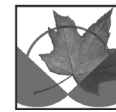




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Lived Experiences and Perspectives

Women, Mental Health and Housing in Winnipeg

By Jen Erdmann

**Lived Experiences and Perspectives
Women, Mental Health and Housing in Winnipeg**

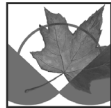
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About the Author:

Jen Erdmann is a woman whose passions and heart are driven to work and engage with others in ways that bring healing and a deeper level of compassion into this world. Her own experience in recovery, and journeying through psychosis and earlier life trauma awakened her to the struggles of others living with mental illness and a longing to work towards bringing about positive change in her community. She is also a graduate of the University of Winnipeg, having recently completed her BA with a focus in Conflict Resolution and UIC.

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About the Researcher

In 2011, I was invited to speak at a conference on behalf of EPPIS (Early Psychosis Prevention and Intervention Service), where I had been a client for two years. It was an opportunity to talk about the value of the organization's work in the lives of people struggling with psychosis and their recovery from mental illness. On a far more personal level, I was being asked to tell my story, and the experience was one that has played a pivotal role in my life. How does one put into words the feeling of discovering your voice for the very first time? How do you describe what it means to be heard and your words acknowledged and validated by others?

At the time of the presentation I had plans of writing a book about my experience with mental illness and journey towards recovery, but after speaking at the conference I lost interest in telling my story. The experience of finding my voice had filled me with a longing for others to experience what I had; that place of liberation and confrontation with one's deepest fears. For I knew that like myself, there were so many others who had been silenced by the shame of earlier life experiences that were the very root of their illness, only now, further reinforced by another gag-hold; the stigma of living with mental illness.

I had returned to school for my first year since the onset of my illness in 2006. Being at Red River College in the Community Development program provided the means by which I was able to become more involved in the mental health community. Between volunteer work in summer months and four practicum placements during the two years at RRC, I made every effort possible to work in areas that would help me to grow and understand the experiences of others living with mental illness.

The roles in which I've been privileged to serve in the community (often in peer support or mentorship) have presented endless opportunities to listen, and to develop trusting relationships with so many amazing people who had the courage to share their stories with me. But this is often where the stories would begin and end, returning to silence once more. This is how the first seed came to be planted for this research.

What I heard and what I saw going on in the community was a pervasive theme that was continually becoming of greater concern to me. And in the summer of 2014, the seed finally burst through the soil and demanded to be watered. I contacted one of my professors from my department at the University of Winnipeg, Shauna MacKinnon, and told her about what I was strug-

gling with, asking if she could think of anything “proactive” I could do to end the silence. Within, quite literally minutes, she got back to me with an idea; that I could do what was called a “directed readings course” which would allow me the opportunity to conduct participatory research, to look more deeply into the specific issues people were facing, and invite people to talk about it.

This research has been a dream come true in that it has given voice and value to others, as well as allowing me to see the larger picture of something that our society...our communities need to be aware of and begin to take greater accountability for in creating positive change in the lives of those living with mental illness and their journeys towards recovery.

In conducting research of any kind, it is impossible to completely remove one’s own experiences, biases and personal lens from the work. But in being aware of this, it has been with my utmost intention and effort to seek out and listen for the collective voice of my participants so that they will be heard by others.

I cannot express enough thanks to those who have supported me in doing this research, who have continually reminded me of the value of this work when my spirit became heavy with heartache. Most of all, I haven’t words to express my gratitude to each of the wonderful people who chose to participate in this research. Thank you for having the courage to share and for granting me the privilege to listen.

Project Description

Research Rationale, Purpose and Anticipated Benefits

“The way that a problem is initially framed or constructed defines the type of change process...that will be used to address the problem.” (Nelson, 2010, p.13)

Lived Experience and Perspectives: Women, Mental Health and Housing in Winnipeg is a qualitative research study seeking to understand the experiences of women with mental illness living in supportive housing environments, their concerns and hopes for improved housing security.

For the purpose of this research, supportive housing has been defined as staffed housing for people with mental illness, ranging from small to larger residential homes and facilities (four to upwards of forty people). My aim was to identify how issues contribute to, or are a detriment to the well-being of individuals living with mental illness in supportive housing environments, and to explore potential solutions.

I hope to contribute to existing knowledge in the area of housing and mental illness by approaching the issue from the place of lived experience. This approach is consistent with participatory and transformative research paradigms

that aim for deeper transformational change in communities by defining issues in a way that is inclusive to those affected by them (MacKinnon, 2010; McQuiston, Parrado, Olmos-Muñis & Martines 2005; Mertens 2009). It is also consistent with consumer-led research models that are “driven by a consumer perspective, and undertaken by consumers as opposed to other researchers on their behalf” (Bennetts, Pinches, Paluch Fossey, 2013, p. 315).

Due to my own experiences as a woman living with mental illness, my understanding has changed drastically over the years as to not only the importance of safe and healthy housing, but also how each of us come to define what that means for ourselves. Further, in observations and conversations through work and personal relationships in the community, a growing concern has risen in terms of the quality of life experienced by the above mentioned group of women.

In 2008, the Provincial Advisory Committee on Mental Health Housing and Related Support Services acknowledged that the housing situation for people living with mental illness in Manitoba had reached a crisis and that current conditions were unacceptable. They further acknowledged the need for another paradigm shift in the pro-

vision of; adequate funds to obtain safe housing; adequate choice of affordable housing in communities; adequate amount of supports (2008, p.1 & 15). But a paradigm shift requires more than this. It necessitates talking about the importance of relationships between mental health consumers and housing providers and support staff and confronting the power, beliefs and values that undergird the very systems they operate within. It means starting from a place of warmth, respect and compassion.

These elements are critical to creating “a healthy, positive, forward-looking relationship and program culture that affects clients and staff alike” (Tsemerberis, 2010, p.20). Increasing the supply of safe and affordable housing and revising and implementing systems of accountability and support can only go so far in creating change. Shifting the paradigm requires a reframing of the ‘problem’ and an acknowledgement that “values and power are important in transformational efforts that strive for fundamental change in the structures of social systems.” (Nelson, 2010, p.14) This research builds from the idea that improving the housing experiences for women with mental illness will require a dismantling of ‘old’ values and a recreation of new ones that reflect the views of program users. It is based on the belief that no amount of housing or choice of resources will actually improve the lives of those it is intended to help until this takes place.

Winnipeg Context: Supportive Housing Options for Women with Mental Illness

The following information was provided by the WRHA (Winnipeg Regional Health Authority) in response to questions regarding the availability and access to supportive housing for individuals living with mental illness in Winnipeg.

