ADDRESSING DETERMINANTS OF SEXUALLY TRANSMITTED AND BLOOD BORNE INFECTIONS AMONG STREET-INVOLVED YOUTH:
MENTAL HEALTH AND MENTAL ILLNESS

BACKGROUND

This fact sheet examines mental health and mental illness as determinants of sexually transmitted and blood borne infection (STBBI) vulnerability among street-involved youth in Canada. It is one in a series based on an analysis of current literature and findings from Cycle 6 of the Enhanced Street Youth Surveillance system.[1] Others address unstable housing and homelessness; education and employment; experiences with the criminal justice system; and access to health services.

These fact sheets provide considerations for community organizations, public health professionals and federal, provincial and territorial governments of ways to address determinants of vulnerability to and resilience against STBBIs among street-involved youth. Street-involved youth are defined as youth aged 15 to 24 who have no permanent home and spend significant time on the street.[2]

Quick facts from Enhanced Street Youth Surveillance System (E-SYS) Cycle 6:

- Between 2009–12 the most common laboratory confirmed STBBIs among Canadian street-involved youth included: herpes simplex virus -2 ("genital herpes") (14%), *Chlamydia trachomatis* (9%) and hepatitis C seropositivity (6%).
- 68.7% of street-involved youth reported good, very good or excellent mental health.
- 87.2% of street-involved youth reported knowing where to go if they needed to talk to someone about their physical or mental health.

WHAT IS THE LINK BETWEEN MENTAL HEALTH, MENTAL ILLNESS AND STBBI VULNERABILITY AMONG STREET-INVOLVED YOUTH IN CANADA?

- Street-involved youth experience mental illness including depression, anxiety, bipolar disorder and post-traumatic stress disorder at a higher rate than the general youth population.
- Inadequate housing among street-involved youth contributes to poor mental health (e.g., low self-esteem or poor outlook on life) due to stress associated with being without food and shelter, experiences of violence, and isolation.[3]

- Poor mental health and mental illness play an important role in the development and maintenance of sexual behaviours, such as inconsistent condom use, involvement in sex work and multiple sex partners, as well as substance use (e.g., injection drug use), all of which increase vulnerability to STBBIs.[4]

- Poor mental health can make it difficult for street-involved youth to access health care services. For example, low self-esteem may affect their ability or willingness to seek testing, treatment or care for STBBIs and can have an impact on how they manage their infection.[5] Some treatments for certain STBBIs (e.g., medications for hepatitis C or HIV) can also have side effects that include mental illness such as depression or anxiety.

- Poor mental health and mental illness can also lead to unstable housing and homelessness.[3] For example, low self-esteem and depression can affect the ability to stay employed, function in family relationships, and maintain independence, all of which can increase risk of homelessness.

- Impulsive behaviours are commonly reported among street-involved youth. Low self-esteem, frustration or feelings of a lack of control related to street life can be expressed by impulsive behaviour, including acting out emotions without thinking or being provoked. This can lead to substance use, thoughts of suicide, decreased condom use, and increased vulnerability to STBBIs.[6]

- Street-involved youth are disproportionately affected by substance use compared to the general youth population. Being under the influence of alcohol or drugs can lower inhibitions and result in less control over behaviour.[7] Unsafe sexual behaviour, such as sex while under the influence of drugs and/or sex in exchange for drugs, increases risk of STBBIs.

- Certain groups of street-involved youth, such as sexual minority, female, Aboriginal and ethnocultural minority youth are more vulnerable to stigma, discrimination and homophobia, substance use, mental illness and victimization. These factors can influence sexual risk behaviours such as multiple sex partners and inconsistent condom use, which increases vulnerability to STBBIs.[8]

- The social stigma associated with being homeless can lead to low self-esteem, loneliness, substance use and thoughts of suicide among street-involved youth.[9] In particular, feelings of guilt and self-blame associated with being homeless have the biggest negative impact on mental health.[9]

- Suicide is a leading cause of death among street-involved youth.[10] Substance use, mental illness, unstable housing, discrimination and victimization, experiences of childhood maltreatment or trauma and stress associated with the violence and instability of street life can increase thoughts of or attempts at suicide and negative behaviours to cope with it.[11]

- Positive relationships with family, peers and teachers contribute to positive mental health among street-involved youth with an unstable home life.[12]

WHAT CAN BE DONE TO ADDRESS MENTAL HEALTH AND MENTAL ILLNESS AS DETERMINANTS OF STBBI VULNERABILITY AMONG STREET-INVOLVED YOUTH?

- Develop skills-building workshops that promote positive mental health among street-involved youth. For example, through comprehensive sexual health education, include information on building healthy relationships, developing positive self-esteem, and addressing negative coping skills such as substance use and self-harm. Enabling youth to recognize and develop their skills and strengths can foster resilience through positive mental health and healthy relationships.

- Provide street-involved youth with alternative STBBI prevention programs that focus on leisure activities and developing creative strengths. For example, organize music, theatre, poetry or writing classes at drop-in centres and include discussions on healthy lifestyles and safe behaviour, including STBBI prevention. Creative learning activities let street-involved youth express themselves, build self-esteem, develop healthy relationships and foster healthy ways to cope.

- Use peer-based approaches to provide information on STBBIs and to build positive mental health. For example, recruit and train street-involved youth to lead peer support groups, deliver outreach presentations, and develop STBBI prevention and mental health promotion materials. Content may focus on developing self-esteem, recognizing and addressing symptoms of STBBIs and mental illness, and connecting youth to community STBBI prevention and mental health services. Peers are effective in serving as role models, building self-esteem and helping to develop a positive future outlook.

