prévention
en pratique médicale

DIRECTION
DE SANTÉ
PUBLIQUE

Garder notre
monde en santé

STREET YOUTH

On the periphery of services but at the centre of our concerns

Who are they?

A few thousand youth, aged 13 to 25, are engaged in similar social dynamics: they live in the streets of urban centres and have a lifestyle which they have both chosen and been forced to adopt.

What we know:

- 30% are girls;
- 60% are from families who are well-off financially;
- 70% have run away before and 60% have been thrown out of the family home;
- they have their first sexual relations at age 14;
- 70% of girls and 30% of boys have been sexually abused;
- 30% have lived off prostitution;
- 60% report using drugs twice a week or more, and 40% inject drugs;
- 2% have HIV infection;
- 25% are carriers of hepatitis C and 9% of hepatitis B;
- 65% have had suicidal ideation;
- the rate of mortality among street youth is 10 times higher than among other Quebecers of the same age.

Source: Images de rue, Philippe Allard-Rousse

Young people first and foremost

Although they may be homeless, unemployed, and without legal papers, these youth are struggling to know themselves better, develop their own identity, and make a place for themselves in society, just like all adolescents.

For them, the transition from adolescence to adulthood is taking place on the periphery of society. Some of these youth stand out by the creative ways they have of expressing themselves; tattoos, body piercing, and graffiti are all expressions of their values.

These acts also challenge social values such as conformity, productivity, efficiency, usefulness, and sociability.

Why are they in the streets?

Although running away during the summer can explain the behaviour of some of these youth, research clearly shows that this social issue is much more severe and deep-seated: we cannot simply attribute it doing something that is fashionable.

We know that street youth have personal, family, and social problems—family conflicts, violence, neglect, running away repeatedly, mental health problems, and drug and alcohol use—which make them more vulnerable and expose them to the risk of living in the streets. Among adolescents who are experiencing these problems, certain factors can make a difference between those who end up in the streets and those who do not.

1) Those who end up in the streets are usually more mistreated by their families. When young people feel as though they are strangers in their own families, that their parents do not love them, or feel that their parents show no interest in them and do not get involved with them, they can end up outside their homes and ultimately in the streets.
2) They have a history of being placed in foster homes or youth centres (which doubles the risks of running away).
3) They have more behavioural problems. A question remains: are these behavioural issues the result of homelessness or a factor that provokes it? Perhaps the difficult living conditions under which street youth live can cause young people to develop violent or illegal survival strategies.

THESE YOUTH LIVE THROUGH DIFFICULT SITUATIONS THAT CAUSE THEM TO FEEL ABANDONED, SAD, AND RANCOUR THAT ARE EVIDENCE OF DEEP SUFFERING.

Do they consult?

Because of their living conditions and lifestyle, street youth are at risk of contracting sexually transmitted infections as well as bloodborne infections. We also note the range of mental and physical health problems affecting them as well as the possibility that they consume alarming amounts of alcohol and drugs. Despite situations that could see them end up in a clinic or emergency department, some of the youth put off consulting health professionals. When asked how they perceive health services, they identified several institutional barriers which, according to the youth, restrict their access to these services.

Institutional barriers included:

- opening hours,
- the necessity of having a health insurance card,
- the availability and attitudes of the staff.

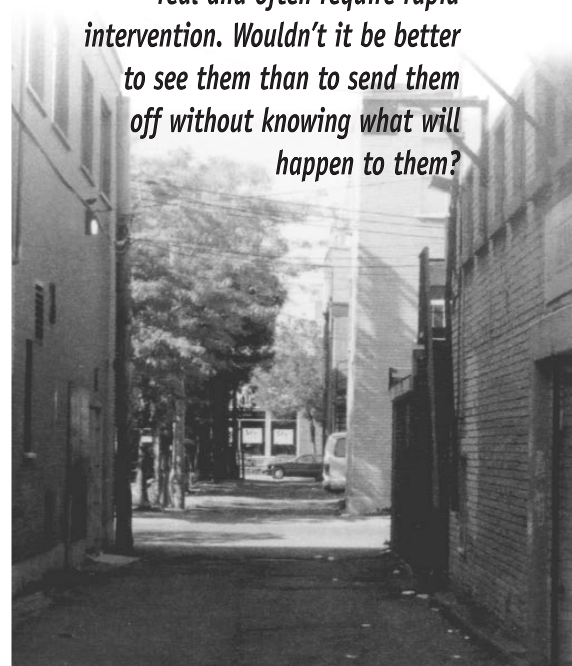
Some studies also mention individual barriers to accessing services such as:

- youth's personal planning,
- their attitudes,
- their perceptions,
- their knowledge.