There are various types of supportive living environment options which provide a range of levels and types of support for individuals living

with mental illness. Some of the supported environments are provided through residential care facilities which provide a high level of support through 24 hour supervision. These environments range in size from smaller facilities which accommodate 2–3 individuals to larger group living situations such as apartment block style which can accommodate up to approximately 45 individuals.

The Mental Health Program Housing Service has also access to transitional housing which provides outreach supports to individuals to develop capacity and build skills to live independently in the community. Apartment units range from bachelor to two bedroom units. The Mental Health Program Housing Service is also actively involved in building positive relationships with open market landlords in order to help facilitate access to a range of housing for individuals living with mental illness and helping to promote successful tenancies.

There are also a number of Mental Health Funded Agencies which provide access to permanent housing through apartment units and which also provide a range of supports which are adjusted to accommodate an individual’s level of need. Examples of agencies providing these types of housing options and supports include Sara Riel and Concordia Village, both of which provide affordable apartment units ranging from 1 to 3 bedrooms. Friends Housing is also a Mental Health funded agency which provides affordable housing and support. CMHA Manitoba and Winnipeg is an additional Mental Health funded agency that supports individuals through both the Community Housing with Supports Program as well as the Rehabilitation and Recovery Services to choose, get and keep housing with an emphasis on a housing first approach.

The Mental Health Program Housing Service currently works with 32 Level 5 residential care

facilities. These are 24 hour staffed facilities. However, as previously indicated they also work with a number of Mental Health Funded agencies which provide a range of supports which can be adjusted according to individual need and with some they are able to provide 24 hour support

through an on-call function. In terms of waitlists to access housing, there is considerable variability which can range anywhere from 2 weeks to a year. There are many factors which can impact access such as individual housing preferences, smoking/ non-smoking requirements, mobility factors, etc.

Methods

Design

The project design used a participatory research framework centering on the lived experiences of participants. Ethics approval was provided through the University of Winnipeg Research Ethics Process for student researchers. A qualitative study design was developed with data collection methods to include a series of pre-interviews followed by semi-formal open ended interviews. These were followed by a focus group consisting of a new group of participants. In the spirit of participatory research, this additional means of data collection was added upon the request of one of the community partners. As will be discussed further, it proved to be an important component of the research process.

Sample and Setting

Recruitment for interviews was done through postings at four different locations, inviting women with past and present experiences going back as far as ten years. Selection of participants was done on a first come basis, so that it would be as random as possible. In the end, six participants were interviewed, providing a rich and diverse source of stories and perspectives.

Interview questions were provided to participants previous to the actual interview so that they could have time to reflect on them and decide for themselves which questions they were interested in responding to. Interviews lasted for sixty minutes and were conducted at a location chosen by the participant. Interviews were followed with a focus group including ten participants, including 8 men and 2 women.

A Focus On Women — With Some Support From Their Male Friends

Before proceeding further, some explanation is required regarding the participation of men and women in the project. When I began this project it was with the intent of focusing on the experiences of women, although the experiences and voices of men were eventually brought into the research.

My decision to focus on conducting interviews with women initially appeared to be simple, but it was important for me to consider reasons for including or excluding any group of people from a process that was intended to give voice to those who were silenced. I think that issue of exclusion and inclusion is probably one of the

most challenging pieces to work through in the beginning of participatory research design. But in the end, I was comfortable in choosing to interview women, and this is why.

The first reason was fairly straight forward, and was based on the simple fact that in our society — across all societies — women's voices continue to be underrepresented and devalued. In speaking to this (or against it), I felt that it was important for me to be able to sit down one-on-one with women and listen to their stories. More than listen, it was important that their experiences and perspectives would be received and heard, and returned by a sincere and compassionate listener; by someone who truly believed that what they thought and what they felt was important to others. But regardless of this reasoning, I still had to reconcile within myself why I was choosing not to interview men. This reason was not nearly as straight forward, but many layered.

Based on personal experience and what so many other friends and acquaintances had shared with me over the years, I knew that a high percentage of individuals with severe mental illness had early life experiences of trauma and abuse, and in those early unhealed wounds took root that which would eventually lead to symptoms and further diagnosis of a mental illness.

I also knew that the topic of housing was not a surface issue, but one of a very personal nature. Housing is important to all of us, but its meaning and importance vary, depending on our experiences and our 'place' or 'position' in society. For those who have lived with a greater degree of stability and privilege, a home may be seen more as a piece of property to own or an investment to be made. It is a place to return to at the end of the day and relax from the stresses and activities of daily life. It is a place of one's own...a place to call home. But for many people the home is representative of much more, and this is particularly true for those who live on the margins of society, and in the context of this research, for people living with mental illness.

To engage in the topic of housing with anyone who has gone through the experience of mental illness is to enter a very personal space. For many individuals, home may have been a place where deep and original wounds took place. It may also be the place where, when illness arose, a career was lost, a marriage eroded and children were taken away...life fell apart within four precious walls. But even for those whom home continues to hold the fondest of memories or even be a place of safe and happy return, the journey through mental illness brings a whole new dimension to one's life and perspective about having a place to call home.

The place of home, a safe and healthy home, becomes far more than a basic need; it is one of absolute necessity. Home can be a place that offers refuge from the struggles and challenges of daily life. It has the potential to be a place of belonging and community, so sought after in a world that is rife with exclusion and discrimination. Above all, home can be a place of recovery and healing, where "...the development of new meaning and purpose in one's life grows beyond the catastrophic effects of mental illness." (35, CMHA First Aid Manual).

If I was going to be asking people to tell me about what safe and healthy housing meant to them, it was vital for me to be aware of the fact that whether spoken or not, I could be tapping into areas of their emotions and lived experience that were highly vulnerable. And as much as this topic was important for me to dig into, the safety of my participants took priority.

As a friend and peer in the community this was not unfamiliar territory for me, but my experience had been primarily with women. And as a researcher, I needed to ask myself whether or not I had the capacity to provide appropriate support for men if issues of a more sensitive nature arose. Was there a potential for me to communicate in a manner that might be perceived as demeaning or patronizing to male participants? The very fact that I had to ponder these questions

so seriously told me that the risk was not worth taking. So, I proceeded with my initial plan to focus on the experiences of women.

However, my plan took an unexpected twist when it came to the focus group stage. The idea of the focus group came to me through my conversations with the director at Clubhouse, a community-based association that provides employment and educational opportunities to people coping with mental illness. As it turned out, it was more difficult to recruit women at Clubhouse than I had anticipated and conversations with Clubhouse members led me to reassess once again. The individuals who gather at Clubhouse have developed a camaraderie that is very much like family. These are individuals who in many instances have been marginalized from the mainstream — rejected from many circles as a result of their ‘differences’ and the continued societal misunderstanding of mental illness. For these individuals Clubhouse has become family and members of this family male and female — enthusiastically wanted to participate in the focus group. So we proceeded down this new path of including men in the focus group portion.