- Take a more holistic approach in integrating other aspects of health into STBBI prevention services. For example, recognize when mental health or mental illness might be making street-involved youth more vulnerable to STBBIs and offer mental health referrals as appropriate during STBBI counseling. Integrating mental health and other aspects of health into STBBI prevention can decrease the stigma associated with STBBIs and mental illness, and increase access to support.

- Provide training for staff working with street-involved youth to learn about STBBI vulnerability, mental health and how to provide support to them. For example, host a series of workshops covering topics related to mental health and mental illness and discuss how they relate to STBBI vulnerability. Providing information and tools (e.g., checklist for screening, assessment and treatment of mental illness) can support front-line staff working with street-involved youth in understanding their complex needs and how to address them.

- Create opportunities for street-involved youth and community members to discuss and promote awareness of health issues. For example, organize a community health awareness day to increase knowledge of mental health and mental illness, street-involvement and STBBIs. This activity can help remove the stigma towards and promote awareness of mental illness and STBBIs. It can also connect street-involved youth to community STBBI prevention and mental health resources.

PROMISING PRACTICES IN SUPPORTING THE MENTAL HEALTH NEEDS OF STREET-INVOLVED YOUTH

The following are examples of programs and resources which show promise in addressing determinants of STBBI vulnerability and building resilience among street-involved youth.

OPENING MINDS, MENTAL HEALTH COMMISSION OF CANADA (COMMUNITIES ACROSS CANADA)

www.mentalhealthcommission.ca/English/initiatives-and-projects/opening-minds?terminitial=39

This national anti-stigma and anti-discrimination initiative is designed to change the attitudes and behaviours of Canadians towards those living with mental illness. The initiative has coordinated and funded a series of evaluation projects with the goal of identifying and understanding best practices and implementing them nationally. The initiative will promote best practices through an extensive network of partners and development of anti-stigma toolkits and other resources. The initiative addresses stigma within four main target groups: health care providers, youth aged 12 to 18, the workforce and the media.

ABORIGINAL YOUTH FIRST SPORTS AND RECREATION PROGRAM, URBAN NATIVE YOUTH ASSOCIATION (VANCOUVER, BRITISH COLUMBIA)

www.unya.bc.ca/programs/sports-rec-program

This program works with Aboriginal youth and community organizations to develop and deliver a diverse range of sports and recreation activities that encourage youth to be active, participate in skills training, make positive life choices, and develop their leadership skills. A program evaluation of the pilot project showed high demand and attendance for sports and recreation activities among youth. In particular, over 260 youth have participated in certified skill-building activities, many of whom went on to become peer mentors for the program.

ARTS AND MINDS, COVENANT HOUSE (TORONTO, ONTARIO)

www.covenanthousetoronto.ca/homeless-youth/
Mental-Health-Programs

This day program supports youth with mental health issues through art therapy and other hands-on activities such as cooking and gardening. Through these creative techniques, the program teaches communication and social skills in a non-threatening way. Youth are encouraged to express themselves, rebuild a sense of self-worth and volunteer in the community. The program prepares youth to go back to school, find a job or learn how to take care of themselves better.

COMMUNITY MENTAL HEALTH LIAISON PROGRAM, GOOD SHEPHERD CENTRES (HAMILTON, ONTARIO)

www.goodshepherdcentres.ca/pdfs/Programs/
Community%20Mental%20Health%20Liaison%20-%20
Program%20Evaluation.pdf

This outreach program provides early mental health support to youth aged 16 to 21 who are street-involved and dealing with mental health issues such as depression, anxiety and self-harm. The program is integrated within existing youth services in the downtown core and serves to bridge gaps in services and make community linkages to meet street-involved youth's needs.

MINDYOURMIND (LONDON, ONTARIO)

http://mindyourmind.ca

This mental health program engages youth and professionals who work with youth to co-develop resources to reduce the stigma associated with mental illness and increase access and use of community support. The program includes a youth volunteer program and an interactive website that incorporates youth culture into strategies and tools for coping, and accessing support and services. A 2010 impact evaluation demonstrated a 160% improvement in youth accessing formal and informal support as a result of accessing the program's web-based resources.[13]

STRENGTHENING FAMILIES FOR THE FUTURE, CENTER FOR ADDICTION AND MENTAL HEALTH (communities throughout Ontario)

www.camh.ca/en/education/about/camh_publications/
Pages/strengthen_families.aspx

This program is designed for families with children aged 7 to 11 who may be at risk for substance use problems, depression, violence, delinquency and school failure. The 14-week program includes parental, children and family components. A 2006 evaluation of the program showed positive effects in improving family functioning, parenting practices, and children's psychosocial functioning.[14]

YOUTH PHOTO VOICE PROJECT, AIDS COALITION OF NOVA SCOTIA (HALIFAX, NOVA SCOTIA)

www.northernaidsconnectionsociety.ca/youth-photo-voice

This collaborative project between AIDS Coalition of Nova Scotia and AIDS Prince Edward Island Community Support Group works with street-involved youth to capture their personal experiences with conflict with the law, addictions, mental health concerns and risk taking behaviours. Partnering agencies such as the Truro Police Service, Mental Health and Restorative Justice for Youth help in choosing candidates to participate in this project. The Photo Voice project has been offered at junior and senior high schools throughout Northern Nova Scotia, and will expand to PEI.

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ENDNOTES

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