

**Concurrent Disorders and Housing Project
Centre for Addiction and Mental Health**

**Needs Report
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Acknowledgement

The Concurrent Disorders & Housing Project team would like to sincerely thank the housing providers, clients and family members who participated in our needs survey, interviews and focus groups. Your contribution will guide the development of a learning tool for housing providers who serve, or will serve, people living with concurrent mental health and substance use problems.

Report Summary

The Centre for Addiction and Mental Health is interested in improving housing options and housing stability for individuals living with concurrent disorders. Concurrent disorders are any combination of mental health and substance use problems. As a first step to developing a tangible learning tool for housing providers, an informal needs assessment was conducted to capture the perspectives of housing providers, people living with concurrent disorders, and family members of persons living with concurrent disorders. Through a survey of 59 housing providers and interviews with sixteen individuals, the reality of finding, maintaining and providing housing for persons living with concurrent mental health and substance use problems, and the knowledge gaps housing providers would like to have addressed, were identified.

The results of the needs assessment demonstrate the need and support for a learning tool for housing providers. Moreover, it demonstrates a common understanding between housing providers and people living with concurrent mental health and substance use problems in terms of the housing challenges they face. Housing providers recognize the need for high levels of support for potential and actual tenants. Potential and actual tenants recognize that their concurrent mental health and substance use problems can create behaviours that can be difficult for others to cope with. Both groups recognize the need for teamwork and case management by a range of community agencies, people living with concurrent mental health and substance use problems, their families, other tenants in a facility, and trained and accessible support workers. Housing providers perceive that, with support and training, they can do more for their tenants/residents.

The needs assessment results provide a map for the development of a learning tool in the form of a low-cost workshop and written materials. This resource needs to provide factual information on concurrent disorders, and address both mental illness and addiction. It needs to include a skill-building component that will allow housing providers to assess their current situation and take steps to enhance the way that they relate to their tenants with concurrent disorders and improve the outcomes for themselves and these tenants.

1.0 Introduction

Individuals with concurrent mental health and substance use problems are at risk of becoming homeless. Recent literature (CMHA, 2004; SAMHSA, 2003) suggests that individuals with concurrent disorders face multiple barriers in finding and keeping housing and homeless can intensify their mental health and substance use problems (Osher and Dixon, 1996). A significant barrier is the knowledge and response of housing providers to potential tenants or residents with concurrent disorders.

The Centre for Addiction and Mental Health is interested in improving housing options and housing stability for individuals living with concurrent mental health and substance use problems. This interest has been translated into a concrete project to develop a tangible learning tool for housing providers that will address barriers to stable housing for people living with both problems. For the purpose of this project, stable housing was defined as “firmly established” and included supportive and supported housing programs, non-profit housing, and private market rental units (e.g. boarding homes, rooming houses, apartments). As a first step, an informal needs assessment was conducted to identify the types of knowledge about concurrent disorders that are needed by housing providers and the most promising means of providing information and training. This report summarizes key findings that will inform next steps.

2.0 Initial Project Approach

The initial focus of the Concurrent Disorders and Housing project is to shed light on what housing providers would like to know about working with and supporting tenants with concurrent disorders, to find out what people with concurrent mental health and substance use problems would like housing providers to know about their experiences, and to identify the format for a learning resource that is likely to meet the needs of the majority of housing providers. The methods chosen to accomplish these objectives include a survey of housing providers across Ontario using a standard instrument and personal interviews with a sample of people living with concurrent mental health and substance use problems and family members of people living with concurrent mental health and substance use problems.

The housing provider questionnaire consists of questions designed to assess respondents' experiences and perspectives on the challenges and benefits involved in providing housing to individuals with concurrent disorders as well as their perceptions of the housing barriers faced by these individuals. A second series of questions focuses on the proposed learning tool options— written materials, a face-to-face course and an on-line course—and best ways of delivering information. The interview questions for people with concurrent mental health and substance use problems address their experiences in accessing and maintaining housing and their suggestions for overcoming their housing-related difficulties. The survey and interview questions are included as appendices to this report.

