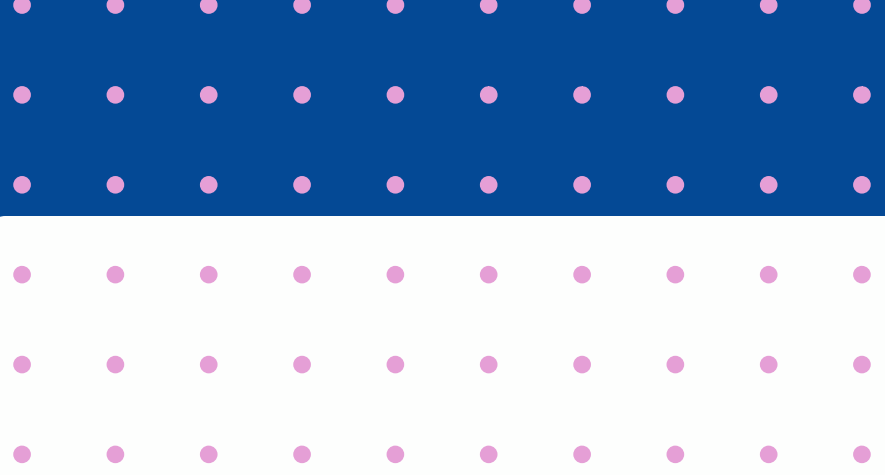




Housing and Mental Health for Children, Youth and Families: Impact, Inclusion and Inspiration for Policy Improvement

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Mental Health & Addictions
IWK Health*

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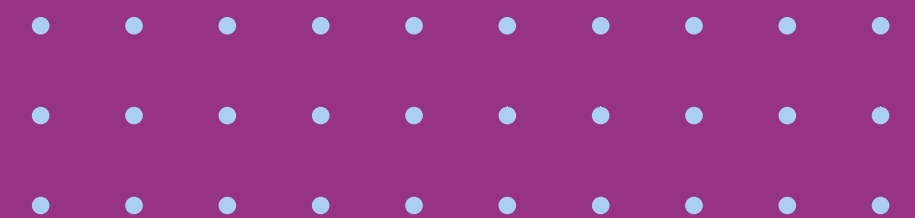


LAND ACKNOWLEDGEMENT

This work has taken place in Mi'kma'ki, the unceded ancestral land of the Mi'kmaq, governed by the Treaties of Peace and Friendship.

I also honour the Black and African Nova Scotian communities who have lived on these lands for over 400 years and continue to face systemic barriers to housing and land rights.

As we explore housing and mental health, we must recognize that housing justice is inseparable from land justice, and that historical inequities continue to shape present-day challenges.



The Team/About Us

Foundational Work in 2020

Purpose of the 2025 project

Background

Methodology

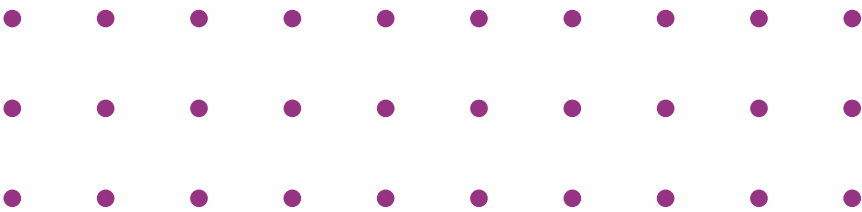
Findings

Policy Opportunities

Next Steps and Questions



AGENDA



About Us



IWK Health purpose:

To passionately pursue a healthy future with women, children, youth and families in all their diversity through excellence in care, research and innovation and applied learning.

The Mental Health & Addictions program contributes to this purpose by:

“... advancing mental wellness by offering specialized care for children, youth, and birthing persons experiencing moderate to severe impact on functioning as a result of mental health and addiction concerns. We extend our impact through collaborative partnerships across the continuum of care, enhancing our collective capacity to achieve and maintain sustained mental wellness.” – *IWK MHA Strategic Plan - 2025*

The work of the Health Promotion Team within the Mental Health & Addictions Ecosystem:

To advance equitable conditions where communities can thrive, with the intent to reduce demand on the health system.

How We Do The Work



Use Evidence

Understand inequities, protective and risk factors that impact the health of children, youth and families.