To eliminate these obstacles and provide the services they need, it is important to be more aware of their reality and reflect on how we can adapt our services.

1) Street youth do not consult unless they really have to. During these visits, some youth might have an adult accompany them: an outreach worker, a community worker, a police officer, or an ambulance attendant. These people support the youth in his or her current and future endeavours to ensure that the street is only a transitional place and not a "permanent address".
2) To benefit from certain services, primarily health services, street youth must show legal papers that they may not have. In addition, services requiring an appointment also present a problem because of the youth's lifestyle: they do not have agendas or telephones, and they have often lost the notion of time.
3) The daily struggle to try to meet their basic needs (finding a place to sleep every night, meals, clothes, etc.) in a context where their means are extremely limited (travelling on foot, looking for free telephone access) requires more time and energy than we can imagine. This facet complicates their relationship with the way services are organised.

Although they seem to be "bad patients", their needs are real and often require rapid intervention. Wouldn't it be better to see them than to send them off without knowing what will happen to them?



Source: Images de rue.

Establishing a significant relationship... and ensuring follow-up

In addition to taking into account the reality of life in the streets, the general practitioner has to be tolerant and flexible, an important gesture when trying to develop a significant relationship with the youth. This type of relationship is built slowly over time.

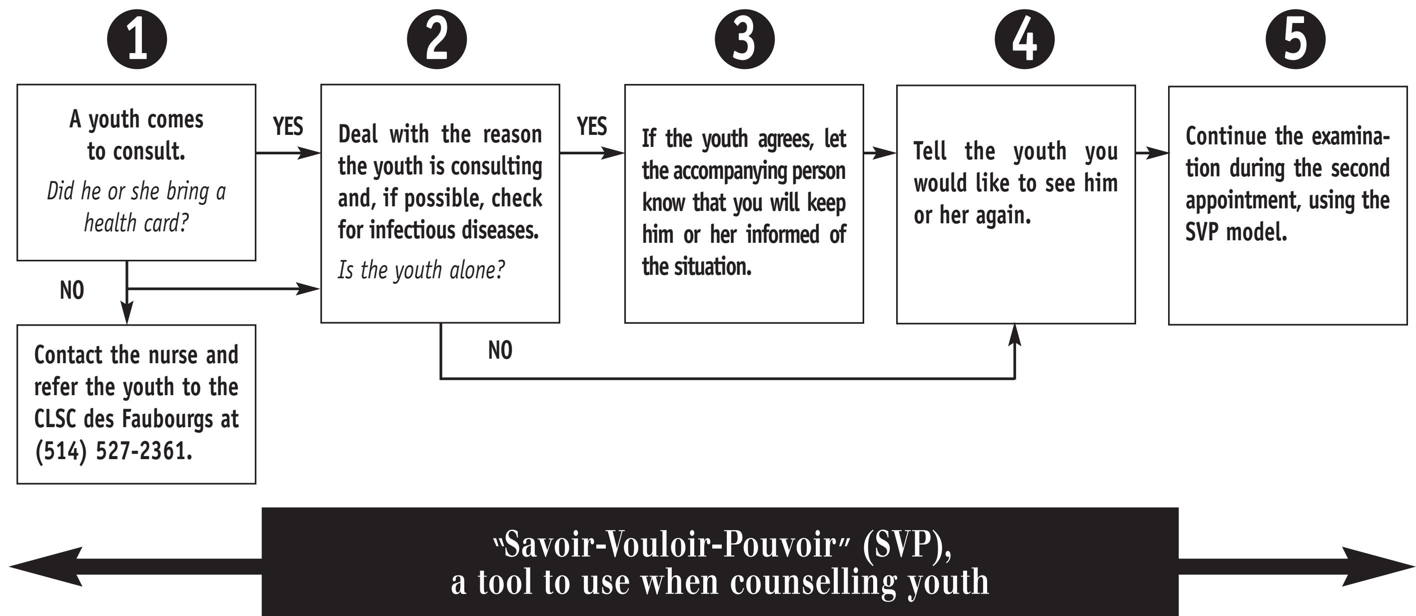
Street youth need to see a physician who is "okay", someone who is not critical of their lifestyle, is respectful of them, and takes the time to explain whatever disease they may have, its evolution, the treatment, and possible side effects of medication. The fact that some street youth been ill-treated or exploited makes them guarded with health professionals. Therefore, it is important to try to develop a relationship of trust with them.