Data Collection and Analysis

The interviews were recorded and then transcribed verbatim, with various approaches in mind; the first of which was to pay attention

to repeating themes, identifying and then later clustering them into groups. The second was to look for causality in the context of stories, so as to better understand the source and impact of those issues identified. Another vital component to the interview process was discovered in unspoken language and silences. Paying attention to body language provided immense guidance in ensuring the safety of participants, and acquiring greater insight as to the meaning within the content of stories.

After initial themes were identified and clustered, a focus group consisting of ten people (both men and women) was facilitated at one of my partner locations and lasted one hour. Recruitment was done through their location using the same qualifications as per interviews, and also on first come basis. The aim of the focus group was to bring the issues forward as identified in the interviews, asking participants to corroborate those themes that were presented, and then to further identify if there was anything missing. Participants were also asked to share what kind of impacts they experienced due to the issues identified.

Finally, data from interviews and focus group were analyzed to solidify research findings and themes, identifying those solutions/recommendations put forward by participants and to draw final conclusions based on the researcher’s learned observations.

What I Learned: Research Findings

Throughout the following pages I describe the research findings by outlining key themes, observations, and recommendations to improve the housing experience for women living with mental illness. I do so in a somewhat unconventional manner in keeping with what some might describe as a somewhat unconventional research project. Throughout this project I became increasingly aware that my new role as researcher put me in a very different position than I have become accustomed to. As a result, my telling of this research story is highly reflexive (Hertz, 1997) as I continued throughout to understand this new role.

Process has been central to this research. I needed to be particularly cognizant of the inevitable imbalance of power between myself and participants, and seek ways to address this. Over the last eight years or so, my experience as a participant and consumer in the mental health community has made me acutely aware of the degree to which one may be negatively impacted by the misuse of power, and those beliefs which have the potential to misguide even the best of intentions by organizations, programming or research such as this. When vision narrowly strives for outcomes alone, an inevitable and all

too common result ensues; the very people our work aims to benefit are those who become disempowered by the process itself.

This issue has been forefront to each and every step of the planning, design and implementation of this research project. It provided a way for me to face up to and balance opposing forces within myself, while creating a healthy balance of power between me and the participants. There were some more obvious ways of doing this initially, like making sure participants had as much choice as possible; being provided with interview questions ahead of time; having a choice in what they wanted to respond to; and choosing where they preferred to be interviewed. These were fairly easy to identify, but there was something much more important and not as easily accessed that I became aware of in the process of making partnerships with CMHA and Clubhouse of Winnipeg.

For nearly ten years, the majority of my relationships in the mental health community had been on a client-professional basis — I as the client. Whether it was in working with my therapist, communicating with an Employment and Income Assistance (EIA) worker or the various organizations through which I accessed servic-

es, the basis was often the same; participating in programming and responding to questions appropriately, and talking about myself most of the time. The other constant factor in all of these situations was that the other person held virtually all the power, and I held little if any.

When talking about the experience of power, it's important to understand that even when the relationship is a healthy and positive one, these roles or dynamics of power may be so internalized that it takes a great deal of work and awareness to rebalance. In recent years, as I transitioned more and more out of a 'consumer' role and into one of 'person-in-community', I was often aware of an awkwardness and internal unfamiliarity; something I often likened to donning a new wardrobe, that as much as I liked, I still hadn't quite grown into.

Now here I was years later, sitting across the table from one of my research partners and having to continually remind myself to "stop sliding down in your chair, you're partners, you're equals here." Putting things in perspective, I had to remember that I was at a different point in my life and that in this particular situation my position was very different. It was a tremendous awakening as to how power is experienced; over time, the longer roles and positions are maintained the harder it is shift out of them, and the quicker it is that we find ourselves sliding right back into them. When we are in positions of power, we tend to not notice or feel it because we're generally comfortable. But when one is in the position of not having power, one is keenly aware of the imbalance because of the discomfort and immediate dynamics it creates between one's self and others.

Sitting in my community partner's office that day, I realized the vital piece that I needed to bring into the research; to be consciously aware of my position as a researcher and university student, and to remind myself that I was also a person living with mental illness who knew very well what it was like to be 'on the other side' of things. It

was my responsibility to use this awareness, and the privilege and power of my position to create a level field of communication and engagement, so that participants would know that not only were they participants, but that they too, were my partners in research.

Beyond the Words

One of the things of greatest impact and fascination to me over the course of this research has been something I would refer to as everything that speaks 'beyond words.' This is not to devalue the content of stories and personal language that each of us use to talk about our experiences and perspectives, but that by being fully present to everything that is communicated 'beyond words', one is given access to a depth of meaning and understanding that would not be discovered otherwise. Further, if we are willing to respect what the body and spirit express, we can be guided by them through the process with greater awareness.

Conducting the pre-interviews with women for this project was for me an experience beyond words. But it is well worth attempting to articulate now. The pre-interviews were an opportunity for me to personally introduce myself to potential participants and tell them about the project, review consent forms and ensure they understood their rights as a volunteer participant. It also provided an opportunity to engage in an informal conversation about the research topic.

In the pre-interviews women expressed the importance of addressing housing issues, but what was spoken of with greatest interest was how important it was for them to be able to participate in a project that had the potential to improve the lives of other women facing challenges like their own. But it wasn't so much their words that have stayed with me, as much as the experience I had in connecting with the person. Words cannot convey how powerful it is to sit across from another person and watch her face

and body become bright, her energy ignited, allowing a glimpse of something authentic and real.

Sitting here and writing this now...reflecting on that time, my eyes are filled with tears for what I was so privileged to witness in those moments. It wasn't just being witness to another's excitement and passionate interest for the project; it was that I also felt my own self connecting to something bigger. Whatever the differences between us, in experience, perspective or personality, I had found common ground and a sense of solidarity with sisters in struggle. And any fears and anxieties I had carried with me until then fell away and gave rise to a spirit of discovery and the joy that comes when we commit ourselves to working with others.

What I've just spoken of is an example of how our willingness to let go of preconceived ideas of 'difference' can break down barriers and help us to develop a sense of connection and *power-with* others, so that we can work cooperatively as equals. The other piece that was crucial and key to the process of this research came from another realm 'beyond words' — a one to which we need to be open so it can act as both our guide and teacher as we move forward.

The interviews were constructed around a fairly basic framework of questions that invited participants to share their perspectives and experiences on how they defined safe and healthy housing; components that were/had been contributive or a detriment to their well-being. The interview then shifted to a more relational area, asking participants to talk about their relationships with housing staff. And finally, we talked about what kind of solutions would be useful in addressing or resolving those issues identified in the interviews.