In Partnership

Strategically build and nourish relationships with communities and partners aligned with our priorities.



For Healthy Public Policy

Influence evidence-informed healthy public policy to improve population health outcomes.

This includes advocating for many things OUTSIDE health care, that impact health.

Project Leads

2020 - **Molly Ryan, MPH - University of Toronto**



Molly: Foundational work

Gehreen: Taking it further using stories and evidence

Foundational Work - 2020



Key Findings:

- Housing quality, autonomy, stability, affordability, neighbourhood characteristics and access to nature are protective factors for population mental health.
- For those most at risk for poor MHA outcomes, a range of strategies are needed, including spaces to safely detox and



transition after a hospital stay, integrated and ongoing supports.

- Existing approaches that embody these characteristics include Housing First, inclusionary zoning practices, community involvement in planning initiatives, and subsidized housing.

Taking it further in 2025

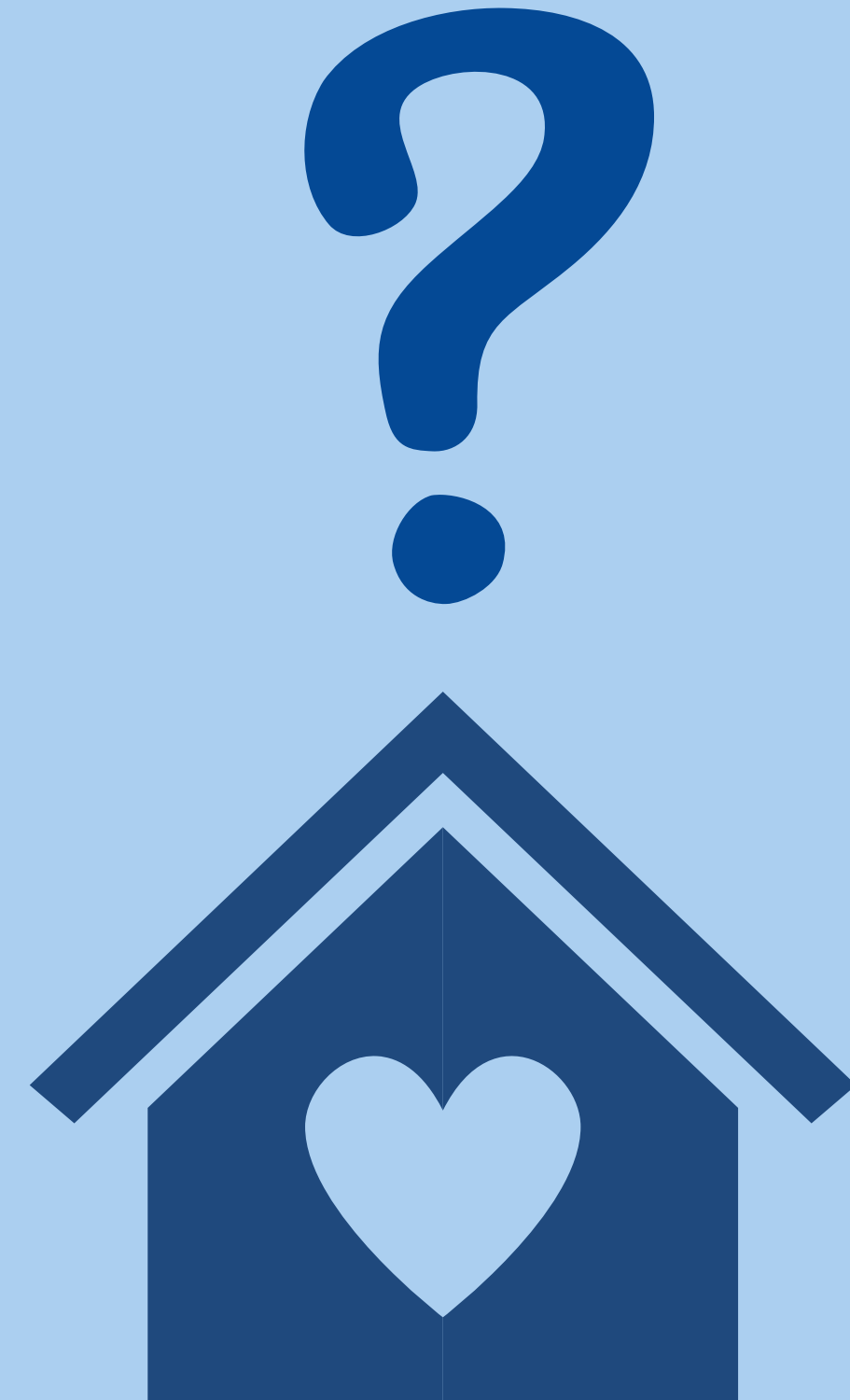
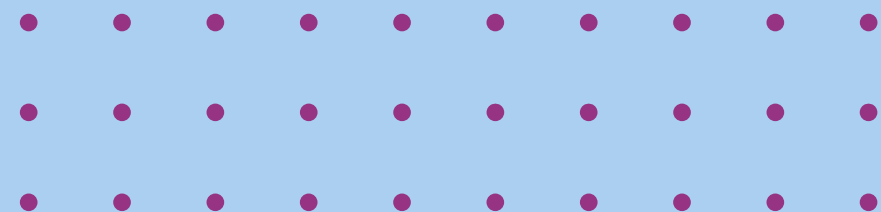


