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'At Home/Chez Soi' Project Baseline Consumer Narrative Report – Executive Summary

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EXECUTIVE SUMMARY

Research has shown that people experiencing homelessness often have complex mental health needs (Fischer & Breakey, 1986; Padgett et al., 1990). Approximately one-fourth to one-third of homeless individuals in Toronto has a serious mental health problem such as schizophrenia, major depressive disorder, or bipolar affective disorder. Within the current system, a large proportion of these individuals do not receive the proper level of care for their mental health issues (Toronto Shelter Support and Housing Administration, 2006).

The 'At Home/Chez Soi' Research Demonstration Project ("the Project") is a health intervention that explores a 'Housing First' approach to improving the lives of clients who experience both homelessness and serious mental health problems. 'Housing First' is a promising service model that has been increasingly implemented in North America, in which individuals experiencing homelessness and severe mental health issues are provided with housing free of prerequisites for sobriety and treatment, and given flexible access to supportive health and social services (Stefancic & Tsemberis, 2007). In the Toronto site of the multi-site project, one hundred (100) participants have been randomized to an intervention designed for those with high service needs, 104 have been randomized to a moderate needs intervention, 102 are participating in an ethnoracial intensive case management intervention arm (all with moderate needs), and 275 have been randomized to a 'care as usual' arm.

In order to further understand early trajectories into homelessness and experiences of mental health issues, as well as pathways out of homelessness and related impact on mental health and service use, a series of in-depth, narrative interviews were conducted with a sub-sample of 60 'At Home/Chez Soi' Project participants in Toronto. These interviews provided participants with the opportunity to tell their stories and discuss their lived experience in their own words. Participants took part/engaged in a baseline interview approximately one month after their enrollment in the project, and are to participate in another interview 18 months after their baseline interview in order to capture changes in housing status and mental health over the course of the Project. This report reflects the findings of the baseline narrative interviews.

A total of 60 participants from the Toronto site 'At Home/Chez Soi' project took part in in-depth baseline qualitative interviews. These interviews were conducted with 48 participants from the intervention groups (12 from high needs, 12 from moderate needs groups, 12 from the ethnoracial intervention group), and 24 from the 'care as usual' group (12 from high needs and 12 from moderate needs groups).

Interviews were conducted between March 2010 and June 2011. Interviews took place onsite, at the project office for the 'At Home/Chez Soi' Project, or in participants' homes. All participants provided written informed consent to participate, and agreed to have the interviews audio-recorded. Interviews ranged from approximately 45 minutes to 1.5 hours in length. Interview participants each received an honorarium of \$25, two transit tokens, and a resources sheet outlining health and social services in the Toronto area. The study was approved by the St. Michael's Hospital Ethics Review Board. Analysis of the interview transcripts followed the grounded theory method of analysis, involving the constant comparative technique.

Findings and themes that emerged from the baseline consumer narrative interviews are presented in seven sections. Each section details themes in participants' accounts relating to: A) their experiences and pathways into homelessness; B) experiences with life on the streets or in a shelter; C) social supports; D) experiences with mental health issues; E) mental health and social services; F) thoughts on current or potential housing; and, G) other hopes for the future.

Participants reported numerous social contextual and environmental factors that influenced all stages of the experience of homelessness. With respect to experiences before homelessness, some participants recalled their lives as stable and good, describing experiences with positive relationships, stable housing and work and family-related responsibilities, while many others discussed experiences of instability characterized by abuse, conflict with family, poor mental health and substance abuse. Many participants described defining events or experiences that led them into homelessness such as job loss, dissolution of relationships, death of loved ones, eviction, and problems with substance abuse.

Participants vividly described challenges in meeting basic needs with respect to safety, hygiene, privacy, food and sleep while homeless. Participants characterized their days living on the streets or in a shelter as "killing time". Many participants had lived in a shelter at some point, and while choice of shelters in Toronto was viewed as high, quality of shelters was perceived to be low. A number of participants described challenges with shelter rules, crowding, safety and security, food and diet, service providers, and negative implications of shelter stays on mental and physical health.

Participants discussed the importance of various types of social support, including instrumental support in the form of food, money, advice and information on resources, to assist with survival while homeless. Many also valued the companionship of animals, but recounted challenges in finding and keeping housing due to the presence of their pets. A number of participants emphasized the importance of support from peers and service providers, who had experienced mental health and/or substance use problems, in the process of recovery, as this enhanced the credibility of their advice and made them relatable. Nevertheless, some discussed the need to distance themselves from others while homeless due to previous experiences with stigma and discrimination and bad relationships, and requests from peers for support and resources.

Experiences with mental health problems were closely linked with substance use problems, self-medication, and suicidality. Many participants discussed the grave implications that mental health problems and substance abuse had on their lives, leading to loss of housing, employment, relationships, diminished self-esteem and conflicts with the law. Several participants described frequently experiencing stigma and discrimination related to their mental health problems when seeking employment, housing and services, and within their relationships, further limiting access to social supports while homeless.

Many participants had accessed mental health services in the past and present, but several found the services they accessed overly medication-focused. They desired more opportunities to talk and share their experiences, and valued this as an important part of the recovery process. Several participants also recounted experiencing discrimination when accessing mental health and other health and social services. Common experiences of discrimination resulted from mental health, homelessness, racialized identity, substance use and sexual and gender

identities. Involvement with the 'At Home/Chez Soi' project was viewed by many in the intervention groups as a turning point in their lives, and they valued the services and supports provided through the Project. However, some expressed concern over the wait times for housing, the randomization process and the sustainability of the Project.

While still early in the project, several in the intervention groups discussed the impact or anticipated impact of receiving housing on their lives. Many were already experiencing or looked forward to the improvements in mental health that housing afforded them through increased freedom, security, stability and self-esteem and sufficiency. A number perceived that housing would also bring improvements to their physical health as they would no longer be required to spend long days on the street and would have the opportunity to rest during the day. Many valued and/or anticipated an increased sense of freedom and control over their lives through housing, and referred to the key to their home as an important symbol of new found independence. Several participants in the intervention groups also saw housing as important to rebuilding relationships that they had lost and to the creation of new relationships, as their homes were a source of pride that would provide a safe space to receive others. However, some discussed experiences or concerns over feeling socially isolated in their new homes, as being housed represented a significant shift from previously being surrounded by others while living on the streets and in shelters

Other hopes for the future discussed by participants included recovery from mental health and substance use problems. Housing and a sense of spirituality were viewed as key to these goals by many study participants. Many also desired the opportunity to re-engage in work and school, re-connect with family members and friends, and also develop new relationships.

Essentially, themes from the interview data reveal that people who have experienced homelessness often struggle with issues of survival, safety, isolation and addiction, yet have not given up hope for the future; some expressed desires that included work, education and family. Many were insightful about their circumstances and had a sense of what they needed to move on. Underlying their hope for the future and for recovery is a strong sense of resiliency. For the most part, people who participated in the interviews wanted to feel proud and reclaim a sense of dignity that they had lost. The impact of housing on the achievement of these goals will be important to track over the 18 months that follow.