During the first half of the interviews participants spoke with general ease and a sense of internal authority and confidence. The issues identified were clear and tangible, and were things that more directly impacted their physical environment. When I refer to their physical envi-

ronment, I'm talking about the environment of both, their body and surrounding environment of the home itself; issues relating to nutrition, hygiene, physical safety and security. Participants spoke about it in a manner that expressed clarity in knowing what was 'right' or 'wrong' for them, and could more easily put things into context, as to understanding why these issues existed in the first place.

When we moved into the subject of participants' relationships with housing staff, an almost immediate shift took place. It's important to acknowledge at this point that three of my interviewees presently lived in group homes, while the other three had since moved on to other housing environments. Participants who were no longer in group homes were able to engage somewhat more freely. Although some of the experiences they shared were evidently painful to recall, it seemed that time and distance provided them with perspective and a greater sense of safety in talking openly about it.

For my other participants, however, it was not the same. Having minutes ago been engaged and speaking from a place of general comfort, I now observed my participants physically withdrawing and closing into themselves. It was as though someone unbeknownst to me had entered the room. Their bodies immediately began to exhibit signs of tension and there was an evident strain and change in their manner of speaking, becoming somewhat hesitant and even dismissive at times. It's not that there wasn't an interest on their part in responding to the question itself, but that what they were attempting to put forward came with great struggle.

What I was seeing in participants was a strong message telling me that this was not safe territory — and to tread no further. Where I had previously been approaching the interviews from a place of inquiry, I immediately recognized the need to minimize questions and shift my role to one of validation and support. Instead of exploring the issue or experiential impacts, I now

found it necessary to gently swing the conversation back out and into a lighter and more solution-oriented focus.

Assess, Reassess and Move Forward

After conducting the six interviews I had a decision to make: Do I recruit more participants, or do I close off this step in the research and move on? To be honest, the answer to this question came rather quickly and clearly. As I was walking home on the afternoon of my last interview, it was like someone had opened the release valve to every word, every emotion and experience I had stored over the previous two weeks. And there I was bursting into tears and feeling a weight and pressure in my chest that was excruciating. As crass as this may sound, I felt as though I had been bludgeoned over the head with the same messages over and over again, only with a different voice and different stories attached to each one.

I knew in that moment, that it was not a question of waiting for themes to begin repeating. That repeating had begun with the second interview and continued on to the sixth. I also had to consider the fact that I had yet to sit down and transcribe the interviews; a process that I knew would require a great deal of time and personal energy that at this point, I was in serious need of restoring. But as much as I felt satisfied with the amount of ‘data’ gathered at this point, my experience and observations in conducting the interviews had left me with something that I couldn’t put down.

The very point at which I had had to pull back in the interviews was now presenting itself as the point to be followed and to move towards. What I had witnessed in the experience of my participants was something deeply familiar to me. And although as a researcher I had to be cautious of how much I allowed personal insight and experience to enter the picture, I also knew that it was speaking an important truth to me that couldn’t be ignored.

What I perceived through observation and various forms of communication was that I had hit on an issue that went beyond challenging participants’ language to talk about. It was that they were also afraid to talk about the issue itself and the repercussions that might result for having done so. And regardless of how many precautions were taken on my own part to provide an environment of safety and confidentiality, it would not be sufficient to remove whatever lay beneath it.

This was a really important point of learning for me, because I was forced into a place where I had to be completely honest about where I was positioning myself and my own interests in the research. If I wasn’t careful that position could easily become a point of attempting to control a process that had to be guided by my participants. On the other hand, I also knew that we had hit on something that for the sake of my participants could not just be shelved away completely. So how does one reconcile such a predicament?

The first thing was to step back from the research entirely, and acknowledge the fact that I had become entirely immersed in it. I was immersed in my participants’ stories, in their lives and saturated in their emotions, which was manifesting as a state of urgency within myself that said, “Act on it!” But in allowing myself to pull back, a different voice came in telling me to just “Sit with it” instead. So I did.

After sitting with it for a while I realized that it may be necessary to ‘shelve’ this issue for a time and that there was nothing wrong with doing that. I didn’t know where this research might lead in the future. Maybe this was just one stepping stone that would lead to overturning another. There was also that lovely element of curiosity, reminding me that I had no idea where the rest of this project might lead. The focus group would provide a new opportunity; a different environment and dynamic in which to engage with a whole new group of participants. Who knew what would come of it?

A full two months separated the time between the interviews and when the focus group would take place, and I am glad that it didn't come any sooner. What lay ahead was a step in the process that would both prepare me for the work ahead, and bring a new level of healing into my own life.

Transcribe and Analyze: Deeper Meaning Behind the Words

I can honestly say that any experience or readings I had previously done on transcribing interviews could not have possibly prepared me for the experience I was about to undergo. I also want to acknowledge how vital it was to my learning as a researcher, that I did not have someone else do the transcribing for me.

Transcribing provided two vital learning curves in the research. The first was in listening to my participants' voices as I played and rewind sections of the interviews repeatedly, not merely to type out the words, but to hone in to each and every little nuance that presented in their speaking. This allowed me to focus on areas that I wasn't able to concentrate on during the interviews, as now I could simply be present with their words and not so much 'with' the person.

The piece that really hit home for me came somewhere in the process of listening to these continual loops of phrases and words, of pauses and fillers, that gradually tapped into my unconscious realm of memory and places that I was now free to identify with. It's easy to acknowledge this in reflection, but at the time I was not aware at all of what was happening. It wasn't until shortly after the transcribing was completed that I realized I was in the pit of deep and heavy depression.

Thankfully, this was not unfamiliar territory for me. Years of therapy, personal work and growth had taught me the importance of 'turning towards' discomfort and recognizing it as friend that was there to guide me. I knew all too well that resistance would only make things worse, and that it was important for me

to welcome this visitor and set aside my work. But regardless of my attitude and willingness to welcome this guest called grief into my space, it was a time of moving through immense pain and sadness, and acknowledging how hard my own journey had been.

The women I interviewed, whose stories I had now transcribed, had given me a gift that I will always be grateful for. In those moments of greatest discomfort, when only the strength of my kitchen counter could hold me up so that tears could fall, I knew I wasn't alone. I was surrounded and held by their words and their stories, and above all, by their own strength and courage to carry on. This experience had created the space in which I was able to move deeper, to a place where further healing could be done, and where I could let go of a piece that no longer need be a participant in the research.

Lightening the Load: Bringing Play To Work

In the weeks that followed I returned to the transcripts and began to draw out common themes. At this stage in the research I wasn't interested in going into any kind of analysis; I was searching for the words and phrases, issues and ideas that echoed in the interviews, and then documenting them into a list. After immersing myself in the transcripts to the point of 'drowning' in words and emotions, I realized that what I really needed was to lighten up the whole deal for myself and have some fun with it. So I grabbed my friendly fishbowl that's filled with colourful scraps of paper, and one by one I wrote down theme words, tossing them into one big pile that was later dumped on my living room floor.