We know that **combining evidence with impact and stories** makes a better case for change than evidence alone.

Building on the findings in 2020: an update of the evidence and current state, as well as collecting stories of IWK Health Team Members who work with children, youth and families every day.

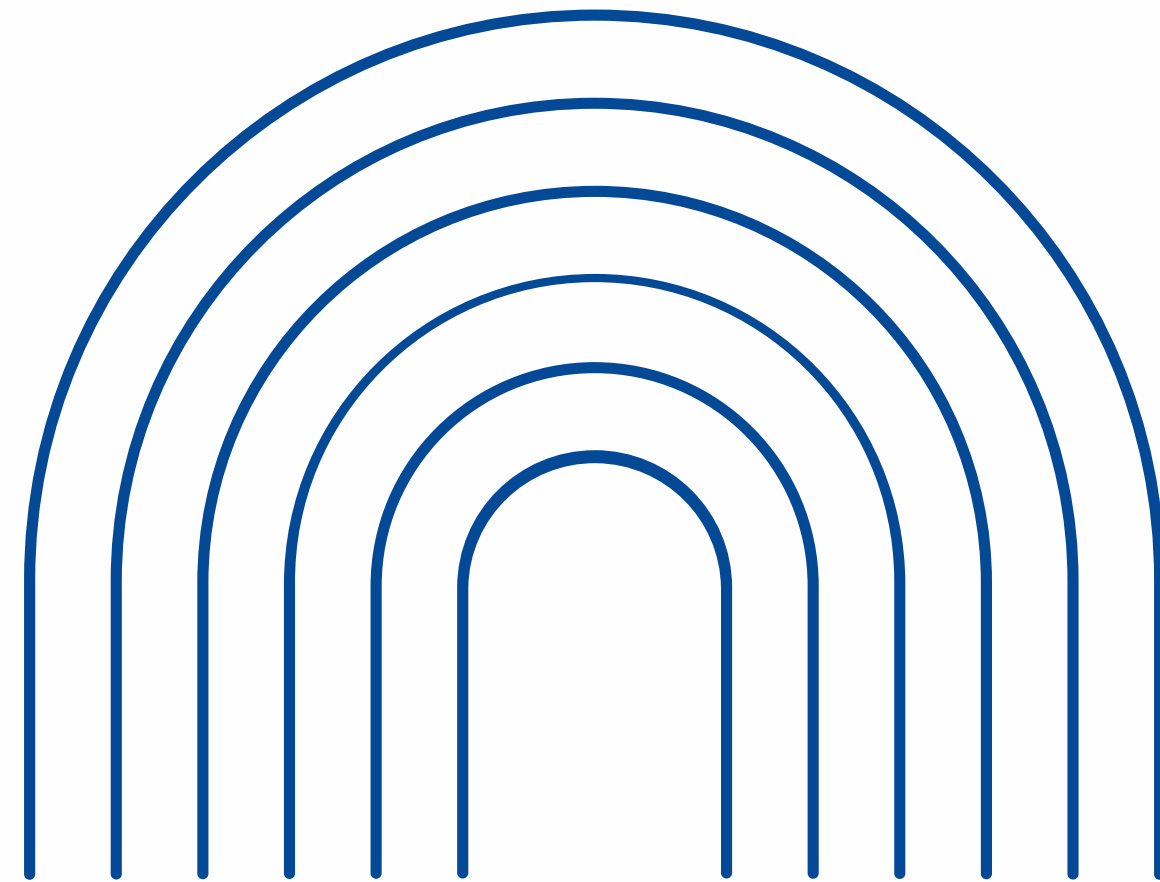
PURPOSE AND RATIONALE

- To highlight the link between housing instability and mental health concerns, especially for children, youth, and families.
- Grounded in conversations with IWK Team Members who serve families directly and supported by evidence from over 20 scholarly sources.
- Aim: Inform actionable policy options at organizational, municipal, and provincial levels.



Background: Housing and Mental Health

