

The impact of childhood trauma on chronic homelessness. “Homeless shelters are serving as ad hoc institutions of mental health care for far too many people.”
Ground-breaking School of Public Policy report

For Immediate Release

February 28, 2018

Calgary – The seeds of chronic homelessness, with the addictions and mental illness that often accompany it, are frequently sown in traumatic childhoods. People who have experienced at least four types of childhood trauma are **12** times more likely to have attempted suicide, **seven** times more likely to be alcoholic, and **10** times more likely to have injected street drugs. They are also much more likely to be violent.

Today, The School of Public Policy with authors Katrina Milaney, Nicole Williams and Daniel Dutton released a report that paints an eye-opening picture of the impact of childhood trauma on chronic homelessness and shows a clear link between adverse childhood experiences and future mental health problems.

According to co-author Katrina Milaney, “We conducted 300 surveys with chronically homeless shelter users and rough sleepers in Calgary and found that experiences of childhood trauma were five times higher than in the average population. We also noticed very complex mental health and addictions issues and real and perceived barriers to adequate care. Interaction with the health-care and justice systems started early for the individuals surveyed in Calgary, aged between 18 and 80. **Forty-two** per cent of them had been foster children. Within the past year, **59** per cent had slept rough, **31** per cent had spent time in detox, **23** per cent had served jail time and **31** per cent had been in hospital. **Eighty-two** per cent regularly used alcohol, with **32** per cent using it daily and **70** per cent using drugs other than alcohol. We conclude that while local efforts to “end homelessness” have housed more than 8,000 people, there continues to be a group of long-term shelter users with multiple experiences of trauma who appear to be trapped in chronic homelessness.”

The help that is available for the chronically homeless population is at best scattershot. More than **50** per cent of those surveyed who had received help for mental health and addiction issues said they didn’t get enough assistance. A quarter of those who didn’t receive treatment said they’d asked for help and hadn’t received it, while a third said long waitlists prevented them from accessing help. Many were in and out of a patchwork of programs with little to show for it.

Solutions are not out of reach. Funding should target housing and case management programs designed to address the psychiatric issues resulting from childhood trauma. And Calgary’s network of community-based health care, housing and support programs should be expanded to help people suffering from multiple disorders. Currently, homeless shelters are serving as ad hoc institutions of mental health care for far too many people. With adequate funding and supports, long-term shelter users can be prioritized for psychiatric care, and shelters can return to their original mandate of being places where people who are temporarily homeless and in transition can get the help they need.

The paper can be downloaded at <https://www.policyschool.ca/publications/>

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