CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
CENTRE CANADIEN
de POLITIQUES ALTERNATIVES

"We got evicted... did I leave that out?"

Stories of Housing and Mental Health

By Ian Skelton and Richard Mahé

February 2009 CAW 567 OTTAWA ISBN: 978-1-897569-38-2

Canadian Centre for Policy Alternatives–Manitoba
Canadian Mental Health Association Winnipeg Region

About the Authors

Ian Skelton is a professor in the Department of City Planning at the University of Manitoba. He is a member of the Canadian Institute of Planners and edits Canadian Planning and Policy—Aménagement et politique au Canada.

Richard Mahé is currently pursuing a masters degree in City Planning at the University of Manitoba.

Acknowledgements

We extend our heartfelt thanks to the individuals in over 40 organizations who shared their perspectives with us during the data collection phase of this study. A special thank you goes to the 13 men and women who openly shared their housing experiences and the 11 family members that shared their stories with our research team. Without your willingness to participate, this study would not have been possible.

We are also very grateful for the support and cooperation we received from Bob MacFadyen and Nicole Chammartin and the rest of the staff at CMHA Winnipeg in helping make this project a reality.

Every effort has been made to ensure that the information about each individual, organization and program mentioned in this report is accurate. We apologize for any errors or omissions that may have inadvertently occurred.

We gratefully acknowledge funding from the Social Sciences and Humanities Research Council of Canada, through the grant Transforming Inner City and Aboriginal Communities held by the Manitoba Research Alliance, and the United Way of Winnipeg.

We give particular thanks to Jason Cheung and Maureen Koblun, members of the research team.

Ian Skelton and Richard Mahé
January 2009

This report is available free of charge from the CCPA website at http://www.policyalternatives.ca.
Printed copies may be ordered through the Manitoba Office for a $10 fee.

Executive Summary

This study begins to explore ways of supporting processes of community transformation through enhancing the provision of housing and supports for people living with mental illness. In particular, the study is concerned with factors that mediate between individuals living with mental illness and the broader social environment. It observes that these mediating factors can be empowering, but, as parts of the broader social environment, they can also reflect and reproduce aspects of social marginalization such as stigma and discrimination.

In-depth, face-to-face interviews were held over the summer of 2008 in Winnipeg with people living with mental illness, family members with responsibility for giving care and key informants. This report attempts to portray experiences of housing and mental health as recounted by the interview participants. People living with mental illness spoke in unambiguous terms of horrid living conditions and of their vulnerability in housing, services and employment. Family members detailed their difficulties in securing access to services and to decent, affordable housing, and relayed their feelings of stress and uncertainty in relation to providing ongoing support. Key informants, representing providers of housing and services, peer support groups and government planners, called for greater cohesiveness within the mental health and housing system and stressed the low levels of resources allocated to housing and social assistance. Participants from all sectors affirmed their conviction that adequate, suitable and affordable housing is an essential basis, without which the efforts of people living with mental illness to live healthy and productive lives, and those of caregivers and providers of other supports, will not succeed. Participants from all sectors also spoke of the stigma and discrimination that both deepen the suffering of people living with mental illness and undermine efforts towards recovery.

Qualitative analysis of the interview transcripts enables the depiction of participants' experiences with housing and support services, and with social stigma encountered in various areas of life. The analysis highlights the resolve of people living with mental illness to identify and secure needed supports, and to resist stigmatized identities. Family caregivers had met considerable challenges and felt undermined by systematic arrangements. Analysis of key informant interviews shows how these participants view the strengths of current provision of housing and support services and areas for enhancement.

An underlining theme throughout the report is the importance of providing a diversity of alternatives in housing and supports so that people can access them, to the extent possible, according to their requirements. The report concludes by identifying key themes and priority areas related to the resource bases drawn on by people living with mental illness, housing and support services as follows:

Resource Base

- While it is widely understood that bases of support must be developed in order to enable people living with mental illness to live fulfilling lives,

the actual operation of factors mediating between people living with mental illness and social systems in many instances is not supportive.

- Understanding the forms that stigma takes and the various expressions of discrimination is a prerequisite to developing more supportive policy and practice.

Housing

- Housing policies should provide the opportunities to people living with mental health issues for accessing housing in different parts of the city to allow people to live in their own communities.

- Housing policies should provide the ability to access different kinds of living arrangements by providing a range of housing options.

- A diverse network of organizations and individuals strives to provide housing options for people living with mental illness. Greater understanding within the network of the style of work and the contribution of each of these constituents could empower the network in its common interests of securing resources and providing housing.

- Financial supports through social assistance rates need to bridge the gap to the market rate to help people living with mental health issues access the diversity of housing alternatives, and to enable housing providers to provide that diversity.

Supports

- Supports should be flexible and portable to meet the needs of the individual at their unique stage in their recovery process without destabilizing their housing situation.

- Support services should meet the needs of family members.

- Supports should make full use of their potential to build on individuals' efforts for social inclusion.

- The system of supports could be made more transparent and easy to navigate through the provision of accessible information.

Table of Contents

"We got evicted... did I leave that out?"

Stories of Housing and Mental Health

I) Introduction

The purpose of the report is to support processes of community transformation by enhancing our collective capacity to provide empowering, resident-centred and recovery-oriented housing for people living with mental health issues. This report is an examination of the mental health and housing sector in Winnipeg and its focus is on key factors mediating between people living with mental health issues in pursuit of independence and an often debilitating social environment: housing, social networks, and support services. The report is divided into three sections. First, we explore the housing histories of people living with mental health issues with a particular focus on their interactions with housing over time. Next, we document the perspectives of individuals caring for a family member living with a mental health issue, with particular attention to housing, challenges and barriers, impacts on the families and housing preferences. Lastly, we look at the mental health and housing system in Winnipeg through the views of key informants that are directly and indirectly involved. This includes organizations that provide mental health services, housing, vocational rehabilitation and other supportive services, as well as governmental officials.

Tremendous changes have taken place in thinking and acting in relation to health and illness in Canada (Raphael 2004). The paradigm guiding the area of concern of this project gradually changed from a medical orientation towards mental illness, in the direction of a social orientation towards mental health (Standing Senate Committee 2006). Throughout this ideological growth, housing has continually been recognized as an essential component of support. However, a shift in programming from custodial care in the 1950s and 1960s towards "alternative housing" since the 1970s (CAMH 2007, 3; Trainor et al. 1993) parallels the movement in the guiding paradigm.

Substantial discussion has taken place on alternative housing approaches and a major review of 'best practices' has documented a range of established models (Clarke Institute of Psychiatry 1998). Experience and debate have given rise to the model of supported housing, which has the distinguishing feature that housing is de-linked from mental health service provision. It is widely argued that this approach normalizes housing, that is, it does not single out persons with mental health issues as having special housing needs. This model, therefore, fosters em-

powerment, independence and recovery (CIHI 2007, Nelson et al. 2007, O'Malley and Croucher 2005, Peralta 2007, Wong et al. 2007). Most recently, innovative practice in relation to housing and mental health has been informed by the Housing First model (Kyle and Dunn 2008; Tsemberis et al. 2004) in which the first priority is to ensure provision of housing as a basis for developing strategies for wellness.

II) Methodology

The study ran from January to December of 2008. Interviews were carried out between May and September 2008 and were designed and conducted in collaboration with two community research assistants in association with the CMHA Winnipeg Region. A total of 13 in-depth interviews were held with people living with mental health issues. These interviews explored the housing histories of the participants. The interviews attempted to identify participants' desires and aspirations in relation to housing, with the intents of leading to the analysis of experiences and outcomes from participants' view and of formulating the understanding of the unique complexity of issues affecting each situation. The participants were recruited through posters, a posting on the CMHA Winnipeg Region's website, and local community mental health agencies. Each participant was given an honorarium. The semi-structured interviews averaging 90 minutes in length (with a range of 50 to 135 minutes) were primarily conducted at the CMHA Winnipeg Region office. One interview was conducted at the participant's home. The sample consisted of 6 women and 7 men. They were all living independently in various living arrangements, including single detached housing, apartments and group homes. Over the period since they recognized that they were living with mental health issues, they moved from a range of 1 to over 25 times.

An additional 11 interviews were held with family members of people living with mental illness. These interviews sought to understand experiences of people intimately involved with mental health issues through their roles as caregivers and as people significantly involved. Participants were identified through local community mental health agencies and family support networks. Most participants were parents (usually mothers), but also included a daughter. The interviews were semi-structured and averaged 60 minutes in length. The interviews were conducted at the participant's home or at the CMHA Winnipeg Region office.

A further 40 interviews were held with mental health and housing service providers as well as with organizations working with Aboriginal people, unemployed people and women. All of the participants work for organizations that are based in Winnipeg, though some organizations do provide services to individuals outside the Winnipeg area. These interviews attempted to identify strengths and weaknesses of current housing for people with mental health issues in Winnipeg. Participants were primarily identified through a sectoral search process conducted by the research group. Other participants or organizations were identified through the interviews. This snowball technique provided an opportunity to identify potential participants and also identify the interactions and relationships between different people and organizations. The interviews averaged approximately 60 minutes (with a range of 45 to 120 minutes) in length and were conducted at the participants' workplace.

With participants' permission, the interviews were audio-recorded and transcribed, and then they were analyzed through successive readings. Transcripts

were entered into the qualitative data analysis program Atlas-ti, which helped to identify themes represented in the narratives produced in the interviews. A number of themes were brought to the analysis from the literature, and given specific form in the current study. Other themes emerged without referents in the literature. We point out that the data were read in a reflexive manner (Mason 2000), meaning that we attempt to make a convincing case in relation to what we believe are important aspects of the interviews, rather than to expect that our portrayal would be similar to that of another analyst. The presentation makes extensive use of direct quotations from interview participants, whose names have been changed or coded to maintain their anonymity.

III) People Living with Mental Illness

Interview Protocol

The interviews sought to construct housing histories that would document participants' relationships with housing and neighbourhoods over time. Specifically, the interview questions (see *Appendix A*) followed an open format, which prompted participants to discuss types of housing and living arrangements experienced, what was favourable and unfavourable in these situations, and what facilitated them or made them difficult. The interviews also attempted to identify respondents' preferences in relation to different types of housing, neighbourhoods and supports.

Analysis

A set of 18 initial codes emerged in the early readings of the material as listed in Table 1. Subsequent readings suggested that these codes could be reworked into a construction that seemed to us to account coherently for the underlying relationships expressed in the interviews among housing, neighbourhoods and services for people living with mental illness. In this construction people spoke from a context dominated by the inability of social systems to enable a dignified existence, and the overwhelming effects of issues of marginalization such as stigma and discrimination that were constants in their lives. Study participants did not acquiesce to the continual processes of marginalization, however. In many instances they rejected the identities that were thrust upon them; they sought situations that could come close to bringing the supports they need; and they struggled to redefine themselves outside of the stigmatized identities.

Between social systems and the individual is a series of mediating factors, many of which contain great potential as elements contributing positively to wellbeing. These include support services, medical expertise, social networks of family and friends and, importantly, housing. These have been aptly represented in the community resource base of the CMHA framework model (Trainor et al. 2004). (See *Figure 1*.) Other sections of the framework model are the individual resource base and the knowledge resource base. The model makes valuable and programmatic suggestions about considering the social context, particularly stigma, as part of the individual and knowledge resource bases. Building on that work, we suggest that such social issues should also be specifically addressed in the community resource base. This is because, as parts of social systems, mediating factors may serve as empowering or marginalizing influences, reflecting

Table 1. Initial Codes

Challenges	Discrimination / Stigma	Employment
Family	Financial Issues	Housing Dislikes
Housing Likes	Housing Other	Identity
Independence	Isolation	Landlords
Medical	Nature	Neighbourhood
Residential Mobility	Services	Support

and giving shape to broader social relations. We suggest that recovery-oriented programming that does not attempt to reshape these social relations—with a firm and active mandate against stigma, for example—may place the burden of social problems fully onto individuals living with mental illness, increasing their suffering and undermining their recovery. Our attempt to understand the agency of people living with mental illness and their social context is the opening for making suggestions for policies and practices. In the findings section below, we provide evidence of how study participants conceptualized the context, their own efforts towards recovery and mediating factors.

