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RESEARCH ARTICLE

Emotions on the Edge: Understanding Mental Health among Homeless Male Youth

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Abstract: The goal was to understand emotional intelligence and psychiatric issues among homeless male youth. Homeless male youth from Gujrat, Punjab age 13 to 17 were recruited in the study after consent from guardians. It was hypothesis that emotional intelligence would be a predictor of psychiatric issues among homeless male youth. This research was conducted on homeless male youth population (N=250) of Gujrat Pakistan. The samples were drawn by using purposive sampling technique. Data was gathered by using standardized scales of Wong and Law emotional intelligence scale (WLIES) and Brief Psychiatric Rating Scale for Children 9 items (BPRS-C-9). Analysis was done using descriptive statistics and regression by using SPSS. This study showed that emotional intelligence was a significant predictor of psychiatric issues among homeless male youth. The clear link found between emotional intelligence and psychiatric difficulties suggests that early training in emotional regulation and coping could prevent mental health problems in street children. Organizations working with street children can use these results to design services that emphasize life skills and emotional development, reducing long-term psychiatric vulnerability and the societal impact of youth homelessness.

Keywords: Homeless Youth, Emotional Intelligence, Psychiatric Issues

Introduction

The McKinney-Vento Act in U.S explain homelessness among children and young people as persons that do not have any stable, consistent, and satisfactory place to live at night will be considered as homeless (U.S. Department of Education, 2022). The U.S. Department of Health and Human Services (2022) describes them as unaccompanied young people lacking consistent parental or institutional care. Similarly, UN-Habitat (2015) explains youth homelessness as the absence of safe, secure, and sustainable housing for young people. The National Alliance to End Homelessness (2023) also highlights that youth under 25 who live independently but lack stable housing conditions fall within this category.

Homeless youth encounter many difficulties that can easily be evident by research. Homelessness among young people is often the result of several overlapping social and personal difficulties rather than a single cause. A major factor is conflict within the family, which may involve neglect, abuse, or rejection, pushing youth out of their homes (Kidd, 2016). Studies in the United States report that between 39% and 70% of homeless youth indulge in negative behaviors like drug use (Green et al., 2018; NIDA, 2020). Economic hardship also contributes, as poverty, unemployment, and lack of affordable housing make it difficult for families to provide stable shelter (Gaetz et al., 2016). Family issues such as divorce or the death of a caregiver, close family member, can leave youth support (Toro et al., 2007).

Further, research has established the fact homelessness can be caused in young person due to various reasons. Young people leaving foster care often lack the resources needed for independent living, increasing the risk of homelessness (Dworsky & Courtney, 2009). Moreover, youth are more likely to become homeless

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due to discrimination and rejection from community and family members (Choi et al., 2015). This problem induced number of psychological issues among homeless youth. Among others the current study will foresee emotional intelligence role in predicting the mental health issues among homeless youth. Let us look into the emotional intelligence.

Emotional Intelligence (EI)

Salovey and Mayer (1990) described EI as the skill of monitoring emotions and applying this understanding to problem-solving and decision-making. Later, Goleman (1995) broadened the concept by highlighting EI as a set of emotional and social competencies that support personal achievement, healthy relationships, and professional success. Further, studies, such as the one by Oliviera, Baiserman, and Pellet (1992), have highlighted the resilience characteristics associated with emotional intelligence, such as high intelligence, concern for others, and self-esteem.

In order to deal emotions, self-emotion appraisals are important. It involves individuals' cognitive evaluations of their own emotional experiences, encompassing assessments of the significance, relevance, and personal meaning of events or situations in relation to their goals, motives, or concerns. Self-emotion appraisal can also be defined as a self-perceived ability to understand and express individuals own emotions. (Wong & Law, 2002)

Apart from self-emotion appraisals, Others Emotion Appraisal (OEA) pertains to individuals' capacity to understand and comprehend the emotions of people in their surroundings. Those high in this ability are more attuned to others' feelings and may demonstrate a heightened ability to infer their thoughts and emotions. Wong and Law in their study from 2002 described others emotion appraisal as the skill of recognizing and making sense of emotional states of people in one's environment. (Wong & Law, 2002)

There are number of problems associated with low emotional intelligence as research shows that homeless young who are more capable of recognizing and managing their emotions are less likely to have suicidal thoughts or attempts (Barr et al., 2016). Difficulties with emotion regulation linked to a greater risk of involvement in violence, while better emotional self-control can help reduce the aggressive behaviors. Moreover, emotion regulation difficulties are linked to aggression and interpersonal violence among homeless youth, such as higher risks of PTSD, depression, and anxiety.