A total of seventy-five questionnaires were distributed to housing providers through contacts within regional CAMH offices across the province. Fifty-nine questionnaires were completed and analyzed for this report. Almost half of the respondents (49%) were from the Toronto area while 25% were from the Western region of Ontario, 15% were from the Northern region, and 10% were from the Eastern region. The housing providers were, for the most part, from urban communities. Personal interviews were conducted with ten clients and six family members from four Ontario communities.

3.0 A Brief Summary of the Literature

At the outset of the project, the literature related to housing and concurrent disorders was consulted to provide a foundation for the type of information that can be included in a learning resource. While the literature review incorporated a great deal of information, including models of housing currently used to support people with concurrent disorders, this summary focuses on the material that seems most relevant to the purpose of the current project—enhancing housing providers knowledge of the housing experiences, needs and challenges of individual with concurrent mental health and substance use problems.

Key material in the literature review that would be informative for housing providers covers the identification of housing barriers and options for reducing barriers. The following housing barriers are identified in the literature review and could be incorporated into a learning resource:

- There is an overall shortage of affordable housing for low/no-income earners in general, and even fewer affordable housing options for low/no-income earners with concurrent mental health and substance use problems.
- Individuals with concurrent mental health and substance use problems have a higher risk of eviction, including from family homes as well as other housing types.
- Due to their illnesses, individuals with concurrent mental health and substance use problems can often have backgrounds that include criminal records, poverty, unemployment and poor money management skills.
- Landlords may have negative perceptions of, and be biased against, individuals with mental health problems and/or substance use problems.
- Many housing programs and facilities require tenant/client abstinence from alcohol and other drugs, placing housing stability at risk as clients struggle with mental health and substance use problems as well as relapse.

The literature review also identified several options for reducing barriers:

- Pilot and evaluate innovative programs for providing financial support and employment opportunities better tailored to individuals with concurrent disorders who are greatly challenged when trying to fit into mainstream employment and financial support structures.
- Develop supportive housing options that take into account the financial and interpersonal skills and limitations of some individuals living with concurrent mental health and substance use problems.

- Develop “damp/wet” housing options that do not require total tenant/client abstinence and provide harm reduction training to housing providers.
- Provide better information to housing providers concerning the life circumstances of individuals with concurrent mental health and substance use problems and encourage the development of more realistic eviction policies.

A point made in the literature review may well be a vital area to emphasize and clarify: appropriate, stable housing is key for individuals living with concurrent disorder if they are to manage and live well with their challenges. Rather than having housing contingent on the management of mental health and substance use problems, housing needs to be a stable foundation to address other issues.

4.0 What We Learned About Housing Experiences

Uncovering the current housing experiences of people living with concurrent mental health and substance use problems and the housing providers who work with them, as tenants, is an important step in researching the content for the proposed learning tool. Through asking similar questions of housing providers and people living with concurrent disorders who have sought housing, the project was able to shed light on how the two groups perceive each other as well as what their concrete experiences have been.

4.1 Experience to date with clients with concurrent disorders

[Major issues surrounding housing for people living with concurrent disorders include] a lack of affordable housing, supported housing, and financial assistance. Existing housing programs often have restrictive admission criteria that exclude individuals who have substance use problems or are intoxicated. – A Housing Provider

As a first step in determining what kinds of knowledge housing providers might need in order to better understand their tenants with concurrent mental health and substance use problems, the questionnaire asked respondents to comment on their perceptions of the needs and experiences of these tenants with respect to housing stability. When asked to identify the major issues surrounding homelessness, housing and housing stability for people with concurrent disorders, 81% of the respondents pointed to the lack of suitable housing as a major concern. According to the housing providers surveyed, individual with concurrent mental health and substance use problems face a general lack of affordable housing and the housing that is available may not offer safety or privacy. Respondents also noted that landlords are reluctant to provide housing, few housing programs support a harm reduction model and there is not enough housing with support services in place.

