

# STUDENT HOMELESSNESS: LESSONS FROM THE YOUTH RISK BEHAVIOR SURVEY

## Part VI: Suicide and Mental Health

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The Youth Risk Behavior Survey (YRBS) was first developed by the Centers for Disease Control and Prevention (CDC) in 1990 to assess the health risk behaviors of youth and adults in the United States. For the 2017 survey administration, two optional questions about homelessness were added to the survey, with 17 states responding to those optional questions. In 2019, 27 states responded to the optional questions. The 2021 standard questionnaire will, for the first time, include one question about homelessness. States will also have the opportunity to choose an additional optional question. SchoolHouse Connection analyzed demographic and risk factor data from the YRBS in 27 states [i], comparing high school students experiencing homelessness and those not experiencing homelessness. This series shares the striking and heartbreaking results of that analysis, with tangible action steps schools can take to promote safety and health for students experiencing homelessness.

Homelessness at any age is a traumatic experience, causing emotional, physical, and mental reactions in children and youth. Students who have been impacted by traumatic events can have trouble trusting and developing relationships with adults, develop hypervigilance and separation anxiety, display sadness and anger, and have difficulty concentrating in school or otherwise. In infancy, homelessness harms babies' health and development, which continues into early childhood.[ii] For adolescents, homelessness means hunger, instability, and extreme emotional stress. It often means victimization, trafficking, and separation from family and other support networks, whether due to family rejection or the family's inability to find shelter together.[iii] YRBS data show that tragically, many high school students experiencing homelessness are more likely to have feelings of sadness and hopelessness, and resort to self-harm and attempted suicide more often than their peers who do not experience homelessness.

## THE METHODOLOGY

The YRBS utilizes a two-stage cluster sample design to generate a representative sample of high school students across various states. Schools were selected with probability proportional to school district enrollment size and representative classrooms were then randomly selected. Each state met the CDC requirement for overall response rate of at least 60% for using population weighted data. The weighting was adjusted for non-response rates and for students' grades, gender, race, and ethnicity. More information about the sample procedure and weighting process, as well as the data that support the findings of this study, are available publicly on the [CDC website](#). All analyses were conducted using IBM SPSS Version 27 and R Studio 1.4.1103. All prevalence rates and tests of significance were calculated using weighted data.

The COVID-19 pandemic has also taken a toll on all children's and adolescent's mental health. The Centers for Disease Control reported that since the start of the pandemic, mental-health related pediatric emergency room visits increased by 24% for children ages 5-11, and 31% for adolescents ages 12-17.

MORE THAN ONE IN THREE HIGH SCHOOL STUDENTS EXPERIENCING HOMELESSNESS ATTEMPTED SUICIDE IN THE YEAR PRIOR TO COMPLETING THE YRBS.

For many students experiencing homelessness, school is often their sole mental health services provider, and their only opportunity to receive the caring, individualized attention from trusted adults that they need. The shift to virtual learning has compounded underlying trauma and mental health issues.

Students of color experiencing homelessness are particularly vulnerable. School climate can have a significant impact on a student's mental health, but African American and Hispanic students often report feeling less positive about their school climate than their white and Asian peers. For students of color experiencing homelessness (55% of all students experiencing homelessness), these school climate racial inequities only compound their feelings of hopelessness and isolation.

As schools contemplate reopening, it is critical to assess the support services they offer and the climate they foster for all students, but especially for students of color experiencing homelessness.



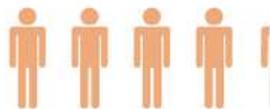
## LIKELIHOOD TO ATTEMPT SUICIDE

High school students not experiencing homelessness



**4.39 TIMES**

High school students experiencing homelessness



**28%**

of high school students experiencing homelessness reported one or more suicide attempts within the past 30 days.

Data: All the numbers are from SchoolHouse Connection's analysis of 2019 YRBS data from 27 states (AK, AR, CA, CO, CT, DE, HI, ID, IL, KS, KY, LA, ME, MD, MI, MT, NH, NM, NC, ND, PA, RI, SC, SD, VT, VA, WI).

Students experiencing homelessness were 4.39 times more likely to attempt suicide compared to stably housed youth. The impacts of homelessness on student's mental health is especially acute for students of color:

- Hispanic/Latino homeless students are approximately 1.5x more likely than students of other races/ethnicities to have felt sad or hopeless.
- Black or African American homeless students and homeless students of all other races were slightly more likely than white and Hispanic/Latino homeless students to have attempted suicide.

To explore these findings further, SchoolHouse Connection (SHC) asked 49 young people with homeless experiences who participate in the mentorship and leadership programs of SchoolHouse Connection and the National Network for Youth about whether they had considered suicide. 59.18% of our young leaders reported making a suicide plan while in high school, and one in four reported a suicide attempt while in high school. These devastating findings are not inevitable. Schools can provide students experiencing homelessness with access to mental health support, mentorship, basic needs, and hope.

