



DANS LA RUE



RESEARCH BRIEF: The need for integrated housing and health services

An extensive body of research has demonstrated that access to safe and adequate housing is a key determinant of a person's health. The opposite is also true: for those experiencing or at risk of homelessness, good health makes it easier to maintain stable housing.

In 2019, the Youth Action Research Revolution (YARR) interviewed 37 young people who had experienced homelessness in Montreal. YARR also helped administer the 2019 Without a Home (WAH) survey in Quebec.

YARR's primary goal was to learn from youth how the systems that are intended to connect them to housing could be improved. But the experiences young people shared affirmed that housing services shouldn't be considered in a silo.

For many of the youth interviewed,

their housing struggles were inextricably connected with their struggle to access timely and appropriate health care. Youth discussed the unremitting toll of seeking care for mental illnesses, addictions and other health concerns. Despite their own relentless efforts to be well, youth described a systemic lack of capacity to support them in addressing their health needs. And these unmet health needs, in turn, made it more difficult for them to obtain or maintain housing.

These accounts confirmed to YARR the importance of integrating housing and health care services. Housing must come paired with appropriate health interventions. And even the highest-quality health care is likely to be undermined if access to safe housing is not provided in tandem.

Interviewed: 37 youth with experience of homelessness.

Many said their housing struggles were inextricably linked to their struggles to access timely and appropriate health care.

Housing and health care services must be delivered to youth in tandem.

1-in-4

Without a Home survey respondents in Quebec

reported not being able to access the health care they needed.

The Quebec results of the 2019 Without a Home survey quantified the significant health challenges facing homeless youth.

46%

of Without a Home survey respondents in Quebec

reported having attempted suicide.

31%

of Without a Home survey respondents in Quebec

reported being hospitalized at some point for a drug or alcohol overdose.

Homelessness erodes mental and physical health.

Poor health increases housing instability

1-in-3

Quebec survey respondents recently in hospital

reported being discharged from hospital with no place to go.

About YARR

The Youth Action Research Revolution (YARR) worked together for two years in Montreal, Quebec. Comprised mainly of youth who had experienced housing precarity and homelessness, the group documented the experiences of young people with Quebec's public institutions – from schools to hospitals to prisons – to show how those institutions are contributing to the housing crisis facing the province. In doing so, YARR also showed how these institutions can do better. YARR calls on everyone who serves in a public institution to understand that their work is integral to the realization of young people's right to housing.



Findings – Points of Failure and Possibility

YARR chose to present its findings as “Points of Failure and Possibility.” Below, YARR shares the main points of failure and possibility identified by young people concerning their health care experiences.

Points of Failure Discrimination in health care settings

Youth felt they were treated unequally at health care settings because they were homeless, perceived to be using drugs, or in mental distress. This included being placed in segregated waiting rooms with security guards. Youth who used drugs experienced reduced access to pain medication and care during health procedures. “When you go to the hospital, you’re immediately ‘red flagged,’” one youth said. The broken trust resulting from such experiences can lead to youth foregoing important interventions, check-ups, and procedures, further impacting their health.

Inadequate services and inaccessible waitlists

Youth expressed frustration with the mental health and addictions services they were able to access, calling them inadequate considering the severity of their struggles.

Where services did exist, youth described facing years-long waits to access them. In some cases, these waits were due to a lack of capacity. Other times, structural barriers meant youth may never get the services they were waiting for. This might look like someone needing to find a doctor before getting a referral to a psychiatrist, losing their place on a waitlist if they lost their address or phone number, or having to navigate

bureaucracy that they didn’t understand or have access to.

Healthcare services assume youth are housed

Youth shared that healthcare services and access points often assumed they had a stable home. This assumption led to access issues if youth did not have an address, ID, or a phone number. Services also regularly underestimated the severity of issues youth were facing in their lives, and interventions were often inadequate for youth dealing with the realities of homelessness. This was especially the case for youth navigating complex mental health issues, or non-binary and trans youth, who may require additional or alternative support.

Points of Possibility Destigmatizing street involvement

YARR’s research suggests many young people continue to cultivate friendships with other homeless or street-involved youth after they are housed. Expecting them to cut off these relationships can produce barriers to accessing health care and treatment. Health approaches must not stigmatize youth’s continued participation in the social, economic, or cultural practices associated with their time on the streets. Rather, understanding the benefits that social connection can have for youth is important to a holistic view of their health and

wellbeing.

A safe place to de-escalate

Youth described receiving crisis interventions that escalated their mental distress and their marginalization. This included police officers, public transit officers, and security guards responding to crises like anxiety attacks, self-harm, or other acute crises, rather than professionals with de-escalation and mental health training.

For youth without a home, mental health crises are more likely to occur in public spaces. Providing access to safe, clean and non-stigmatizing spaces to de-escalate is a significant point of possibility. Intervening professionals should be trained in de-escalation, crisis intervention, and anti-oppressive social work practices to enable effective referrals and follow-up care.

Continuum of care

Youth described building relationships with staff and organizations as helpful in receiving effective health interventions. Continuums of service were important for young people who often described receiving one-off “crisis” care. This includes building strong relationships of trust with young people which support youth choice, communication, and agency, including at intersections of their housing and health needs.

The Youth Action Research Revolution was made up of: Laurence Adamovicz, Shayana Narcisse, Maxime Plamondon, and Mickey Watchhorn, research assistants from Dans la Rue in Montreal, Quebec. Project co-leads were Jayne Malenfant and Naomi Nichols, then from McGill University and now at Concordia University (Jayne) and Trent University (Naomi). In its first year, the team also included students Emanuel Guay (UQAM), Emanuel Rioux (Universite du Montreal) and Sophie Doyle (McGill).



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