Appropriate use of emotions is also crucial. According to Wong and Law use of emotions is an individual's capacity to direct their emotions toward performances and achieving effective results. (Wong & Law, 2002). Emotions fill events with significance; without them, events would merely be factual occurrences. They are crucial in coordinating interpersonal relationships and contribute significantly to the cultural cohesion of human societies. Thus, these emotions can be a determinate of the mental health of homeless youth.

Mental Health Issues

According to the American Psychiatric Association (2013), psychiatric issues can be described as clinically significant disturbances in cognition, emotional control, or behavior linked to underlying psychological, biological, or developmental processes. The World Health Organization (2018) further notes that psychiatric problems affect how individuals perceive and relate to the world around them, influencing both personal well-being and social functioning. According to a study titled Mental Illness and Youth-Onset Homelessness: A Retrospective Study among Adults Experiencing Homelessness, 24.4% of the sample indicated that their present homelessness was due to mental illness, and 29.5% of the sample had youth-onset homelessness (Iwundu, et al., 2020)

As such, depression and mood disorders are more common in homeless youth, and suicidal thoughts and attempts are more prevalent than in the general youth population. Several research reported that suicidal

ideation and attempts were indeed much higher among homeless youth, with one study finding 66% of its respondents considering suicide in the past year, and 16% actually attempting suicide. (World Health Organization, 2018)

According to research by Garcia and Torres, in 2019, sometimes mental health issues precede drug abuse and can be cause of dependency among homeless youth. Similarly, research in Canada found that nearly six out of ten homeless youth reported substance use, often linked to mental health struggles and attempts to manage daily hardships (Kidd et al., 2016).

Common Mental Health Issues

Depression and Anxiety: Depression is a mental health condition in which a person feels deep and lasting sadness, losses interest in activities they once enjoyed, and struggle with focus, energy etc. Meanwhile anxiety is a state of constant worry or fear that goes beyond normal stress. Studies consistently show high levels of depressive and anxiety symptoms in homeless youth. Many experience hopelessness, sadness, and chronic stress due to unsafe environments and social rejection (Whitbeck et al., 2004).

Post-Traumatic Stress Disorder (PTSD): PTSD is mental health issue that can occur after someone goes through or witnesses a very disturbing or life threatening event. Exposure to violence, abuse, and traumatic events is frequent, leading to elevated rates of PTSD. According to a research in United States, trauma can be a predictor of psychiatric issues among homeless adolescents (Stewart et al., 2017).

Substance Use Disorders: It's a condition where a person becomes dependent on alcohol, drugs or other addictive substances. Psychiatric issues often involve substance abuse (Kidd, 2013).

Suicidal Ideation and Attempts: Suicidal ideation is having thoughts or ideas about taking one's own life. Suicide attempt is about when a person takes deliberate actions to end their life but does not succeed. Suicide rate is enormously high among homeless youth (Yoder et al., 2014).

Behavioral and Conduct Disorders: Behavioral disorder is a condition where an individual regularly shows actions that are disruptive, inappropriate, or difficult to manage. Conduct disorder is a form of behavioral problems. Aggression, impulsiveness and antisocialism are also common among these population (Slesnick & Prestopnik, 2005).

Finally, studies shown a relationship between emotional intelligence and mental health. Research on executive functioning reveal that lower levels of emotional regulation can be linked with greater involvement in risky behaviors. These behaviors lead to psychiatric problems such as conduct disorders and addiction (Piche et al., 2018). Further, Research on emotional self-regulation also suggests that youth with weaker control over their emotions and decisions are more prone to substance use and other high-risk behaviors (Piche et al., 2018).

