

## Appendix A: Summary of intervention studies in homeless youth with mental health outcomes

Author	Country	Target Group	Outcomes/measurement
Ferguson and Xie <sup>71</sup>	California, USA	Agency based homeless youth aged 18 to 24 years	<p><b>Outcomes:</b> mental and physical health status, high-risk behaviours including survival sex and substance use, peer and family social support, service utilisation, homelessness history, trauma history, residential status, and family and social history.</p> <p><b>Measurements:</b> baseline and 9 months</p>
Hyun et al. <sup>72</sup>	Seoul, South Korea	Adolescents (Age NA)	<p><b>Outcomes:</b> self-esteem, depression, and self-efficacy</p> <p><b>Measurements:</b> baseline and eight weeks</p>
McCay et al. <sup>70</sup>	Toronto, Canada	Community agency based street youth aged 16 to 24 years	<p><b>Outcomes:</b> hopelessness, depression, mental health, resilience, self-esteem</p> <p><b>Measurements:</b> baseline and six weeks</p>
Slesnick et al <sup>74</sup>	New Mexico, USA	Street living youth aged 14 to 22 years	<p><b>Outcomes:</b> substance use, delinquency, coping, depressive symptoms, health risks.</p> <p><b>Measurements:</b> baseline, three months and six months</p>
Slesnick et al <sup>75</sup>	New Mexico, USA	Youth accessing a drop in centre aged 14 to 24 years	<p><b>Outcomes:</b> substance abuse, mental health, housing, education, employment, and medical service access</p> <p><b>Measurements:</b> baseline, six months, and 12 months</p>
Stewart <sup>76</sup>	Edmonton, Canada.	Youth aged 16 to 24 years	<p><b>Measurements:</b> social network, support satisfaction, loneliness and isolation, support-seeking, coping, self-efficacy, mental health and health-related behaviours.</p> <p><b>Measurements:</b> baseline, ten weeks and twenty weeks</p>
Taylor et al <sup>73</sup>	NA, United Kingdom	Youth accessing shelters aged 16 to 25 years	<p><b>Outcomes:</b> aggressive behaviour, self-injury, alcohol or drug user, cognitive problems, physical illness, hallucinations/delusion, depressed mood, other mental problems, relationships, daily living activities, living conditions, occupation/activities</p>

<b>Treatment Groups</b>	<b>Intervention</b>	<b>Findings</b>
Control (n=12) Intervention (n=16)	A pilot study to determine the feasibility of the Social Enterprise Intervention (SEI) for homeless youth. SEI participants received 7 months of vocational and small business training and service referrals.	Homeless youth who received SEI experienced increased life satisfaction, family contact, peer support, and decreased depressive symptoms. No statistically significant changes in other outcomes.
Intervention (n=14) Control (n= 13)	The intervention group received eight weekly cognitive behavioural group therapy sessions.	The intervention group reported depression decreased significantly and self-efficacy increased significantly. No significant change in self-esteem.
Intervention (n=15) Control (n= 18)	Six relationship-based group workshops focusing on social support, social networks, positive self-concept and resilience, emotional understanding and self-determination and choice.	Intervention group experienced higher levels of social connectedness, decreased hopelessness. No difference on resilience and self-esteem. Improvements in mental health symptoms in intervention group were not statistically significant.
Control (n=84) Intervention (n=96)	The intervention group received an average of seven Community Reinforcement Approach sessions.	Depressive symptoms and substance use decreased and social stability increased significantly in the group the received a Community Reinforcement Approach. Both groups improved in other behaviours such as internalizing and externalising problems and coping.
No control	Youth were assigned a case manager (average sessions attended n= 8) and participated in Community Reinforcement Approach therapy sessions (average sessions attended n= 5)	Statistically significant improvements were found in substance abuse, mental health and days spent housed. Decreased alcohol and drug use was associated with an increase in housing. No changes in overall housing, education, employment, and medical service access.
No control Intervention (n=56)	Pilot study. Participants attended four support groups, optional one-on-one support, group recreational activities, and meals. Support was provided by professionals and peer mentors.	Participants reported improvements in mental health, health behaviours, coping skills and self-efficacy. Decreases were seen in loneliness and use of drugs and alcohol.
No control Intervention (n=150)	Young people were referred to specialist mental health centres to participate in sessions with mental health professionals. Sessions included counselling skills, cognitive-behavioural therapy, substance use interventions and psycho-education. Mean number of sessions (n=5.5)	Self-harm significantly decreased. Significant improvements were seen in depressed mood, other mental problems, aggressive behaviour, cognitive problems, relationships, daily living activities, living conditions and occupation/ activities