At the Intersection of Risk: Understanding Youth Who Experience Both Homelessness and Parental Mental Illness

by

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Abstract

Youth of parents experiencing mental illness are overrepresented amongst homeless and street-involved youth. Understanding the relationship between parental mental illness and youth wellbeing within this population is vital to providing support. This study had two objectives. The first was to describe the lives of youth experiencing this crossover of homelessness and parental mental illness. The second was to determine the relationship between the number of parents experiencing mental illness that a youth has and their wellbeing. Youth with parents experiencing mental illness were at higher risk for relational, environmental, physical and mental health challenges than their street-involved peers who did not have parents with mental illness. Youth who reported both parents as having mental illness experienced the greatest difficulty, followed by youth with one parent with mental illness, then by youth with neither parent with mental illness, suggesting that the challenge experienced was incremental to the number of parents with mental illness. The only area of wellbeing where youth of parents with mental illness did not differ from their peers without parents with mental illness was in their school attendance and aspirations, as well as their thoughts on where they would be in the future, which were largely hopeful. As this population becomes known to front line workers, policy influencers, and policy makers, there is a need for further support that fits with their unique needs. The resources that the youth identified as needed in communities across British Columbia were safe and affordable housing, job training, food, mental health supports, and more. Acknowledging this population of youth experiencing the intersection of both homelessness and parental mental illness means bringing to light their prevalence as well as addressing their difficulties with appropriate and wanted services.

Lay Summary

This research aimed to bring awareness to the population of youth who experience homelessness and who have parents with mental illness. It provided understanding about what these youth face in their day to day lives by looking at how they compare to other homeless and street-involved youth who do not have parents with mental illness on various aspects of wellbeing. It also provided insight into how having neither parent with mental illness, one parent with mental illness, or both parents with mental illness impacts the experience of homeless and street-involved youth. This research showed that homeless and street-involved youth who have parents with mental illness face many challenges at a higher rate than their homeless peers who do not have parents with mental illness, and youth with both parents with mental illness appear to be at the highest risk.

Preface

Based on Article 2.4 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, ethics approval was not required for this project due to its secondary analysis of exclusively preexisting, anonymous data (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Science and humanities Research Council of Canada, 2014).

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CHAPTER 1: INTRODUCTION

Most research on youth of parents with mental illness (MI) focuses on children living with their parents, leaving youth who are experiencing homelessness or alternative housing an unstudied subset of the population. The challenges of being the child of a parent with mental illness are increasingly being researched and documented, and the challenges of being a homeless or street involved youth have been long known. However, there is little research on the crossover between the two circumstances. The lack of information on the population that experiences this crossover is concerning, particularly given that youth of parents with mental illness are overrepresented among homeless youth. In the general population, estimates of children of parents with mental illness are between 12% and 23% (Bassani, Padoing, & Veldhuizen, 2008; Gladstone, Boydell, Seeman, & McKeever, 2011; Jones, Macias, Gold, Barreira, & Fisher, 2008; Mordoch, 2010; Reupert & Maybery, 2007). However, as is discussed in the results of this study, 37% of homeless and street-involved youth who participated in a British Columbia survey had at least one parent with mental illness. Despite facing obstacles to wellbeing from experiencing both homelessness and parental mental illness, this population remains an unstudied and under-acknowledged group of youth.

This research aimed to provide acknowledgement to this population through a descriptive study showing what life looks like for those homeless and street involved youth who experience parental mental illness versus those who do not. This was a quantitative secondary analysis of pre-existing data gathered during the 2014 survey conducted by the McCreary Centre Society on homeless and street-involved youth across British Columbia. The survey data was reanalyzed to see how responses on demographics, entrance into homelessness, history of residence,

relationships, health and substance use, risk of harm, thoughts on the future, and needed resources differed between youth who identified having one or both parents with mental illness and those who identified having neither. This paper includes a brief review of relevant literature, an overview of the research design, a description of the results found, and a discussion of possible interpretations, limitations, and implications of the results.

1.1 Research Question and Objective

The purpose of this research was to gather knowledge about the unstudied point where two vulnerable populations meet, homeless youth who are also children of parents with mental illness. This intention was reflected in two research questions. The first was 'what do the lives of homeless youth experiencing parental mental illness look like?'. Homeless youth face many challenges that their stably-housed peers are not exposed to and similarly, children of parents with mental illness have many experiences that their peers do not. This project aimed to understand what life looks like for those exposed to both unique circumstances. The second research question was 'are there significant differences between youth with neither, one, or both parents experiencing mental illness?'. This analysis did not intend to explain or attribute cause to any outcomes or indicators of wellbeing for this group. Rather, the intention was to give a picture of what overall as well as day to day life is like for youth living within this intersection of homelessness and parental mental illness, and to determine whether this is related to the number of parents with mental illness that youth identify as having.

1.2 Definitions

Though they may be widely understood and used terms, it is important to begin with a discussion on the definitions of central concepts in this study. The age boundaries that define

adolescence vary between studies, organizations, and research bodies. The same is true of the conceptualization of homelessness and mental illness. Due to the inconsistency of terminology, a consideration of the full range of circumstance that each term can represent is necessary to avoid limiting the interpretation of this project with a narrow understanding of both the affected population and the breadth of the issue.

1.2.1 Youth homelessness. It is difficult to compare the current literature on homeless and street-involved youth due to differing definitions and parameters for the concepts of homelessness and youth. For example, in the research on homelessness among adolescent populations, youth has been defined as a range anywhere between 12 and 25 (Alvi, Scott, & Stanyon, 2010; Bao, Whitbeck, & Hoyt, 2000; Dadds, Braddock, Cuers, Elliot, & Kelly, 1993; Ensign & Bell, 2004; Greene & Ringwalt, 1998; Martijn & Sharpe, 2006; Roy, Boivin, Haley, & Lemire, 1998; Tyler, 2006; Tyler, Cauce, & Whitbeck, 2004; Whitbeck, Hoyt, & Ackley, 1997). It is a challenge to put age boundaries on the concept of youth homelessness when there are varying and changing ideas about when children become youth and when youth transition into adulthood (Brannigan & Caputo, 1993). This variation in the understanding of what adolescence entails makes it difficult to create clarity within the research on the circumstances and wellbeing of homeless youth. Given that this study used data from the 2014 McCreary survey on homeless and street-involved youth in British Columbia, the age boundaries were restricted to the age range used in the survey, which was ages 12 through 19. However, it is critical to note that this population likely extends beyond this range as well.

Similarly, the definition of homelessness is quite varied. Many definitions target persons living without any fixed or regular housing, and opt not to include those who have housing but also have considerable associations with street life (Edidin, Ganim, Hunter, & Karnik, 2012).

Other definitions include youth who may be housed part or full-time, but who have associations with street-life (Brannigan & Caputo, 2003; Smith et al., 2015). The latter provides a broader understanding of those living with the challenges of homelessness. Bearsley and Cummins (1999) found that homeless youth and youth at risk of being homeless did not statistically differ on any measures of wellbeing. Similarly, many of the challenges and risks of homelessness are also applicable to youth living in poverty (Anooshian, 2005). While being at risk of homelessness or living in poverty are not synonymous with being street-involved, these findings point to the importance of maintaining a wide scope of inclusion when looking at who is affected by the risk factors of youth homelessness. As with the definition of youth, this study used the McCreary survey's definition of homelessness, which was "youth who did not have a home; were couch surfing or living on the street; were involved in street life; or were living in unstable conditions such as a single-room occupancy (SRO) apartment, a motel, or living in a home without adults" (Smith et al., 2015, p.13).

1.2.2 Mental illness. Much like the research around youth homelessness, literature on children of parents with mental illness is burdened by differing definitions of children and youth, and differing definitions of mental illness. The McCreary survey used in this study did not define mental illness or mental health, and as such did not indicate any definition or restrictions to survey participants who answered items involving these concepts. For the purpose of this study, mental illness can be understood as "alterations in thinking, mood or behaviour (or some combination thereof) associated with significant distress and impaired functioning" (Government of Canada, 2006, p.2). It is important to note that this may not be how youth completing the survey interpreted the terms mental illness, and thus, they would have responded using their own understanding and beliefs about what the concept entails.

1.3 Brief Overview of Paper.

This project was a descriptive overview of how youth with parental mental illness differ from those without, amongst a sample of homeless and street-involved youth across British Columbia. The purpose of this comparison was to open discussion around the intersection of youth homelessness and parental mental illness, and how this crossover of both circumstances affects youth beyond the known impacts of each individually.

Chapter two offers a brief literature review of what is known separately about each circumstance and how youth and their wellbeing are impacted, looking first at research on children of parents with mental illness, then turning to research on homeless and street-involved youth.

Chapter three describes the research design of the study, including the sample represented in the data set, the original survey and the measures used, and the analysis of the data set conducted for the current study.

Chapter four follows with a presentation of findings from the data analysis, which looked at the lives of homeless and street-involved youth of parents with mental illness, comparing youth with neither, one, or both parents with mental illness. This includes a demographic description of the homeless and street-involved youth with parents experiencing mental illness; the circumstances of entrance into homelessness; history and stability of residence; experience of relationships and support; health and risks for harm; and aspirations, thoughts for the future, and needs moving forward. Lastly, an acknowledgement and exploration of the comorbidity of parental mental illness and substance use is included as a necessary addendum to understanding the impact of mental illness.

Chapter five includes a discussion of the results outlined above as they pertain to each of the two research questions, an acknowledgement of the limitations of both the original survey and the current study, a consideration of the possible implications that the findings have for practice among professionals working with this population, and a note on where future research in this area could go and where further study is needed. There is a caveat about parenting with mental illness as an important note for the interpretation of how mental illness affects parenting or family experience and how this differs between families and individuals.

Chapter six is a conclusion of this paper and of this project. It provides a brief summary of what was found and where this research now lies.

CHAPTER 2: LITERATURE REVIEW

After a thorough search, no relevant literature was found on the crossover between parental mental illness and adolescent homelessness. One study from Denmark showed young shelter users were more likely to have at least one parent with mental illness, substance use, or both than their non-shelter using counterparts (Benjaminsen, 2016). While this validates the idea that parental mental illness is overrepresented in populations of homeless and street-involved youth, it does not provide any information about what life is like for this sub-population of youth experiencing both parental mental illness and precarious housing. Though there is no existing literature on this crossover, there is pertinent research on homeless and street-involved youth, as well as on youth of parents with mental illness. Understanding the challenges and outcomes of these circumstances individually is a necessary foundation to understanding what their compounding impact may be, and how this compounding impact may differ from that of being exposed to only one of the circumstances of interest rather than both. For this purpose, a brief literature review of each area is discussed below.

2.1 Children of Parents with Mental Illness

It is widely acknowledged that people with mental illness are among the most vulnerable in society (Maybery, Ling, Szakacs, & Reupert, 2005; Reupert & Maybery, 2007). However, youth of parents with mental illness are just as vulnerable and often overlooked, despite the estimation that over half of mental health service users have children (Obadina, 2010). Increased attention being paid to children of adults living with mental illness has come from growing awareness about this large proportion of mental health service users that have children and the increased risk that these children face as a result (Hinden, Biebel, Nicholson, & Mehnert, 2005).

This is in line with adolescents' self-reports of being greatly impacted by their parents' illness (Trondsen, 2012). These impacts are diverse and widespread, and can be seen in their mental health, physical health, and emotional wellbeing.

Youth of parents with mental illness are at higher risk of developing psychological problems (Reupert & Maybery, 2007; Van Loon, Van de Ven, Van Doesum, Witteman, & Hosman, 2014) or behavioural disorders (Gladstone et al., 2011). There are links between severe parental mental illness and child neurodevelopmental problems, such as autism spectrum disorder and attention hyperactivity disorder (McCoy et al., 2014). Youth of parents with mental illness are more likely to experience mental illness themselves (Gladstone et al., 2011; Mordoch, 2010). They are also likely to experience social (Obadina, 2010; Reupert & Maybery, 2007), emotional (Obadina, 2010; Reupert & Maybery, 2007; Tabak et al., 2016), and behavioural challenges (Obadina, 2010; Reupert & Maybery, 2007; Tabak et al., 2016). They are at higher risk for substance use disorder (Ali, Dean, & Hedden, 2016), being hospitalized for anorexia nervosa (Bould et al., 2015), and both self-inflicted and unintentional injury (Bassani et al., 2008). Lastly, youth of parents with mental illness are at higher risk of early age mortality (Liu, Chen, & Loh, 2010).