Findings suggested that appropriate interventions to boost emotional intelligence could be effective in reduction of issues related to emotions management. (Johnson & Patel, 2020). Training programs have improved emotional intelligence vulnerable populations, including homeless and abused children. These findings suggest that interventions targeting EI may reduce psychiatric problems in this group (Soheilimehr & Eshraghi, 2022). Further, research has shown that higher emotional regulation skills can help in reduction of problems (Barr et al., 2016). On the positive side, intervention programs that teach emotional and social skills have been shown to improve resilience and social functioning among vulnerable groups such as homeless, abused, or orphaned children (Soheilimehr & Eshraghi, 2022).

The purpose of this study was to study and understand how emotional intelligence affect psychiatric issues among homeless youth. This study aims to identify whether higher levels of emotional intelligence can serve as a protective factor against mental health challenges. Homeless youth challenges such as trauma, insecurity, discrimination, and lack of guidance all of which can harm their emotional wellbeing. By studying the role of emotions in how they cope, seek help, this study can provide insight into the hidden side of their

daily experiences. Understanding these relationships may help in developing targeted interventions and support programs to improve the psychological wellbeing of homeless youth. It can help social workers, health professionals, and policy makers design better programs and support system that can address mental health needs and help with building resilience and hope for a more stable future.

Hypothesis

- Emotional intelligence act as a predictor of psychiatric issues among homeless male youth

Research Methodology

Research Design

It's a cross-sectional study where homeless youth is studied along with emotional intelligence and psychiatric issues with use of standardized instruments.

Population and sampling

Population includes homeless family youth from age 13-17 living in different areas of District Gujrat Punjab, Pakistan. Sample size of 250 was obtained. Purposive sampling technique was used. The purpose for selection was male and homeless youth with age range 13-17. The reason to choose this population is because Hawkins stated in 2013 that his age range is quite critical, as it is during the times that youth/teens are most likely to start bad behaviors (Hawkins et al., 1992).

Instruments

We used standardized measures for this study that includes Demographic form, Informed Consent form, and two standardized scales/questionnaires.

Wong and Law Emotional Intelligence scale (WLEIS - 16)

WLEIS is a reliable and valid tool that consists of 16 items that measures emotional intelligence among adolescence. The items are based on 'ability model of EI'. WLEIS 16-item scale is an assessment tool designed to assess EI. It is consisting of 16 questions, divided into 4 categories which are self-regulation, self-awareness, social skills, motivation. (Wong & Law, 2002)

Brief Psychiatric Rating Scale for Children (BPRS-C-9)

BPRS-C-9 items version was used to identify Psychiatric issues among homeless youth with and without drug abuse. The BPRS-C-9 is a brief tool used to evaluate and assess psychiatric symptoms in children and adolescents. The 9 items on the scale assess different symptoms; Anxiety/worry, expressive thoughts/feelings, Physical complaints, Social withdrawal, Disorganized thinking, Aggressive behavior, Excessive energy and restlessness, Sleep disturbances, Self-harming behaviors. (Overall & Gorham, 1962)

Procedure

This research study was conducted in a systematic and organized way. Sample comprised of homeless male youth belong to street living families, age range 13 to 17.

Research objectives, methodology, materials and procedure were permitted by the Advanced Studies and Research Board (A.S.R.B) University of Gujrat, Pakistan Directorate of Research and Research Development Cell (D.R.R.C) University of Gujrat, Pakistan, and Board of Faculty (B.O.F) University of Gujrat, Pakistan. Ethical considerations such as respect for the participant's rights, competence, responsibility and integrity were kept in mind during this process.

Permissions to use standardized scales were already acquired from respected authors. After selecting the sample by using purposive sampling technique proceeded for data collection. For data collection purpose,

homeless male youth was approached from Gujrat Punjab who fulfilled our inclusion criteria. Data was gathered after collecting consent from children's parents or guardians. They were explained about the basic purpose of research with their rights to withdraw and others along with the reassurance of data confidentiality and privacy.