- Housing is a core social determinant of health (Padgett, 2020).
- In NS: 42% of renters live in unaffordable housing; average 2-bedroom rent is \$2,200+ (NS Gov, 2024). *** Almost double \$\$\$ since 2020.
- Instability linked to:
 1. Anxiety, depression, and attachment issues
 2. Adverse childhood experiences (ACEs)
- Protective factors: affordability, autonomy, safety, community (Fred Victor, 2024).



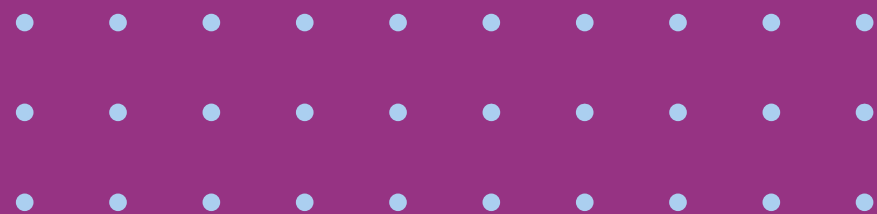
Background: Who is the most affected?

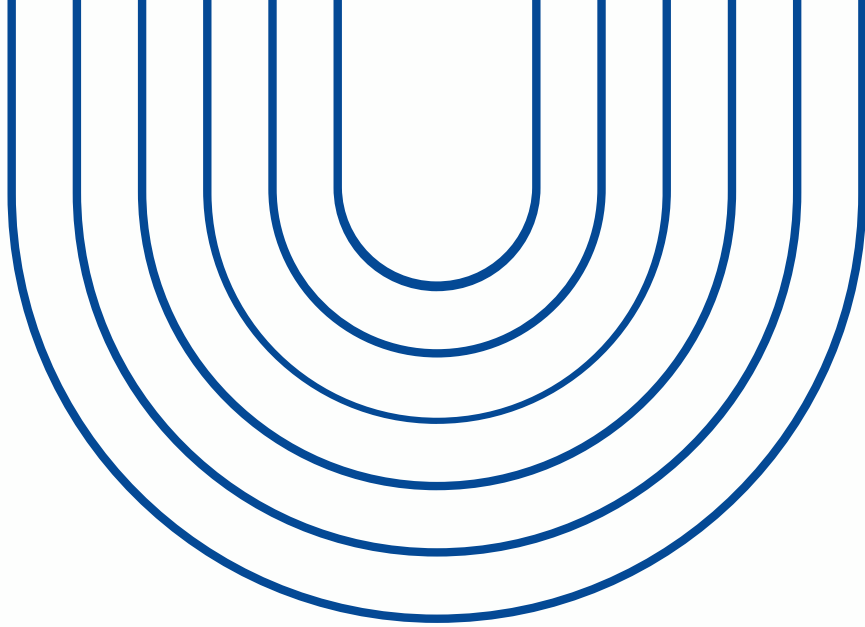
- Indigenous families and youth
 - Youth leaving care
 - 2SLGBTQIA+ youth
 - Newcomer and racialized families
 - Survivors of domestic violence
- These communities face compounded vulnerabilities due to intersectional barriers.



