

# Baseline Personal Story Interviews from the Vancouver At Home Study – Three Page Summary

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### **Three Page Summary**

This report examines the key themes that emerged from the baseline personal story interviews conducted with a sub-sample of 52 participants within one month of enrollment in the Vancouver At Home Study. Participants (total n=490) were selected on the basis of inclusion criteria addressing homelessness and the presence of mental illness. The goal of the interviews was to engage directly with study participants and to listen to and learn from their voices, experiences, and observations. Ten participants were randomly and purposively sampled from each of the study's five intervention arms. Whenever possible, interviews were conducted in pairs with one field research interviewer and one peer interviewer.

The interview followed a semi-structured format and covered pathways into homelessness, life on the streets and in shelters, experiences with mental illness and related services, and key life events. On average, the interviews took about one hour to complete and, with each participant's permission, they were audio recorded and transcribed. Two qualitative research team members coded all transcripts line-by-line using a general thematic coding strategy; an additional four team members coded a sub-set of the interviews. All team members met for a day-long retreat to review codes and emerging themes. After the meeting, a summary of the themes was distributed to all team members and further revisions of themes and definitions were made. In addition, five audio recordings and accompanying transcripts were reviewed by a member of the National Qualitative Working Group for accuracy and quality.

Key themes are reported based on the topic headings and key questions from the interview guide.

#### **1. Pathways into Homelessness**

This cross-section of narratives reflects the diversity and complexity of experiences leading to homelessness among individuals with mental illness in Vancouver. Several participants reported becoming homeless as young as the age of 12; the majority of participants lived with their parents or guardians until their late adolescence and first experienced homelessness in their late twenties. For most participants, becoming homeless was one point in a long trajectory of abuse, neglect, loss, difficulties maintaining relationships, substance dependence, and residential and financial instability. A minority of participants became homeless later in life after a period of residential and financial stability. For the majority of participants, childhood was described as a turbulent time marked by poverty, alcoholism, abuse and violence in the family home.

The duration and number of episodes of homelessness varied considerably among participants. The length of homelessness experienced by participants ranged from less than one month to more than several decades over the life course. However, few participants experienced a single episode of homelessness. As one participant explained, he had been homeless "off and

on, all my life.” All participants described specific challenges associated with becoming, being, and exiting homelessness.

## **2. Life on the Streets and in Shelters**

Participants frequently identified Vancouver’s Downtown Eastside (DTES) as the primary neighbourhood in which they spent time during the day and slept at night. Participants’ narratives revealed that many had internalized a conflict between the ideal of distancing themselves from the DTES and a daily reality that pushes them toward entering unsafe spaces in the neighbourhood. Dealing with the exigencies of daily living and survival consumed much of participants’ time and energy on a typical day (e.g., finding food, shelter, waiting in line-ups, etc.) Most participants cycled between living rough on the street, in emergency shelters, and in single room occupancy hotels. According to many participants, repeated rejection, evictions, and loss of housing led to profound discouragement and disengagement from the system and contributed to mental health issues and substance use. Various levels of involvement in drug culture featured prominently in the majority of participants’ narratives. Despite the negative impact of homelessness on participants’ relationships with family and friends, many displayed numerous strengths and resourcefulness.

## **3. Experiences of Mental Illness and Related Services**

Many participants traced symptoms of mental illness to middle childhood and difficult family and social environments they experienced at that time. Feelings of depression, anxiety, and anger were frequently reported, as well as problems with parents and school, which often resulted in early drug use, social withdrawal, and/or aggressive and antisocial behaviour. Several participants reported being hospitalized in psychiatric wards and/or spending time in juvenile detention centres during their childhoods and adolescence. Few participants described these early interventions as helpful; most recalled being told that they were trouble-makers and attention-seekers and internalizing a sense of being unwanted by society. Other participants reported that symptoms of mental illness “crept up on them” and gradually worsened over time as a result of accumulated stress and loss.

Most participants described not knowing how to get the help they need for their mental illness. The majority of participants described very negative experiences with hospitals, doctors and medications and were generally averse to taking psychiatric medications. Participants identified a number of gaps in the current system of care that, if in place, would help them cope with mental illness including affordable housing, good quality psychotherapy, substance abuse counseling, and peer mentorship. According to participants, recovery and healing entailed good quality housing, meaningful work, and reconnecting with family.

#### **4. High, Low, and Turning Point Stories**

The majority of high, low and turning point stories are connected to family and meaningful relationships, housing and homelessness, mental health and recovery, spirituality and nature, and promise for the future. Major themes emerging from the low point stories are largely related to loss, particularly the death of loved ones. Prominent themes emerging from the high point stories often related to the birth of children, getting married, and success in employment. Several turning points (e.g., gaining housing through the Vancouver At Home Study, losing custody of children) overlap with identified high and low points among participants, suggesting a particular importance of these events in participants' lives.

Finally, a number of underlying themes permeated all participants' narratives. Key cross-cutting themes included exclusion from community and increasing marginalization; poor attachment relationships beginning in early childhood and cascading throughout adulthood; and the impact of homelessness and mental illness on identity and sense of self.

In summary, many homeless individuals in Vancouver experience a confluence of poverty, mental illness, substance use, and social exclusion. With few trustworthy friends or family to confide in, drug use and a marginalized lifestyle serve as a form of social currency. Participants expressed strong dissatisfaction and frustration with "the system," the degree of choice they have over their lives, and distrust of others' intentions. The majority of our participants expressed a desire to exit homelessness and many described multiple attempts to achieve independence from public assistance. However, these attempts at independence are often not supported by the larger system. Once this cycle repeats itself a number of times in different areas such as housing, employment, welfare, child protection, and health, individuals' sense of self-efficacy and hope for the future is eroded. Even once people are managing their substance use or mental illness on an individual level, often with the assistance of service providers in the community, it is very difficult for them to reintegrate into the wider community. Community groups are frequently vocal in their opposition of homeless shelters, supported housing, and other services for marginalized individuals. People who are homeless with mental health and addiction problems therefore remain marginalized and many of the same risk factors (i.e., loneliness, disconnection from community, emotional struggles) that precipitate their substance use are unresolved.

A number of reflections and lessons are presented. For example, although all participants were interviewed within one month of enrollment in the project, there were noticeable differences between the accounts given by participants who were assigned to Housing First compared to those assigned to Treatment as Usual. Those participants who had received housing through the study were strongly and positively influenced by this experience and expressed more gratitude and hope for the future than did the control group. In addition, research team members noted that the interview guide had a greater focus on challenges and difficulties than on

strengths and resilience. Finally, we discuss how the environment can exacerbate marginalization. Our findings suggest that further research is needed to better understand how institutions, including those responsible for health and social welfare, can contribute to homeless people's continued marginalization.