Preventing homelessness

When you see a young man or young woman whose life history puts him or her at risk of being homeless, you can intervene early to influence the course of his or her life and suggest ways to make other choices. Two ways that you can help the youth: using the interview technique called "Savoir-Vouloir-Pouvoir" (SVP), and directing him or her to resources that meet the various needs of street youth. Both these things are easy to do and could have a positive effect. If all health and social services professionals used their professional and personal skills to help the youth, their experiences in the streets would be transitory and not the road to homelessness.

Services and support: Five stages...

The health professional's attitude can have a profound effect...



"Savoir-Vouloir-Pouvoir" (SVP), a tool to use when counselling youth

The SVP model is a three-step evaluation systematically applied in the course of each consultation: does the youth know how to (S: savoir), want to (V: vouloir), and can (P: pouvoir) use the recommended resources and services that can help prevent the youth from ending up in the streets, support him or her through periods of wandering, and encourage the youth to leave the streets. This method is divided in three stages.

1st stage: (S) *Does the youth know? (Objective : Evaluate knowledge)*

The interview starts off with the physician checking the youth's level of awareness and then filling in the gaps, correcting inaccuracies, or repeating the information again, if needed. During this first phase, the health professional should be understanding, use common words that the youth will understand easily, and have an open and non-judgemental attitude. What the health professional is evaluating is the youth's knowledge of the risks associated with a "street" lifestyle, including mental health problems, suicidal ideation, alcohol and drug abuse, HIV/AIDS and STI transmission, as well as the transmission of other infectious diseases.

2nd stage: (V) *Does the youth want to do it? (Objective : Evaluate his or her motivation)*

Motivation goes hand-in-hand with the quality of help received. To develop a trusting relationship, it is important not to stress the "motivation to change" too much, since the youth could perceive this as judgmental. It is important to check youth's attitude towards the health risks associated with living in the streets.

Attitudes to check for and reinforce:

- The belief that health services and community resources can help them.
- The perception that they can leave the streets.
- The belief that confidentiality is upheld.
- The belief that their time in the streets is transitory and not a life course.

If the youth's attitude is positive, he or she must feel capable of accomplishing what is being proposed. The youth must believe in his or her capacity to adopt and maintain certain behaviours. If the youth has ever experienced failure, he or she has to know that help is available or that another course of action is available.

3rd stage: (P) *Can the youth do it? (Objective: evaluate if the solution is applicable)*

In this phase, the actual possibility of the youth following the recommendations and seeking to obtain help is evaluated. The youth's abilities, possibility of meeting the expenses, and availability should be verified in relation to all potential obstacles; it is important to keep in mind that one obstacle could be enough to stop the youth from seeking help.

Explore with the youth:

- If they can afford the medications or use the resources suggested.
- The availability of family support for social reintegration.
- Time and geographical constraints.
- Waiting times before he or she can access medical and detoxification resources.

By using the Savoir-Vouloir-Pouvoir (SVP) model at each visit, health profesionals can follow the youth's progress while respecting his or her pace of learning.