Despite being deeply influenced by parental mental illness in their lives, many youth report having a general lack of information about what is happening in their families (Trondsen, 2012). This is often accompanied by a sense of isolation and loneliness. Youth of parents with mental illness experience more negative emotions (Van loon et al., 2014), including guilt (Gladstone et al., 2011), isolation (Murphy, Peters, Wilkes, & Jackson, 2015), and fear (Gladstone et al., 2011; Murphy et al., 2015). Some of this fear can be attributed to and exacerbated by the instability and unpredictability of parental mood and behaviour cycles

(Gladstone et al., 2011; Murphy et al., 2015; Trondsen, 2012), causing disruption and chaos in their lived environments (Gladstone et al., 2011; Reupert & Maybery, 2007). These challenges can be seen alongside an overarching feeling of loss about missing out on what youth see as a normal adolescence (Trondsen, 2012).

It would be negligent not to acknowledge the prevalence of comorbidity between mental illness and substance use. Substance use is a common component in many homeless and street involved youth's family histories (Tyler, 2006). It is well known that substance use and mental illness are tied to one another (Hasin, Stinson, Ogburn, & Grant, 2007; Lai, Cleary, Sitharthan, & Hunt, 2015; Regier et al., 1990). It has been shown that substance use disorders are more prevalent among people with severe mental illness than the general population (Lai, Cleary, Sitharthan, & Hunt, 2015). Though an exact count would be difficult to obtain, estimates of both children of parents with mental illness and children of parents with substance use disorders suggest that there is a significant number of youth who live with the parental comorbidity of both (Reupert, Goodyear, & Maybery, 2012). As such, the impacts they have are inextricable, including the impacts on child wellbeing.

Like parental mental illness, parental substance use is also related to adverse childhood experiences. An Australian study of removed children in the care of their grandparents found that the majority of the cases involved parental substance use, familial violence, and abuse (Taylor, Marquis, Coall, & Wilkinson, 2017). A Canadian study found that parental substance use was associated with childhood experiences of physical and sexual abuse (Walsh, MacMillan, & Jamieson, 2003). Parental substance use and mental illness are both tied to familial fragmentation (Hoffman & Rosenheck, 2001; Jones et al., 2008). In managing these difficulties, some youth report that leaving home and gaining distance from their parent was a necessary step

in improving their situation (Trondsen, 2012). However, as shown in the literature on homeless youth populations discussed below, this step can bring new challenges of being without the support of a parent and without a stable residence.

2.2 Homeless and Street-Involved Youth

There are many challenges and outcomes associated with being a youth who is homeless or street-involved. They experience higher rates of behavioural and emotional challenges (Dadds et al., 1993). Youth who are currently or have ever resided on the street have worse overall health outcomes than youth who have never lived on the street (Worthington et al., 2017), including high rates of exposure-related health outcomes (Frankish, Hwang & Quantz, 2005). They experience increased risk of sexually transmitted diseases (Macdonald, Fisher, Wells, Doherty & Bowie, 1994), pregnancy (Green & Ringwalt, 1998), and substance use (Ennett, Bailey, & Federman, 1999). In addition to physical health issues, there are adverse emotional and mental difficulties. Homeless children experience great stress (Davey, 1998), dissociative symptoms (Tyler et al., 2004), feelings of isolation, worthlessness, and loss of control (Kidd & Kral, 2002). Homeless youth and youth at risk of homelessness experience a lesser sense of wellbeing, belonging, closeness, and safety than their stably-housed counterparts (Bearsley & Cummins, 1999). They also have a lower perceived quality of life and less perceived meaning in life (Bearsley & Cummins, 1999). There is a high rate of suicidality amongst street youth (Kidd & Kral, 2002), and ultimately, a higher rate of mortality (Roy, Boivin, Haley, & Lemire, 1998).

It may seem illogical to look at how having a parent with mental illness is related to the wellbeing of homeless and street involved youth, since being homeless could be understood as indicative of a lack of parental contact. However, parent and family relationships are still a prevalent dynamic for homeless youth, both before and during homelessness. Various literature

has pointed to the importance of family and other relationships in the trajectories and nature of youth homelessness. Homeless youth report problems in their family histories, including abuse, substance use, violence in the home, and a lack of familial support and warmth (Dadds et al., 1993; Tyler, 2006; Whitbeck et al., 1997). Family violence is often involved in the caregiver relationships of homeless youth (Alvi et al., 2010; Whitbeck et al., 1997). Many youth on the street have experienced neglect as well as sexual, physical and emotional abuse (Kidd & Kral, 2002; Tyler, 2006; Hyde, 2005; Tyler et al., 2004). These abusive environments may motivate youth to leave their families to protect themselves (Bao et al., 2000; Hyde, 2005). Thus, problems in the family are one pathway into youth homelessness (Martijn & Sharpe, 2006). Another often overlooked pathway into homelessness for youth is being a child of a homeless family (Anooshian, 2005). Children in homeless families may continue their street-involvement into adolescence and adulthood.

There are multiple ways that family relationships can be involved in a youth's entrance into homelessness, and multiple ways in which they remain involved during homelessness. After entering homelessness, many youth continue to have parents and other family members within their social network (Johnson, Whitbeck, & Hoyt, 2005; Ennett et al., 1999). Older siblings and extended family can be identified as mentors (Dang, Conger, Breslau & Miller, 2014). While some homeless and street involved youth of parents with mental illness may have little or no contact with their family, it is apparent that many do. Thus, the experience of having a parent with mental illness is likely still prevalent and part of life either before, during, or throughout their experience of homelessness. This validates the importance of considering how the impact of parental mental illness interacts with the complex experience of youth homelessness.

CHAPTER 3: RESEARCH DESIGN

Youth who experience the intersection of homelessness and parental mental illness are an unstudied population, leaving space for exploratory research. This study was a descriptive analysis exploring the lived experiences and wellbeing of the population. The first objective of the study was to describe the lives of homeless and street-involved youth who have parents with mental illness. The second objective was to look at whether there is a significant difference between youth with varying numbers of parents experiencing mental illness. The method used to reach these objectives was a quantitative secondary analysis of preexisting data. The data set used for this research was from the 2014 McCreary Centre Society *Homeless and Street-Involved Youth* survey. This data set holds youth's responses on a wide variety of items ranging from demographics, current and past experiences, and thoughts on the future. The expansiveness of this data offers an opportunity to see the experiences and wellbeing of these youth from their own perspective. Below is a description of the sample represented in this data set; the development, recruitment, and administration of the survey; and the measures looked at.

3.1 Sample

A total of 689 youth participated in the survey, 681 of these surveys were deemed usable (Smith et al., 2015). Participants ranged from 12 to 19 years of age (Smith et al., 2015), the mean age was 16.8 years. Five participants neglected to report their age. Surveys were conducted in 13 communities across British Columbia (Smith et al., 2015), which are listed in Table 3.1.

Table 3. 1 *Distribution of participants by city*

City of Survey	%
Abbotsford	11.0
Burnaby	4.4
Chilliwack	4.7
Kamloops	4.4
Kelowna	5.0
Nanaimo	9.1
Nelson	4.4
North Shore	10.6
Prince Rupert	4.3
Prince George	12.8
Surrey	6.9
Vancouver	18.5
Victoria	4.0

Of the 681 youth respondents, 47.1% self-identified as male, 49.8% as female, 1.6% as transgender, and 1.5% as other. Not included in these percentages were two participants that gave multiple responses, and two that gave no response. Of those who responded, 94.4% were born in Canada. 52.3% self-identified as Aboriginal, and 39.5% as having a European background (See Table 3.2).

Table 3. 2 *Family background of all participants*

Family Background	%
Aboriginal	52.3
European	39.5
African	4.0
East Asian	2.2
South Asian	1.2
Southeast Asian	2.5
West Asian	1.8
Latin American	4.0
Caribbean	2.1
Australian, Pacific Islander	0.9
Other	4.3
Don't know	9.9

Percentages do not add up to 100 due to multiple response.

3.2 Survey Development, Recruitment, and Administration

The survey was developed by an advisory committee, and recruitment and administration were done by a team of researchers within each community that included both youth workers and youth with experience of homelessness (Smith et al., 2015). Youth were recruited based on age and housing circumstance. As described in the discussion of definitions, this survey defined 'youth' as ages 12 through 19, and homeless youth as "youth who did not have a home; were couch surfing or living in unstable conditions such as a single-room occupancy (SRO) apartment, a motel, or living in a home without adults" (Smith et al., 2015, p.13). The survey was anonymous, and participants volunteered to be involved in exchange for a small honorarium (Smith et al., 2015).

3.3 Measures

Items in the survey covered a diverse range of health and wellbeing-related topics. Not all items were looked at within this study. Below is an overview of items that were looked at. Items that were dichotomized or condensed were done so to increase the number of respondents in each category in order to protect the anonymity of respondents and the reliability of the analysis.

Familial mental illness. To differentiate youth with parents experiencing mental illness and youth without, an item was used that asked youth whether they had family members with mental illness, and if so, whether that member was their mother, father, another family member, or if they were unsure if anyone experienced mental illness. Respondents could select multiple options if needed. For analysis, a new variable was created, which included only youth's responses to whether their mother or father had mental illness. Those who said no to both were coded as having *neither* parent with mental illness, those who said yes to either their mother or father and no to the other were coded as having *one* parent with mental illness, and those who said yes to mother and father were coded as having *both* parents with mental illness. For some analyses that had too few respondents in these categories to remain reliable or anonymous, responses were dichotomized into youth who had *neither* parent with mental illness and youth who had *one or both* parents with mental illness.

Demographics. Multiple items were used to look at the demographics of both the entire sample and the population of youth experiencing parental mental illness.

Age. Self-identified with options from 12 to 19 years old.

Gender. Self-identified with options of male, female, transgender, and other. However, those who responded as transgender or other were removed before analysis due to small numbers that compromised reliability and anonymity.

Background. Youth were asked to mark each option that fit for them from a list of 12 possible backgrounds, including *don't know* and *other*. See Table 3.2 for all response options. There was a second item asking if they were born in Canada, and if not, under what status they were within Canada.

Circumstances of entrance into street-involved life. These items aimed to understand how and when the youth entered homelessness or street-involved life.

Age at entrance. This item asked youth how old they were when they first became homeless or street-involved. Options ranged from *younger than 9* up to *18 and older*.

Reason for entrance. Youth were asked to select all reasons that fit for them, from 15 options, for why they became street-involved or homeless. See Table 4.1 for all response options.

History of residence. Various items were used to gather youth's living histories.

History of government care. This item originally asked youth whether they had no, current, recent, or historic experience in four types of government care or government support, including foster homes, group homes, custody centers, and youth agreements. For each of the four types of government care, the response options were dichotomized into whether youth had *never* had this experience, or whether they had *at any point* in their life.

Current and past residences. Youth were asked whether they currently lived, had ever lived, or had never lived in each of 12 types of residence. *Currently* was explained to mean as of yesterday, in relation to the date the survey was administered. See Table 4.2 for all types of accommodation looked at.

Time in current residence. The original item asked youth how long they had been in their current residence, with options ranging from *less than a month* up to *a year and beyond*. For this study responses were dichotomized into *a year or less* and *more than a year*.

Feelings of safety. Specific to where the youth had been staying for the previous month, this item asked about how often youth felt safe where they had been residing with response options from *never* to *always* on a 5-point scale.

Times returned home. Youth were asked how many times they had returned home since they first entered homelessness or street-involved life from *0* to *3 or more* times.

Relationships. Items were used that looked at all youth relationships, including familial relationships, friendships, and supportive adult relationships.

Family relationships. Youth were asked to what degree they believed their family understood them, paid attention to them, and had fun with one another. Response options for each question were originally on a 5-point scale from *not at all* to *very much*, but were dichotomized into *not at all/ very little* and *somewhat - very much*.

