

### **December 18, 2015**

## Lived Experience and Perspectives: Women, Mental Health and Housing in Winnipeg

upportive Housing is an important model on the housing continuum and a positive choice for many people living with mental illness. Whether it is because a person faces greater challenges or because they do not wish to live alone, supportive housing, commonly referred to as "group homes", holds the potential of being a place where residents may develop a greater sense of personal community, as well as providing the additional safety and support that comes with round the clock staff.

But the present situation for many individuals living in supportive housing in Winnipeg falls far below this potential. Through the Mental Health Program Housing Service, the Winnipeg Regional Health Authority currently works with 32 Level 5 residential care facilities, ranging from small to larger residential homes and facilities, each providing 24 hour support to residents with mental illness. But as participants in a recent community project pointed out, safe and healthy housing is about far more than bricks and mortar.

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

The aim of the research was to identify the issues impacting the daily lives and wellbeing of women; to understand how those 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. Interviews and focus groups with sixteen participants provided insight into group home life. Many issues were identified, but the following three were most prominent.

### **Nutrition**

Food and nutrition issues were consistently raised and almost all participants agreed that group homes should be required to follow the Canada Food Guide. Participants weren't necessarily referring to a set of strict dietary rules, but to ensure that their basic nutritional components that were lacking in their daily diet, as well as those foods that were present but possibly contributing to health problems.

Participants also stated that the portions were too small, requiring them to depend on charitable resources or purchase supplementary groceries they all too often cannot afford. This means that individuals had to take money from an already meagre budget to pay for food that had already been included in their cost of housing.

### **Scarcity of resources**

"Cutting corners" was how several participants referred to limitations put on essentials like toilet paper, hot water and laundry. In fact toilet paper, an item most of us take for granted to be readily available, was discussed at some length. For example, in group homes where toilet paper was provided for residents, some participants spoke of having to request toilet paper and being required to limit how much they used. These, participants said this can create a stressful and embarrassing situation when they know they may need more. Other participants spoke about being reprimanded for

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asking for toilet paper too often, or too much, to the point that it was better for them to buy their own toilet paper to avoid stress and humiliation.

Participants also mentioned limitations on bathing and the availability of hot water. 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. Participants spoke of laundry as being a chronic problem. In homes where staff is responsible for doing the laundry, clothing that "goes missing" or ends up in another resident's drawers is a common occurrence. But of greatest concern and frustration, was the infrequency of laundering. In the experience of one participant, once a month. Sometimes this was due to a washer or dryer being broken, while other times residents believed the machines were working fine and staff simply neglected to do their laundry until someone was willing to complain about it. In those homes where residents did their own laundry, issues of machine maintenance were very common.

### A room of one's own

When interviewees were asked what safe and healthy housing meant to them, the first thing they identified was the sanctity of one's personal space, and how challenging it can be to maintain privacy. One's personal space is essential in providing refuge from external stimuli, a place for peace and quiet amid the chaos of daily life.

Participants also spoke about safety in relation to personal belongings. People who live in supportive housing often have very few personal belongings. What they do have - clothing, personal care products, items of sentimental value - hold greater personal importance and value than what is often understood. Losing and then attempting to replace such items can be very difficult, impossible, or beyond their means. Participants also acknowledged how personal belongings were fundamental to developing a sense of home and stability.

# Want to know how to improve conditions? All you have to do is ask

In addition to the above issues, study participants had much to say about their living conditions and how they could be improved. They suggested simple things like creating a sense of community, providing space where residents can get together and get to know one another better. In this sense, home becomes a place to actively live and grow with others, developing relationships with the larger community and finding support for life transitions. They suggested things like ensuring staff are adequately trained, not only in the area of providing direct support to persons with mental illness, but also ensuring staff are aware of how their personal attitudes and beliefs can contribute to the stigma surrounding mental illness. Participants also talked about the importance of accessible supports, and about having someone to go to before a crisis arises. And finally, participants spoke about income as it relates to dignity. They stressed the inadequacy of Employment and Income Assistance disability benefits, providing a monthly amount barely enough to cover the costs of living in a group home, and certainly not enough for any extras to ensure a dignified life including access to recreation, leisure, transportation and other activities that others take for granted.

Speaking candidly with residents living in supportive housing tells us that there is much to be done to improve current conditions. The good news is that safe, respectful and adequately staffed supportive housing environments, when coupled with adequate income supports and access to a range of community services has the potential to reduce the social exclusion and stigma associated with mental illness.

Jen Erdmann is a graduate of the University of Winnipeg, having recently completed her BA with a focus in Conflict Resolution and Urban and Inner City Studies. She is the author of *Lived Experience and Perspectives: Women, Mental Health and Housing in Winnipeg*, available on the CCPA MB website.