After that above scales was used to collect data. Data gathering process took almost 10 weeks to complete. Statistical Package for Social Sciences version 24 (SPSS-24) is the software that helped in the process of organizing, computing, analyzing and interpretation of data. Descriptive statistics and regression statistics was used to analyze data.

Results and Discussion

The demographics revealed our sample characteristics. The education status shows that about 96.0% of children being illiterate. High rate of child labor was noticeable (64.0%). The family occupation data reveals labor, street vending, and waste picking as the most common earning sources among street families. Daily family income of street families shows poor socioeconomic status with 62.0% of families earning less than 1000 on per day basis. The family members' data indicates 74.4% of families having more than 9 family members.

Table 1

Summary of Regression Analysis of Emotional Intelligence as Predictor Of Psychiatric Issues

Variables	B	SE	β	T	P	95.5% CI
Constant	51.763	1.501		34.497	< .001	[48.808, 4.719]
Emotional intelligence	-.360	.023	-.712	-15.957	< .001	[-.404, -.316]

SE = Standard Error, CI = Confidence Interval

The above statistical figures showed emotional intelligence was the significant predicator of psychiatric issues (B = -.360, SE = .023, t = -15.957, p = .000). These findings pointed that EI is a good predictor of psychiatric issues, highlighting the necessity of developing EI to reduce psychiatric issues.

Table 2

Model Summary of Emotional Intelligence as Predictor of Psychiatric Issues

R	R2	R2 adj	F	P	SE
.712	.507	.505	254.633	< .001	7.737

R2 = R Square, R2 adj= Adjusted R Square , F = F Statistics, SE= Standard Error

Model summary results indicated that psychiatric issues was predicted by EI (R = .712, R-squared = .507, adjusted R-squared = .505, SE = 7.737). The results show that EI explains 50.7% of the variance in psychiatric issues, with (R-squared change = .507, F change = 254.633, p = .000). These figures strengthen the suggestion that EI act as a significant predictor of psychiatric issues.

Discussion

The regression analysis showed a significant relationship between EI and psychiatric issues. The coefficient B of -.360 showed that for every unit increase in EI, psychiatric issues decrease by .360 units. Higher emotional intelligence is linked with decrease in psychiatric issues. The beta coefficient (β) of -.712 explained that EI prediction of the psychiatric issues was strong negative. The t-value of -15.957 with p = .000 indicated that the relationship is not because of chance.

The above figures and findings explained that EI significantly predicts psychiatric issues, with higher emotional intelligence linked with lower levels of psychiatric issues. By improving individuals EI, many psychiatric or mental health problems can be avoided.

EI helps individuals manage their emotions which can minimize the risk factors to obtain any kind of psychiatric issues. Moreover, EI is specifically linked with good coping mechanism, problem-solving techniques that greatly contributes to improve mental health. In model summary analysis the R value of .712 predicts a strong correlation between emotional intelligence and psychiatric. The values of R-squared (.507) showed that 50.7% of the variance is caused by EI. The adj R-squared = .505 comprises sample size and predictors and explained 50.5% of the variance in psychiatric issues was due to EI.

Previous research studies about this topic also explained that EI is a significant predictor of psychiatric issues, including major and most common mental health issues like depression, anxiety, and stress and addiction (Piche et al., 2018; Soheilimehr & Eshraghi, 2022; Barr et al., 2016). According to Taylor and collogues higher EI possession might have better mental health and were rare to experience psychiatric symptoms (Taylor et al., 2017).

Conclusions

This study proved our hypothesis that emotional intelligence acts as a predictor of psychiatric issues among homeless male youth and showed that emotional intelligence is an important factor in understanding the mental health.

The findings highlight emotional intelligence as both a predictive and protective factor for psychiatric well-being in homeless populations. Enhancing EI through structured interventions may therefore reduce drug dependence, ease psychiatric burdens, and foster resilience in vulnerable youth. In conclusion building emotional intelligence skills offers a meaningful pathway to improving mental health outcomes and addressing substance use challenges among homeless youth.

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