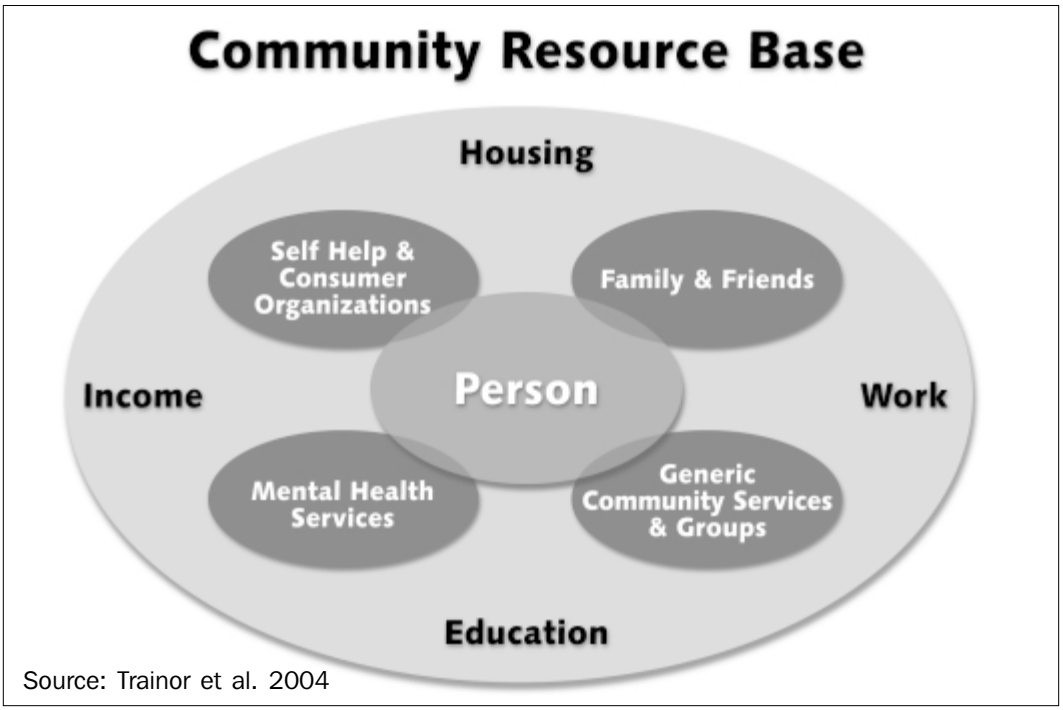
Findings

We underscore that the study design is intended to describe aspects of participants' experiences with housing, neighbourhoods and supports that can contextualize current policies and practices, and suggest alterations to them. It is not intended to lead to generalizations about any particular population of people living with mental illness. The following sections reveal participants' comments in relation to social systems, to their taking action in their persistent drive towards recovery and to various mediating factors.

Context: Social Systems, Stigma and Discrimination

The Mental Health Commission of Canada provides a helpful distinction between stigma and discrimination. Stigma is "a mark of disgrace… [which] involves negative stereotypes and prejudice" (MHCC 2008, 9). Discrimination results from stigma and involves "unfair treatment… coercive treatment and denial of basic human rights" (op. cit., 9). The use of these terms here reflects the MHCC definitions; both phenomena were evident in the interviews.

Figure 1. CMHA Framework Model



Source: Trainor et al. 2004

Housing

The literature has discussed the inability of social systems to support people living with mental illness, which often serves to relegate them to the margins of society (Collins et al. 2008; Grigg et al. 2008; Morrow 2006; Muir et al., 2008; Nelson et al. 2007; Parr 2008; Trainor et al. 2004; Wong et al. 2006; Wright & Kloos 2007). This is starkly evident in housing, where people living with mental illness occupy an unsatisfactory place—if any place at all—in the housing market. Almost every one of the study participants spoke of a litany of dreadful experiences with bad housing and its landlords. Some examples:

It's a brick building. It's cold. The heating is not very good at all. You pretty much freeze in the winter. It's electric heat and it doesn't heat the place up. It's very expensive. It was 500 dollars for one month. The rent is very affordable, but then you have that. Very cold. There are problems with the structure of the building. Last spring the ceiling was raining. There is no maintenance. I mean there is a guy and he says he'll come, but he doesn't. [One time] the ceiling broke through. I had all these buckets and they would fill up in less than an hour. I just remember dumping those buckets and scared to leave the place. I got a hold of the landlord and he told me to do the best that I can. The carpet and floor are beginning to rot. Finally, a few days later a maintenance guy came over… there is mould issues in that suite. The health department has been there and inspected. Not very healthy. (Nancy)

The halls were all messy. There ended up being bugs there… Well the toilet kept breaking. They didn't fix it. (Elizabeth)

The housing situations of interview participants were not only of low quality, their tenure was precarious. When asked the reasons for not returning to a particular housing situation after hospitalization, one participant simply stated:

Because I lost the apartment. (Russ)

Others described their housing insecurity:

… and that all blew out, and then I didn't have a home once again. Tossed out on the street, it was horrible. (Ned)

Actually the day I was released from the hospital, the old caretakers gave me an eviction notice. (Cory)

Disruption of housing tenure seemed almost an expectation on the part of some participants. Listening to her engaging account of residential moves, an interviewer asked Nancy why she had left an apparently positive situation:

… we got evicted… did I leave that out? (Nancy)

Marginalization in housing means living with other populations at the margins of society, causing hardships:

I don't like living with alcoholics and drug addicts and prostitution and generally dishevelment and dirtiness and gross bathrooms. I can't leave groceries in the fridge… (Ned)

Participants dissociated themselves from a social milieu that has intense contacts with the law. When asked to describe one dwelling, a participant said:

A rooming house with too many cats and too many mice. The police will bust into there once a week. I had my neighbour charged on… the second night… (Manfred)

The clash of lifestyles was clearly evident:

> *… it was full of hookers, and crack dealers and pimps and you name it. (Naomi)*

However, as Naomi continued, there seems little alternative, and this is a major barrier:

> *Then I didn't really care about moving with my life. Now I want to. And I am finding it really hard to do that. The rent is just too high and … I am finding it really difficult. It's just like I said, the rent and social assistance, how much they give you, they allow for rent $26l which is absolute insanity. That's one bedroom at the Bell Hotel. OK. Basically for a single person. You can't find nothing under $400 basically you can't. (Naomi)*

Stigma and Discrimination

The vulnerability of people living with mental illness is expressed, as the above examples show, in unsavoury outcomes in the housing market. However, participants experienced obstacles in their interactions with many other systems in their lives: at school, at home, and in informal interactions on the street, as well as in the realms of workforce participation and services, posing serious barriers to their inclusion and participation in society. One participant recalled high school with trepidation, as he felt visible and associated with a stigmatized identity:

> *I found it difficult, especially after being diagnosed with a mental illness. You feel that you have that written across your face. Even in a larger high school like [that school], it seemed like everyone knew. (Maddison)*

The general social stigma against people living with mental illness led to feelings of shame:

> *The stigma, the stigma in general. I don't want people to know I am on assistance and they will wonder why, you know. Right now a lot of people think I am just taking care of my mother. (Naomi)*

This was acutely felt, even away from the mean streets where many people living with mental illness are often confined:

> *I felt very uncomfortable in that neighbourhood. Every time I went outside, I felt like I was being branded the biggest weirdo in the world. It's Wolseley and they have a different set of values. I don't know. They're so proper. I didn't even get nice treatment from the corner store lady, but the apartment itself was great. It was a clean building, good laundry, everything. The building itself was great. The caretaker was a bit of a jerk, but it was the wrong neighbourhood. (Ilene)*

Rather than an internalized issue, the experiences recounted illustrate that participants have concrete reasons to fear an association with mental illness. This participant reported an aggressive form of harassment in her building from another resident:

> *There's a lady, I don't even know her. I don't even know what floor she lives on. But every time she sees me, she calls me a loser and she doesn't know me. (Ilene)*

In some cases harassment takes the form of overt victimization rather than veiled stigmatization. One participant recounted sexual harassment over a period of time in her rooming house:

> *I'm sure at least 30 of them have asked me, hey, would you like to have sex? (Ilene)*

Another participant attempted to rationalize his victimization, apparently

to avoid naming its origins in discrimination against people living with mental illness:

They claimed I hadn't paid rent, which was not true. It was more of a personal issue. They were just jerks. (Cory)

Workforce Participation

Many participants had relatively limited experiences with workforce participation, but the comment of one person shows the disappointment and sense of defeat in face of the insensitivity of workplaces in relation to people living with mental illness:

I answered the phone and it was again, not my immediate supervisor, but a floor supervisor asking me why I wasn't at work. I said didn't Sandra tell you, I'm in a crisis unit. He said, well, why aren't you at work? I tried to explain to him the concept of a crisis unit and going there to "decrisify" and he didn't get it. I told him, look I'm not permitted to work. It's going to be at least another week until I'm at work. Four days later I got a letter in the mail with my last pay stub telling me that I had abandoned my post. So that was lovely… I was one of their best employees, I was in the top three and just like that they dropped me like a hot potato. (Ilene)

Services

In some instances the marginalization of people living with mental illness was manifest in the services they receive. Not to detract from the deep appreciation that participants expressed for community and medical services, in some instances the experience of study participants was far from empowering, and, in their view, far from beneficial. For example:

There were social workers like cops, you know they didn't help at all. Maybe in their own way they are trying too. But in our opinion they try to suit us as well they could as us girls living there… We found them snoopy and very much like cops. They actually went through our drawers because we used to tape them with scotch tape. We found out they have been through our drawers. (Naomi)

This participant reported indignities to which she had been subjected:

Sometimes the men, male nurses watched you shower, not actually watch you to make sure you didn't cut yourself when you used a razor, you know things like that. (Naomi)

Taking Action

Despite the debilitating context, many interview participants emphasized their efforts in resisting the challenges imposed. In many cases they engage in self-empowerment through self-assurances of the possibility of resistance. One said:

I now know that you can't change your experiences but you can make the best of what you've got now… I'm not letting this illness take over my life. (Maddison)

Another showed her resolve:

I'm trying to work now. I've been trying to go out and get a job but it's very, very scary. I'm not sure I can actually pull it off but if I don't try, I never know. (Ilene)

Priorities

Several participants indicated that independence, particularly financial independence, was a major priority. This seemed apparent in many interviews, but may have been clearer for women, based on the number of women and men expressing it. When asked what she liked

about a particular situation, one participant replied:

Well, my money on my cheque. (Naomi)

Another said:

I had everything I needed. I didn't have a job, but I think I was getting EI still, so I did have money to contribute to the household, so that was good. (Ilene)

There was a yearning among interview participants for independence:

[When I was ill] I didn't feel self-sufficient. I didn't feel like I could do anything. Now that I'm well all I want to do is be independent. (Dan)

Mediating Factors

In their pursuit of independence, interview participants saw themselves as strategic agents, putting together networks of resources that hopefully would enable their progress towards wellbeing. One expressed this as follows:

It was like a tornado tore down my life, and it took me a while to rebuild that foundation. Once I had that foundation built, because of all these places I was finally able to rebuild my life again. Now, I think my life is starting on a real strong foundation. (Maddison)

In this section, we provide images of the ways that participants looked at various supports that they worked with: housing, family and friends, and services.

Housing as a Basis of Stability

The role of housing as a basis upon which stability can be built was a dominant theme in the interviews. Elizabeth expressed the common sentiment that housing in the community was associated with autonomy:

I like having my own space… It's the independence that I want. (Elizabeth)

As another participant explained:

I'd like to be on my own. I could take care of my own food and my own stuff, not that it's a bad place here.

(Interviewer:) Why is that important to you?