Methodology

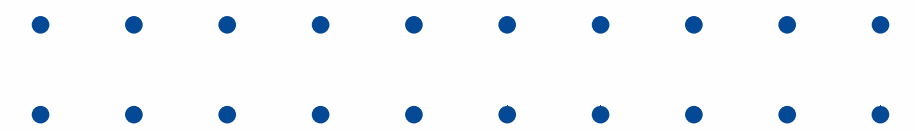
- Rapid literature scan
(23 sources; 2020-2025)
- Semi-structured
conversations with **20 IWK
Team Members across 8
departments**
- Policy scan & synthesis
leading to recommendations

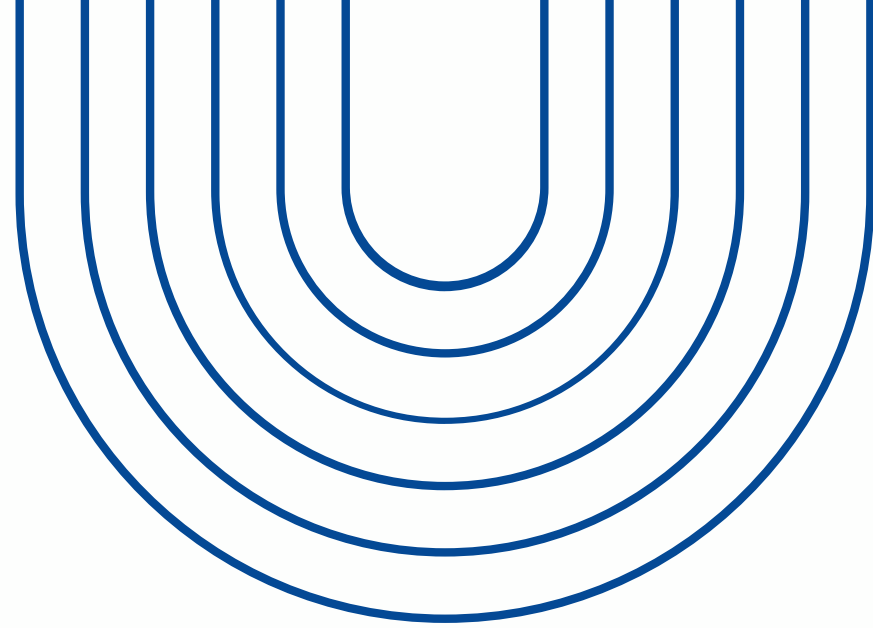




Key Findings: Literature

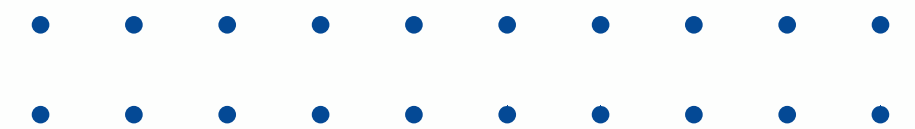
- Affordability stress = strong predictor of mental health distress (Bentley et al., 2022)
- Poor housing affects: attachment, schooling, resilience
- Frequent moves disrupt schooling, relationships, resilience (Hock et al., 2023).
- Neighbourhood safety, green space, and community design influence mental well-being
- Accessibility and waitlists are chronic challenges





Key Findings: Additional Literature

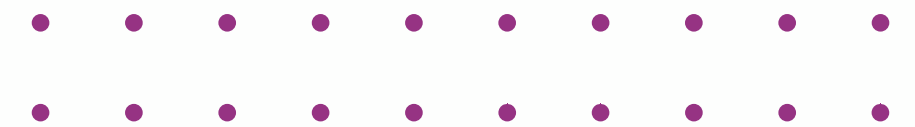
- Youth leaving care are more likely to become parents earlier than their peers and therefore, will have expanded housing needs.
- Unmet housing needs are reflected in some of the conditions responsible for high rates of trafficking and commercial sexual exploitation of children and youth in Nova Scotia.





Key Findings: Team Member Conversations

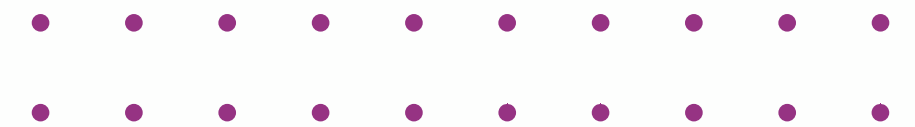
- Families forced into accepting overcrowded, unsafe units
- Survival mode → missed appointments, disengagement
- 2–7 year waitlists for public housing
- Discrimination: behaviour-related noise complaints, newcomer exclusion and exploitation
- Delays in discharge due to housing crisis
- Staff report moral distress