Friendships. Two items asked about youth's friendships, one looking at homeless and street-involved friendships and one looking at friendships with youth who were not homeless or street-involved. Each item originally asked youth to respond on a scale of *0* to *9* friends. Response options were dichotomized into *0 to 2* and *3 or more*.

Adult to talk to. One item looked at supportive adult relationships, asking youth if they had an adult to turn to if needed. Respondents could indicate that they did not, that they had an adult within their family, or that they had an adult outside their family.

Relationship to community. Youth responded on a 5-point scale from *not at all* to *very much* regarding how much they felt like part of their community. Responses for this item were dichotomized into *not at all/ very little* and *somewhat - very much*.

Health. Three items were selected to look at the youth's perceptions of their health, both physical and mental.

General health. One item looked at youth's general health, asking them to respond on a 4-point scale from *poor* to *excellent*.

Mental health. Another item measured mental health, also on a 4-point scale from *poor* to *excellent*. A second item related to mental health asked whether youth had experienced stress and anxiety over the previous month, with response options ranging from *not at all* to *extremely* on a 5-point scale, where extremely was to the point of being unable to cope.

Substance use. Three yes/no items were used to measure whether youth had ever used marijuana, illegal injected drugs, or alcohol beyond a few sips.

Risk of harm. Multiple items were used that looked at the risk of harm for youth, both intentional and unintentional.

Unintentional injury. This item looked at how often in the past year youth had been unintentionally injured with enough severity to require medical services. Response choices ranged from *0* to *3 or more* times.

Intentional injury without intent for suicide. Looking to intentional injury, youth were asked how often they had injured themselves in the previous year, without any intention of committing suicide. Response options ranged from *never*, *0* times in the previous year, up to *6 or more* in the previous year.

Thoughts of suicide. In the form of a yes/no question, youth were asked whether they had seriously thought about attempting suicide in the previous year.

Suicide attempts. Following their thoughts about suicide, youth were asked how many times in the previous year they had attempted suicide. Response options were originally *0* through to *6 or more*, but were condensed into *0, 1,* and *2 or more*.

History of abuse. Three items were used to look at youth's experience of abuse.

Witnessing abuse. Youth were asked in a yes/no format whether they had ever witnessed a family member being abused.

Experiencing abuse. In two items, youth were asked in a yes/no format whether they had ever been physically abused and whether they had ever been sexually abused.

Life satisfaction. One item asked youth how they felt about their life circumstances on a 4-point scale from *poor* to *excellent*. Looking specifically at how they felt within their community, a second item asked the degree to which youth felt like part of their community on a 5-point scale from *not at all* to *very much*. Responses for this item were dichotomized into *not at all/ very little* and *somewhat - very much*.

Thoughts for the future. Various items were used to ask youth about their thoughts on their futures, both directly and indirectly.

School attendance. The original item asked youth if they were attending school at the time of the survey, with response options including no, as well as a variety of schooling types. Options were dichotomized into yes and no, with yes referring to any form of schooling.

Plans for education. In asking about youth's thoughts on future education, they chose the option that best fit their plans from not finishing high school, stopping after high school completion, continuing education after high school, don't know, and haven't thought about it.

Life in 5 years. Youth were asked where they saw themselves in five years, with options being a job, prison, school, dead, living in a home of their own, on the street, having a family, don't know, or other.

Resources that were needed in youth's communities. One item asked youth about what resources and services they needed more of in their communities. Youth identified whether each of the 17 options was a resource that was lacking. See Table 4.15 for all response options.

Familial substance use. Youth were also asked if they believed that anyone in their family had a problem with alcohol or drugs. Original response options were their mother, father, another family member, no, and don't know. They were able to pick multiple options if needed. A new item was created that divided youth into those who responded no to mother and father, yes to either mother or father, and yes to both.

3.4 Analysis

Analyses were done using the new variable for parental mental illness, as described in the measures sections, that separated the youth population into three categories. These categories of youth with one, both, or neither parent with mental illness were compared to one another using the youth's responses on different items about their lives, living situations, relationships, and wellbeing.

All analyses were conducted using descriptive statistics, chi-squares, and column proportion z-tests. Descriptive statistics, including frequencies and means, were used to describe the sample and the target population. Chi-square tests of independence were used to assess whether a relationship existed between parental mental illness and youth's scores on various measures of wellbeing. Exact p-values were reported, with an alpha value of .05 used as the significance criterion. Cramer's V was used to report the effect size of the chi-square tests. Within significant omnibus chi-square tests, column proportion z-tests were used to make intended comparisons between groups of youth with one, both, or neither of their parents experiencing mental illness. Column proportion tests were set at an alpha value of .05 with a Bonferroni adjustment to account for multiple comparisons. Thus, when parental mental illness was split into three categories, three comparisons were made and the Bonferroni-adjusted alpha value was .017, whereas when parental mental illness was split into only two categories, only

one comparison was made and the Bonferroni-adjusted alpha value remained at .05. Column proportion tests showed which columns, within each row, were significantly different from one another at the Bonferroni-adjusted alpha value. Percentages from the cross-tab were then used to determine the direction of this difference, the direction being whether one category of parental mental illness was more or less likely than one or both of the other two categories to give a certain response.

Chi-square analyses were not reported if more than 20% of expected cell sizes were less than five, and as such would not be reliable. Analyses were also not reported if the frequency or percentage was based on less than five responses and would endanger the anonymity of those participants. It is important to note that the data set used in this study had a high rate of missing data. Youth respondents could rightfully choose not to answer any items that they did not want to for any reason. Thus, missing data could be due to the sensitive subject matter in many of the items, which respondents may have elected to skip over. Respondents may have elected to skip items that they thought did not apply to them or that they did not understand. Items used in this study had missing data ranging from 1% to 34%, with most items between 7% and 17%. All items of interest were analyzed regardless of missing data, though items with more than 20% of responses missing were noted in the results.

CHAPTER 4: RESULTS

4.1 Describing the Population

Demographically, homeless and street involved youth of parents with mental illness appeared similar in age to their homeless peers without parental mental illness, but different in reported gender. The average age of youth who said they had one or both parents with mental illness was 17.0 (sd = 1.56) years old. The average age of those reporting neither parent with mental illness was 16.8 (sd = 1.70) years old. For reported gender, omnibus tests showed that gender and parental mental illness were significantly related (χ^2 (2, n = 623) = 23.43, p <.001, Φ_c = .19), and column proportion comparisons showed that youth who identified having both or one parent with mental illness were more likely to be female than those who said neither parent had mental illness (p <.017). While only 45.1% of those who said neither parent had a mental illness identified as female, 63.3% of those who said one parent and 67.8% of those who said both parents had a mental illness identified as female.

Risk of having a father with mental illness was not the same for youth with and without a mother who was also experiencing mental illness (χ^2 (2, N = 647) = 122.50, p = <.001, Φ_c = .44). Youth with a mother with mental illness were more likely than those without to have a father with mental illness (49.5% vs. 10.2%, p <.05), and those with a father with mental illness were more likely to have a mother with mental illness (67.8% vs. 19.6%, p <.05). Of the 647 participants who answered the item about familial mental illness, 405 (62.6%) said that neither their mother nor their father had a mental illness, 145 (22.4%) said that either their mother or their father did, and 97 (15.0%) said that both their mother and father did.

4.2 Entrance Into Homelessness

There are multiple pathways through which youth enter homelessness. Survey questions regarding the youth's entrance into homelessness had high rates of missing data, with 24.5% of responses missing for the age of entrance into street-involved life and 32.6% missing for youth's reasons for entering street-involved life. This could have been due to youth not knowing or not remembering the age of their first street-involvement. They may have been unclear on their exact reasons for leaving home, or perhaps hesitant to report due to embarrassment or fear.

Age at entrance into homeless or street-involved life was similar for both youth with and without parental mental illness. The mean age of youth with one or both parents with mental illness entering homelessness was 13.78 (sd = 2.52) years old. The mean age of those reporting neither parent with mental illness was 13.72 (sd = 2.87). While age was similar, there were significant differences between youth with and without parental mental illness on self-reported reasons for entering homelessness.

In looking at youth's reasons for entering street-involved life, a series of chi-squares were conducted (See Table 4.1). Each row of Table 4.1 is a different chi-square comparing one reason that youth may have left home between those with neither parent with mental illness and those with one or both. There were no differences in response rates between youth with and without parental mental illness for leaving when the reasons were that they did not like their foster or group home, they were travelling, they could not find a job or affordable housing, they were addicted to substances, they felt accepted on the streets, they were avoiding criminal charges, they lost their youth agreement, or they could not get put on income assistance. There were significant differences in response rates when the reasons were that they ran away, they were kicked out, they left because they did not get along with their parents, they had conflict in their

home due to their sexual orientation, they had exposure to violence or abuse in their home, or they left because their friends spent time on the streets. Column proportion tests showed that for each of these significant relationships, youth of one or both parents with mental illness were significantly more likely than those with neither parent experiencing mental illness to say that they left home for that reason ($p < .05$).

Table 4. 1 *Reasons for becoming street-involved/homeless*

Reason for becoming street-involved/ homeless	% of youth selecting each option who have:		χ^2	*p*	Φ_c
	Neither parent with MI (*n* = 267)	One or both parents with MI (*n* = 192)			
Ran away	35.6	45.3	4.42	.036	.10
Kicked out	37.5	50.0	7.19	.007	.13
Didn't get along with parents	38.6	52.1	8.26	.004	.13
Conflict at home due to sexual orientation	3.7	8.3	4.40	.036	.10
Violence or abuse at home	18.0	33.3	14.28	<.001	.18
Didn't like foster/group home	8.6	9.9	0.22	.639	.02
Travelling	6.0	6.3	0.01	.909	.01
Couldn't find a job	12.4	16.7	1.70	.192	.06
Couldn't find affordable housing	10.5	13.5	1.00	.316	.05
Addicted to alcohol/ drugs	15.0	18.8	1.15	.284	.05
Friends spend time on the streets	16.1	23.4	3.88	.049	.09
Felt accepted on the streets	18.0	25.5	3.81	.051	.09
Avoiding criminal charges	4.1	2.6	0.76	.383	.04
Lost youth agreement	2.2	5.2	2.91	.088	.08
Can't get Income Assistance	6.4	7.3	0.15	.697	.02

Percentages within columns do not add up to 100 due to multiple response.

4.3 History of Residence

4.3.1. Current and past residences. In looking at where youth had ever lived, the categories of parental mental illness were collapsed into two due to small expected cell sizes that compromised reliability. A few types of accommodation were not reported due to small expected cell sizes that persisted after collapsing the parental mental illness variable. Others were not reported due to small actual cell sizes that compromised anonymity. Those left unreported included college dorms, a tent or car, extreme weather shelters, and squat or abandoned residences.

For all types of residence but transition homes, parental mental illness was significantly related to whether youth currently lived, had lived at some point, or had never lived in each type of residence (See Table 4.2). In analyzing this relationship between youth's history of residence and their experience of parental mental illness, a series of chi-squares were conducted. Each row of Table 4.2 is a different chi-square test that looked at one type of residence and compared when youth lived in this residence with whether they had neither parent with mental illness or one or both parents with mental illness. Column proportions tests showed that youth with one or both parents with mental illness were less likely to be living with their parents at the time of the survey, but more likely to have lived with them at some point ($p < .05$). The same was true of living at a relative's home ($p < .05$). These youth were also more likely to be living on the street at the time of the survey as well as at any point in time ($p < .05$). Youth with one or both parents experiencing mental illness were more likely than those with neither to have lived, at some point in time, alone or with roommates in a house or apartment; in a hotel, motel or single-room occupancy (SRO) residence; in a safe house or shelter; in a transition house; and to have lived all over while couch surfing ($p < .05$).