I don't know. More independence, I guess. (Russ)

Another revealed the yearning for home that she knew was a central part of her recovery process:

Well I got better actually. It took me a year to get better or get to a functioning level. I suffer from some bi-polar, it can be very debilitating long-term. Then I got a job, and started to feel better, and started to feel alive. I wanted to get back to… what I call life, my own apartment. (Nancy)

The dominant role of housing is firmly shown in one participant keeping track of life events by the house where she lived, rather than the year. When asked about a chronology of events, she said:

Yeah, since August 2003 I think. I can actually put a date to it, which would be strange because all my life I count my years by which house I was living in. (Ilene)

Even housing of very low quality was seen to offer a minimal base, which underscores the importance of a place of one's own. Reflecting on his time in an insalubrious rooming house, one participant said:

I wasn't homeless, that's all I can say. It was to be able not to be on the streets and not be homeless. To have a residence and a place to receive my phone calls, whatever,

mail stuff and that was the only redeeming quality I got to say. (Ned)

In these narratives we can see a functional side of independent living, that enables people to feel autonomous and to self-organize. A further side of independent living is that it mitigates stigma by enabling normalcy. In the words of one participant, reflecting on a period of independent living:

I was a citizen… there was no stigma, there was no, nobody could… you were a citizen. It was great. You could be part of society, enormously. It was dignified. (Ned)

Support from Family and Friends

The establishment of a network of supportive and trusting personal relationships was a key element of the strategies adopted by interview participants. This support was essential at various phases of mental health issues. One participant recounted its importance at onset:

I called my brother and I wasn't making any sense and my parents immediately recognized that something was wrong. It always takes someone else to notice what's going on in the mind of somebody who has a severe mental illness. (Dan)

Another pointed out the need for support in re-engaging with communities after hospitalization:

A lot of people think that once you've left the hospital you're well enough to leave so that means you're ok. That's not always the circumstance. Support is a key factor in people moving forward. I don't think I would be in university right now if it weren't for family, friends… (Maddison)

Other interview participants argued for the need for ongoing, personal, emotional support:

It's an expression usually of warmth and caring. If someone's willing to cuddle with you on the couch, it's not because they think you're out to take all of the babel… There's usually a good reason for that kind of touch and that's what I need. I need that contact even if it's just a good morning, [name] I'm going to work. It's good. It gives me a different voice other than the voice in my head to hear. I tried the radio and that just doesn't work as well. (Ilene)

You have to have value outside yourself. When I was on disability for two years, I got to do something. I got to have a reason to get up in the morning. Somebody else is going to have to give me that reason. If no one cares if I get up in the morning nor will I. Sooner or later it boils down to if no one cares if I live or die, nor will I. (Manfred)

Overall, there was widespread recognition that people living with mental illness must build support networks that suit their own needs:

I couldn't function in the community because I didn't have the right supports in the community. I think that's what led to the rehospitalisation. It was not having the necessary supports. (Maddison)

Once again without these supports from these people… different people now in my life, but without their support I don't know where I'll be. How worse off I'd be, or what kind of life I would be having. I'd be a lot more hungry, a lot more dirty, a lot more running around, a lot less direction, a lot more helpless and hopeless… and especially hopeless… the feeling of hopelessness. (Nancy)

You see I'm lucky, cause now I've developed a core network within the community and that's why I am able to live independently and live with my friends and not need support for the housing. I have this exact

same thing almost but in the community and I think that is necessary. I think that is necessary for anyone who has a mental illness. (Maddison)

It is apparent that family and friends form the core of support for many people living with mental illness. Some, both women and men, cite the mother as central in their lives:

Support from my mom. (Elizabeth)

My number one support in my life right now is my family. I've strengthened those relationships that were lost for a little while. (Maddison)

[My residence] was close to my parents' place. They actually live two blocks down. It was very good having that, because when I became mentally ill, I had a social support system that was in place that I could rely on and help me out to a certain extent. (Dan)

For the emotional, sharing, communication… that's a daily thing. If it's not my mom it's my friend. If it's not one it's both. (Nancy)

Families and friends provided material support in terms of housing, preparing meals, transportation and finance. They served as informal counsellors and helped ease the burdens of mental illness and the debilitating influences of the social environment. Interview participants were grateful and appreciative of this support. As one said:

My parents tried to do things differently. It was all that I could do to tell my parents keep doing what you are doing. Now I tell my parents don't you dare feel guilty. After the smoke cleared you didn't know what you were doing, you had the courage to tell me that to my face, and you are still here. (Manfred)

However, some were aware of the structural limitations of their personal support networks. One participant expressed this as follows:

It's important with a mental illness to have people around you that really believe in you and help you to move forward. Family can do that, but to what extent? You're experiencing something, they are experiencing something. (Maddison)

She continued, with her view that people outside the network of friends and family are needed to contextualize unfamiliar experiences and help keep things on track:

I think everyone that has mental health issues … friends are so important and family is so important. But although they are important it is necessary to have outside supports as well. Those people can easily be meshed in to it. The outside supports are able to put a clear perspective on things. (Maddison)

One way that the people on personal networks need assistance is in understanding mental illness, and working out how they can help:

They [my parents] didn't initially accept it, which was interesting cause I don't know if they were told that it was schizophrenia or schizo affective disorder. Eventually, they have come to the realization… there is an issue of acceptance, they did help out a lot. (Dan)

Some participants were aware of pressures placed by formal services on them:

So I just moved back for while. My mom wasn't very keen on it but what was she going to do? They were always on my mom's case about me. (Naomi)

While appreciative of their personal net-

works for their essential support, it is clear that many participants felt that additional, external supports were also needed. Some commented on what these support services should be like.

Services

One theme on the nature of formal services was that service providers should be people with their own experience of mental health issues:

> *They know me and they know my problems, yeah I don't have to explain myself if I am just having a lousy day and hey that's ok don't worry about it. You know a lot of times like you have to go out and put on a mask, Hey everything's ok, meanwhile I feel like I am just crumbling inside. You know I'm ok on the outside but on the inside you are dying, you know my whole life actually. Yeah, with them I can go and be myself with other people it is sometimes hard to know. They don't understand, they obviously won't understand, and I will be rejected. (Naomi)*

> *They are consumers so they really understand. It's like: say you know you have your addictions counsellor, I really don't feel in my opinion that if you really aren't an addict yourself, you don't know what it's like taking drugs yourself or just as an addict period. Someone who has a mental health problem yeah they can understand, but not truly, truly, truly. What a hallucination is or what a paranoid feels like or things like that, you know what I mean? (Naomi)*

One participant felt that his own experience would enable him to help other people dealing with mental illness:

> *I would say like now, I could be some support to people going through the same thing, I know what they are talking about … as opposed to people who have just being trained in mental health issues. They can have some insight I believe, but I don't think there is anything like living it. (Cory)*

On the question of how housing and services should be functionally related, several participants appreciated the opportunity of living with people sharing the experience of living with mental illness:

> *I prefer living with people that understand what you are going through. (Elizabeth)*

> *We kind of took care of each other. It was kind of like a buddy system. (Erin)*

Sharing a household with other people living with mental illness could ease the widely known issue of isolation, and also enable mutual support. However, this does not call for grouping such households together, although one participant did feel that this would be attractive because there would be:

> *More people that can understand what you are going through. (Elizabeth)*

Not everyone felt this way, though:

> *If there was any way to guarantee that there would only be a certain amount of mentally ill patients per floor, that would be a good support… (Ilene)*

Some participants spoke against linking housing and services:

> *I don't like to see that [mental health services] where I live. I like to keep that a separate entity. Where I live is where I live and when I want those services I will go to them, and if there is the option of having case workers and case management mental health workers visit you in your home if*

you can't leave your home to do so… One can feel a little swept up in the world of mental health and mental help and support. I don't think I want it to be 24/7 and right around me. (Nancy)

Another expression against linking housing and services was that it would hamper people's efforts to move on from the continual realm of the mental health system:

So, no, I don't think being in an environment like that would be good because it would be too much of a reminder of things you're trying to let go. (Cory)

IV) Family Members

This section will consider the perceptions of family members with regard to the challenges and barriers that they face in providing supportive care to a family member living with mental health issues. The interviews explored their experiences as primary caregivers and the types and quality of supports available to them. The interviews also discussed the family members' perceptions of the strengths and weaknesses of the mental health and housing system in Winnipeg, as well as what housing options work best for people living with mental health issues.

Interactions with the Social Service and Health System

Barriers identified in the research on family members who provide support have related to access to services and information and consumer-family involvement within mental health systems. A 2006 report by the USA-based National Alliance on Mental Illness (NAMI 2006), which evaluated state investment in public mental health systems, found that families often do not have basic access to information from their state health agencies and that states pay only "lip-service" to consumer and family focused delivery of services. Similarly, a grounded theory study – that is, a study in which analysts attempt to build theory primarily from the data (see Charmaz 2006) – involving 29 parent caregivers (Miliken 2001) identified that parents often feel disconnected from the mental health practitioners, the legal system and the individual with mental health issues. This negatively affects their levels of stress, their ability to cope and their own health. Further, a study by Ferriter and Huband (2003) involving parents of 22 individuals with mental health issues identified that self-help groups and family members were more helpful sources of support than professional staff.

Perspectives on Housing

Despite the central role that many family members play as primary caregivers for a family member living with mental health issues, there has not been much research done on the perspectives of family members regarding housing options for their family member (Ward-Griffin et al. 2005; Friedrich et al. 1999). A cross-sectional study by Holley et al. (1998), which looked at the perspectives of family members, individuals living with mental health issues and clinical care providers, found that family members and clinical care providers were more likely than individuals living with mental health issues to prefer supportive housing environments in a semi-independent setting. Similarly, a cross-sectional study by Friedrich et al. (1999) found that families preferred housing with 24-hr on-site staff to other housing options.

A study by Hatfield (1992) found that the main barrier to independent living, as perceived by family members, was access to housing. This was primarily due to the lack of availability of adequate and affordable housing. Other barriers were: fear of leaving home, home being too comfortable and a refusal to live with other people living with mental health issues.

In another case, a qualitative study (Ward-Griffin et al. 2005) examined the experiences of families living with a mem-

ber with mental illness. The study highlighted the "vicious cycle" of care-giving that families take on, particularly in response to the perceived inadequacies of the family member's housing situations and the lack of supports from the health care and social service systems. The role of family members included providing support for daily living chores as well as financially supporting the family member with rent, food, and other medical expenses (Ward-Griffin et al. 2005).

