



Mental Health
Commission
of Canada

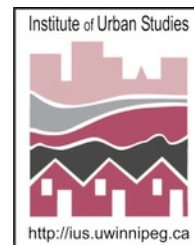
Commission de
la santé mentale
du Canada

At Home/Chez Soi Research Demonstration
Project Winnipeg Baseline Consumer Narratives
Report - Key Messages



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SUMMARY

This report documents the baseline consumer narrative interviews of the Mental Health Commission of Canada's At Home/Chez Soi project in Winnipeg. It reports the viewpoints and perspectives of the site's participants relaying life stories of their trajectory into and experiences of homelessness, narratives of issues related to living on the streets or in shelters and their experiences of mental health issues and with mental health services. The report is the result of individual semi-structured qualitative interviews facilitated by researchers at the University of Manitoba and represents a subsample of forty-five Winnipeg participants in both the intervention and control groups.

The participants interviewed for the baseline narratives include a balanced representation of each of the five randomization allocation groups in Winnipeg: the intervention groups include High Need Assertive Community Treatment (ACT), Moderate Need Intensive Case Management (ICM) and Moderate Need Aboriginal Intensive Case Management. The control groups include High Need Treatment as Usual (TAU) and Moderate Need Treatment as Usual (TAU).

The report begins with an outline of the leadership structure at the Winnipeg site. Then, continues with an assessment of the homelessness situation in Winnipeg prior to the implementation of the study, as well as a discussion regarding the nature and demographics of the study's participants who participated in the qualitative baseline interviews. Finally, results of the interviews are discussed by means of major themes that emerged from the data.

The primary themes emerging from the interviews portray both long- and short-term pathways into homelessness with a representation of individuals from all walks of life. Trauma is often a part of the narrative and plays a role in mental health and addictions. Disconnection from community, family, and supports sometimes due to stigma, racism, or lack of knowledge in navigating support systems provides some explanation of participants' current situations. In addition, a lack of mental health literacy compounded conditions for participants both personally and for friends and family. A request for a cultural approach to improving well-being – meeting with an elder or another Aboriginal individual – was made by some.

The major cross-cutting themes emerging from the interviews conveys the issues and related importance around maintaining meaningful connections, and how the loss of those connections for study participants has resulted in lack of stable housing and problems with substance use and mental illness. The three issues are intertwined and it is difficult to determine which is the causation and which are the precipitants of the others. Underlying these issues however, within participants, is evidence of tremendous resourcefulness, keen survival skills and indication of resilience, which has potential, with support, to mediate participants' current situations and assist them in their journey to well being.