Table 4. 2 *Experience of various types of residence*

Residence	When youth lived in each type of residence	% of youth selecting each option who have:		*n* (neither/ one or both)	χ^2	*p*	Φ_c
		Neither parent with MI	One or both parents with MI				
House/ Apartment	At time of survey	31.4	34.2	382/ 234	7.63	.022	.11
	At some point	23.8	31.6				
	Never	44.8	34.2				
Hotel/ Motel/ SRO	At time of survey	1.9	2.7	363/ 220	10.15	.006	.13
	At some point	20.9	32.3				
	Never	77.1	65.0				
Parent's home	At time of survey	45.7	31.0	374/ 226	16.82	<.001	.17
	At some point	43.9	61.1				
	Never	10.4	8.0				
Relative's home	At time of survey	11.3	6.2	373/ 227	7.20	.027	.11
	At some point	46.4	55.9				
	Never	42.4	37.9				
Safe house/ Shelter	At time of survey	11.8	9.7	373/ 227	34.06	<.001	.24
	At some point	22.0	44.5				
	Never	66.2	45.8				
Transition house	At time of survey	4.0	5.8	374/ 225	5.36	.069	.10
	At some point	12.3	18.2				
	Never	83.7	76.0				
On the street	At time of survey	3.0	7.2	366/ 221	21.87	<.001	.19
	At some point	27.6	42.1				
	Never	69.4	50.7				
Nowhere/ All over (%)	At time of survey	5.7	9.4	370/ 223	24.64	<.001	.20
	At some point	37.0	54.3				
	Never	57.3	36.3				

4.3.2 Stability of current residence. There was a significant relationship between level of parental mental illness and whether youth had lived in their current residence for over or under a year ($\chi^2(2, N = 628) = 18.70, p < .001, \Phi_c = .17$). Youth with one parent (74.7%) and youth with both parents experiencing mental illness (76.6%) did not significantly differ from one another, but were both more likely than youth with neither parent experiencing mental illness (58.9%) to say they had lived at their current residence for one year or less, rather than for over a year ($p < .017$). There was no significant difference in the number of times that youth had returned home since leaving between those with parents experiencing mental illness and those without ($\chi^2(2, n = 584) = 5.16, p = .524, \Phi_c = .07$).

4.3.3 Safety of current residence. Significant differences were present in the relationship between the number of parents with mental illness and feelings of safety where youth had been sleeping (See Table 4.3). Youth with one parent and youth with both parents experiencing mental illness were less likely than youth with neither to say that they *always* felt safe where they were sleeping and more likely to say that they *often* felt safe. Youth with both parents experiencing mental illness were more likely than those with neither parent to say that they *sometimes* felt safe (See Table 4.4).

Table 4. 3 *How often youth felt safe where they were sleeping*

How often youth felt safe where they were sleeping	% of youth selecting each option who have:			χ^2	*p*	Φ_c
	Neither parent with MI (*n* = 397)	One parent with MI (*n* = 143)	Both parents with MI (*n* = 97)			
Never	1.5	2.8	4.1			
Rarely	4.8	7.0	5.2			
Sometimes	15.4	20.3	26.8	42.10	<.001	.18
Often	17.9	29.4	35.1			
Always	60.5	40.6	28.9			

Table 4. 4 *How often youth felt safe where they were sleeping - column comparison*

How often youth felt safe where they were sleeping	Neither parent with MI (*n* = 397)	One parent with MI (*n* = 143)	Both parents with MI (*n* = 97)	*p*
Never	A	A	A	
Rarely	A	A	A	
Sometimes	A	AB	B	<.017
Often	A	B	B	
Always	A	B	B	

Within each row, columns with the same letter do not significantly differ from one another at the Bonferroni-corrected p-value.

4.3.4 Experience in government care. Among the various types of government care asked about, only the chi-square test for custody centers was not significant. There was a significant relationship between parental mental illness and group homes, youth agreements, and foster care. In analyzing this relationship between youth's history of government care and their experience of parental mental illness, four chi-square tests were conducted (See Table 4.5). Each row of Table 4.5 is a different chi-square test that looked at one type of government care and

compared youth with neither, one, or both parents with mental illness on whether they had never had that experience of care or whether they did at any point. Column proportion tests indicated that there was no significant difference between categories of parental mental illness for whether the youth had never lived in foster homes or whether they had at any point ($p > .017$). However, youth who identified both parents as having mental illness were more likely than those with neither parent to say that they did live in a group home at some point and that they did have a youth agreement at some point ($p < .017$). Youth with one parent experiencing mental illness did not significantly differ from either of the other two categories ($p > .017$).

Table 4. 5 *Experience of government care*

Experience in Government Care		% of youth selecting each option who have: Neither parent with MI (n = 405)	One parent with MI (n = 145)	Both parents with MI (n = 97)	χ^2	p	Φ_c
Foster Home	Never	61.2	53.1	48.5	6.71	.035	.10
	Any point	38.8	46.9	51.5			
Group Home	Never	77.5	73.1	62.9	8.95	.011	.12
	Any point	22.5	26.9	37.1			
Custody Center	Never	87.7	85.5	78.4	5.56	.062	.09
	Any point	12.3	14.5	21.6			
Youth Agreement	Never	83.2	77.2	64.9	16.21	<.001	.16
	Any point	16.8	22.8	35.1			

4.4 Relationships

Maintaining social relationships is a vital component of wellbeing. Given that analyses showed that youth of parents with mental illness were less likely to live with their parents, and

less likely to have lived at their current residence for over a year, it is important to query where they were finding consistent social support.

4.4.1 Family relationships. Three chi-square tests were completed to look at the relationship between parental mental illness and youth's responses of *not at all to very little* or *somewhat to very much* for questions about their perceptions of their family. For all three questions, there was a significant relationship to parental mental illness, including youth's beliefs about whether their family understood them (χ^2 (2, N = 626) = 25.12, p <.001, Φ_c = .20), whether their family had fun together (χ^2 (2, N = 613) = 24.08, p = <.001, Φ_c = .20), and whether their family paid attention to them (χ^2 (2, N = 603) = 32.67, p = <.001, Φ_c = .23). Column comparisons showed that youth who identified both of their parents as having mental illness were more likely than those who identified one or neither parent as having mental illness to say *not at all to very little* for each of the three measures (p <.017).

4.4.2 Friendships. While there was no significant relationship between parental mental illness and how many non-street-involved friends that youth had (χ^2 (2, N = 625) = .85, p = .653, Φ_c = .04), there was a significant relationship between parental mental illness and number of street-involved friendships youth had (χ^2 (2, N = 618) = 9.35, p = .009, Φ_c = .12). Youth with both parents experiencing mental illness were more likely than those with neither (63.2% vs. 46.5%) to have *3 or more* friends who were also homeless and street-involved, rather than *0 to 2* (p <.017). Those with one parent with mental illness were situated in between and did not differ significantly from either of the other two categories (54.2%, p >.017).

4.4.3 Supportive relationships. There was a significant relationship between parental mental illness and having an adult within the family to talk to if the youth were dealing with a problem (χ^2 (2, n = 638) = 11.78, p = .003, Φ_c = .14). Youth of both parents with mental illness

were less likely than those with neither parent (29.2% vs. 47.1%) to have an adult in the family to talk to if needed ($p < .017$). Those with one parent with mental illness did not significantly differ from either of the other two categories (37.8%, $p > .017$). There was a significant relationship between parental mental illness and whether youth had an adult outside of the family to talk to if needed ($\chi^2(2, n = 638) = 8.21, p = .016, \Phi_c = .11$). However, there were no significant differences between the categories of parental mental illness in whether they responded yes or no to having an adult outside of the family to turn to ($p > .017$).

4.4.4 Relationship to community. When asked whether they felt like part of their community, there was a significant relationship between youth's responses and their experience of parental mental illness ($\chi^2(2, n = 572) = 8.80, p = .012, \Phi_c = .12$). Youth with both parents experiencing mental illness were more likely to say *not at all to very little* than youth with neither parent (44.3% vs. 28.8%, $p < .017$). Youth who identified only one parent as having mental illness were not significantly different from either of the other two categories (36.9%, $p > .017$).

4.5 Health

4.5.1 General health. There was a significant relationship between youth's health and their experience of parental mental illness (See Table 4.6). Youth of both parents with mental illness were more likely to say that their health was *fair* than those with one or neither parent with mental illness, and more likely to say that it was *poor* than those with neither parent. Youth with neither parent with mental illness were more likely than those with one or both to say that their health was *excellent* (See Table 4.7).

Table 4. 6 *Description of general health*

Description of general health	% of youth selecting each option who have: Neither parent with MI (n = 398)	One parent with MI (n = 142)	Both parents with MI (n = 93)	χ^2	p	Φ_c
Poor	6.3	9.9	17.2	39.63	<.001	.18
Fair	33.4	33.8	49.5			
Good	39.2	47.2	#			
Excellent	21.1	9.2	#			

represents percentages that were not released to protect the anonymity of respondents.

Table 4. 7 *Description of general health - column comparison*

Description of general health	Neither parent with MI (n = 398)	One parent with MI (n = 142)	Both parents with MI (n = 93)	p
Poor	A	AB	B	<.017
Fair	A	A	B	
Good	AB	B	A	
Excellent	A	B	B	

Within each row, columns with the same letter do not significantly differ from one another at the Bonferroni-corrected p-value.

4.5.2 Mental health. Similar to general health, there was a significant relationship between youth's mental health and their experience of parental mental illness (See Table 4.8). Youth with one parent with mental illness were more likely than those with neither to describe their mental health as *poor*, and youth with both parents with mental illness were more likely than those with one or neither parent to say *poor*. Youth with neither parent with mental illness were more likely than those with one or both parents to describe their mental health as *excellent* (See Table 4.9).

Table 4. 8 *Description of mental health*

Description of mental health	% of youth selecting each option who have: Neither parent with MI (n = 364)	One parent with MI (n = 134)	Both parents with MI (n = 91)	χ^2	p	Φ_c
Poor	7.4	17.2	39.6	88.07	<.001	.39
Fair	34.6	37.3	42.9			
Good	36.8	37.3	#			
Excellent	21.2	8.2	#			

represents percentages that were not released to protect the anonymity of respondents.

Table 4. 9 *Description of mental health - column comparison*

Description of mental health	Neither parent with MI (n = 364)	One parent with MI (n = 134)	Both parents with MI (n = 91)	p
Poor	A	B	C	<.017
Fair	A	A	A	
Good	A	A	B	
Excellent	A	B	B	

Within each row, columns with the same letter do not significantly differ from one another at the Bonferroni-corrected p-value.

4.5.3 Experience of stress and anxiety. Regarding the degree of stress and anxiety experienced over the previous month, youth's ratings were significantly related to their identification with having parents with mental illness (See Table 4.10). Youth with neither parent with mental illness were more likely than those with one or both parent to say that they had felt stressed *not at all* or *a little*. Youth with one or both parents with mental illness were more likely than those with neither to say *extremely,* to the point where they were unable to cope (See Table 4.11).

Table 4. 10 *Experience of stress, anxiety and pressure*

Feelings of stress over the previous month	% of youth selecting each option who have:			χ^2	*p*	Φ_c
	Neither parent with MI (*n* = 358)	One parent with MI (*n* = 130)	Both parents with MI (*n* = 91)			
Not at all	16.5	6.9	3.3			
A little	28.2	12.3	5.5			
Some	21.8	23.1	12.1	84.13	<.001	.38
Quite a bit	20.7	28.5	38.5			
Extremely	12.8	29.2	40.7			

Table 4. 11 *Experience of stress, anxiety and pressure - column comparison*

Feelings of stress over the previous month	Neither parent with MI (*n* = 358)	One parent with MI (*n* = 130)	Both parents with MI (*n* = 91)	*p*
Not at all	A	B	B	
A little	A	B	B	
Some	A	A	A	<.017
Quite a bit	A	AB	B	
Extremely	A	B	B	

Within each row, columns with the same letter do not significantly differ from one another at the Bonferroni-corrected p-value.

4.6 Substance Use

There were significant relationships between youth's experience of parental mental illness and their substance use, including marijuana ($\chi^2(2, n = 615) = 12.92, p = .002, \Phi_c = .15$), illicit injected drugs ($\chi^2(2, n = 576) = 8.77, p = .012, \Phi_c = .12$), and alcohol consumption ($\chi^2(2, n = 621) = 19.55, p < .001, \Phi_c = .18$). Looking at column comparisons, youth with both parents experiencing mental illness were at significantly higher risk than youth with neither parent experiencing mental illness to have used marijuana (93.7% vs. 79.8%), and to have used injected

drugs (16.3% vs. 7.0%, $p < .017$). At 87.8% having used marijuana and 12.9% having used injected drugs, youth with one parent with mental illness did not significantly differ from either of the other two categories for either type of drug use ($p > .017$). However, youth with both parents as well as youth with one parent with mental illness were more likely than those with neither parent to say that they had drank alcohol beyond a few sips (94.7% vs. 89.4% vs. 78.4%, $p < .017$).