Challenges and Barriers

One of the key challenges that the caregivers identified was how to access services, not only at first contact with the medical system but also after continued contact. As one mother indicated:

> *My biggest challenges—well accessing (services) that would help him the most. I didn't know how, should I just let it go? Was it gonna right itself? I needed somebody to talk to, to help me find the right path and to tell me that it was going to take time… accessing the proper help and information to best make him feel that he was contributing. (Mandy)*

Having timely access to services is very important to the whole family. Even health care professionals have experienced difficulty in accessing information about services offered within the health care system:

> *I had a little bit more of an edge because I am a nurse, that's the only reason and I am knowledgeable about the medical possibilities but it doesn't mean I can find them right away… it was learn as you go. There is no hotline you can phone right away. MSS [Manitoba Schizophrenia Society] is a wonderful resource and I wish I would have known about it sooner… and by the time I found out about EPPIS [Early Psychosis Prevention and Intervention Service]… it was too late. (Mandy)*

Compliance of Medication

Another challenge that caregivers face is the non-compliance of their family member in taking their medication. This can affect family stress levels and can also impact access to support services that the family perceives as necessary for them and their family member. As one family member stated:

> *Well we did have EPPIS to start with but then when he wouldn't go… then… they said forget it, if he's not going to be compliant then we'll drop him because there's lots of other people [who need the service]. (Deidre)*

Stigma

Stigma attached to mental health issues places a heavy burden on families. This burden manifests itself in different ways. The caregivers interviewed spoke about feeling alone and how it affected their perception of whom they can trust. As one family member said:

> *Oh stigma impacted a great deal. Who did I tell? Who could I ask? Who could I talk to? (Elli)*

Another way in which stigma affects families is the perceived need for secrecy. As one family member put it:

> *I talked to many, many people, quietly about it—a lot of my nursing colleagues and you know they all said, you have to be there for them and it's like people come out of the woodwork when you tell them something like this and then you soon find so many people with those type of issues and they dealt with it, and they dealt with*

it quietly but I think we need to be a little bit open minded about it, how we provide care for them and just the basic necessities. (Mandy)

Some caregivers experienced stigma within family. Lack of education and ignorance were felt to be reasons behind the reactions of some family members. As a mother stated:

In my family there's such a tremendous amount of ignorance around this illness. They don't understand what it is, they don't want to understand, they have premature attitudes, you know, "I'm scared of you". [My son is] one of the most gentle human beings that walked the face of the earth… but it's in attitudes, and in my family I'm sorry to say it's ignorance. (Elli)

Families respond differently to stigma. One mother spoke about the protective barriers that they taught their son to erect in his social life and at work:

We taught him to have a boundary on the information he gives out to people about the nature of his illness. We taught him to develop almost a cast iron wall… be very, very careful on what you say, who you approach with your illness, what you share. (Elli)

Housing

Another barrier that families face is finding affordable and adequate housing for a family member living with mental health issues. As one family member stated:

When I was looking for a place for my son both of us went there and had a tour of [a group home]. I wouldn't want my son living there and they have people on welfare, they take the whole $700 a month to live there. Is that affordable to people who can't work? (Mandy)

Quality of the available housing was a major issue for family members. As one parent stated:

I have seen housing through PACT [Program for Assertive Community Treatment] people had to live in and there was one man who had to live in a garage, in a heated garage, until he was taken into other housing and these were rooms… where you wouldn't even want your dog to live in. (Elli)

Another parent, after having seen the conditions and location of the Manitoba Housing units, stated that:

Most of the places there they're just dives, half of them and they're always in the shittiest areas of town so I mean, you're not in a decent place. I mean if you're having mental health problems to be in an area like that where you're afraid to go out the door or you know or there's people partying or fighting or doing drugs in the suite above you, or next to you or playing loud music all night and stuff like that, it's not very good. We wouldn't like to live there so I don't think anybody else, especially people with mental health problems. I mean they've got enough to cope with then having a place where you know you don't know what the hell's happening around you, it's either noise or fighting or drugs or whatever. I mean those places you know like the last resort for everybody and from there you go to the street. (George)

Financial

Family members expressed financial concerns about supporting the family member. Many felt that government assistance was not enough to help the family mem-

ber live independently. Financial concern was expressed for families with low incomes and for retired parents that no longer have additional disposable income to help support the family member. As a father explained:

If they [individuals living with mental health issues] don't have somebody looking after them, like the people in our support group, most of them you know are contributing either food or money or you know—I mean we pay for [our son's] cell phone, you know he rented his apartment. It didn't come with cable or nothing, so we had cable installed there so he can watch TV at least you know. So stuff like that we're putting our money out and we're lucky enough to be making enough money to be able to just keep supporting. Our concern will be like when we are retired and on pension, you know when you don't have extra. (George)

Impacts on Families

Families worried that supports will not be in place when they are no longer in a position to be the primary caregiver to their family member. This might be due to financial barriers but more often due to physical capacity to support the family member because of age or death. As two mothers stated:

The only thing I can think of right now is it's affecting us physically, my husband and I—and she phones here everyday. She asks for support, or she phones on good days and bad days, and after I hang up on her I'm always crying 'cause I'm burnt out—I'm just forever crying. You know how can I help her, what will happen when I'm dead and she's there and who's gonna help her. (Elaine)

So there's a lot of issues that enter into the housing problem. You have, like I work with the elderly, you have 80-year old people still providing housing support for their, you know someone with severe schizophrenia and you have you know little people like us, a little more well off, we have to budget in our will for our son, he needs help with money management, he needs help with housing and he needs emotional help with friendship and just being a support to him. I don't know what else to say—this gets me very upset because I don't think society's ready for it and they should damn well be. (Mandy)

Some of the major adjustments that caregivers identified making in providing supportive care to a family member were changes in attitudes and perceptions. These adjustments included the conception of mental illness and the role of individuals within families. Below are three accounts of family members and how they perceived their own processes of attitude change:

I had to adapt the way that I think about being a child, being somebody's child, you know, I had to realize that life isn't always the way that you want it to be and life can still be beautiful with some interruptions. There are many occasions where I've been able to have a choice in life to be optimistic and keep on going in a positive frame of mind or to just say to Hell with it all. I'm glad that I have chosen—'cause it is a choice you know, we don't have to be the product of your experiences. (Alexa)

I had an attitude change… recovery is possible and it's one stepping stone at a time, we need short-term and long-term goals and we are going to accept the fact that this is going to take a life time to recover. (Elli)

Learning to live with somebody that does

have mental illness and you kind of just go on the best you can and you're kind of—it's kind of a roller coaster you know, right now we're thankful for like you know our good times. You know what and I guess you know like you just kind of learn to kind of go with the flow or adapt. (Deidre)

Interactions with the "System"

Families spoke about their interactions with the medical system. Often their first contact with the system was during a crisis. It was often characterized by fear, stress and lack of knowledge. It was important for them to be involved at the onset as they are the primary caregivers. The positive experiences that the family members spoke about were primarily regarding interactions with individuals within the system. As one mother stated:

Your frontline workers are extremely important; it could be your psych nurse in the first psychosis episode who's crucial, who's absolutely crucial and initiating certain procedures like group counselling, family counselling. I'm thinking now of the psych nurse that Jeff had when he first got sick and his first psychiatrist, well the psych nurse on the ward made all the difference in the world. It was—this individual was the least educated and but had an attitude towards family members that was totally exactly what we needed. (Elli)

It was also very important for the system to meet the unique circumstances of the family. As one mother stated:

She had my family, I come from a huge family, she had all of us there, every cousin, uncle, daughter-in-law, in-laws outlaws were there. I think there was 33 of us this huge, huge family group meeting with Jeff at the head of it. He was so sick, the boy could hardly talk but he was there and they listened to us, so with the one social worker we said, this isn't going to work, this isolation thing isn't going to work but with the other one we could actually say, can we meet with you? (Elli)

Some family members spoke about the fight to get involved in the care provided to their family member and that often the individual with mental health issues was looked at in isolation instead of as part of a support network. These issues were spoken about in conflict with the Privacy Act. This was also felt by family members who worked within the health care system, as two mothers stated:

Being a nurse you want to be there for your child and I know how important confidentiality is, but it's also still if you're the main caregiver for this person going through extreme crisis and not being able to deal with reality at the time, the great need to protect, help and assist him should be, I mean… you need to be there for your child and you need to stand up for them, you need to fight for their rights, a decent method of treatment. (Mandy)

I tried to find out information from the hospital with George's signing authority to give me that ability to get information from them so that I could get EI [Employment Insurance] for him and they blocked me. Every time I turned around it was all about the Privacy Act, Privacy Act, Privacy Act. Even though I was working on his behalf and one time even while he's standing right beside me as I asked questions… to get information so I could submit to EI and the nurse actually leaned forward, and I was a nurse manager… and said, you know there's a Privacy Act I cannot give you this information and I said my son is standing beside me, he's giving you his permission. I can't do that, Privacy

Act, so that's what I'm telling you the Privacy Act is used and abused in mental health. (Amelia)

What was Helpful for Families

Support services that are both responsive and appropriate to the needs of the family member living with mental health issues are of critical importance in reducing stress and supporting families. The right kinds of housing support services for an individual living with mental health issues can have benefits for the families of the individual as well. As a parent explained:

Mothers do as well as their children do. If you're (a) parent, if you have a good week, I have a good week. I try not to get on the same roller coaster ride as he is, I try to step back and let him go for the ride once in a while and eventually he gets off and he comes down you know, but when Jeff is supported with housing, education, it just filters right up to family. (Elli)

Non-profit organizations and self-help groups were often the key supports that helped family members to deal with the mental health issues of their family member. They provided information, contacts, and education about the illness. Critically, they provided a venue for families to grieve, recover and grow. Two caregivers expressed the impact that these organizations had on their care-giving experience:

[They provide] an environment for grieving, an environment for crisis response, because you are in crisis when it hits. At the first onset, first psychosis, everybody goes in crisis, family members, everybody. You see this person in front of you disintegrate and fall to their knees and you do too… immediately you have a feeling of belonging, you share the same grief. When you share the same grief and you grieve together and recover in different stages you never lose the feeling of kinship with these people, they become… an endless source of inspiration. (Elli)

I think it's the little things that count, if you start a group and you build up towards the greater understanding, it's the willingness to share and meet the challenge because when you share a burden, sometimes you can also share the positive results and we have to be less negative about it. (Mandy)

Caregivers also expressed the key role that non-profit and self-help groups play in reducing stigma and supporting parents. As one mother stated:

The most help have been help in organizations like this (non-profit organizations) who have not treated him like he was a leper and treated him with friendship and willingness to talk to him as another fellow human being. Like when people get physically sick it's okay, if you have a heart attack you're sent to hospital, but if you get depressed after your heart attack you can be treated, but if you have a mental health issue why can't you still be treated like any other normal human being rather than ostracized. I don't understand it—the body is a whole being, the body, mind and spirit why can we not deal with the mind too as an important integral part of the whole person. (Mandy)

Housing Preferences

Family members spoke about the housing preferences for people living with mental health issues in terms of values rather than housing models. Some of the caregivers spoke about the "ghettoization" of individuals living

with mental health issues. One family member put it this way:

> *I don't believe in group homes, I'd never put my son in a group home. It's like putting somebody in prison with all the people and the same issues, and the same problems. (Mandy)*

A mother commented on the importance of integration within the community for the mental health of her son:

> *He's actually associating with people, that's what I think. You know when you're sitting in a room all by yourself day in and day out, I mean that's enough to drive anybody to drugs or drink or whatever, I mean sitting in a bloody room looking at a TV set that sometimes talked to you, so I think you know when he moved out there on Stradbrook he just kind of met a few people and he kind of walked around the area, he used to ride his bike around there. (Deidre)*

The notions of "ghettoization", isolation and integration were also very closely linked with the location of housing for people living with mental health issues. It was strongly felt that people living with mental health issues should have the ability to live in the community of their choice. As one caregiver simply put it:

> *Just because you have mental health issues, you shouldn't have to live downtown. (Jess)*

A mother expressed the importance of the values of independence, choice and community in this way:

> *I do believe [in] independent [housing]—one person per apartment because of the nature of the illness itself. The second most important quality is to [have] the individual [in his] home community. That's not [based on] how I define home community but how the individual sees himself in his surrounding environment. Maybe he's got some school friends who still live there, still go to the same church, he could feel that way because he grew up in that area for 27 years, it has to be his concept, his subjective concept of what is home community [is]. Therefore it will be safe and [so] the government obligation [should be] to provide affordable [housing]. Government [should] supervise the quality and affordability. (Amelia)*

V) Key Informants

This section will explore some of the critical issues facing Winnipeg's mental health and housing sector from the perspective of those who work within the system. Because housing plays such an integral role in the quality of life of all people and especially for individuals living with mental health issues, it does have an impact on all those who play an important role in aiding people living with mental health issues in their unique processes of recovery. As such, it is important to cast a wide net and include the perspectives of as diverse a variety of different players as possible to ensure that the unique perspectives of the different parts of the "system" are included. This report has a broad representation of the different segments of the mental health system, including: peer support groups, profit and non-profit housing providers, government representatives, and staff from the various units of the Winnipeg Regional Health Authority (WRHA) Community Mental Health Program.

The interviews explored participants' perceptions of the strengths and weaknesses of the mental health and housing system. They also discussed the issue of the system working in 'silos' and how this impacts the ability to integrate its parts to better meet the needs of the individuals served. The key informants also discussed the challenges and opportunities of empowering individuals within the system.