And there I sat playing a game of sorts. The idea was to create multiple clusters of words that connected to one another in some way. Sometimes I would sit with a word for a while, just contemplating its meaning and asking myself questions about it, while others fell into place without any thought at all.

After the initial clusters developed, it was interesting to shift these about too. Some of the clusters were easily merged or could have easily been located in multiple clusters, while others held rather dominant ideas that stood well on their own. The whole process of playing with these scraps of papers really opened my eyes to the complexity and interconnectedness of what my participants were talking about. It also put me in the position of being able to see the bigger picture.

At this point I really wasn't sure how to even go about facilitating the focus group. I knew that I needed to have themes identified to present to them — with the intention of getting their feedback — so I knew whether or not I was on the right track. But there was more to it than that, and I was hoping that just maybe in the process of playing, the answer would come.

And it came in posing a vital question. Up until then I had been asking myself, "What was I bringing to the group?" While my inquiry was valid, I had failed to ask; "How can the group help me? I am the student and the group members are my teachers. What's missing from the picture that would help me to understand their story better?" So I knew I had to do; draw the picture and ask them to help me complete it.

Focus Groups: Empowerment Through Shared Experience

Well first of all, I'd like to tell you that I can't draw. I'm an artistic person, no doubt about it, but I can't draw. And I think that if it wasn't for sessions in art therapy and appreciating the value of humility, I would have scrapped those lovely pictures that I presented to the group that day. But I wasn't at Clubhouse to teach an art class, I was there to learn. And from my own perspective, I would say that my artistic 'expression' and shaky handed writing on the flip chart created a rather equalizing effect between me and the group. One participant was right on top of admonishing me for my illegible handwriting, and

in that moment I knew I had just been given a very warm welcome.

As participants arrived, I invited them to walk around the table and take a look at the pictures and words that I had laid out, letting them know that they would be part of our discussion. There were three pictures, each of which contained the final groupings of themes/issues. The first picture was the outline of a human body containing clusters of words that represented the one's physical environment and issues relating to nutrition, hygiene, physical safety and security.

The second image was a house with a heart contained in the upper floors; issues relating to emotional and psychological well-being like compassion and understanding, harassment and abuse, community and connection.

The final image was a tree, representing resources and solutions, key elements of a safe and healthy home and components of recovery and well-being.

The group consisted of eight men and two women. After introducing myself, I explained what I was hoping we would be able to do together as a group; the first of which was asking them to look over the pictures and let me know if there was anything missing, or if anything present in the pictures didn't belong. The second was asking for their help in filling in the rest of the picture. Although the interviews had been beneficial in identifying specific issues experienced by individuals living in group home environments, what I lacked was an awareness of the personal impact that these issues had on their daily lives.

Addressing the first question took little time, as the group agreed that the issues I had identified from the interviews matched with their own experiences. Before moving into the next part I invited the group to guide our discussion, letting them know that it was important that we talk about the issues that spoke to them most strongly. To start off the group, we began with the body image as I felt that it would be a good way to ease into the conversation.

About ten minutes into our discussion one of the participants put up her hand and said, “I want to talk about this.” She was pointing to the image of the house. More specifically, she was pointing at the row of words that ran through the middle, separating the foundation of understanding and compassion below, from the heart of community and connection above. The words and phrases that ran through the middle were; afraid to ask a question, harassment, being yelled at, abuse, afraid of complaining, and being called a troublemaker.

I checked in with the rest of the group to see if they were okay with switching topics and got nods and words of agreement all around. This is where it gets hard to explain things, because each moment was so engaging to witness and respond to. I guess the best way to explain it is to talk about what I witnessed.

The woman who had pointed us in this direction began the discussion by telling us about some of her experiences with staff when she had lived in group homes. As we listened, the group became much more engaged in the conversation, and it became evident that as hard as this was for her to talk about, she was able to find the strength and courage to do so amid the group. The discussion really took off when I began asking questions as to how she felt those experiences had impacted her at the time. Her willingness to open up to the group and talk about the pain and isolation, the “worst possible choices” she made in trying to find a way out, triggered a response from the group that still makes my heart leap with joy when I think about it.

Other participants raised their hands eager to share their own stories, often identifying with the very words that had been pointed to when we began the discussion. People talked about the ways they had adapted to these situations; learning to “keep to themselves” and keep quiet, or finding themselves in a pattern of moving over and over again, never being able to settle into any one place for long and often living in a chronic

state of the fear of being homeless. As hard as these stories were to hear, and as challenging as it was for me to hold myself together as I looked into people’s faces as they spoke, there was also something of immense and magnificent beauty happening in this group.

You could see this acknowledgment and relief in participants faces as they began to see and hear that they weren’t the only ones who had gone through this. They were becoming aware that this situation was something that had to do with a problem much bigger than themselves. And all the while this discussion was happening, I watched as participants reached out to one another, providing support and encouragement as they shared. It is truly the most empowering process that I have ever had the privilege to experience as a participant or facilitator.

I think that one of the hardest things for me to hear that day came near the end when we turned to talking about solutions. I asked the group to let me know where they wanted to start and one of the participants immediately said that with regard to problems with staff, “Nothing can be done about it, so why bother talking about it.” This was a really important opportunity for me, because this participant had just brought the very issue forward that had started this research in the first place.

First of all, I reminded the group of the same thing I shared with every one of my participants in pre-interviews; that any kind of real social change that addresses issues of justice takes time to happen. And as much as I know and believe that to be true, it also made me cringe each and every time I said it, because when you are the one living the experience, each moment that passes leads to a loss of hope and a sense of desperation.

But what was most important to me to share with participants was how crucial it is for us to talk about these issues together; that suffering alone in silence won’t help anyone, and that our journey towards healing and recovery begins with

breaking the silence. I also thanked my participants from within a well of tears, for having the courage to talk about something that nobody enjoys talking about, and something that many are too afraid to talk about at all.

Not long after the focus group took place, I had another visitor arrive at my door...the second wave of sadness had come to stay a while. I experienced three days of crying and three days of moving through every ugly emotion and bodily discomfort in the book. Only this time it wasn't my pain that I grieved, but for all of those who are caught in this web of silence, suffering and isolation. For those who are longing for home are also longing to experience the truth; that they too, are worthy of the fullness of love and belonging in this world.

Themes

Having the focus group affirm what I heard in the interviews, I was then able to confidently identify the following key themes, as presented below. It's also important to acknowledge that focus group participants did far more than simply corroborate findings. Their willingness to share as a group provided greater context and depth of meaning to this body of research that would not have been possible to attain without their contributions. Note that all names have been changed to ensure anonymity.