59.18% OF OUR YOUNG LEADERS REPORTED MAKING A SUICIDE PLAN WHILE IN HIGH SCHOOL, AND ONE IN FOUR REPORTED A SUICIDE ATTEMPT WHILE IN HIGH SCHOOL.

## **ACTION STEPS FOR SCHOOLS**

The following action steps were suggested by young people who experienced homelessness and trauma in high school.

**1. Normalize mental health.** Talk about mental health openly and often. Youth noted that “destigmatizing depression, anxiety, and mental illness, in general, would be a big step in the right direction. Nurses and counselors could visit classrooms and discuss the commonality of things like this.

**2. Increase awareness of existing counseling services and mental health supports.** Many students may not be aware that schools have counselors they can speak with in confidence. If they are aware, they might not feel comfortable in their ability to access those programs and services. For example, only 48% of African American students reported feeling like they were able to reach out to a teacher about mental health concerns, compared to 57% of white students.

**3. Invest in Staffing:** Schools need to “have enough staff that students are able to make personal connections, and to help foster informal check-ins.” It takes time for McKinney-Vento homeless liaisons, school counselors, social workers, teachers, nurses, and others to build trust with students. Such investments in students’ emotional health must be valued and prioritized. Schools and districts can use the American Rescue Plan Homeless Children and Youth funds to hire more counselors and social workers and/or add hours specifically to work with students experiencing homelessness.

**4. In addition to providing staff and resources to ensure student mental health needs are met, schools should offer supports that acknowledge that students of color disproportionately encounter stress and mental health needs.** Hire staff and counselors of color who can empathize with student needs, and know that not all students of color have the same mental health needs. Several schools and districts have implemented “grow-your-own” programs to recruit former students to work in schools as educators and counselors. In Washington state, Wahluke School District’s Academia Bilingüe de Wahluke actively recruits bilingual graduates to serve as teachers. Research shows that the risks for mental health issues in students of color are reduced by having teachers with similar backgrounds, which can help students experience a positive school environment and high levels of social support.

**5. Increase school-based mental health supports and services:** Offer school phones in private locations for students to call suicide hotlines whenever needed. Youth experiencing homelessness often struggle to maintain functioning cell phones and cell phone plans, yet suicide hotlines provide support and a listening ear that literally save lives. Create school-based peer educational training programs to inform young people about depression and suicidality and to support students experiencing these risk behaviors.

**6. Respect youth autonomy.** A consensus among youth surveyed was to “let students know what resources are available to them. Be clear about the procedure followed when students disclose [suicidal thoughts] so they can make an informed choice about disclosure—don’t force interventions that students don’t want, [and] let them know what they need to do to avoid them. [Not] allowing students to safely disclose suicidal feelings is more dangerous than allowing someone to leave after disclosing.”

**7. Review all school policies to ensure they are trauma-informed and specifically consider the trauma and needs of students experiencing homelessness.**

# RESOURCES

- 3 Bold Steps, [Promoting Student Mental Health](#)
- ACT, [Supporting the Mental Health and Well-Being of High School Students](#)
- Center for American Progress, [Mental Health Supports for Students of Color During and After the Pandemic](#)
- Centers for Disease Control, [Mental Health-Related Emergency Department Visits Among Children Aged <18 Years during the COVID-19 Pandemic](#)
- eSchool News, [3 No-Cost Ways to Support Mental Health in Schools](#)
- Mental Health America, [Back to School Toolkit](#)
- National Alliance on Mental Health, [Navigating a Mental Health Crisis](#)
- Society for the Prevention of Teen Suicide, [Understanding Suicide: Outlining Basic Characteristics](#)
- Suicide Prevention Resource Center, [Preventing Suicide: The Role of High School Teachers](#)
- Thomas Fordham Institute, [How Schools can Return from the Pandemic with Strong Mental Health Supports in Place](#)
- US Department of Health and Human Services, [Adolescent Mental Health Basics](#)

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[i] AK, AR, CA, CO, DE, HI, ID, IL, KS, KY, ME, MT, NH, NC, PA, VA, WI.

[ii] Richards, R., Merrill, R. M., Baksh, L., & McGarry, J. (2011). "Maternal health behaviors and infant health outcomes among homeless mothers: US Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 2000–2007". *Preventive Medicine*, 52(1), 87-94. Stein, J. A., Lu, M. C., & Gelberg, L. (2000). "Severity of homelessness and adverse birth outcomes". *Health Psychology*, 19(6), 524.

[iii] National Network for Youth. "Human Trafficking and the Runaway and Homeless Youth Population." Administration for Children and Families, Family and Youth Services Bureau (2016). "Street Outreach Program Data Collection Study Final Report."