Strengths

When asked about the strengths of the mental health and housing system in Winnipeg many of the respondents either didn't think that there was a cohesive system in place or that a "system" itself didn't exist. Specifically from the perspective of non-profit organizations that provide support services to people living with mental health issues, there was a feeling that the current housing system was not providing people living with mental health issues with much support or many housing options. Though likely over-estimating provision for some people living with mental illness, one key informant explained:

> *Strengths? I'm pretty jaded. I don't really see any strengths. At least you have a place to live. It might be lousy, but at least you've got a roof over your head. That's about the only strength I can see. (k16)*

Housing providers primarily identified the housing support services as the strongest component of the mental health and housing system in Winnipeg. The Program for Assertive Community Treatment (PACT) and the Housing Support Program were specifically identified as having a high quality of service. A key informant working for an organization with a formal relationship with the Housing Support Program identified that:

> *The housing support program… they're housing hundreds of people successfully who they would not have been able to house, there would be have been crises and there would've been landlords who would have been refusing applications so this program—funding for this program is absolutely essential to ensure these people live independently and with dignity in the community. (k29)*

It was noted that these programs, by

working in collaboration with landlords, help to reduce stigma associated with housing people living with mental health issues. Landlords identified that having appropriate and responsive support services in place are the key factors that they need to house people living with mental health issues in the community successfully.

Likewise, key informants from governmental organizations and departments highlighted the partnerships that these programs have made in recent years with community-based non-profit organizations and between government departments as having a positive effect on the housing situation of people living with mental health issues. As a key informant who helps to find housing for people living with mental health issues explained:

> *Well, I think there isn't a lot of housing available at the onset. We were fortunate enough that we were able to partner with Manitoba Housing and SAM. So we formed some good partnerships there, which made that a little bit easier. (k23)*

Weaknesses

The key informants identified the lack of housing supply and the inadequate social assistance rates as the primary weaknesses of the mental health and housing system. Other significant challenges identified were poor quality housing, the geographic location of housing and Manitoba Housing.

Housing Supply

It was expressed that the tight housing market combined with high rents relative to the social assistance rate has reduced the housing options available for people living with mental health issues. A key informant, describing how the lack of housing impacts people living with mental health issues, explained:

> *I think housing supply is a huge issue. The vacancy rate right now in Winnipeg is about 1.3, 1.4%, which certainly means that our clients are competing with many other individuals for very few vacancies. The challenge for many of the clients that we're representing—not all of them, but many of them—is that because they're on fixed income, they don't have the flexibility of affording another $50 or $100 a month. I think they're challenged by the vacancy rate, by the economics that they're faced with. So there's the issue of supply. I would say the other challenge tied in with economics is that in most of the cases, the affordable rental housing is in areas of the city that a number of mental health clients do not choose to live or our clients would be disconnected and further way from their family. (k1)*

The result is that individuals often end up in poor housing situations or housing options of last resort such as single-room occupancy hotels, rooming houses, room and boards situations and group homes. As a key informant explained:

> *There's not enough housing. Some of them just wind up in boarding room places and rundown places where they're not really kept well. It's hard for them to find places sometimes at a decent and affordable rate. (k15)*

One of the ways by which key informants have experienced the lack of housing supply occurs when they try to help find housing for people living with mental health issues. Both community-based non-profit organizations and government organizations are facing similar challenges. Ultimately, this results in a

lack of choice for the individual. As a result many lose control over their housing situation and tend to end up in bad housing situations that often lead them to seek respite care services, such as Seneca House or the crisis stabilization units. A key informant who works with the crisis stabilization units put the difficulty of finding appropriate short-term housing for those who are in a precarious housing situation this way:

> *Certainly housing is a huge issue for the clients that we service. I know it's a big issue for everybody… one of the big challenges that we face, is when someone is coming to our crisis units who has no fixed address or has trouble holding on to housing for long periods of time, or simply can't access housing, the options that we have to present to them in the short term are often very limited. Certainly not options that everyone is comfortable with. Certainly the emergency shelters have a place and they are very valuable resources, but for an individual who just spent 6 to 8 days in a crisis unit, in mental health crisis, to have to go to the Booth Centre Men's Residence and stay in the hostel with 20 other men in a room, it often exacerbates things for them and is not a comfortable situation. We do experience a lot of people that outright refuse to go to some of the places that are available because they are just not comfortable there. I would argue that it means that people are returning to the street. (k3)*

Social Assistance Rates

There was a general consensus among those interviewed that the social assistance rates are insufficient to provide people living with mental health issues with the ability to find decent and secure housing. Effectively, social assistance rates do not provide people living with mental health issues the ability to gain access to most of the private rental market. A key informant that helps access housing indicated:

> *Certainly the rates that people are getting. It's $316. It's very difficult to get good quality housing. You're pretty much restricted, the private market is off the books because there's very few good quality housing that you can get for that amount. (k23)*

Many of the key informants indicated that the inadequate social assistance rates further exacerbate the housing pressure created by low vacancy rates in the private rental market. A key informant who works for a non-profit organization described her experience in helping people with their housing goals:

> *You cringe when you find out they have a housing goal… because of the fact that it's so hard to find affordable housing for someone who's on Social Assistance Disability. We know that the options are so limited for housing as well. (k27)*

Social Assistance Rates from Housing Providers' Perspective

Profit and non-profit organizations that provide housing for people living with mental health issues identified that the current social assistance rates make it difficult for them to provide housing for this population. This hinders the ability of organizations to create partnerships with the private and non-profit sector, hurts the feasibility of potential projects and undermines the viability of existing housing.

The social assistance rate has been consistently far below rental market value, which makes the development of hous-

ing initiatives without additional government support impossible. A key informant described the problem of creating partnerships with housing providers in the private market:

> *Looking at developing partnerships with people in the private market… there isn't even that potential at this time because there's no incentive in place for builders and landlords to even incorporate quality subsidized housing into their building(s). (k19)*

Adding to this difficulty is that construction costs and utilities have been increasing in recent years, which have made the viability of housing individuals on social assistance without additional subsidies an increasing challenging. A key informant described some of the difficulties in building housing in Winnipeg:

> *Costs in construction go up almost monthly with our economic factors in Winnipeg right now. Winnipeg's in a boom. Contractors, employees, materials, they're not constant anymore. They change monthly. So everything changes. (k8)*

The pocket suites in the west end of Winnipeg were identified as an example of a project that could not provide housing at the social assistance rate. Additional government subsidies were needed to help bridge the gap between the market rate and the social assistance rate. A key informant also spoke about the economic difficulties in buying and managing rooming houses in the inner-city:

> *There's not many that are managing rooming houses… because it's so difficult to make ends meet… It's economically very difficult and it's hard to manage. The rents are less and the tenancy has been or the view has been there of rooming housings as being more geared to some of the harder-to-house, which requires an increase in management. So just having housing by itself is not enough and for us it would not be enough. We would want to have support services in some way provided by another party or by ourselves and that demands a certain volume of units with the majority of cases showing it economically feasible to have an organization. To have a management organization like that you'd need 100 units as a minimum. So to get into it on a small scale and work your way up is costly and takes time. (k13)*

The above examples demonstrate the difficulty experienced by key informants in housing people on social assistance rates that do not reflect the true costs of providing housing. A room and board manager also spoke of the difficulties in providing good quality housing and meals, while also ensuring the physical upkeep of the building from the social assistance rates that individuals living with mental health issues receive:

> *It costs an awful lot to run this facility. You've got to heat the whole thing. You've got to provide the water for the whole thing, electricity. And then there's the maintenance of it. Purchasing the groceries is a nightmare these days because you know everything's going up. Just providing essential services is a nightmare because of the cost of those services. It just doesn't seem to stop. It's up and up and up every time we turn around, everything increases. We rely solely on room and board payment to pay the wages, every single thing. We have been fortunate to receive a few grants in the past (from foundations) to help us with some very major replacements: hot water heaters, the boiler… Those are essential things for the operation of this building and without them, you'd have 80-some people*

homeless because we couldn't operate the building without them. (k10)

Housing Quality

The options that are available to most people living with mental health issues are characterized by substandard housing, located in unsafe neighbourhoods and inadequate to meet their needs. The result is that many people living with mental health issues find themselves with precarious and stressful housing, increased hospitalization rates and a lack of dignity. A key informant described the housing available for people living with mental issues this way:

You can't say that there isn't any type of housing for mental health, but at the same time, what is there is just totally inadequate. A lot of these places that have housing for people with mental health issues are dilapidated piles of crap housing. That's a simple way of putting it. We've seen some of that housing and there has been huge issues with a lot of that housing. (k12)

Another key informant explained how the lack of quality housing affects the people living with mental health issues that he works with:

I know because I hear about it. Guys complain about the situation that they're in. Guys who agreed to wear a jacket and sleep in a sleeping bag underneath their blankets in the winter because their apartment is too cold and their landlord won't turn up the heat. I hear about that the next day. I didn't sleep very well last night because it was 9 degrees in my apartment. (k16)

Bed bugs have been a significant issue in the private rental market and have become increasingly a significant issue within Manitoba Housing buildings. A key informant described the impact on individuals who live in the units:

People who live at Manitoba Public Housing on [address], every two months they have to pack everything up that they own, put it in a box because of the bedbugs. Every two months they have to do that and they can't move out. They can't move to another Manitoba Public Housing because they don't want the bedbugs to get transferred to that place. (k16)

It was also expressed that a lack of quality food negatively affects the quality of life of individuals in group homes and room and board housing. It was felt that the rise in food prices would exacerbate this problem. A key informant described her experience with the quality of housing that she encountered in group homes:

There are some group homes that we know the quality of food that they serve is not very good. There's one group home that we know that doesn't really supply toilet rolls… and milk and fresh fruit. (We) always get complaints, (that) they don't have any fresh fruit, or there (is) too many tinned stuff. (k15)

Geography of Housing

Key informants indicated that the suburbs of Winnipeg present a different set of challenges for people living with mental health issues. The barriers in gaining access to the suburbs include: the tight rental market, lack of rental units and housing options and being financially priced out of the market. The impact is that it removes the choice in the type of housing and community where individuals can live. Additionally, the support services of the system are also not

geared to help support the individuals who do live in the suburbs, which raises issues of accessibility.