4.7 Risk of Harm

4.7.1 Unintentional injury. There was a relationship between parental mental illness and youth's experience of being unintentionally injured ($\chi^2(6, n = 585) = 27.84, p < .001, \Phi_c = .15$). Youth who identified having both parents with mental illness were less likely than those who identified having neither parent with mental illness to say that in the previous year they had no experiences of being accidentally injured resulting in need for medical attention (45.3% vs. 62.6%), and more likely to say they had three or more of these experiences (25.3% vs. 7.0%, $p < .017$). Youth with one parent experiencing mental illness did not differ from those with both or neither parent on either measure of unintentional injury ($p > .017$). Of the youth who identified having one parent with mental illness, 53.8% said they had no experiences of being accidentally injured in the previous year and 12.9% said they had three or more experiences.

4.7.2 Non-suicidal self-injury and suicidality. In addition to unintentional injury, the relationship between parental mental illness and intentional injury was also significant. This relationship was significant for non-suicidal self-injury ($\chi^2(10, n = 583) = 73.24, p < .001, \Phi_c = .35$), for suicidal ideation ($\chi^2(2, n = 579) = 43.17, p < .001, \Phi_c = .27$), and for suicide attempts (χ^2

$(4, n = 556) = 21.63, p < .001, \Phi_c = .14$). Column proportion comparisons showed that youth of parents with mental illness were at higher risk for all three.

In reporting how many times the youth had intentionally injured themselves in the previous year without intent to commit suicide, youth with both parents experiencing mental illness were more likely than those with one or neither parent with mental illness to say they had injured themselves six or more times (38.0% vs. 18.8% vs. 14.5%, $p < .017$). All three categories of parental mental illness were significantly different from one another in whether they had never tried non-suicidal self-injury before ($p < .017$). Youth with neither parent experiencing mental illness were the most likely, at 53.9%, to say they had never tried non-suicidal self-injury, followed by 30.8% of youth with one parent experiencing mental illness, and 10.9% of youth with both parents experiencing mental illness.

Suicidal ideation was also significantly different between all three categories of parental mental illness. Youth with both parents with mental illness were more likely than those with one parent or neither parent to say they had seriously thought about suicide in the previous year, and those with one parent with mental illness were more likely to say this than those with neither (69.2% vs. 50.0% vs. 32.9%, $p < .017$).

Youth who identified both parents or one parent as having mental illness were less likely than those who identified neither to say they had no suicide attempts in the previous year (52.7% vs. 63.2% vs. 75.3%, $p < .017$). Youth with both parents with mental illness were more likely than those with neither to have had one attempt (22.0% vs. 9.1%, $p < .017$). Those with one parent with mental illness were not significantly more or less likely than either of the other two categories to have had one attempt (13.5%, $p > .017$). There were no significant differences

between those with both, one, or neither parent with mental illness on whether they had two or more attempts (25.3% vs. 23.3% vs. 15.6%, $p > .017$).

4.7.3 Abuse. There was a significant relationship between parental mental illness and whether youth had witnessed abuse in their family (χ^2 (2, $N = 584$) = 39.45, $p < .001$, $\Phi_c = .26$). Youth with one parent experiencing mental illness as well as youth with both parents experiencing mental illness were more likely than youth with neither parent to have witnessed someone in their family being abused (90.0% vs. 78.3% vs. 59.2%, $p < .017$). Not only were youth of parents with mental illness at higher risk of witnessing abuse, they were also at higher risk of experiencing it.

There was a significant relationship between parental mental illness and youth's experience of physical abuse (χ^2 (2, $n = 578$) = 47.71, $p < .001$, $\Phi_c = .29$) and sexual abuse (χ^2 (2, $n = 568$) = 69.89, $p < .001$, $\Phi_c = .35$).Youth who identified both parents as having mental illness were more likely than both those with one or neither parent with mental illness to say they had been physically abused by either a family member or somebody else, and youth with one parent were more likely to say this than those with neither (90.0% vs. 68.0% vs. 51.7%, p <.017). The findings were similar regarding sexual abuse by a family member or somebody else. Youth of both parents with mental illness were more likely to say they had been sexually abused than the other two categories of parental mental illness, and youth with one parent with mental illness were more likely to say this than youth with neither (70.9% vs. 47.2% vs. 25.1%, p <.017).

4.8 Life Satisfaction and Hope for the Future

4.8.1 Life satisfaction. Youth's experiences of parental mental illness were significantly related to their feelings of satisfaction about their lives (χ^2 (6, $n = 578$) = 36.79, $p < .001$, $\Phi_c =$

.25). In reporting how they felt about their circumstances in life from *poor* to *excellent*, those with both parents experiencing mental illness were more likely than those with neither parent to say they felt *poor* (22.2% vs. 9.0%, $p < .017$), and those with one parent did not significantly differ (12.1%, $p > .017$). Youth with neither parent were more likely than youth with one or both parents experiencing mental illness to say they felt *excellent* (19.4% vs. 7.6% vs. 2.2%, $p < .017$).

4.8.2 Life in 5 years. There was no significant relationship between parental mental illness and youth's beliefs about where they would be in 5 years (See Table 4.12). A series of chi-squares were completed to determine this. Each row of Table 4.12 is a different chi-square test that compared youth's responses to one possible life outcome with whether they had neither parent with mental illness or one or both parents with mental illness. There was no difference between youth with neither parent experiencing mental illness and youth with one or both parents experiencing mental illness in where they thought they would be in 5 years, whether it was in a job, in prison, in school, dead, in their own home, on the street, with their own family, or not knowing.

Table 4. 12 *Where youth see themselves in 5 years*

Where youth see themselves in 5 years	% of youth selecting each option who have:		χ^2	p	Φ_c
	Neither parent with MI (n = 362)	One or Both parents with MI (n = 226)			
With a job	54.1	53.1	0.06	.804	.01
Prison	3.9	5.3	0.69	.408	.03
In School	23.5	26.1	0.52	.471	.03
Dead	7.7	11.5	2.37	.124	.06
In their own home	38.7	42.0	0.66	.418	.03
On the street	2.5	3.5	0.55	.458	.03
Having a family	22.7	26.5	1.15	.283	.04
Don't know	21.8	23.5	0.21	.645	.02

Percentages within columns do not add up to 100 due to multiple response.

4.8.3 Education aspirations. There was no significant relationship between whether youth identified having neither, one, or both parents with mental illness and their school attendance (χ^2 (2, n = 629) = 1.92, p = .383, Φ_c = .06). Among youth with neither parent experiencing mental illness, 67.6% were attending some type of schooling at the time of the survey, compared to 68.6% of those with one parent, and 60.6% of those with both. Table 4.13 shows the frequencies of youth who reported being in the various types of schooling. Frequencies could not be reported separately for youth with and without parents experiencing mental illness due to small cell sizes that compromised the anonymity of respondents.

Table 4. 13 *Current school attendance for all homeless and street-involved youth.*

Types of Schooling	**%**
No school	33.2
Regular school	23.8
Alternative school	38.6
Online school	1.4
College, university, or trades school	2.9

There was a significant relationship between youth's experience of parental mental illness and their expectations for future education (See Table 4.14). Column proportion tests showed that there was no significant difference between those with neither parent with mental illness and those with one or both parents with mental illness for whether they believed they would not finish high school, would stop schooling after completing high school, or would continue education after high school ($p > .05$). However, youth with one or both parents experiencing mental illness were more likely to not know their school plans than those with neither parent, and those with neither parent experiencing mental illness were more likely than those with one or both parent to have not thought about their school plans ($p < .05$).

Table 4. 14 *Plans and expectations for future education*

School Plans	% of youth selecting each option who have:		χ^2	p	Φ_c
	Neither parent with MI (n = 374)	One or both parents with MI (n = 222)			
Won't finish high school	7.5	7.7			
Finish high school and stop	17.6	16.7			
Continue to post-secondary	50.5	54.5	15.64	.004	.16
Haven't thought about it	14.2	5.0			
Don't know	10.2	16.2			

4.9 Needed Resources and Support

Moving from the challenges that youth of parents with mental illness face to their continued hope and motivation for the future, it is necessary to consider what resources and supports will assist them in moving forward. For the item regarding what resources youth thought there needed to be more of in their communities, 33.8% of data was missing. Despite the high rate of missing responses, this item offered vital information about youth's needs from their own perspectives.

A series of chi-square tests showed that there was a significant relationship between parental mental illness and a number of identified resources including safe houses, transition houses, and shelters; safe and affordable housing; food banks; soup kitchens; street nurses; youth clinics; dental services; and mental health services (See Table 4.15). Each row of Table 4.15 is a different chi-square test that compared youth's responses on one of the potentially needed resources with whether they had neither parent with mental illness or one or both parents with mental illness. For each of the significant relationships, youth with one or both parent with mental illness were more likely to identify needing the service in their community than youth with neither parent with mental illness ($p < .05$). It is important to consider not only the services that youth of parents with mental illness were more likely to identify needing than their homeless and street-involved peers without parental mental illness, but to look at all resources that were said to be lacking. For this purpose, Table 4.15 is organized in descending order by the percentage of youth with parental mental illness who selected each resource as one that was needed in their community.

Table 4. 15 *Resources identified by youth as lacking in their communities*

Resources needed in youth's communities	% of youth selecting each option who have:		χ^2	*p*	Φ_c
	Neither parent with MI (*n* = 266)	One or Both parents with MI (*n* = 185)			
Safe and affordable housing	45.9	61.6	10.86	.001	.16
Job training and work experience	51.5	54.6	0.42	.518	.03
Safe/transition houses, shelters	41.0	51.9	5.24	.022	.11
Youth clinics	30.8	45.9	10.70	.001	.15
Mental health services	27.8	43.8	12.33	<.001	.17
Food banks	31.2	42.2	5.71	.017	.11
Training for life skills	32.7	41.1	3.32	.069	.09
Youth centers	37.6	41.1	0.56	.455	.04
Soup kitchens	18.8	33.5	12.66	<.001	.17
Substance use treatment/detox/counselling	28.2	32.4	0.93	.334	.05
Street nurses	21.1	29.2	3.92	.048	.09
Dental services	19.9	29.2	5.18	.023	.11
Affordable childcare	20.3	25.4	1.64	.201	.06
Needle/pipe exchange programs	16.5	21.1	1.50	.221	.06
Supervised injection sites	15.0	18.9	1.19	.276	.05
Veterinarian services	10.9	14.6	1.37	.242	.06
Other	6.4	5.9	0.04	.847	.01

Percentages within columns do not add up to 100 due to multiple response.

4.10 Comorbidity of Parental Substance Use

In the current study, the results on the comorbidity of parental substance use and parental mental illness were aligned with previous research. There was a relationship between parental mental illness and parental substance use ($\chi^2(4, n = 599) = 66.06, p < .001, \Phi_c = .24$). Youth with neither parent with mental illness were more likely than youth with one parent and youth with both parents to say neither parent had a problem with substance use either (69.6% vs. 45.6% vs. 30.5%, $p < .017$). Youth with one or both parents with mental illness were more likely than those with neither to say one parent had a problem with substance use (34.7% vs. 36.8% vs. 19.6%, $p < .017$). Finally, youth with both parents with mental illness were more likely than youth with one or neither parent to say both parents also had a problem with substance use (34.7% vs. 17.6% vs. 10.9%, $p < .017$).

The significant relationship between mental illness and substance use remained present for maternal mental illness with both maternal and paternal substance use (See Table 4.16), as well as for paternal mental illness with both maternal and paternal substance use (See Table 4.17). Those whose mother had a mental illness were more likely than those whose mother did not, to say that their mother also used substances, and that their father used substances ($p < .05$). Those whose father had a mental illness were more likely than those whose father did not, to say that their father also used substances, as well as to say that their mother used substances ($p < .05$).

