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'At Home/Chez Soi' Project Baseline Consumer Narrative Report – Key Messages

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March 10, 2012

KEY MESSAGES

- Participants discussed a number of social, contextual and environmental factors that influenced pathways into and out of homelessness. These included: stigma and discrimination; access to housing; support and services; availability and access to resources and conditions that fulfill basic needs (e.g., control over food, safety, sleep); and access to work and education. These environmental factors and conditions greatly influenced the mental and physical health, well-being and self-esteem of the person, ultimately shaping a vision for the future. Exploration of these factors is essential to gain a further understanding of trajectories of homelessness for individuals experiencing homelessness and severe mental health problems.
- Stigma and various forms of discrimination – based on race, gender, sexuality, and substance use - continue to act as barriers for individuals experiencing homelessness and mental health problems when accessing services and supports. The consequences – isolation, poor self-esteem and poor mental and physical health – create monumental challenges to recovery and a promising future. These findings suggest that efforts directed at minimizing stigma are important considerations for program planning and research. Education of shelter staff and the public at large may reduce stigma and contribute to more accessible treatment and life opportunities.
- While only some of the participants in the consumer narrative interviews had received housing at the time of interview, many were already experiencing or anticipating positive benefits of housing such as improvements in mental health related to increased freedom, security, stability, self-esteem and self-sufficiency. Many viewed access to housing and other related resources that meet basic needs -- such as consistent access to food, cleanliness, safety and sleep – as integral to improvement in quality of life, by providing opportunity for access to work, employment and relationship-building. However, some experienced or anticipated social isolation due to the shift in lifestyle associated with independent living. It will be important to track the highs and lows participants experience as a result of housing and changes in social integration over the course of the study, in order to fully understand the role of housing in improvements to health and well-being among this population.
- Services and social supports emerged as instrumental resources for pathways back into housing and in recovery from mental health and substance use problems – in particular, peer support was highly valued. Many reported that when psychiatric services were available, they tended to be medication-focused and the opportunity to ‘talk’ was missing. When counseling support was available and accessed, it was considered to be very helpful. The need for support services such as case management, counseling, drop-in centres, social clubs, treatment services and peer support services is reflected by these data and the impact of such services on housing tenure, mental health and quality of life is an important line of inquiry.

- Despite predominant narratives of struggle and oppression recounted by many who participated in the interviews, a considerable amount of insight into their conditions and situation emerged in the stories constructed by participants, as did a sense of hope and resilience. These narratives included hopes for stability through work, education, reconnection with family and new friendships. Many expressed the desire to 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. Such an understanding of the role of housing and other support services in these processes will be instrumental to inform improvements to service availability and access for this population.