Two key informants described the difficulty in finding housing in the suburbs this way:

> *In this area, you can't get housing. There's not a lot of variety. You're either going to live in a house or you're going to live in an apartment that's way too expensive for EIA. So in that case when somebody's spending all of their money on rent and they just can't sustain that anymore, then I refer to housing and they invariably end up either in Manitoba Housing in this area because somehow they can skip the list. They can get someone in ahead of this waiting list that they have, or they move then downtown or to another area where it's cheaper. (k31)*

> *[A] subsidy would be nice. If people have more money to work with then you could access the private market, but there was a percentage of our folks who really wanted the south-end of the city. They'd grown up there. Housing in that area is more expensive than say downtown. There's not a lot of vacancy rate and in regard to Manitoba Housing and SAM (Management), there aren't as many (housing) groups there, so that area's a little bit harder to get into. (k23)*

A key informant described some of the effects that the inability to again access to decent and affordable housing has on individuals and specifically on women and single parents:

> *Often they're [in] Manitoba Housing or paying a lot of money for rent. A lot of money, using up all of [their] food budget. [It's] not uncommon for women especially, and single parents, I've noticed a number that I've had. If they're not willing to live in Manitoba Housing, if they won't go there with their kids, then they end up in private [housing] out here somewhere and they're spending all of their money on rent. All of it. Both of the women that I have in mind now that are doing this have hooked up with men that are not… I think for convenience. The men helped them out financially with buying groceries, but maybe don't treat them as well as they should be treated and they end up in these catch-22 where the boyfriend would be great. He brings home groceries and comes over and maybe helps pay the Hydro or whatever so it's not cut-off and then they're caught until they can get into more affordable housing. In the last two years I know women that have been in that and the only way they can get out of the relationship was to get out of the housing. (k31)*

A key informant that works with people in the suburbs described the barriers to support services:

> *When you come out here, there's not a lot of service and that's what I'm realizing now more in the suburbs more than anything is the folks that are out here, they may not have immediate basic needs, but they're also still impoverished. They have no money, they're on EIA, and they're way out, sometimes it's three buses that would take them 1½ hours to get to the programming that they might benefit from downtown. Almost all the services for mental health resources and services are downtown and transportation's a huge issue being out here. They're just not going or they try to go and it's been such a hassle that they don't go. They've tried and they don't. There are a few that go that make the journey, but very few. (k31)*

Continuity of care in formal support services can also be affected by individuals

who moved from the suburbs to the inner city. Individuals who move to another part of the city are required to change their mental health worker, but long wait lists and high caseloads of workers can often prevent a smooth transition. As a consequence, individuals are often left with little or no support. Even when non-transferring policies are put into place, quality of care suffers due to a combination of distances that the workers have to travel and their high caseloads. A key informant describing the issue, explained:

> *The service that you provide for them is compromised. There's no doubt about it because it cuts into your time. I wouldn't see someone once a week if I transferred them out of area even if they needed it. I couldn't do it. Sometimes here, when people are stable and everything's going hunky-dory, you see them about once a month… When things are not so good, it might be once a week. It might be more than that for short periods of time when things are not good. If they're out of area though that puts a whole new spin on what kind of service you can provide for them because they just can't pop into the office. You can't just drive five minutes and see them. You've got to go 30 minutes downtown, 30 minutes back, try to factor that all into your day. (k31)*

That key informant also spoke about how the frequency of the working relationship with non-profit organizations has changed now that they work in the suburbs. They described the relationship regarding cooperation and problem solving around common clients this way:

> *That (cooperation) doesn't happen as often in the suburbs as it did downtown, but I don't know if that's a function of us being so far away or the fact that… I'm not sure why that is, but I don't use them as much or use them in that way as much as I used to. (k31)*

Manitoba Housing

Many key informants expressed concerns about the appropriateness of housing people living with mental health issues in Manitoba Housing units. The issues raised included: lack of support services for individuals, location of the units, suitability of large buildings, lack of safety, quality of life within units, a lack of housing choice and the impacts of these issues on the mental health of the individual.

A key informant spoke of the difficulties that Manitoba Housing faces in helping people living with mental health issues live independently and successfully in their larger buildings:

> *Our buildings are inundated with people with… mental illness. It is very challenging for us in this large building with little on-site supports to… help people live independently. It's a huge challenge. Our buildings are so large people tend to get lost… I don't think people have great success in large buildings. I think there is much greater success in 30 unit smaller places, where you have on-site caretakers, available 24/7… it is very hard to do that in large buildings in the core area and the North End when you're dealing with other social issues that are going on. It's challenging… there is a part of me that really doesn't feel that these larger buildings are the best place for folks to be going in their varying stages of recovery. (k2)*

The location of the Manitoba Housing units and the amount of people they house were identified as issues that have a negative impact on the mental health

of people living with mental health issues. Many key informants spoke about safety and quality of life issues. These were mostly expressed in terms of drug dealing and gang activity in the buildings in the inner city and the North End. As two key informants said:

> *There's just not enough housing and people with mental illness face challenges (of) finding housing somewhere that's not going to affect their mental health. A lot of people with mental illness live in Manitoba Housing blocks…but the Manitoba Housing blocks themselves, (are) not a healthy environment for the average person, (and) it's not a healthy environment for someone with mental illness. They're known as crack dens and party places and stuff like that. (k26)*

> *The landlord cited by community groups most often as being the worst landlord is Manitoba Housing. Now, why is that? Well, it's because you've got one person on the ground floor suite that sweeps the hallways and basically stays out of the way of the gangs or whoever it is that's causing trouble because they don't have control of the building. Now that's the condition that affects everybody. Add to that, if you are the tenant who also has a medical or mental health condition. So anything that's good housing for the general population is usually effective for people with mental health conditions. Think of how it would affect you or me to have all of the difficulties of… that housing condition. (k30)*

Key informants identified the quality of the buildings and the units as a major issue that affects the quality of life and mental health of the individuals that live in the buildings. As one key informant explained:

> *It's just the upkeep of the place. The walls are leaking. There's paint coming off. The pillar in the basement was so sideways that I thought this place could cave in anytime and here it is public housing. It's parquet flooring and it's all coming up and out. She's got a one-year old toddler who's always picking at the floor and wrecking it more. It's safety issues. So if they don't have the economic part to deal with in terms of high rent, then they've got slum landlords. Not only slum landlords private, but Manitoba Housing has really become quite the place to live in. (k31)*

It was also said that Manitoba Housing can be disempowering to the individuals who live in the units. This happens by limiting choice of where individuals can live in the city. A key informant who has clients in Manitoba Housing units explained:

> *Somebody's in a Manitoba Housing block and they're so dissatisfied with the service and they want to move out and they want to transfer out. So that's a huge problem in terms of you can't transfer from Manitoba Housing. They don't want people ever to move from one place to another place to another neighbourhood because then they'd have people just floating all around. But it limits people's personal choices to such an extent that they can't… No one can tell you that you couldn't live somewhere else for the same amount of rent, except Manitoba Housing does. Personal choice is really not that well received. (k31)*

Housing Preferences and Gaps

Two broad principles emerged in the interviews with key informants that should guide the mental health and housing system. First, that housing should be mixed and integrated in order to avoid situations where people living with men-

tal health issues are "ghettoized" and stigmatized. Second, that housing should be appropriate for the needs of the individual depending on their unique process of recovery. This reflects a need for a variety of housing options.

The key informants expressed a need to address some of the housing gaps that exist for people living with mental health issues. The biggest gap identified is the lack of "normalized housing". This is housing where people can live independently accessing the services they want at the intensity that they want. Key informants valued the current shift from supportive housing, in which occupancy depends on the acceptance of mental health services, and supported housing, in which housing and services are delinked. Many expressed a need for a portable housing subsidy, which is attached to the individual and not to the housing. A key informant stated the importance of such a subsidy in helping people living with mental health issues in securing the housing of their choice:

> *I certainly think the trend is towards supported instead of supportive housing. I really think that's the way things need to go. I think that services and supports need to be attached to people, not buildings. What I really like about the trend happening is even though we are not able to destroy the old system and start fresh because we don't have the resources to do that, we still have some warehousing of mental health clients in the community, which is not something that I support, but I realize is a reality. I think we're moving in the right direction. I think the right direction is normalizing things for people and giving people the right supports so that they can move into an apartment block that you or I can live in, and making sure that financially the subsidies are in place for that. I like the idea of choose, get, keep model. People get choice in their housing. As a result they get their housing and keep their house long-term. All that's about the supports that are put in place to make that happen… integration and like I said supported instead of supportive. (k3)*

Another key informant explained how a portable subsidy would help with continuity of care:

> *One of the biggest things I see our clients do is they build a relationship (with staff) and they don't want to have to transfer that to someone else. They've got a therapeutic relationship with someone. They'd love to be able to keep that person. In the Forensic system, they're lucky enough, there's three or four proctors that are dedicated forensic proctors. So they actually get to keep the same proctors wherever they move and if that could be extended into the housing situation for other mental health consumers, that would be ideal because that's where it can get familiar in what works and what doesn't work in the way they relate and what the person needs to learn. (k24)*

A key informant described the difficulties of government in moving towards a supported housing model:

> *We don't have the funding mechanisms within current government policy that allows for support services to be flexible enough or responsible enough to meet the more severe and persistent needs. But it absolutely is the direction that government needs to go in to ensure that housing and support services are tailored to the needs of individuals and that they are integrated in community settings and allow for mental health consumers to have regular tenancy type situations. (k6)*

Key informants indicated that additional supportive housing options were necessary to provide for a variety of housing options for individuals that need greater structure and support services to help transition them into more independent living. However, these housing options need to meet the needs of the individual and be integrated into the community. As a key informant explained:

> *I do believe that it is an option for those individuals who do not want to live alone. (Individuals) that prefer to live with others in an environment that provides them 24-hour on-site support services. I think that needs to be within a continuum of housing options. I think there is an over reliance in the supportive housing model of warehousing people and it plays into the stigma attached with mental health and NIMBY-ism in communities. So I think if supportive housing is to be pursued it needs to be done in an integrated manner, where it is limited number of small-scale units spread throughout the city and not basically the co-location of mental health issues into a large structure. It then starts to take on institutional connotations. (k6)*

They also commented on the need for a variety of housing options that can meet the needs of individuals with special needs. It was indicated that there was a lack of abstinent (no substance use allowed), damp (some use permitted) and wet (unrestricted) housing options in Winnipeg for individuals who have co-occurring disorders. A key informant who works with people who have co-occurring disorders, spoke about the difficulty in providing supports to that population because of the lack of housing options for them:

> *There's a reliance on abstinence from substances [in the system] and people get [like this] and they return to prison or the hospital when they substance use. Not that I condone substance use, but we recognize that's part of recovery, that it may occur. So there's no ability in the system to allow for harm reduction. So we necessarily have to be an abstinence-based organization because of the groups we service. That can be a real challenge for the organization. (k24)*

Some key informants indicated that the services currently in place that are supposed to support the needs of people living with mental health issues are not designed to serve the homeless. A key informant who works with this population described the difficulties within the system to address their particular situation:

> *In order to get into the system, e.g., to be able to get a mental health worker, you have to be able to phone and then to phone back. So getting those people who don't have a phone are hard to access. Then they have to go on a waiting list and it could be months and months and months. There's just lots of different barriers. There's crisis response teams, Crisis Mobilization Unit, but that's designed to be a very short-term relationship. I'm just feeling like we're people providing primary care and none of our physicians or myself have a background in psychiatric health. We're limited in what we can do, yet we are providing and managing psychiatric medications on a daily basis. Trying to sort through all that stuff and to refer to a psychiatrist takes months and months and months… Even just finding psychiatrists who like working with this population (is hard), it takes a lot of time. (k21)*

This key informant continued to explain the importance of choice and community for people who are chronically homeless

with a story of an individual with whom she works:

> *Home Care has tried a few ways to get him to stay in a Manitoba Housing block where he could receive the kind of physical care he needs, but he doesn't want to stay there. He wants to stay in not so great downtown hotels because that's where his friends are. That's where he feels comfortable. Unfortunately, he can't receive the kind of services he needs there. So you just see the determination of people that they want to have the right to make that decision, but it's not all about services you get, it's about who's around you. It's about feeling safe. It's more than just a physical safety, but feeling connected to people. So you can have all the services you want, but people may not choose to stay there because they don't feel connected and they don't feel like that's a home for them. So home's far more than a roof over your head. It's all about connection, family or friends, or having your belongings around you, or coming and going as you please and doing the things you want to do. So I think that both those things are really important. Having services that are really, really accessible, but yet giving people the option of where they want to live. (k21)*

One of the ways in which this lack of housing supply and housing options, identified by most of the key informants, affects people living with mental health issues is acutely felt when they transition from the hospital setting to the community. A key informant who helps people find housing after being discharged from the hospital system best describes the challenges:

> *The ongoing challenge in working with and supporting the hospital system… we recognize that hospitals have a challenge to discharge patients as soon as their treatment has been satisfied and as long as they don't require hospitalization anymore, then they're ready for discharge. We also recognize that that allows for entry points for other people who need to be in hospital. When those discharges don't happen in a timely fashion, it backs up the hospital system. The challenge for us in community is that often when we're called upon to respond to those hospital referrals, the timelines that hospitals are under and the timelines that we're under are very emergent. For example, the hospitals may want to refer to a group home or to a community housing option or they may want to work with us to find an apartment, let's say in a Manitoba Housing building for a client, but that's not going to happen in a day. That's not going to happen in two days. One of the significant challenges is the community system working with the hospital and visa versa. If the hospital is working with the community in a way that supports timely discharge, because we would both agree it doesn't make sense to have people held up in hospital for an inordinate amount of time because community housing options aren't available or are not able to be orchestrated in a timely fashion. At the same time, it's a significant challenge for the community to be able to respond to those kinds of demands where the patient is being discharged tomorrow and what options do you have available for them tomorrow. That, I think, the system is still trying to wrestle through and respond to. I think we may be getting better at it, but I think that resources are a huge issue. (k1)*

The problem of transitioning people from the hospital setting to the community highlights the importance of working relationships between organizations to

problem solve issues that arise in order to meet the needs of people living with mental health issues.