Table 4. 16 *Comorbidity of maternal mental illness and parental substance use*.

		Maternal mental illness		χ^2	*p*	Φ_c
		No (*n*=413)	Yes (*n*=186)			
Maternal substance use	No	78.7	51.6	45.03	<.001	.27
	Yes	21.3	48.4			
Paternal substance use	No	77.2	58.6	21.84	<.001	.19
	Yes	22.8	41.4			

Table 4. 17 *Comorbidity of paternal mental illness and parental substance use*.

		Paternal mental illness		χ^2	*p*	Φ_c
		No (*n*=459)	Yes (*n*=140)			
Maternal substance use	No	74.3	57.1	15.11	<.001	.16
	Yes	25.7	42.9			
Paternal substance use	No	77.8	50.7	38.52	<.001	.25
	Yes	22.2	49.3			

CHAPTER 5: DISCUSSION

It has been long documented that youth who are homeless and street-involved face a variety of challenges, and there is an emerging body of research on the unique difficulties faced by children of parents experiencing mental illness. Given these known associations with wellbeing, it came as no surprise that youth who had experienced homelessness or street-involved life as well as parental mental illness were at high risk for facing obstacles to wellbeing. The results of this project suggested that these youth, who were living with both sets of circumstance, were at higher risk to experience many of these challenges than their homeless and street-involved peers who did not identify having parents with mental illness. Beyond this, there were also significant differences between youth who identified having neither parent with mental illness, one parent, or both parents. While there were aspects of life where there was no significant difference between youth with and without parental mental illness, as well as aspects where there were only significant differences between two of the three categories of parental mental illness, there was an overall incremental relationship. The general trend showed that experience of challenge had a positive relationship to number of parents experiencing mental illness, where youth who identified both parents as having mental illness faced the greatest risk in many areas of wellbeing.

In looking at this relationship, this research did not intend to attribute any causality between the youth's wellbeing and their different experiences of parental mental illness. There are many possibilities as to why these homeless and street-involved youth who identified as having one or both parents with mental illness appeared to be worse off, one of which was the strong relationship between parental mental illness and parental substance use. Many youth were simultaneously experiencing parental mental illness and parental substance use. Youth with one

or both parents who experienced mental illness were more likely to say they also had a parent who used substances. The high comorbidity of mental illness and substance use makes it indiscernible whether it is the experience of parental mental illness that is responsible for the differences between the youth's responses, or whether a portion of this effect is attributable to compounding factors, such as parental substance use or other related factors.

The scope of this study could have been broadened to incorporate parental substance use and further explore this issue. However, this would have required dividing the sample into smaller categories, which would have undermined the power of the study. Thus, these findings only offer insight into how the number of parents with mental illness that a homeless or street-involved youth has is related to their wellbeing in areas such as housing, relationships, and health. The results are discussed in terms of how they addressed the two research questions, the first being what the lives of homeless and street-involved youth experiencing parental mental illness look like, and the second being whether there is a significant difference between those with neither, one or both parents experiencing mental illness. While causality cannot be drawn, the clear relationship between parental mental illness and wellbeing opens the door to further conversation regarding the population of youth experiencing the crossover between parental mental illness and homelessness and how they can be further supported.

5.1 Research Question #1: What do the lives of homeless youth experiencing parental mental illness look like?

Homeless and street-involved youth of parents with mental illness were shown to face challenges in many facets of life beyond their peers without parental mental illness, from their residential history to their current health. At a higher rate than their peers without parental mental illness, they experienced relationship difficulties, instability in their lived environments, and poor

physical and mental health. The only area looked at where these youth did not seem to be affected differently than their homeless and street-involved peers was in their thoughts and hopes for the future. This speaks greatly to the spirit of these youth and their motivation for moving forward, despite having heightened risk for many adverse experiences.

5.1.1 Lack of stability. Youth who have experienced parental mental illness were more likely to live with instability and precariousness after leaving home. Youth of parents with mental illness were more likely to have been living at their current residence for less time, and to have been in residences considered more precarious. The McCreary Centre Society defines the most precarious housing as "staying in a hotel/motel/SRO/hostel, safe house/shelter, extreme weather shelter, transition house, squat/abandoned building, on the street, couch surfing, or in a tent or car" (Smith et al., 2015, p.13). Youth of parents with mental illness were more likely to be living in many of these types of residences that were considered the most precarious housing. They were more likely to be living on the street at the time of the survey or at another point in time. They were more likely to have lived, at some point, in a safe house or shelter; in a hotel, motel, or SRO; or to have been couch surfing, living nowhere, or living all over. These youth were also more likely to have lived in a group home or have had a youth agreement, though no more likely to have been in foster care or in a custody center. On top of the concerns often related to these types of residence, such as cleanliness, safety, and privacy, there are additional associations that put youth in precarious housing at greater risk.

Instability and precariousness of residence puts street-involved youth at increased risk for contracting human immunodeficiency virus (HIV) and sexually transmitted infections (STI) (Marshall et al., 2009). In particular, shelter and hotel-style accommodations are environmentally conducive to behaviours that drive these sexually-related health issues (Marshall et al., 2009).

Temporary housing, like shelters or hostels, are also risk factors for drug use due to the high prevalence of drugs on site (Briggs et al., 2009). However, choosing to avoid these types of shelters and residing on the street has its own risks. Being on the street is associated with increased health risks from injections, which temporary housing may alleviate (Briggs et al., 2009). Neither of these options is ideal, and this study showed that youth of parents with mental illness were at higher risk for both. It may seem reasonable to suggest an increase in shelter or transitional housing as a solution for youth living on the street. However, this is clearly not a stand-alone solution, with youth of parents with mental illness requiring additional support beyond basic shelter.

Of the residences considered less precarious, youth with parental mental illness were less likely to be living with their parents or other relatives at the time of the survey. However, they were more likely to have lived there at some point, and more likely to have lived in a house or apartment on their own or with roommates at some point. These youth had not always lived away from their family. They were more likely to have been there at some point in their lives, but for one reason or another had left. This suggests that while these youth may not have found stability in their parents' or relative's homes, they may have found less precarious housing on their own or with roommates. While most would define precarious housing as the McCreary Centre Society did, this definition may not fit for the youth of parents with mental illness. Perhaps for them, the most precarious housing is with their families. This is further explored by looking at the youth's responses to questions relating to their family life and relationships.

5.1.2 Need for relationship. The belief that homeless youth have severed family ties has been challenged by research showing that youth retain family relationships and contact (Johnson et al., 2005). These relationships can be very beneficial for youth to maintain, evidenced by

findings that homeless youth who have supportive family contact are less likely to experience depressive symptoms (Bao et al., 2000). One of the most pertinent results of this study was that youth with parental mental illness were less likely to be living with their parents at the time of the survey, but were more likely to have lived with them at some point in time. There was no significant difference between youth with and without parental mental illness on whether they had never lived at home, with only 8% and 10%, respectively, having reported this. However, youth with parental mental illness having been less likely to live with their parents at the time of the survey and more likely to have lived there at some point suggests that these youth may be leaving home at higher rates, or perhaps, leaving home at the same rate but less able to return. Results showing that there was no significant difference in the number of times that youth had moved back home after their initial departure suggests the former explanation is more fitting, with more youth of parents with mental illness leaving their parents' home to start. Some understanding for why this may be the case is offered by youth's responses to why they became homeless or street-involved.

How youth entered homelessness and street-involved life indicates the degree of relational challenge for youth of parents with mental illness. Youth with one or more parent with mental illness were more likely to state that their reason for entering homelessness was that they ran away, were kicked out, did not get along with their parents, had conflict in their home due to their sexual orientation, experienced violence or abuse at home, and had friends on the street. A pattern to be appreciated in these responses is that the situations that led youth of parents with mental illness into homelessness are all relationally based, mostly attached to familial relations. They were not more likely to have left due to an unfitting foster or group home, because they were travelling, were unable to find a job or affordable housing, were addicted to alcohol or

drugs, felt accepted on the street, were avoiding criminal charges, or did not have a youth agreement or income assistance. Those possible reasons for becoming street-involved, which were not selected by youth with and without parental mental illness at different rates, are not directly attached to familial relations. Most of them are circumstantial. This suggests that youth who had experienced parental mental illness were leaving home of their own accord or were told to leave, likely due to challenges and conflicts with their parents or within their homes, or because they were drawn by the contact of friends who were street-involved. Even if their reason was the draw of friends on the street, it is notable that this contact was more enticing to them than contact they were receiving at home.

Either the push of familial discord or the pull of friendly contact appears to be fitting when looking at how youth reported friendships and familial relationships. Supporting the notion that youth of parents with mental illness had challenging home lives and family relationships, they reported negative perceptions of family and negative family experiences at a higher rate. They had lower ratings of their family interactions, believing that their family paid less attention to them, had less understanding of them, and had less fun with one another. They were more likely to have witnessed the abuse of a family member. They were less likely to report that they had an adult in their family to go to if needed, though no more likely to say they had an adult outside of the family to go to, leaving them at a deficit for adult support.

Having supportive relationships is important to the wellbeing of homeless and street-involved youth. These youth may take on these natural mentors as role models and parental figures in place of missing parental relationships (Dang et al., 2014). Relationships with a stable adult have been shown to be a protective factor for youth challenged by parental mental illness (Obadina, 2010). However, the youth did not appear to have a greater likelihood of an adult

natural mentor outside of the family to compensate for the reduced likelihood of familial support. Nor were they likely to have felt supported in their community. They rated themselves lower on whether they felt like part of their community. Given that they did not appear to have fulfilling family relationships, extra-familial adult support, or community inclusion, it is necessary to query where they were maintaining consistent social contact.

Youth who had experienced parental mental illness had more homeless and street-involved friends than their peers. There was no significant difference in the number of non-street-involved friends they had. They may have been looking to street-involved peers for the contact that was not provided through their other relationships. This would coincide with literature showing that social peer relationships can offer support and companionship to street-involved youth who are lacking familial or other support (Bao et al., 2000). However, it should be noted that the social aspect of these peer relationships can also involve participation in what is often seen as deviant activity (Bao et al., 2000). Thus, while the social contact may be a vital aspect of wellbeing, it may also be associated with behaviours that threaten other aspects of wellbeing.

5.1.3 Compromised physical and mental health. In addition to challenging residential circumstances and relationships, youth of parents with mental illness faced both mental and physical health difficulties at a higher rate than their peers. Youth of parents with mental illness rated themselves lower in their general health than their peers. Previous research has linked parental mental health to repeated unintentional injury in children (Russell, 1998), as well risk of intentional harm from others, including both physical and sexual abuse (Dunn, 1993; Foster, 2010; Hanrahan et al., 2005). These findings were also shown in the current study, with youth of parents with mental illness having faced injury, both unintentional and intentional, at higher rates

than their peers. They also faced abuse, both physical and sexual, at higher rates than their peers. Whether their lower reports of physical health and higher reports of harm were due to precarious housing, chaotic familial and relational environments, or alternative impacts, the safety of these youth was compromised. This is reflected in the youth's reports that they felt safe where they had been sleeping less often than their peers.

Given their lower sense of safety and physical health, it is not difficult to believe that youth of parents with mental illness reported high experiences of stress, to a level where they believed they were unable to cope. These youth rated themselves as having poorer overall mental health than their homeless and street-involved peers. Given their struggles with both mental and physical health, it is not surprising that these youth were at higher risk of intentionally injuring themselves. Where their peers were more likely to have never injured themselves, youth of parents with mental illness were more likely to have done so six or more times. In addition to non-suicidal self-injury, they were at higher risk of having seriously considered suicide, as well having attempted suicide. The mental health of these youth was likely related to both their patterns of non-suicidal self-injury and suicidality, as well as to their heightened use of alcohol and drugs. Psychological distress has been associated with increased substance use (Rhule-Louie, Bowen, Baer, & Peterson, 2008).

More homeless youth report substance use, particularly illicit substances, than do youth who are housed (Green, Ennett, & Ringwalt, 1997). Within this sample of homeless and street-involved youth, youth of parents with mental illness were more likely to have used marijuana, injected drugs, and alcohol. It is possible that these youth were using substances at a higher rate as a method of coping with their increased risk of physical and mental health difficulties, or

possibly as part of their contact with peers. Drugs have been identified by youth who live on the street as a means for escaping, forgetting, and ultimately, for coping (Kidd & Kral, 2001).

