

Preventing Discharge to No Fixed Address-Youth (NFA-Y)

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Abstract : The discharge of youth aged 16-25 from hospital into homelessness is a prevalent issue despite research indicating social, safety, health and economic detriments on both the individual and community. Lack of stable housing for youth discharged into homelessness results in long-term consequences, including exacerbation of health problems and costly health care service use and hospital readmission. People experiencing homelessness are four times more likely to be readmitted within one month of discharge and hospitals must spend \$2,559 more per client. Finding safe housing for these individuals is imperative to their recovery and transition back to the community. People discharged from hospital to homelessness experience challenges, including poor health outcomes and increased hospital readmissions. Youth are the fastest-growing subgroup of people experiencing homelessness in Canada. The needs of youth are unique and include supports related to education, employment opportunities, and age-related service barriers. This study aims to identify the needs of youth at risk of homelessness by evaluating the efficacy of the “Preventing Discharge to No Fixed Address - Youth” (NFA-Y) program, which aims to prevent youth from being discharged from hospital into homelessness. The program connects youth aged 16-25 who are inpatients at London Health Sciences Centre and St. Joseph’s Health Care London to housing and financial support. Supports are offered through collaboration with community partners: Youth Opportunities Unlimited, Canadian Mental Health Association Elgin Middlesex, City of London Coordinated Access, Ontario Works, and Salvation Army’s Housing Stability Bank. This study was reviewed and approved by Western University’s Research Ethics Board. A series of interviews are being conducted with approximately ninety-three youth participants at three time points: baseline (pre-discharge), six, and twelve months post-discharge. Focus groups with participants, health care providers, and community partners are being conducted at three-time points. In addition, administrative data from service providers will be collected and analyzed. Since homelessness has a detrimental effect on recovery, client and community safety, and healthcare expenditure, locating safe housing for psychiatric patients has had a positive impact on treatment, rehabilitation, and the system as a whole. If successful, the findings of this project will offer safe policy alternatives for the prevention of homelessness for at-risk youth, help set them up for success in their future years, and mitigate the rise of the homeless youth population in Canada.

Keywords : youth homelessness, no-fixed address, mental health, homelessness prevention, hospital discharge

Conference Title : ICN 2022 : International Conference on Nursing

Conference Location : London, United Kingdom

Conference Dates : September 22-23, 2022