Silos

Communication and coordination among service providers were identified by the vast majority of the key informants as vital elements for the effective functioning of the system and for its responsiveness to individuals that rely on its services. The lack of coordination between housing and health services has been identified in other jurisdictions (Thomas and McCormack 1999; NAMI 2006) as key barriers to successfully housing people living with mental health issues. Additionally, the fragmentation of services negatively affects service delivery (Rosenheck et al. 1998; O'Malley and Croucher 2005). The study by Rosenheck et al. (1998) looking at housing the homeless identified that integrated service systems have better access to services and better outcomes for the individual especially regarding continuity of care and access to housing for the homeless.

The success of communication and coordination among service providers is reflected in the partnerships made between organizations. The partnerships between housing providers and support services are crucial to the supported housing model (Walker and Seasons 2002). These partnerships take on greater importance in a tight housing market where there is a lack of housing supply (ibid). Formal partnerships allow for a greater continuity of service delivery and ensure the longevity of those partnerships whereas, informal partnerships are difficult to maintain and are too dependent on individual relationships (ibid).

Between Government and Community

Many key informants from non-profit organizations expressed that there was a lack of cooperation and integration between government organizations and community based non-profit organizations. Two key informants describing the silos in the system stated:

> *I think there is still silos in the system, where people do not talk to each other. Turf protection, people protecting their own turf, is still a reality out there. Again, I don't think it's as strong as in the past, but I still think there is some realities like that… I don't think the community is engaged as much as it needs to be in making some of these things happen. Speaking as someone who lives in suburbia, if I wasn't working in the system, I'm not sure I'd be aware of what a lot of these issues are, because my head would still be in the sand. I think the key is to focus on community engagement and partnerships. The fact is, in today's reality, at least in Winnipeg and Manitoba, no one entity is going to have all the resources to make this happen. It is going to require partnership and collaboration, not just cooperation, collaboration to make it happen. I think the way to do that is to engage the community in a bigger way. (k3)*

> *It's all about breaking down the silos within all organizations. It's all one great big happy funding pot, that everybody seems to be putting their dollars for and hold on too tightly. If we were to follow the direction that I hope we're going to be going in Housing First. Then we're looking at wrap around services… Front line staff have always developed their informal relationships with people. That needs to be filtered up at the powers to be. Where the folks in the policy end of the making of decisions. (k2)*

Most of the interactions that take place between government organizations and community-based non-profit organizations have been through informal referrals and presentations made to staff. One of the strengths identified by key informants is the way that the Mental Health and Housing Support Program of the WRHA has been able to break down silos by creating partnerships and successful relationships with profit and non-profit organizations. As one key informant, whose organization has entered into a formal agreement with the Housing Support Program, commented regarding the success of that partnership:

> *We started out on the right foot and the reality of it was at the end of the day, if there were any issues we couldn't manage, all you had to do was pick up the phone and phone the Housing Support Program and they would be there immediately, and it was for simple things… when you have that kind of support it's nothing but success. (k29)*

For housing providers, responsiveness was central to the success of these kinds of partnerships. Without the proper supports in place in a supported housing model the longevity and success of the program will be undermined.

However, some key informants indicated that barriers still exist in the form of eligibility criteria. A key informant indicated that despite the success of the program, barriers between the non-profit community and government still exist:

> *You want housing, but you can't access this program within the WRHA because the only door in is through the community mental health worker. (k5)*

This lack of integration between the more "formal" mental health system and the "informal" mental health system has been a source of frustration.

Some key informants have indicated that the integration of support services happens more frequently in rural regional health authorities than in Winnipeg. In some cases peer support groups share facility space, take the same training and are invited to meetings with RHA staff. One key informant stated that:

> *We're meeting with them (Interlake Regional Health Authority) to try and streamline services. So in other words, they've gone ahead and hired an intake worker that is very aware of all the groups that are in the Interlake, all the different programs and they can refer directly to these programs by talking with the person on the phone. In doing that, it streamlines it. At the same time, they have mental health workers that do some programs in the communities. At the same time, we've gotten together on that and have a calendar so that we can cover more of an area. (k12)*

Many key informants said that good relations between government-based organizations and non-profit community-based organizations are critical to ensure the success of current projects and the potential creation of future projects. A key informant working for MHRC spoke about the importance of cooperation and coordination between government and non-government organizations in meeting the housing needs of people living with mental health issues:

> *I think there needs to be significantly more coordination. There is room for more coordination between the provision of more physical assets and the requirement to support the individual living in the commu-*

nity. The latter piece we are not equipped to do, which does not mean that we don't do it, our property managers and caretakers in our buildings are often called upon to intervene when a person with a mental health issue requires some supports. They are however not equipped to do it, it's not appropriate for them to do it. There needs to be a much fuller development of that relationship. Certainly there is plenty of room for new and increased partnerships with organizations, particularly trying to foster partnerships between housing providers and service agencies. Service agencies may know the needs of their client population, but they don't know beans about how to develop housing. Housing developers may know very well how to develop housing, but don't know very much about the support needs of person with mental health issues. That partnership needs to come together. You're talking about a tripartite partnership, the housing developer, the service agencies that would provide the support services and government. Those partnerships are there, there are examples of them, but they have not been developed in a focused and deliberate manner guided by policy as of yet. (k7)

It was also indicated by some key informants that there was a need to continue to educate each other about the services offered within the system. As one key informant stated:

I've always felt that service navigation was a big issue in the Winnipeg Region. I think a lot of times that it is not about services not being available but it's about what our knowledge of the services that are available and how to access those services. That's why we've moved our staff to take on the philosophy of being a service navigator for people, because we do get people calling our crisis lines at both mobile crisis and the crisis units and really they are not calling because they need to come into the unit or to need the team to come out, really they are calling about where to call next to access housing resources or what have you. I really would like to see some resources added in the area of system navigation. I know that the CMHA certainly has always taken on a small piece of that role, but I think it needs to be broader than that and more resources added to it. I really believe that navigation is a roadblock for people. (k3)

Key informants indicated that education about services would help people living with mental health issues navigate the system and get referred to the appropriate support services. Ultimately a more streamlined systems would help people living with mental health issues to live independently in the community.

A new government initiative is looking at breaking down the silos between the various parts of the mental health and housing systems to provide a more integrated approach to provide housing which looks at housing provision with supports. As a key informant stated regarding the focus of the Cross Department Coordination Initiative between the departments of Health and Family Services and Housing:

Around mental health housing, instead of it being housing, which has tended to pursue the bricks and mortar or the capital investment side of housing development, we work with them in conjunction with the mental health branch in the health department to really try and develop all the mental health housing policies that they are informed by both departments. No one department works in isolation, we're a mechanism that brings both departments together. So instead of it being just about buildings and

then separately just about support services, we actually develop policies and programs that tie the two together. So for example, you don't see us just talk about support services being community mental health workers, we also look at what are relationships with sponsor agencies, other types of health care providers, health agencies. It's basically trying to bring the world of government and community together with consumers and families to develop policies that will have a bit more of an effective impact on health outcomes through using housing as a determinant of health. (k6)

Intra-community

Key informants indicated that the relationships between non-profit community based organizations are mainly informal in nature. Referring individuals between organizations is the most common form of this type of informal interaction. The reasons indicated for a lack of formal cooperation between organizations was a lack of staff time, and a desire not to duplicate services that other organizations were doing.

A key informant indicated that historically the non-profit organizations and peer support groups have been divided on issues. The result of this lack of community cohesion is that they have not been successful at clearly advocating to government what are the needs of individuals living with mental health issues. As that key informant explained:

We need to speak in one voice. We need everybody to come to the table to speak as one voice. (k9)

A key informant in government explained the division within non-profit community-based organizations on housing policy:

We get mixed messages from the different groups. Some want housing specifically for persons with mental illness. Others say that they don't want to live in a building that's all the same people; they want to be in (a) mixed environment. It is hard to identify a model that is going to work the best. (k4)

VI) Discussion

As described in the Analysis section above, the study was not designed to provide generalizations. Instead, it was planned to enable us to wrest insights from a qualitative analysis of particular experiences, anticipating that these will prove useful to people living with mental illness, caregivers, health care professionals, policy makers, and all those who work in or have involvement with this field. The voices of the wide array of interview participants included within this report will hopefully provide an insight into some of the challenges and opportunities around housing and supports for people living with mental health issues. In particular, this report hopes to portray, in their own voices, the attempts of people living with mental health issues at improving their quality of life with the support of or with resistance to the ways that mediating factors influence their lives. As such, it is the intention of the report to raise key themes on possible alterations to policies and practices that arise from the analysis of the interviews, and to provide suggestions for priority areas towards which further research and advocacy could be directed.

Key Themes and Priority Areas

The underlining theme throughout the report is the importance of providing a diversity of alternatives in housing and supports so that people can gain access to them, to the extent possible, according to their requirements. In particular:

Resource Base

- While it is widely understood that bases of support must be developed in order to enable people living with mental illness to live fulfilling lives, the actual operation of factors mediating between people living with mental illness and social systems in many instances is not supportive.
- Understanding the forms that stigma takes and the various expressions of discrimination is a prerequisite to developing more supportive policy and practice.

Housing

- Housing policies should provide the opportunities to people living with mental health issues for accessing housing in different parts of the city to allow people to live in their own communities.
- Housing policies should provide the ability to access different kinds of living arrangements by providing a range of housing options.
- A diverse network of organizations and individuals strives to provide housing options for people living with mental illness. Greater understanding within the network of the style of work and the contribution of each of these constituents could empower the network in its common interests of securing resources and providing housing.
- Financial supports through social assistance rates need to bridge the gap to the market rate to help people living with mental health issues access the diversity of housing alternatives, and to enable housing providers to provide that diversity.

Supports

- Supports should be flexible and portable to meet the needs of the individual at their unique stage in their recovery process without destabilizing their housing situation.
- Support services should meet the needs of family members.
- Supports should make full use of their potential to build on individuals' efforts for social inclusion.
- The system of supports could be made more transparent and easy to navigate through the provision of accessible information.

Select Bibliography

Canadian Institute for Health Information. 2007. *Improving the health of Canadians: Mental health and homelessness.* Ottawa: CIHI.

Charmaz, K. 2006. *Constructing grounded theory: A practical guide through qualitative analysis.* Thousand Oaks CA: Sage Publications.

Clarke Institute of Psychiatry, Health Systems Research Unit. 1998. *Review of best practices in mental health reform.* Ottawa: Public Works and Government Services Canada Cat. No. H39-441/1997E.

Collins, P.Y., H. von Unger, and A. Armbrister. 2008. "Church ladies, good girls and locas: Stigma and the intersection of gender, ethnicity, mental illness and sexuality in relation to HIV risk." *Social Science and Medicine* 67: 389-397.

Ferriter, M., and N. Huband. 2003. "Experiences of parents with a son or daughter suffering from schizophrenia." *Journal of Psychiatric Mental Health Nurses* 10, 552-560.

Friedrich, R., B. Hollingsworth, E. Hradek, B. Friedrich, and K. Culp. 1999. "Family and client perspectives on alternative residential settings for persons with severe mental illness." *Psychiatric Services* 50(4): 509-514.

Grigg, M., F. Judd, A. Komiti, and L. Ryan. 2008. "Quality of housing among patients of an area mental health service." *Australian and New Zealand Journal of Psychiatry* 42: 244-250.

