Baseline Personal Story Interviews from the Vancouver At Home Study – Executive Summary

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This report examines the key themes that emerged from "personal story" interviews conducted with 52 participants within one month of their enrollment in the Vancouver At Home Study. Criteria for inclusion in the Vancouver At Home Study include homelessness and mental illness, with randomization to one of five intervention arms (total n=490). Ten participants were randomly and purposively sampled from each study arm. The interview followed a semi-structured format and covered pathways into homelessness, life on the streets, experiences with mental illness and related services, and key life events. Transcripts were analyzed line-by-line using a general thematic coding strategy. Key themes are reported based on the topic headings and key questions from the interview guide.

Participant narratives reflected the diversity and complexity of experiences leading to homelessness. Many participants described childhood as a turbulent time marked by poverty, alcoholism, abuse and violence in the family home. The majority of participants first experienced homelessness as young adults but several participants lived on the streets as young adolescents. A few participants described becoming homelessness well into their adult years, after many years of being stably housed. For most participants, first becoming homeless was one point in a long trajectory of abuse, neglect, loss, difficulties maintaining relationships, substance dependence, and residential and financial instability.

Participants frequently identified Vancouver's Downtown Eastside as the primary neighbourhood in which they lived and slept; however, the majority stated that they wanted to avoid or leave this community, particularly the Hastings Corridor. Dealing with the exigencies of daily living and survival consumed much of participants' time and energy on a typical day. Profound discouragement and disengagement from the system and active involvement in drug culture featured prominently in participants' narratives.

Symptoms of mental illness were often traced back to childhood. Many participants reported that symptoms of mental illness gradually worsened over time as a result of accumulated stress and loss. Most participants described not knowing how to access the help they need and recounted negative experiences with the health care system. A number of gaps in the current system of care were identified, including supported housing, good quality psychotherapy, and peer mentorship. According to participants, recovery and healing entailed adequate housing, meaningful work, and reconnecting with family.

Participants' stories related to "high," "low" and "turning" points were primarily connected to experiences with family and meaningful relationships, housing and homelessness, mental health and recovery, spirituality and nature, and promise for the future.

A number of reflections and lessons are presented. For example, participants who had received housing through the Vancouver At Home Study were positively influenced by this experience and expressed more gratitude and hope for the future

than did the comparison group. In addition, interviewers noted that the protocol placed considerably greater focus on challenges and difficulties than on strengths and resilience. Finally, 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.