subsequent pregnancies, and fostered positive parenting practices.
- ▶ In conclusion, interventions targeting young expectant individuals and mothers, whether at risk or already experiencing homelessness, primarily emphasize housing combined with supportive services and parenting assistance.

# What is the Problem?

We end by asking again, what is the problem?





Questions?