Hatfield, A. 1992. "Leaving home: Separation issues in psychiatric illness." *Psychosocial Rehabilitation Journal* 15(4): 37-47.

Holley, H., P. Hodges, and B. Jeffers. 1998. "Moving psychiatric patients from hospital to community: Views of patients, providers and families." *Psychiatric Services* 49(4): 513-517.

Kyle, T., and J.T. Dunn. 2008. "Effects of housing circumstances on health, quality of life and healthcare use for people with severe mental health issues: A review." *Health and Social Care in the Community* 16(1): 1-15.

Mason, J. 2000. *Qualitative researching, Second Edition.* Thousand Oaks CA: Sage Publications.

McCormack, C., and Kay, L. Thomas. 1999. "Adequate housing for people with a serious mental illness: Policy obstacles and practice solutions." *Australasian Psychiatry* 7(2): 81-84.

Mental Health Commission of Canada. 2008. *Anti-stigma / anti-discrimination initiative consensus meeting report September 23 2008.* Available at <http://www.mentalhealthcommission.ca/English/Pages/AntiStigmaCampaign.aspx>. (accessed on 3 November 2008)

Miliken, J. P. 2001. "Disenfranchised mothers: Caring for adult with schizophrenia." *Health Care for Women International* 22: 149-166.

Morrow, M. 2006. *Community-based mental health services in B.C.: Changes to income, employment and housing supports.* Vancouver BC: Canadian Centre for Policy Alternatives

Muir, K., K.R. Fisher, A. Dadich, and D. Abelló. 2008. "Challenging the exclusion of people with mental illness: The Mental Health Housing and Accommodation Support Initiative (HASI)." *Australian Journal of Social Issues* 43(2): 271-290.

National Alliance on Mental Illness. 2006. *Grading the states: A report on America's health care system for serious mental illness.* Arlington Virginia: National Alliance on Mental Illness.

Nelson, G., J. Sylvestre, T. Aubry, L. George, and J. Trainor. 2007. "Housing choice and control, housing quality, and control over professional support as contributors to the subjective quality of life and community adaptation of people with severe mental illness." *Administration and Policy in Mental Health & Mental Health Services Research* 34: 89-100.

O'Malley, L., and K. Croucher. 2005. "Supported housing services for people with mental health problems: A scoping study." *Housing Studies* 20: 831-845.

Parr, H. 2008. *Mental health and social space: Towards inclusionary geographies?* Oxford: Blackwell Publishing.

Peralta, T. 2007. *Promoting inclusion through supported housing: Policy implications.* Masters of City Planning Thesis, University of Manitoba.

Raphael, D. (Ed.) 2004. *Social determinants of health: Canadian perspectives.* Toronto: Canadian Scholar's Press.

Rosenheck, R., J. Morrissey, J. Lam, M. Calloway, M. Johnsen, H. Goldman, F. Randolph, M. Blasinsky, A. Fontana, R. Calsyn, and G. Teague. 1998. "Service system integration, access to services and housing outcomes in a program for persons with severe mental illness." *American Journal of Public Health* 88(11): 1610-1615.

Standing Senate Committee on Social Affairs, Science and Technology. 2006. *Out of the shadows at last: Transforming mental health, mental illness and addiction services in Canada.* Ottawa: The Committee. [Kirby Committee]

Thomas, K., and McCormack, C. 1999. "Adequate housing for people with a serious mental illness: policy obstacles and practice solutions." *Australasian Psychiatry* 7(2): 81-84.

Trainor, J., T. Morrell-Bellai, R. Ballantyne, and K. Boydell. 1993. "Housing for people with mental illness: A comparison of models and an examination of the growth of alternative housing in Canada". *Canadian Journal of Psychiatry* 37, 494-501.

Trainor, J., E. Pomeroy, and B. Pape. 2004. *A framework for support.* 3rd Edition. Toronto: Canadian Mental Health Association.

Tsemberis, S., L. Gulcur, and M. Nakae. 2004. "Housing First, consumer choice and harm reduction for individuals with dual diagnosis." *American Journal of Public Health* 94(4): 651-656.

Walker, R., and M. Seasons 2002. "Supported housing for people with serious mental illness: resident perspectives on housing." *Canadian Journal of Community Mental Health* 21: 137-151.

Ward-Griffin, C., R. Schofield, S. Vos, and R. Coatsworth-Pusposky. 2005. "Canadian families caring for members with mental illness: A vicious cycle." *Journal of Family Nursing* 11(2): 140-161.

Wong, Y.-L.I., M. Filoromo, and J. Tennille. 2007. "From principles to practice: A study of implementation of supported housing for psychiatric consumers." *Administration and Policy in Mental Health & Mental Health Services Research* 34: 13-28.

Wright. P.A., and B. Kloos. 2007. "Housing environment and mental health outcomes: A levels of analysis perspective." *Journal of Environmental Psychology* 27: 79-89.

Appendix A

Interview Protocol for People Living with a Mental Health Issue

A. Housing History

I would like to ask you some questions regarding your previous housing experiences. We will begin by discussing your housing situation since the time you first became aware that you might have mental health issues.

1. When did you become aware that you were experiencing mental health issues?
2. Where were you living at this time?
3. What level of education did you have at that time?
4. How many times have you moved since you first became aware that you were experiencing mental health issues?

Now I would like to talk about those places where you moved since you first became aware that you were experiencing mental health issues (repeat for each housing situation).

5. How long did you live in that residence?
6. With whom were you living with at this time?
7. What did you like about living in that residence?
8. What didn't you like about living there?
9. What circumstances led you to move from there?
10. Where did you move to after this housing situation?

Now I would like to ask you some questions about when you lived at (place x). You were living here for (x) years?

11. (if applicable) Were any of the people you lived with also experiencing mental health issues?
12. What type of dwelling was this? (family home, private rental [apartment or house], personal owned home, non-profit or coop, public housing)
13. What were your sources of income at this time?
14. Were you working?
    a. Where did you work and what was your position? (PT/FT)
15. How much of your income were you utilizing toward housing cost?
16. What was the quality of the house/apartment? (# of people vs. # of rooms, repairs, maintenance)
17. What challenges did you encounter living in this housing situation?
18. What were the positive and negative elements of that neighborhood?
19. Within that neighbourhood, did you have easy (walking) access to different amenities such as grocery stores, public transportation, pharmacy, family, friends, work, services and support?
20. In this particular housing situation, what supports and services did you access

(these could include support services from family, friends, a partner, neighbour, formal services or other supports)?

21. How often did you receive these services?
22. What supports and/or services were most helpful?
23. How long did you live in this housing situation?
24. What circumstances led you to move from there? (Was this a voluntary choice or did you feel influenced/forced to move?)
25. While you were living there were you hospitalized due to a mental health concern?
    a. If yes, what happened? (Did you go back to the house?)

    Can you please elaborate/clarify/explain

B. Favourite Housing to Date

1. Which housing situation was your favourite one?
    a. What was it about the housing situation that made it your favourite?

C. Housing Support Services

1. If you had your choice, what services would be helpful to you if they were available?

D. Housing Preferences

1. If you had your choice, what type of housing would be ideal for you?
2. From your perspective, what are the main barriers that prevent you from getting the housing of your choice?
3. Would you like to keep living where you are right now or would you like to move someplace else?
    a. If you would like to stay, why?
    b. If you would like to move, why?
4. If you had your choice, in which neighbourhood would you want to live?

Appendix B

Interview Protocol for family members/care givers

These questions have been designed around your experiences as a family member/ caregiver providing supportive care (natural supports) to a person living with a mental health issue. I would appreciate if you could discuss with me your experiences with a particular focus on the challenges and barriers that you've faced in providing supportive care.

A. Experiences in Providing Support Services

1. When did you first start providing supportive care to a person living with a mental health issue?
2. What circumstances led you to begin providing this kind of care?
3. What kinds of supports are you providing?
4. How often do you provide supportive care?
5. Did you receive any training to help you provide for this kind of care?
6. What kind of external supports have you received from governmental services or other organizations?
7. Which services or supports were most helpful to you and why?
8. What kind of challenges did you encounter in providing supportive care?
9. From your perspective, what are the barriers that prevent caregivers/family members from providing support services?
10. From your perspective, what kind of supports do you think would be helpful for you to continue to provide supportive care?
11. What kind of adjustments have you made in your life to continue to provide supportive care?
12. What kinds of supports would have made those adjustments easier?

B. Perspectives on the Mental Health System

Now I would like to discuss your perspectives on the mental health system in Winnipeg.

1. From your perspective what are some of the strengths of the current mental health housing system?
   a. Can you identify ways of building on these strengths?
2. From your perspective what are some of the weaknesses of the current system?
   a. Can you identify ways of strengthening these areas?
3. What do you think the role of someone living with a mental health issue is within the overall mental health system?
4. Should that role be increased in the decision-making processes?
   a. If yes, how would that look?
   b. If no, why not?

C. Perspectives on Housing for People Living with Mental Health Issues

Now I would like to discuss your perspectives on the housing situation of people living with a mental health issue.

1. What kind of housing do you think works best for people living with a mental health issue and why?
2. Where in Winnipeg do you think that housing for people living with a mental health issue should be located and why?
3. What do you think are the main obstacles for people living with a mental health issue in choosing, getting and keeping housing?

Appendix C

Interview Protocol for Key Informants

These questions have been designed to explore the role of your organization within the broader context of the mental health system. I would be grateful if you could discuss in greater detail the experiences of your organization as well as your perspectives regarding housing options for people living with mental health issues.

A. Introduction

1. How long have you worked in your current position?
2. What kind of other positions related to social services and housing have you worked?
   a. What has been your total work experience in that field?

B. Organizational Level

At this point, I would like to discuss the programs and services that your organization provides to people living with a mental health issue.

1. What role does your organization play in the provision of services for people living with a mental health issue?

a. What programs and services does your organization provide?

2. What are some of the strengths that your organization has in reaching its objectives

a. What programs, services, etc. have had success and why?

3. What are some of the limitations that your organization has in reaching its objectives

a. What have been some challenges and why?

b. What could have been done do improve outcomes?

C. Inter-Organizational Relationships

Now, I'd like to discuss relationships between your organization and others that provide services to people in Winnipeg living with mental health issues.

1. Which organizations that provide services to people living with mental health issues does your organization have formal or informal relationships with?
   a. What is the nature of that relationship (use chart below)?

Functions	Organization x
Provide funds to	
Receive funds from	
Share resources	
Plan services	
Make referrals to	
Take referrals from	
Level of interaction (x per week)	
Other	

2. Do you see ways in which these relationships can be strengthened?
   a. If yes, how would that look?
   b. If no, why not?

D. Housing for People Living with Mental Health Issues

Now, let's talk about housing for people living with mental health issues in Winnipeg.

1. What is the role of your organization in the provision of housing for people living with mental health issues?
2. From your perspective what are some of the strengths of the current mental health housing system?

a. Can you identify ways of building on these areas?

3. From your perspective what are some of the weaknesses of the current system?

a. Can you identify ways of strengthening these areas?

4. We are interested in your ideas about the strengths and weaknesses of different housing models that you might be familiar with. I'll name some models that are used in different jurisdictions in Canada, and ask you about their strengths and weaknesses, from your perspective.
   a. List housing types

E. Level of Participation of People with Mental Health Issues in Decision-Making Processes

Now, I would like to discuss the level of participation of people living with mental health issues in the decision-making processes.

1. Are the wants and needs of people living with mental health issues reflected in the services offered by your organization?
   a. If yes: How is this reflected?
   b. If no: Has your organization discussed this?
2. Is there a formal mechanism for the input of people living with a mental health issue into your program planning and management?
   a. If yes: Would you please describe it?
   b. If no: Has your organization discussed this?
3. What do you think the role of people living with mental health issues are within the overall mental health system?
4. Should that role be amplified in the decision-making processes?
   a. If yes, how would that look?
   b. If no, why not?