It has been proposed that for homeless youth, early abusive experience is related to time on the streets as well as to association with peers who partake in deviant activity, leading these youth to also partake in risky behaviour, likely risky sexual behaviour and substance use. This in turn leads to further victimization and amplifies youth's experience of depression and trauma associated with childhood victimization (Whitbeck, Hoyt, & Yoder, 1999). As shown, youth of parents with mental illness were at higher risk of having experienced abuse, of having more street-involved friends who were likely to also be participating in risky behaviour. It is possible that these youth were at greater risk of being on this trajectory of amplified adverse childhood experience.

5.1.4 Hope for the future. Despite being more likely to face numerous challenges residentially, relationally, physically and mentally, these youth did not significantly differ in their responses to how they saw their futures. They, like their street-involved peers without parental mental illness, were hopeful about where they would be in 5 years. In large numbers, 53% believed they would have a job, 26% believed they would be in school, 27% believed they would have a family, and 42% believed they would have a home of their own. In smaller numbers, 5% believed they would be in prison, 12% believed they would be dead, 4% believed they would be on the street, and 24% did not know where they would be. While there were prevalent numbers of homeless youth who had experienced parental mental illness that believed they would end up in more difficult circumstances, far more were optimistic about their futures.

This optimism was accompanied by a strong motivation for continued education. There was no significant difference in current school attendance between youth with and without

mental illness. With 65.4% of youth with one or both parents with mental illness attending some form of schooling at the time of the survey, it is clear many of these youth were committing time and effort to their education and to reaching their anticipated future circumstances. This remained true for the youth's plans for future education. Of the youth who identified having one or both parents with mental illness, 16.7% planned to finish high school and stop, and 54.5% planned to continue with some form of education or training after high school.

Though youth of parents with mental illness rated themselves as having poorer life satisfaction, they did not appear to anticipate poor satisfaction in the future. They appeared to have optimistic hopes for their futures, and expected further education, jobs, and improved housing. This suggests that these youth were willing to put in effort and make necessary shifts to continue a trajectory towards their hoped-for future circumstances. However, along with these motivations, there was also a clear call for support in their acknowledgement of needed resources. Youth with one or both parents with mental illness identified wanting increased access to housing, food, youth clinics, mental health support, and dental and nursing services at a higher rate than those without parents with mental illness. This call for support will be further discussed below, in implications for practice.

5.2 Research Question #2: Are there significant differences between youth with neither, one, or both parents experiencing mental illness?

As discussed above, the results of the analysis showed that homeless and street-involved youth of parents with mental illness were at higher risk of experiencing challenges in many facets of life, including housing, relationships, and health. Looking closer, this amplified risk of challenge often appeared to shift between youth with neither, one, or both parents who had a mental illness. There were differences in reported wellbeing between those who identified as

having at least one parent with mental illness and those who said neither parent had a mental illness. There were also differences between those who identified one parent and those who identified both parents as having a mental illness. While multiple results showed that youth with one and both parents with mental illness were not significantly different from each other but were significantly different from youth with neither parent, there were also numerous significant differences that only existed between those with both parents with mental illness and those with neither. There were also items that were incrementally and significantly different between all three categories. Generalizing over items, the more parents with mental illness that youth identified as having, the more challenge and hardship they appeared to face. This is a pertinent issue considering the prevalence of youth who reported both parents with mental illness. Youth with one parent experiencing mental illness were more likely to have their other parent experience mental illness as well, resulting in 40% of youth who reported parental mental illness doing so for both their mother and father, and 60% doing so for one or the other.

5.2.1 Housing. Starting with stability of residence, there was no difference between youth with one and both parents with mental illness, with both categories having been more likely than those with neither parent with mental illness to have lived at their current residence for less time. However, only those with both parents with mental illness were at high risk of having lived in a custody center or group home at some point in time. Youth with one parent and youth with both parents were less likely to say that they always felt safe where they slept for the night, and more likely to report that they were one level down, feeling often safe. Only youth with both parents were more likely to say that they felt safe where they slept only sometimes. This speaks to the incremental shift, with youth of any number of parents with mental illness having been worse off for feelings of safety than those with neither, but youth with both parents

having felt the least safe. Due to small cell sizes, comparison between youth with one and both parents with mental illness was not possible for items on residential history. This prevents knowing whether the positive relationship between youth with one or both parents with mental illness and likelihood of living in precarious housing existed primarily between youth with both parents and youth with neither, whether youth with one and youth with both were both more likely than youth with neither, or whether there was an incremental relationship between the categories. For the same reason, youth's reasons for entering homelessness could not be compared beyond the dichotomy of youth with neither parent and youth with one or both parents with mental illness.

5.2.2 Relationships. In regards to familial relationships, only youth with both parents experiencing mental illness appeared to be significantly affected. In reporting whether their families understood them, paid attention to them, and had fun together, youth with one parent with mental illness did not differ from those with neither, and youth with both were significantly more likely to report lower on the scale than the other two categories. As well, only youth with both parents with mental illness were less likely to have an adult in their family to turn to. This could reflect that those with only one parent had the other parent to turn to in times of chaos or instability, or that their other parent was also able to support and care for the parent with mental illness. Conversely, those with both parents with mental illness may not have had a place to turn in these times of chaos, with both parents affected. Like familial relationships, only youth with both parents with mental illness were more likely to have a greater number of street-involved friends, perhaps compensating for their decreased familial support.

5.2.3 Health. Physical and mental health is where the incremental increase in risk can be seen most vividly. Those with one or both parents with mental illness were less likely to say their

general health was excellent than those with neither parent. However, only those with both parents with mental illness were more likely to say that it was poor or fair, reflecting the incremental shift for health by number of parents experiencing mental illness. The picture was even more stark for mental illness. In ratings of mental health, the categories of parental mental illness increased in likelihood for whether they reported that it was poor. Those with one parent were more likely to say poor than those with neither, and those with both were more likely than those with one or neither. Affecting both their physical and mental health, youth's experience of abuse was also incremental to parental mental illness. For both physical and sexual abuse, the three categories were all significantly different from one another, with risk of having experienced abuse increasing with level of parental mental illness.

Youth of both parents with mental illness having the highest risk for poor mental and physical health offers a possible explanation for the finding that only youth with both parents with mental illness were more likely to have used marijuana or injected drugs, and to have intentionally injured themselves more than six times. These may be coping mechanisms for these youth, to manage their stress, mental health, or possibly physical pain. Ultimately, youth with both parents experiencing mental illness were at higher risk than both those with one parent or neither to have seriously contemplated suicide and to have attempted suicide.

Overall, youth experiencing more parental mental illness appeared to face more challenge. Youth with both parents experiencing mental illness were more likely than those with neither to rate their life satisfaction as poor. This rating may be related to their lower experience of familial support, and their higher experience of mental and physical illness. While it is youth with both parents with mental illness who appear to be the most affected in their wellbeing,

youth with one parent with mental illness also face difficulty beyond what their homeless peers without parental mental illness face.

5.3 Limitations

There were several limitations to this research. Because this research was not original, but rather a secondary analysis of previously gathered data, the analysis was limited to the questions originally asked in the survey. Using the available data, it was not possible to know whether the youth had ever lived with their parent or parents that they identified as having mental illness, only whether they had lived with a parent. It is possible that some youth identified having a parent with mental illness but had limited or no contact with that parent. There was no way to filter responses to questions on wellbeing based on the amount of contact the youth had with the parent with mental illness. This may have impacted the measured effect between those with and those without parents with mental illness. It also restricts the depth of exploration on the relationship between parental mental illness and youth wellbeing.

Again, limiting clarity, the questions on parental mental illness asked about mothers and fathers, but were not specific about whether that meant biological, adopted, or caregiver. Youth were reporting from their own interpretation of these terms, which may not have been consistent between respondents. There may have been youth with the same proximity to parental mental illness that responded differently, putting them in different categories of parental mental illness. They may have responded to this question saying they did not have parents with mental illness despite having a caregiver or significant adult in their lives with mental illness, leading them to experience much of the associated difficulty of having a parent with mental illness. Conversely, youth may have responded as having a parent with mental illness despite that person being a parent or caregiver that they did not, or may never have had contact with. As well, youth were

only able to select mother once or father once, which did not allow for youth that may have two maternal or paternal figures with mental illness.

The questions on mental illness were also written without definitions or boundaries to what mental illness is. This was a strength in many respects, as it allowed youth to respond based on their experience and was inclusive of all manifestations of mental health. However, it also left the respondents to interpret what mental illness meant. Responses about whether parents had mental illness were based on the youth understanding of, education around, and experiences with mental illness, and as such were likely inconsistent between respondents. Between the possibility for ambiguous interpretations of mental illness and parental figures, and the lack of information on the contact youth had with these illnesses and figures, there was information missing that could have offered depth of understanding regarding the dynamics of the relationship between youth wellbeing and parental mental illness.

While one of the most effective attributes of this study was that it came from the perspective of the youth, rather than that of a parent, caregiver, or service provider, this was also a limitation in that responses were founded on subjective understanding and interpretations. While the benefits of this approach, which gives youth space to work from their own definitions and experiences, are invaluable, they could be complemented with additional inquiry that is more specific and standardized.

5.4 Caveat About Parenting With Mental Illness

This study brought forward associations between youth who are both homeless and have parents with mental illness and their increased risk for witnessing abuse in the home, leaving home due to conflict, and other challenging familial experiences. These findings should not be interpreted to mean that parenting with mental illness is inherently linked to abuse, conflict, and

negative experience. Alongside research showing increased risk of difficulty for children of parents with mental illness, there is also literature challenging the belief that abuse, neglect, or harm are inevitable outcomes of parental mental illness (Aldridge, 2006). Many children acknowledge the positive impacts and presence that their parents experiencing mental illness have in their lives (Mordoch & Hall, 2008). Children and youth can be care-takers for their parents with mental illness, and these caretaking roles can contribute to building positive relationships (Mordoch, 2010) and strengthening the parent-child bond (Aldridge, 2006). The positive experiences of being a child of a parent with mental illness must not be negated, and the difficulties must not be assumed inevitable.

In supporting these youth, it is important to not only address the challenges they may face related to their experience of being a child of a parent with mental illness, but if it fits for them, to also acknowledge the positive contributions to their life that their relationship with their parent may bring. Parental mental illness should not be seen as a sole indicator of parenting capacity. Rather, this study brings to light the need for increased resources and support to be offered to youth living with parental mental illness, particularly to homeless youth who have experienced or continue to experience parental mental illness. While the results did not causally link challenges in youth wellbeing to parental mental illness, the association between the two does suggest that greater support to parents who are experiencing mental illness and their families could be an intervention for youth who are already in the intersection of homelessness and parental mental illness, as well as an intervention for those at risk of entering this intersection. In this way, the current research has implications for both practice and policy around working with these youth and their families.

5.5 Implications for Practice

This research brings forward four considerations for those working in the health care and social service fields who are likely to be in contact with these youth. The first consideration is that this population of homeless and street-involved youth who are also experiencing parental mental illness is under-acknowledged and currently underserved. Following this, youth who are in this position need to be identified and their prevalence needs to be made known. The second consideration, and necessary follow up to identification, is that these youth need to be offered appropriate intervention, support and resources. Support needs to go beyond the current intervention targeting homeless youth and expand to also address the unique challenges of having a parent with mental illness. The third consideration is that because this is a largely unseen population, the resources needed to support these youth are not necessarily available. There may need to be research to learn more about what these resources should like. It may also require creation, training, and funding for services to be operational. Thus, the fourth consideration is that there is a need for advocacy from those who see this gap in services. None of these considerations stand alone, nor are they sequential. Identification, intervention, resource creation, and advocacy rely on one another and require simultaneous attention.