Nutrition

Food and nutrition issues were raised consistently in interviews and the focus group. When participants spoke about nutritional issues, they almost all began by stating that group homes should be required to follow the Canada Food Guide. As we talked about this further I discovered that participants weren't necessarily referring to a set of strict dietary rules, but to basic nutritional components that were lacking in their daily diet, as well as those things present, that could easily contributed to long term health problems. As these participants explained:

They should have I think, going with the Canada Food Guide, which they don't. And some meals are not edible, especially at Malverne House, they were very limiting in making a decent meal. Here, I find the meals, they're not following the food guide because you're not getting your fruits and vegetables, but their meals are at least tasty and edible...and I think that if you're paying six hundred –and-some dollars a month, you should get adequate meals.

...group homes I've been in the food isn't really that healthy sometimes, except the very first group home I was in, Sarah Riel was very good, balanced healthy meals...but other group homes I've been in over the years, they're so cheap with the food. Yesterday I got a couple of fresh orange wedges for dessert and I enjoyed that, but they don't give us other fresh fruit you know, that's inexpensive like apples or bananas....And that makes you feel...that really helps in terms of how you feel about yourself, when you're eating well.

Besides lacking nutritional value, participants also stated that the amounts served at meals were often not enough to get a person through until later in the day, so individuals would compensate by accessing resources like Clubhouse of Winnipeg, community centres or buying their own groceries — if they were able to keep them in a fridge. Although this addresses the problem in the short-term, it also means that individuals have to take money from a meager budget to pay for food that has already been included in their cost of housing.

"Cutting Corners" Creates Scarce Resources

Cutting corners was how several participants referred to limitations put on toilet paper, hot water and laundry in homes. In group homes where toilet paper is provided for residents, participants spoke of several problems. When a resident needs to go to the bathroom and they have to ask for toilet paper, sometimes they are told to only use a certain amount. Due to the

low quality of the paper that is often kept on hand, participants said this creates a stressful and embarrassing situation when they know they may need more. Other participants spoke about being reprimanded for asking for toilet paper too often or using too much, to the point that it was better off for them to just buy their own toilet paper and avoid the stress and humiliation.

Participants also mentioned some group homes putting limits on how often residents were allowed to bathe and shower, or limiting the availability of hot water itself. Besides “feeling kind of grubby”, as one participant stated, others acknowledged that tensions and conflict would arise between fellow residents as to who would get how much hot water on any given day.

Laundry is another issue that participants spoke of as being a chronic problem in many places. In homes where staff is responsible for doing the laundry, clothing “going missing” or ending up in another resident’s drawers is a common occurrence. But what participants spoke of with greater concern and frustration was having to go without any laundry being done for two weeks, or in the experience of one participant, up to a month. Sometimes it was due to a washer or dryer being broken down, while other times residents knew the machines were working fine and staff simply neglected to do their laundry until someone was willing to complain about it.

In those homes that participants spoke of where residents did their own laundry, issues of machine maintenance were very common. One participant living in a home with just over forty residents stated that they have one functioning washer and dryer to serve the whole building, which makes it next to impossible to find a time when the machine is available for use. Another participant dealt with her problem by taking the bus across town to a women’s resource centre, where she was able to do her laundry for free once a month.

A Room Of One’s Own: A Place To Call Home

When interviewees were asked what safe and healthy housing meant to them, the first thing that was expressed with much concern and importance was the sanctity and safety of one’s personal and private space, and how challenging it can be to achieve this in many places. Participants spoke about this from two different angles; personal belongings and personal space.

I want to stress that many people living in supportive housing own very few personal belongings. Those which they do have, be it clothing, personal care products, gifts and special items of memory and significance, hold great importance and value. Even though many of us may think of these objects as easy to replace, the great value participants place on them means that these personal belongings are in fact irreplaceable. So the safety and security of one’s belongings and the privilege to have them is immense, which also means that to lose them is no small matter.

Unfortunately, this is another issue that commonly occurs in group home environments. Whether laundry is not returned to the appropriate resident, or cleaning staff throw away belongings they consider to be garbage, or a fellow tenant enters one’s room and leaves with your belongings, these are all experiences that individuals have likely faced at one time or another.

While participants spoke about this issue from a place of experienced loss, they were also acknowledging how personal belongings (a kettle, coffee and mug, television, artwork, etc.) were fundamental to developing a sense of home and stability within environments that are often laden with emotional triggers and chronic stress. In this sense, one’s personal space provides refuge from external stimuli, allowing one to access the sanctity of peace and quiet amid the chaos of daily life.

Smoking: It’s About More Than Just Addiction

Interestingly enough, this problem was stated by most participants using the same terms to de-

scribe the experience: wishing to be “free from harassment of others.” The issue they were talking about was smoking, and it was brought up by smokers and non-smokers alike. What may initially appear as a straight forward problem is anything but that. It represents a complex web of issues faced by virtually everyone from this group.

One participant talked about the challenges of being someone who could afford to buy her own cigarettes. Because there are few places now where you are able to smoke in your own room and have to go outside, you get “pounced upon” whenever you go out the doors. And it’s not just that you can’t afford to support someone else’s habit, it’s that you feel guilty for not being able to help them out – after all, you know what it’s like to need a smoke. And as every smoker expressed regarding this situation, it’s frustrating because you want to just go and enjoy having your cigarette, but you can’t. If there isn’t someone asking you for a cigarette, then you can expect there will be someone waiting for you to finish it so they can grab the butt.

On the surface, this is something that virtually all of us are familiar with, whether having been in the situation yourself at one time or another, or simply observing this kind of behaviour outside a residence, business or institution. But there is much more to this picture, and as I had the opportunity to delve further into the conversation with focus group participants, we were able to uncover a deeper meaning at play in this situation.

One of the first things participants brought forward was the direct connection between poverty and addiction, and how negatively it impacts both, the individual and his or her relationships with others. The chronic stress of not having enough money or so little choice in so many aspects of personal life is a strong driver of addiction in and of itself. So you have people “bugging and harassing you for what they want or need, feeling like you have to help out because *you* have.” Another participant said, “You see them spending

their money and then asking for your money... it creates all kinds of problems between people, creates a lot of conflict and tension.”

Another point made in the focus group was that the experience of loneliness and boredom go hand in hand with chain smoking. As one participant explained, besides a television, there are no games to play and not many places have activities to engage the residents, and staff doesn’t generally have much interest in talking to you... so you have a lot of people with pent up energy and nothing to do with it...so you smoke.

What really stood out in our discussion was how much participants expressed a feeling of almost being pitted against one another in these situations. If you ‘have’ or ‘don’t have’, there’s no avoiding the tensions and conflict between one another. And those who ‘have’ this week, ‘won’t have’ next week. It’s an endless cycle. Besides living with a mental illness and all that comes with managing symptoms and daily life, the realities of living in poverty create a wide range of issues for individuals, and as one participant so accurately stated, “You’ve got all of these social problems under one roof and no one there to help you.”