Key Findings: Team Member Conversations

- Need for wraparound supports: housing, food, transportation, mental health and primary health care
- Social workers and housing navigators are overstretched
- Barriers for newcomers: language, system navigation
- Youth decline care to keep shelter beds



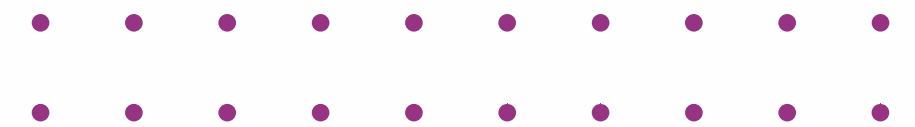


Key Findings: Team Member Conversations

"Families need integrated supports—
housing, food, transport, mental health—
all at once."

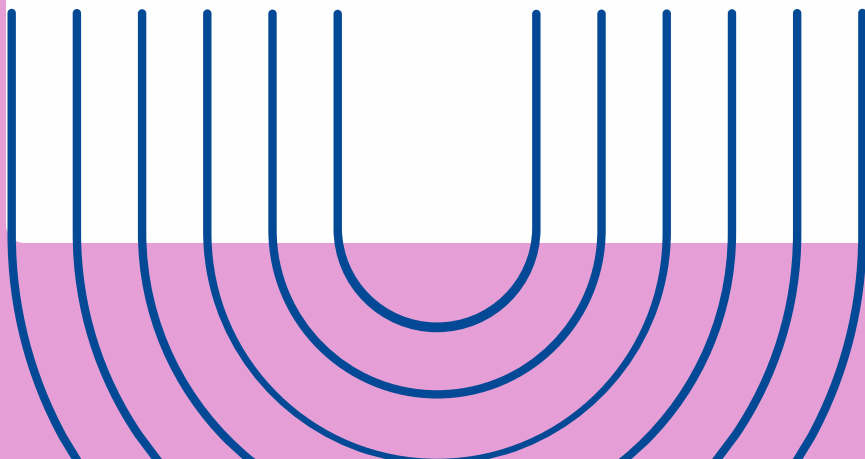
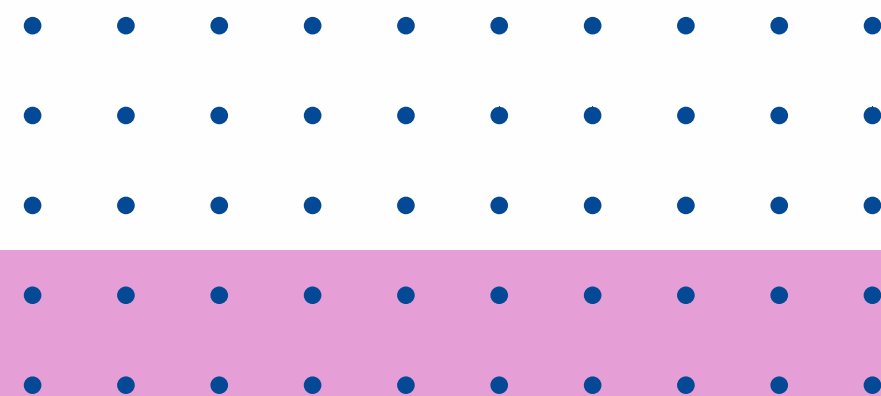
"I love getting people help, but I feel helpless
when housing is the biggest issue, and I can't fix it."

"We try therapeutic work, but families are
in survival mode when they don't know
where they'll sleep next."