5.5.1 Identification. There are few resources that aim to support children of parents experiencing mental illness. Part of the lack of services offered is attributable to the difficulty of identifying children and youth in this situation. Parents may be reluctant to access services or have their mental illness known for fear of losing custody of their children (Boursnell, 2007). Due to stigmatization, fear, and shame, families often hide their struggles with mental illness (Hinshaw, 2005; Murphy, Peters, Wilkes, & Jackson, 2015; Obadina, 2010; Pihkala, Sandlund, & Cederstrom, 2012). Professionals often neglect to ask whether the adults they are working

with, who are experiencing mental illness, have children (Gladstone, Boydell, & McKeever, 2006; Seeman & Gopfert, 2004). Identification of mental health service users who have children would allow those seeking support for mental health to also access support in parenting, as well as for their children to be identified and offered access to their own supports.

In the current system, if families are offered support, it may only be after they encounter the healthcare system or child protection services. At the point where a family, parent, or child is in crisis, the services are already too late. Thus, a greater emphasis on identification of children and youth who may benefit from support for living with parental mental illness is needed. However, youth who are already homeless may not be identifiable through similar means as those living at home or with families that may be more likely to access school resources or non-emergency medical care. Thus, the responsibility of identification and resource navigation will likely fall on professionals working in outreach, youth services, and emergency health care. While these homeless and street-involved youth who are also parents of mental illness may already be in contact with supports and services that target homeless youth, this does not imply that their unique needs as a child of a parent with mental illness are being addressed. Thus, these youth remain underserved.

5.5.2 Intervention. When youth are identified as children of parents with mental illness as well as homeless or street-involved, there is an opportunity to offer intervention and support. Front-line service workers, such as social workers, child and youth workers, and health care providers, are often a first point of contact for homeless and street-involved youth. It is important that these front-line workers are familiar with the challenges that these youth face, and are aware that while they may present similarly to other street-involved youth, their needs and difficulties

may need to be addressed and approached differently. However, what this approach should look like is unknown.

It would be difficult to ascertain the direction or any point of origin for the many relationships between parental mental illness and youth wellbeing. This study showed that youth who were both homeless and had parents experiencing mental illness faced disproportionate adversity in many areas, including supportive relationships, substance use, precarious housing, risk of harm, abuse, and mental and physical health, all of which likely impact one another. Thus, pinpointing where intervention would be most effective or appropriate is no simple task. The relationships between these youth's many experiences, including their parental mental illness, appear to be more of a spider web than a continuous line. In approaching this web, a holistic conceptualization of support that focuses on providing social, emotional and practical support would likely be the best way to account for the diverse needs of the population.

Not only are front-line workers likely to be in direct contact with this population of homeless and street-involved youth of parents with mental illness, they are also likely to be in contact with clients who are both parents and live with mental illness. As spoken about in the need to identify families that could benefit from support, it is important to inquire about whether adults and youth living with mental illness have children in their care and to consider what family oriented resources may be helpful to these parents and to their families. However, it is also necessary to think about how this first step to intervention should be approached. It may be important to find a non-threatening way to offer support and resources, as approaching the topic of parenting may evoke anger, fear, or resistance.

Parents with mental illness may be reluctant to disclose their challenges with mental health for concern of the consequences of coming forward (Boursnell, 2007). One such

consequence is the possibility of being seen as unable to parent their children. It is important that resources be introduced in a way that does not lead to fear that children will be taken from the parents' care (Obadina, 2010). When individuals are identified as parents with mental illness or as the children of these parents, the first step to intervention is to introduce the idea of support in a way that is less likely to lead to alienation or withdrawal of the family. When supports are introduced and accepted, the challenge becomes finding or creating resources that address the family's circumstances.

5.5.3 Resources. It was shown in this study that homeless and street involved youth of parents with mental illness faced risk at a higher degree than their homeless peers without parental mental illness. Yet, there are few, if any available resources focused on supporting these youth through this difficult intersection of circumstance. If these youth and their families are identified and approached, or if they come forward with an interest in supportive intervention, the question becomes what resources could be offered that would be useful and effective. This project found that youth with parental mental illness were at higher risk for precarious housing, had less adult support, and reported worse mental and physical health. It could easily be speculated that various services such as safe and stable housing, mental health supports, and easily accessible health care would be effective in positively impacting the aspects of wellbeing where they are worse off. However, it is important to note that this is only speculation, and it may not be addressing the issues that the youth would identify as most relevant or prominent for them. To know what is needed and wanted, homeless youth of parents with mental illness in each geographical area where services are offered would need to be asked from their own perspective and lived experience.

This study offered an initial glance at what resources were needed from the youth's own perspectives. There was a clear call for several services to be introduced or expanded upon within youth's communities across British Columbia. Over 60% of youth of parents with mental illness said their community needed more safe and affordable housing. Over 50% said they needed job training and work experience, as well as safe houses, transition houses, and shelters. Over 40% identified needing youth clinics and youth centers, life skills training, food banks, and mental health services. Roughly 30% suggested soup kitchens, substance use treatment and substance use counselling, street nurses, and dental services. Finally, between 15 and 25% acknowledged needing affordable childcare, needle and pipe exchange programs, supervised injection sites, and veterinarian services. These are diverse services, all of which were reported to different degrees as being needed by both youth with and without parental mental illness. While many were reported as being needed at a higher rate by those with parental mental illness, none were reported at a higher rate by those without. Many services are lacking in community, and this absence was noticed and felt by youth on the street, possibly more so by youth who were living with parental mental illness.

5.5.4 Advocacy. With few resources available and the needs and challenges of homeless and street-involved youth of parents with mental illness coming to light, there is an opportunity for development in support services. Specifically, there is an opportunity to develop the resources that youth identified as needing to be manifested. However, systems of support are not quick to appear. Advocacy for these services to be created, for the information to be spread, for greater access to rounded supports that address all aspects of wellbeing, is needed. It is necessary for this population living at the crossroads of parental mental illness and youth homelessness to be fully acknowledged and fully accepted as requiring increased support.

A major difficulty to gathering the funding and gaining momentum for increased support is the public perception of what is deserved or not. There is a relationship between attributing homelessness to a person's internal characteristics rather than external circumstances and being unsupportive of public services for these individuals (Pellegrini, Queirolo, Monarrez, & Valenzuela, 1997). Given this, it is necessary for front line workers in the social services industry to challenge the belief that homelessness is the sole responsibility of the individual or that their housing situation is their 'fault'. Part of this advocacy could include bringing the overrepresentation of youth with parental mental illness among homeless youth into the forefront, to make this commonality of lived experience more visible. However, it is equally important not to assume victimization, but to consider the agency of a person who may be choosing a street-involved lifestyle over previous living conditions (Hyde, 2005). A notable portion of the homeless youth experiencing parental mental illness ran away from home, assumedly of their own accord. This agency must not be discounted, but rather can be approached as the action of a youth who is making choices to create control of their own environment with the resources they possess. There is strength to be recognized in a youth's intentional departure as well as in the continued survival of a youth living without a stable home, regardless of whether they left by choice or not.

Advocacy becomes necessary in encouraging the public to see youth homelessness not as a result of a youth's behaviour or internal characteristics, but as an outcome that is inextricably tied to life experience and systemic problems. Even in a situation of homelessness being chosen over previous housing, this does not preclude the need for alternative options to be given. Recognizing this, we can begin to present and create support and resources to continue to empower these youth. Whether a youth was involuntarily made to leave home or took the agency

to leave an environment that was not livable for them, there is an opportunity and a responsibility for continued support to be provided. Advocacy is an integral piece to creating and providing this support. It is foundational to shifting public perception of youth homelessness. It is a necessity in making the disparity in opportunity and wellbeing seen. It is also an integral aspect of pushing for greater accessibility to support for managing not only youth's basic needs in homelessness, but also in managing the emotional, mental, and physical challenges of being a child of a parent with mental illness.

5.6 Future Research

While offering a first glance of the lives of youth experiencing both parental mental illness and homelessness in British Columbia, this study did not give a nuanced account of the relationship between parental mental illness and youth wellbeing, but rather acknowledged that this relationship exists. Further research on what leads youth of parents with mental illness to be overrepresented among homeless youth, as well as how to best support youth in this circumstance is needed. To fill these gaps, more in-depth research is needed on youth's understanding and experience of their parents' mental illness and how it impacts their lived environments. This study, as discussed in its limitations, was bound by the items asked in the original survey. There were many pieces of information missing from the data that would have contributed to a fuller understanding of how these youth experienced and dealt with their histories of parental mental illness.

Conducting original research with this population that targets information about the type of parental mental illness that the youth are dealing with, the proximity they have with their parent with mental illness, and their understanding of and relationship to this parent would be instrumental in understanding the nature of the relationship between parental mental illness and

youth wellbeing. Future research may also involve some of the similar or differing experiences of youth of parents with mental illness who do and do not enter street-involved or homeless life. This variety of research, involving the precursors of youth homelessness and their relationship to parental mental illness could offer insight into the nature of the association between parental mental illness and youth wellbeing among homeless and street-involved youth. These studies could also extend beyond parental mental illness and look at other related factors, including parental substance use, that may be impacting or accounting for some of the dynamics between parental mental illness and youth wellbeing.

While it would be important to know why youth of parents with mental illness are overrepresented among homeless youth, more imminent may be the need to understand what resources these youth experiencing parental mental illness need that are not currently offered or accessible within services for homeless and street-involved youth. Knowing what challenges these youth are at increased risk for is a first step. Having more information about how to make resources more accessible and more applicable to this population of youth is needed. Continuing with the strengths of the McCreary survey on homeless and street-involved youth, it would be important to gather information from the perspective of the youth, to learn what resources they would use in their current position, as well as what resources they could have used prior to their entrance into homelessness. Multiple studies have acknowledged the lack of child consultation in this area of research as well as the valuable information that children's perspectives can offer in understanding challenges, needs, and desired outcomes (Hinden et al., 2005; Mordoch, 2010; Mordoch & Hall, 2008). More specific questions posed to youth about their previous and current experience, as well as a narrative approach to hearing their stories and histories could be effective in filling the gaps of information about what led youth to homelessness, how their

relationships to their parents with mental illness have and continue to impact them, and how they see themselves moving forward.

In conducting this research into possible interventions and supports, it would be important to further understand the beneficial aspects of being a child of a parent with mental illness (Drost, Krieke, Sytema, & Schippers, 2016), and hearing from youth what pieces of their relationships to their parents and families are contributory to their wellbeing. This may offer insight into how these benefits can be supported and incorporated into intervention. At the very least, this research could inform intervention about how to avoid infringing upon any of the positive experiences that youth may be having in their relationships to their parent and family. Offering support is a top priority, and equally prioritized is not causing harm by assuming to know what these youth do and do not want or need from their relationships or lives.

CHAPTER 6: CONCLUSION

There is a population of youth experiencing both homelessness and parental mental illness that are currently under-acknowledged. They experience the many well-known challenges of being a homeless youth. However, this study showed that they faced many of these challenges at a rate beyond their homeless and street-involved peers who do not experience parental mental illness. This increased risk is alarming considering that the youth living with parental mental illness are overrepresented among homeless youth. These youth reported difficulty with the stability and safety of their residence, both at the time of the survey and previously. They reported having challenging familial relationships and being less likely to have family members to turn to in times of need. They rated their mental and physical health lower than their peers, and their stress levels higher. They used substances at a higher rate and experienced injury and abuse more frequently. While these youth were at risk of heightened difficulty, 'at risk' is a term that can follow children of parents with mental illness (Gladstone, Boydell, & McKeever, 2006). Like all others, this label is a powerful one. The risk that these youth face needs to be acknowledged and addressed, but not without also acknowledging their strength and resilience.

Strength can be seen in how, despite having faced these challenges, youth experiencing parental mental illness did not differ from their peers in how they saw their futures. They, like their street-involved peers, were optimistic about where they would be in coming years and the education they would pursue. This optimism and motivation should be reflected in the support that is offered to these youth in their communities. It falls to the hands of front-line workers to identify youth who are experiencing parental mental illness, and to offer intervention with the support and resources needed for these youth to reach their ideal and hoped-for futures. However, for these resources to be accessible, there is a need for further research into what

services are both wanted and needed in each community. There is also as a need for advocacy for these wanted and needed services to be created and implemented. Many of these youth are willing to say where their difficulties lie, what they need, and where they would like to be. The most important question remaining is how we can support them to get there.

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