Relationships: Those That Bind Or Break the Heart

Given the courage and strength with which participants shared their stories, I think it’s equally important within this report that their own voices and words are heard.

Cheryl’s story

...that’s the problem...the workers, they didn’t understand, and they were actually quite abusive sometimes to some of these women who didn’t know how to put themselves forward.

It seems that in every group home there’s always one person that yells and gets mad at everybody, and it’s like they want to take out their frustrations on them.

...the staff at Sarah Riel, they felt like family to me, not just workers, you know? Because you would see them every day and they would come in and work and they're not treating you like you're just...down here, but you're up there with them or equal or whatever. They're treating you like a human being, you know, not just like a sick person...So it's not just doing your job, but it's actually caring and relating to the residents and looking after them...

Leona's story...

Just because I snored, she'd come down to my room every night, like for several years I was there...She'd come down and I was snoring and I couldn't help my snoring, but she was miserable and she'd yank the top sheet off my bed every night when I snored. It was harassment and torture you know. And sometimes she'd even come down in my room a couple times in the night and I'd get hardly any sleep. Of course then it's hard to sleep because she'd upset me doing this. And I was in and out of the crisis stabilization unit a lot you know, because it's depressing to put up with being treated like that by staff...

Yeah, my sister, that really made her mad when I told her she poured cold water on my face, and she wouldn't even let me catch up on my sleep on the weekend either. That's how much of a 'you-know-what' she was, in fact she said, "I'll flood your bed if you try to nap."...And once when she got mad at me snoring, when she was ranting and on one of her rampages and she came down to my room, she took everything off of my dresser, scattered everything all over the floor, and it took me a long time to pick everything back up and put it back on my dresser. She is just so miserable...she worked there quite a while, yeah...

I wished I got my worker to get me out of there a lot sooner than I did. But this place I moved into wasn't much better, it was like, from the frying

pan into the fire again. I thought I was moving into a good group home, you know.

Emily's story

The bathroom door doesn't lock properly so, a few times, especially one time I remember the janitor walked in while I was having a shower and he acted like it was just okay that he did that. He said, "It's okay, it's okay." I said, "What are you doing? I'm taking a shower!" He said, "it's okay, it's okay." He just came in to get the garbage, he said. And even, just taking a shower, I have a hard time now, doing it...

I went right to my mental health worker, because at that time, she talked to me, the staff at the group home, and said I was the only one complaining about the bathroom door, and yet I was hearing from other ladies that he was constantly walking in on them in the shower too...but they didn't say anything to anybody...

There's only one staff I don't get along with too well. She's the one that yells and the way...well, one lady doesn't wash herself and she'll go to her room and tell her, "You stink! You stink!" And, like, we all just cringe and...she doesn't mean to smell, she takes a shower every other day or something...but for the staff to tell her every day, it drains a person and affects them emotionally and mentally and physically.

Regardless of one's response or means of adaptation to such situations, most participants said that you end up living in a chronic state of fearing homelessness, or of being evicted by housing managers or staff. And given the present state of Supportive Housing availability in Winnipeg, residents living in unsafe and unhealthy environments face an even harsher reality; being told there is nowhere to go. If individuals do contact their mental health workers and tell them they wish to live elsewhere, they are usually told one of two things; that it simply isn't possible, or that they can get put on a waiting list with hundreds of other people.

This situation is far more than a housing crisis. It is contributing to a massive deterioration in the health and well-being of people living with mental illness, and for many, a complete and utter loss of hope. They fear speaking up about much of anything in the environments where they live, and yet when they do reach out in an

effort to find something better, their hopes are all too often crushed. What's worse, if you ask people what kind of solutions they would recommend about the present situation between residents and staff in group homes, some will tell you as they told me, that "Nothing that can be done about it, so why bother talking about it?"

Reflections, Lessons Learned, and Other ‘Aha’ Moments

The labels of participant and researcher are important for their use in reminding us of our roles and responsibilities we have to one another (including ourselves) in research projects, and in setting boundaries that promote respect, compassion and empowerment. But when these same labels take the forefront of our work and create an imbalance of power, they are likely to create barriers between ourselves and others, and hinder our capacity to learn as researchers.

Being able to put this into practice had a huge impact on my experience in both the interviews and focus group. I was able to be a positive support for people as they told me their stories, and while also being their peer, I developed a stronger connection to the person I was speaking with. Instead of feeling alien to what was talked about in the interviews, I personally gained a great deal in allowing myself to connect and identify with participants as another person, and not just as an ‘outsider.’ I sat with, listened to and learned from each person in a way that impacted me deeply.

It’s a rather challenging thing to put into words — that feeling — by letting down my guard and making my own self vulnerable, letting myself be seen beyond the labels, there was a greater sense of connection. I felt like I was with friends.

And instead of feeling the dread and anxiety associated with the expectations of one’s self in such a position, it became something else. I was first and foremost a person in my community; a woman living with mental illness with hopes and dreams of my own...of being a part of creating positive change in my life and the lives of those around me. Second to that, I was a university research student. And within that label were my responsibilities to each of my participants and partners in research.

This component of the process changed everything. It opened my eyes and heart to hear and see what I could not have otherwise, and it also created an environment that I believe allowed participants to feel comfortable enough to walk with me through areas that were not easy to venture into.

“Why Bother Talking About It?” Moving To Action

An important finding, and one that was not unexpected, is that participants know full-well what they need to improve their housing experiences. They know what works, what doesn’t and they were quick to share this with me. Policy mak-

ers, housing and program providers would be well advised to base policies and programs on the following principles:

Building Self-Esteem: Developing Greater Independence

Participants talked about “branching out and having fun” and the importance of community resources to develop relationships in the community. One participant who shared with the group her struggles with housing, commented that “Clubhouse saved my life.” Besides the opportunities that community resources offer in terms of training and transition, they may also provide a place in which individuals are able to rebuild their sense of self-worth, finding purpose in life and the strength to continue moving forward. As these participants stated:

...it gets you out, interacting with people. I mean there's a big lift if I'm working or volunteering or doing some of these things. But like I said, some of these people will never do it, but they should at least give them the opportunity to build their self-esteem, learn and maybe train

I found there wasn't a lot to deal with self-esteem. There was a lot of groups where they did the illnesses and they did the symptoms and all that kind of thing, but they really didn't get into anything having to do with your self-esteem. And like for me, it was very hard because I'm a nurse and I see these things happening, and to live within them — it's very, very difficult...

