



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

At Home/Chez Soi Research Demonstration  
Project Winnipeg Baseline Consumer Narratives  
Report - Executive Summary



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## **EXECUTIVE 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. It should be noted that the statements in the report are an amalgamation of comments from the Winnipeg site participants and do not reflect the author's opinion. Given that the interview process took place over twelve months, certain statements may not reflect current conditions.

Participants often described pathways into homelessness as beginning with a disconnection of supportive relationships from family, community, or social support services. Related to the separation were accounts of unhealthy relationships, mental illness, and substance use. Some had been homeless for many years, while others had recently become homeless.

Barriers to obtaining and maintaining safe and affordable housing included limited financial resources, abusive relationships, discrimination related to ethnicity, being homeless, and having a mental illness. In contrast, several participants spoke of choosing to be homeless and enjoying the freedom and experiences that this lifestyle brought.

Life on the streets or in shelters was portrayed as a dichotomy of resilience and resourcefulness against the lack of much, including adequate and stable shelter of course, but also meaningful activity, food security, and positive connections with important people

in their lives. In addition, mental illness, isolation, and stigma presented as a barrier to obtaining the aforementioned needs.

Visions for future housing varied significantly among participants, possibly reflecting the current level of stability and wellness they perceived themselves to be at. In terms of desired living location and future plans, some participants indicated they felt most comfortable remaining in the inner city core area where they knew how to find supports and felt there was no fear of discrimination and were content staying at a shelter or with their current housing obtained through the *At Home/Chez Soi* project. Others, however described a 'white picket fence' aspiration of living in the suburbs or in the country, reconnecting with their families and finding employment or furthering their education. Still others relayed a desire to be of assistance to others and to develop a facility outside the city which they could use as a hostel or rehabilitation centre.

Resourcefulness was evident in the way participants obtained their needs and in finding places to sleep. Volunteering or collecting empty cans and bottles or busking provided income for some. Participants spoke of sleeping under bridges, in parks, along the river, at the shelters and in establishments that were open 24 hours a day. The cold winter weather in Winnipeg presents an additional obstacle for those who are homeless in this city. Some would make fires along the riverbanks or under bridges and also use blankets they had found to keep warm.

A large variety of community organizations and services were frequented by participants, including shelters, meal programs, and community support agencies. Opinions were mixed as to the effectiveness of some organizations. Staff and programs were very helpful and supportive to some, however, shelters were said to often be full or have long line ups which created a barrier to accessing them.

Some participants expressed an element of distrust in social and medical systems, including wariness with respect to taking medications for mental illness. Others however indicated they had been helped a great deal by medical and social program staff. Several indicated more of a desire to seek out an elder or other Aboriginal person for healing.

The hardest part of living on the streets for participants was not knowing where their next meal was coming from, where to sleep, where to find a place to attend to personal hygiene and laundry facilities and living with addictions.

A variety of important relationships, activities, and ideologies were important in helping participants continue on in their circumstances from day to day. Being able to visit with their children, having the will to keep going, music and spirituality were all part of the discourse.

A key issue related by numerous participants was in relation to the deficiency in mental health literacy. Many participants themselves did not understand their mental illness and had not been able to obtain mental health services for a diagnosis, nor were they aware of where to go for help. Self-medication with substances and loss of stable housing would sometimes be connected with the lack of understanding of what participants were experiencing. Family, friends and supports were also said to lack knowledge of or familiarity with the mental illnesses participants were living with resulting in frustration with or misunderstanding of the participant. For some who had obtained a formal diagnosis, this played a significant role in being able to understand their mental illness and to improve their quality of life even though they remained homeless. However, even when participants understood their mental health problem, many were unaware of where to go for help.

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.

The Winnipeg At Home/Chez Soi participants conveyed a kind of trajectory as to their pathways into homelessness. The start point was typically a disconnect from key relationships, community or supports. The fracture may have been due to mental illness, personal, or family trauma or a feeling of discrimination. This was often coupled with or was the beginning of substance use perhaps for self-medication or coping, which in turn exacerbated their mental illness and negatively affected their relationships and their ability to maintain stable housing. It would seem that these three key issues – lack of connections, mental illness, and substance use – might together create a barrier to improving the quality and stability of participants' lives.

While participants demonstrate tremendous resiliency and strength, at the same time it would appear that for most, their basic needs are not being met and their lives were out of balance at the time of the baseline interviews. These observations seem obvious and yet the issue of mental health and homelessness remains a significant concern in Winnipeg and in Canada. Individuals in these situations, thus far, were not able to manage obtaining their essential needs with their own efforts and so require substantial assistance and support in order to regain balance in their lives and to have their basic needs met. While the Winnipeg At Home/Chez Soi project has made great strides in addressing the needs of the project intervention participants, tapping into their existing strength and resilient spirit of participants may be the first step in reconnecting participants with community and supporting them in their journey to well being.