Note : *It is overly optimistic to think that the model can be used during the first visit with the youth. It is necessary to establish trust before gradually integrating the SVP .*

Inspired by: *Forget G., Bilodeau A., Tétreault J., Beauregard D., Dr. Gagné M. (1994), S'exprimer pour une sexualité responsable, guide d'animation, Ministère de la Santé et des Services sociaux.*

Resources

General resources

Psychological emergency at neighbourhood CLSCs

Contact the Association des CLSC et des CHSLD du Québec (514) 931-1448

Medical resources

CLSC des Faubourgs
(514) 527-2361
1250 Sanguinet Street

Street youth team
Medical and psychological consultations
***without health insurance card**, 14 to 25 years old, walk-in clinic (Monday to Friday 1:00 PM to 5:00 PM)*

Chez POPS
(514) 526-POPS
1662 Ontario East

Medical and psychological consultations
without health insurance card
Day centre 16-25 years of age
(Monday, Tuesday and Thursday 10:00 AM to 5:00 PM, Wednesday and Friday 12:00 PM to 4:00 PM)

Hôpital Ste-Justine
(514) 345-4722
3175 Côte Ste-Catherine Road

Adolescence clinic

Montreal Children's Hospital
(514) 412-4481
2300 Tupper

Adolescent and gynaecology programme

Mental Health

Centre Dollard-Cormier
(514) 982-4531
3530 St-Urbain

Youth programme
Walk-in service for youth less than 21 years old (Monday to Thursday 9:00 AM to 9:00 PM, Friday 9:00 AM to 8:00 PM)

Suicide-Action Montréal
(514) 723-4000

Telephone helpline 24/7, referrals

Shelters

Regroupement les Auberges du cœur
(514) 523-8559

Coalition of shelters for youth in difficulty aged 12 to 30 years

Re-entry into the job market

Carrefour Jeunesse Emploi (CJE) in the neighbourhood

Consult the Réseau des CJE du Québec (514) 393-9155

Education re-entry

Commission scolaire de Montréal
(514) 596-6000

Education re-entry programme for youth

English Montreal School Board,
1-877-512-7522

Education re-entry programme for youth

Drug addiction

Centre Dollard-Cormier
(514) 982-4531
3530 St-Urbain

Youth programme
Walk-in service for youth less than 21 years old (Monday to Thursday 9:00 AM to 9:00 PM, Friday 9:00 AM to 8:00 PM)

C.R.A.N. Centre de recherche et d'aide pour narcomanes de Montréal
(514) 527-6939

Methadone programme
Support for physicians for follow-up of heroin addicts

Jewish General Hospital
Herzl Family Practice Centre
Sir Mortimer B. Davis building
(514) 340-8273

Methadone programme

For other resources, consult fact sheets #1,8,9, 10, 11 and 12 in the series** Prévention en pratique médicale**.

See also the youth section on the Public Health Department Web site at **www.santepub-mtl.qc.ca/jeunesse.**

For more information on street youth,
see the report entitled ***Curbing the Marginalization of Youth in Downtown Montréal: A Community effort*** by the Montréal Public Health Department and funded by the
Stratégie nationale sur la sécurité communautaire et la prévention du crime
For copies contact: Danielle Fortin, (514) 528-2400, extension 3395, dfortin@santepub-mtl.qc.ca.

An urban phenomenon that already affects many youth and that is constantly increasing.

www.santepub-mtl.qc.ca

Prévention *en pratique médicale*
a twice-monthly column on the Web

Prévention *en pratique médicale*

A publication of the Direction de santé publique de Montréal-Centre in collaboration with the Association des médecins omnipraticiens de Montréal as part of the Prévention en pratique médicale programme coordinated by Doctor Jean Cloutier.

This issue is produced by the Human and Social Ecology Unit.

Head of the Unit: Marie-Claire Laurendeau
Editor-in-Chief: Dr. Serge Nault
Editor: Yves Laplante
Graphic design: Manon Girard
Texts by: Gilles Forget, Mireille Desrochers
Translation: Sylvie Gauthier
Contributors: Laurence Barraud, Dr. Anne Bruneau, Dr. Manon Duchesne, Dr. Nancy Haley

1301 Sherbrooke Street East, Montréal, Québec H2L 1M3
Telephone: (514) 528-2400
http://www.santepub-mtl.qc.ca
E-mail: jcloutie@santepub-mtl.qc.ca

Legal deposit – 3th trimester 2002
Bibliothèque nationale du Québec
National Library of Canada
ISSN: 1481-3742
Agreement number: 40005583

Direction de santé publique