I'd still like to, with the Clubhouse's help...I'd like to try and get a part time job because I have quite a bit of experience there at the Clubhouse doing reception. And I'd like to try to maybe, part-time job, even if I was only doing it two or three days a week, so I could save up a bit of money until I reach old age pension. It's always good for your self-esteem to earn even just a bit of money, than being totally dependent on EIA, you know.

Activities, Engagement, Community

When participants spoke about the need for group homes to have activities, they weren't just talking about solutions to boredom and smoking. They were illustrating what it means to create a sense of community in one's home, where people can come together to be with each other and get to know one another. Home in this sense becomes a place to actively live and grow with others, building bridges in developing relationships with the larger community and supporting individuals in life transitions. As these participants shared:

I think that every household should have a place where people can gather....to meet and spend time with the other residents. It's nice if every group home had a games room or something.

We would go for walks sometimes in the neighbourhood, or if there was a street festival the organized so people could go together to that, and there were some arts and crafts. Like there was a lady who was teaching us how to make jewellery...I found it very helpful for me to live there (Sarah Riel)...

They did square dancing, it was co-ed, men and women, and we had gym night. We'd go to the gym at the school across the street and exercise, and also there was a game night. All of us would be in the cafeteria and we could sit wherever — they had games like scrabble. But these other group homes I've been, it's kind of boring you know, because they don't have any structured activities like that in these group homes, like they did at Sarah Riel and I kind of miss that.

They should build some kind of games room for people to go and hang out and have puzzles and play games and cards, instead of always having that cigarette one after another. They have a whole basement they could refinish in any way they want. They could make a really nice rec-room in there and the ladies could go down

there and play games and whatever...That's what I think of in my head when everything hurts, I try and see what would help.

Income: Need and Dignity

...there isn't a lot of money to be involved in entertainment, leisure...I mean these people don't have the money for bus passes and things so that they can go and get involved in their community again...like I said, if they're forgotten and they feel that, there's no initiative to do anything...and it is very hard on people...because they're not actively involved, they spiral downward. And they're never going to get out of that.

Participants stressed the need for more money in two particular areas: for individuals living on EIA Disability, and for improving the quality and availability of housing stock in Winnipeg. What people receive on a monthly basis is barely enough to cover the costs of living in a group home, let alone if they have to compensate for issues previously discussed. But what many participants talked about was the experience of having so little choice in the activities of daily life, and the ways in which they would personally like to spend their time. One participant talked about wanting to access programs through the leisure guide, but besides struggling to be able to pay for a course, was the fact that EIA no longer provided her with a bus pass.

With regard to housing stock, participants talked about the failing conditions of many group homes in the city, and how depressing it is to live in an environment that always feels dirty and gives one a sense that things are falling apart around you. They also expressed concerns around safety, particularly for fellow residents who are elderly or have physical disabilities. Participants spoke extensively about wanting greater choice in where they lived, and the importance of being able to live in neighbourhoods that met their own preferences and needs.

Accessible Support and Adequately Trained Staff

The message from participants was clear. At the very least, group home staff (including housing managers) need to be provided with adequate training that not only educates them in the area of mental illness, but also addresses personal attitudes and beliefs that contribute to the stigma surrounding mental illness. This is what several participants referred to as "sensitivity training."

Participants also talked about the importance of accessible supports, and about having someone to go to before a crisis arises, and yet another visit is made to the Crisis Stabilization Unit or a call to the Mobile Crisis Unit. In so many of the situations participants talked about, what the person needed most in that moment was to be with someone who cared, who could listen compassionately and treat them with the understanding they so desperately needed right then.

There is so much more I would like to put forward with regard to this topic, but in respect of participants, I think it best that it comes directly from them:

And I feel people with temperaments like that shouldn't be working in a place like that you know, because a person with mental illness doesn't need to be treated like that, to have someone yelling at them.

One thing I'm really concerned about is making sure that the right kind of people are hired at a group home. Okay, you can't have someone who is going to mistreat any of the clients, in any abusive or inappropriate way...It's so important that women or men in a group home feel safe and that they're not gonna be abused by the staff.

Maria's story

...I was suicidal many times. And it was just that things would just overwhelm, like, you don't have a job, you don't have money, you don't have your kids, you don't have nothing...and it's all

taken away and there's nobody helping you put it back to where you need to be.

And like here with the transition workers, you can talk to them and they help you out with different things, so that you have somebody to go to...and now I have PACT (Program for Assertive Community Treatment), which is a very important piece. So they're going to help me get things started for a job and stuff like that, and they're there to deal with some of the problems. I have a nurse, a social worker and an O.T., and they see me Wednesdays, Thursdays and Fridays. So, I mean we just go for coffee sometimes. And that support is very good.

I mean, they could have that happening at Malverne House. But it seems like at Malverne House you were just written off. Like, you're no good, you can't do it. And when you perceive that, then some of these people that don't have backgrounds like I had, they'll never get out of there.

And I think that there are a lot of things that could be done, that aren't being done. I mean, I guess it's a problem that's always been there, will always be there for women, because a lot of

them have come from abusive relationships or whatever. Whether it be the family, husband, wife, whatever, and...trauma...they don't have somebody to help them deal with that.

I've had good relationships with staff. I mean, I can understand how the staff gets frustrated because I've been in that position of being a staff member. But like I said, the training for working with mental health, they don't have that piece, so they can't understand if you're depressed. Like I get suicidal. To help with that kind of behaviour, I know they have Mobile Crisis Team, so I've accessed the crisis centres...but that kind of counselling should be available.

I find here, when I'm feeling overwhelmed...my transition worker helps me at this point. Like I said, I found that because of housing and stuff like that I had to access the crisis units because I wasn't getting what I needed, you know, from the staff, because the staff didn't have training. You need to be somewhere safe. You need to be able to talk to them if you're feeling like things are starting to snowball.

So it's been tough, but hopefully I'll get through this and into housing...start all over again.

Closing Discussion

There has been significant efforts and progress made toward the social inclusion of people living in with Mental Illness. Nonetheless, stigma remains a challenge and many individuals live on extremely low incomes and continue to have difficulties finding safe and adequate housing. As noted early in this paper, real change will require adequate funds for safe housing, adequate choice of affordable housing in communities and adequate support. Financial support is also needed if we are to see a paradigm shift that includes changes in the relationships between mental health consumers, housing providers and support staff.

This research project was an effort to draw attention to the ongoing challenges for those in-

dividuals living in one particular type of housing environment.

For me, as an individual striving to give voice to the struggles of those who are silenced, conducting this research in collaboration with my peers and with the support of academics and community partners who have allowed me the freedom to tell the story as it makes sense to me, has been empowering and encouraging.

I hope that it contributes, if only in a small way, to increased understanding and improved housing conditions for mental health consumers who continue to seek safe and affordable housing with an emphasis on personal empowerment and dignity.

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