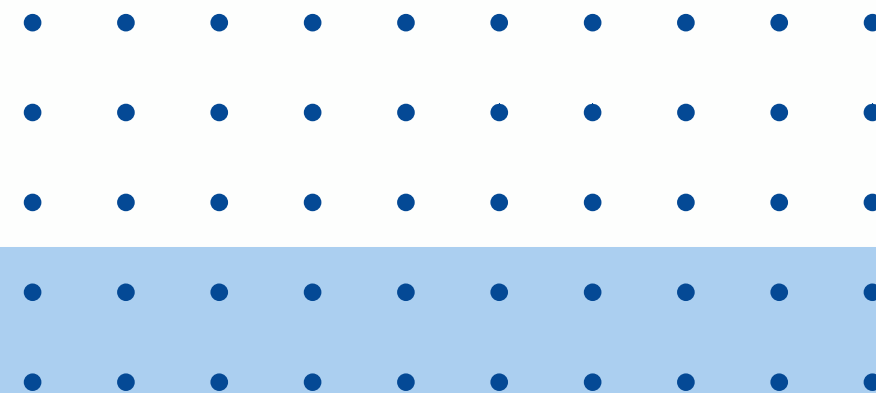
Policy Opportunities: Organizational

- Screen housing status as a ‘vital sign’ in all youth-serving clinics, community touchpoints, and integrate supports.
 - Shared Care, IYS, Community Organizations
- Embed housing navigators & social workers within care teams.
 - Supports for folks who do this work re: Moral Distress, Empathic Strain and Vicarious Trauma.
- Flexible care models (telehealth, outreach) for families who experience precarious housing.



Policy Opportunities: Provincial and Municipal

- Expand eviction prevention and rent stabilization policies
- Increase supportive housing—especially for youth leaving care
- Invest in barrier-free, mixed-income, child-friendly housing
- Culturally safe housing navigation and system reforms

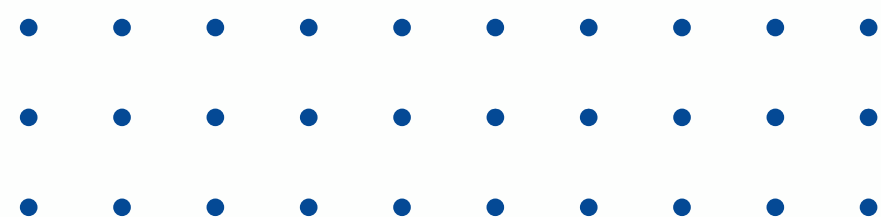


Conclusions & Next Steps

- Housing is foundational to good mental health
- We must use a child-and-youth-centred lens
- Cross-sector collaboration is critical:
 1. Health
 2. Housing
 3. Social services
- Scale up Housing First and wraparound models

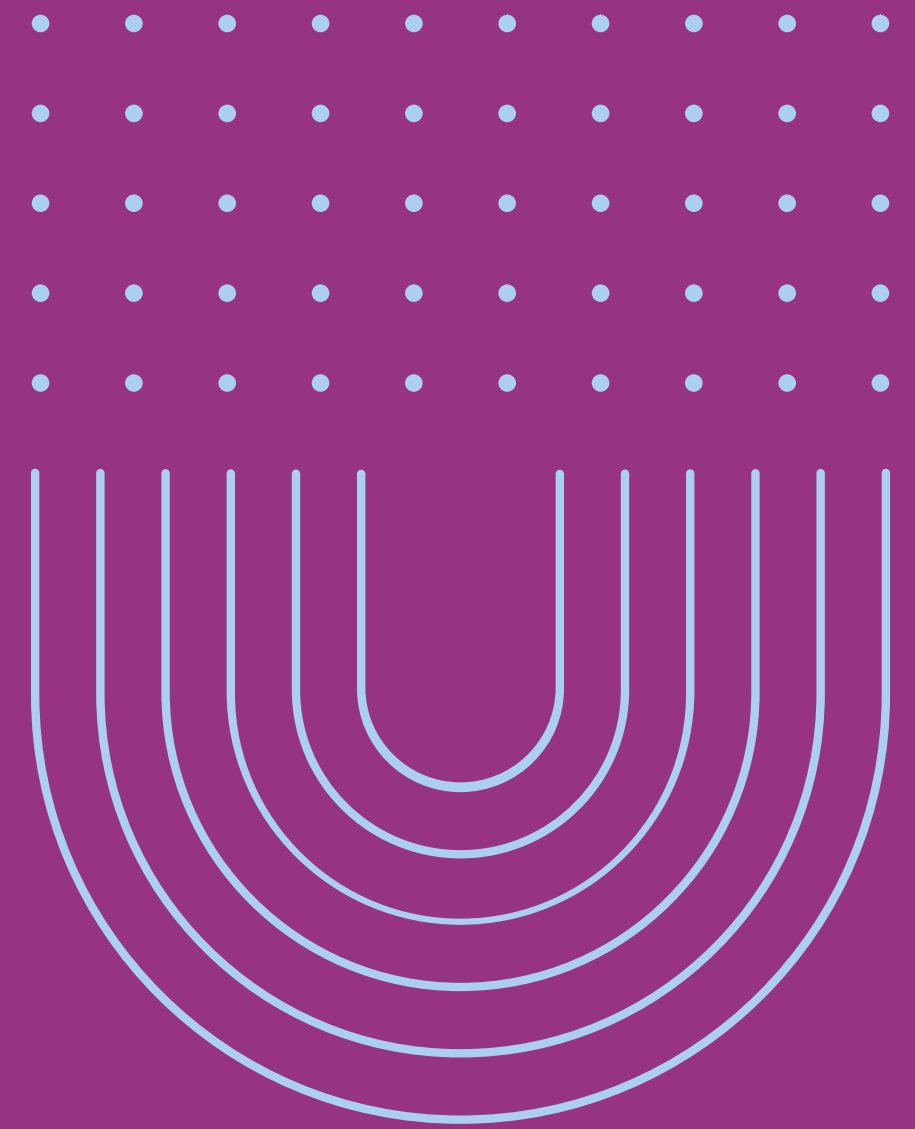
Next Steps:

- Share findings with key partners (That includes YOU!) and decision-makers
- Advocate for housing as a health priority, and a human right
- Support integrated care models that include housing, health and social supports
- Center frontline voices in future policy efforts





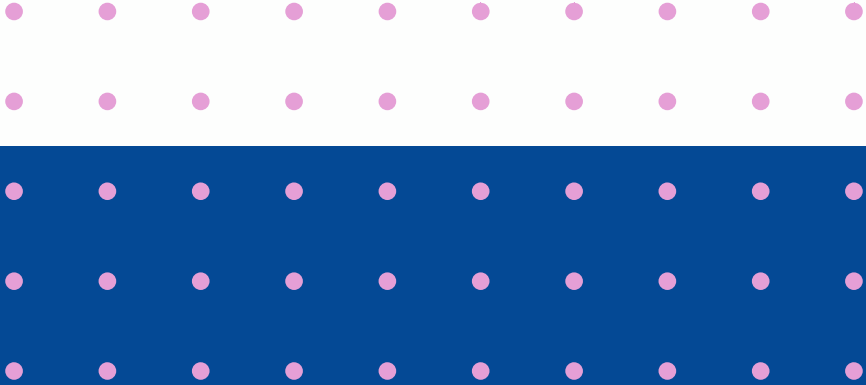
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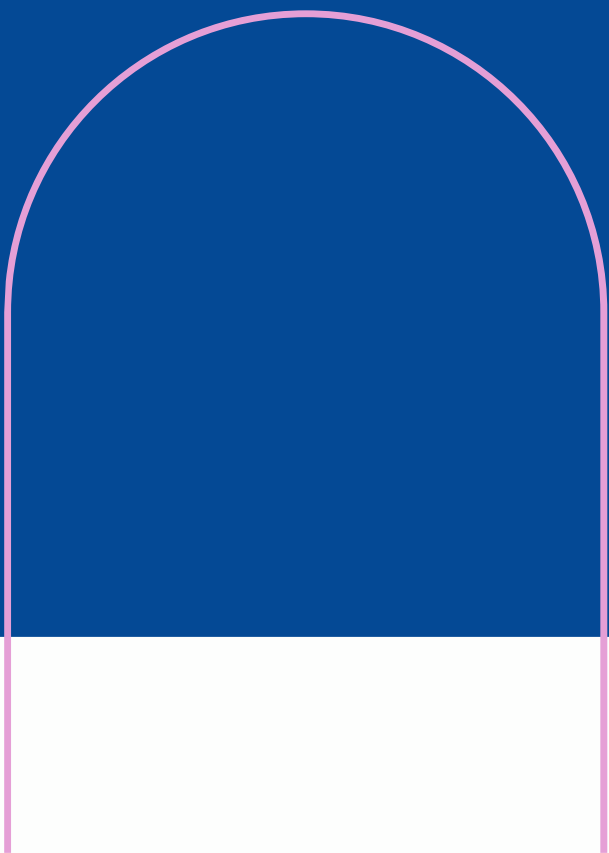
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**STAY
CONNECTED**



THANK YOU



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**What are your
questions?**