The latter point concerning support services ties into a second issue area. Almost half of the respondents (49%) perceived that accessing and maintaining appropriate and adequate support services and resources was an ongoing issue for individuals with concurrent

mental health and substance use problems. Other issues that housing providers felt that tenants with concurrent mental health and substance use problems faced were:

- Poor life skills and resulting vulnerability (36%);
- Disruptive behaviour affecting other tenants (14%);
- Illegal activity (10%);
- Stigma related to having a mental illness, addiction or being homeless (10%); and
- A lack of treatment for both addiction and mental illness at the same time (2%).

Housing providers commented on their perception of the challenges and barriers for people with concurrent mental health and substance use problems in accessing and maintaining suitable housing. Their responses, summarized in Table One, indicate that they perceive the greatest challenges to be financial issues such as inadequate income and a lack of affordable housing, the misconceptions and bias of landlords, and the challenging behaviours that can sometimes accompany concurrent mental health and substance use problems.

Table One: Challenges in Accessing and Maintaining Suitable Housing

| Category | Number (%) of Respondents |
|--|---------------------------|
| Financial issues, inadequate income, lack of affordable housing | 29 (50%) |
| Landlord bias, misconceptions, stigma | 29 (50%) |
| Nature of concurrent disorder, lifestyle issues and past history | 26 (45%) |
| Applying for housing: structure, bureaucracy, compliance with admission requirements | 18 (31%) |
| Inadequate support services | 16 (28%) |
| Safety, location, privacy of housing available | 14 (24%) |
| Behavioural issues | 10 (17%) |
| All others (life skills, personal perceptions, personal support) | 12%-16% |

[We are reluctant to house someone] if they endanger other tenants safety, whether mentally, physically or health-related...Lack of support from the tenant's social worker is a real problem...[W]e spend literally hours attempting to contact agencies with respect to tenants with concurrent disorders who discontinue meds, or go on drinking binges. It is and has been an administrative nightmare for frontline workers who are not formally trained at intervention. – A Housing Provider

Housing providers were also asked to comment on factors that might make them reluctant to provide housing for people with concurrent disorders. Fifty-three of the 59 respondents

(90%) replied to this question and, of the 53 respondents, a total of three (6%) indicated that there were no factors that made them reluctant. Sixty percent of the respondents who identified specific factors contributing to a reluctance to provide housing to people with concurrent disorders identified the safety risk to other tenants, staff and the facility as a prime concern. This was followed by a lack of support within the facility (in the form of staffing around the clock and staff trained to understand the needs and challenges of people living with concurrent disorders) or, when some support is available, tenant refusal of support due to the stage of their condition (53%). A little over a third (36%) of the housing providers identified the potential impact of the tenant’s behaviour on others as a concern, including confusing and unexplainable behaviour, conflict, verbal abuse and unreasonable requests for support. Other issues raised included the behaviours and activities typically associated with substance use (25%), the impact on housing provider staff (i.e. possible assaults and verbal abuse, stress, frustration in not being able to help—in trying to meet needs) (11%); and the financial costs to the housing provider (8%).

Working in partnership with [other community agencies] we can work to make sure that eviction is avoided due to non-payment of rent and suspension of welfare. – A Housing Provider

On a positive note, housing providers demonstrated concern and commitment to their tenants in their description of the steps that they have taken to try to meet the preceding challenges. **By far the most common strategy they adopted (51% of respondents) was working with other services and agencies in their community to coordinate service delivery and develop more effective responses to the housing needs of tenants with concurrent mental health and substance use problems.** Other actions, as presented in Table Two, consisted of a variety of ways of working directly with the tenants to provide information and referral to other services and supports.

Table Two: Actions Taken By Housing Providers To Address Challenges

| Category | Number (%) of Respondents |
|---|---------------------------|
| Collaborating and networking across service sectors | 30 (51%) |
| Provide information to and make referrals for assistance with tenants | 16 (27%) |
| One-on-one client support and interaction | 14 (24%) |
| Life skills development with tenants | 11 (19%) |
| Specific measures/programs in relation to concurrent disorders | 9 (15%) |
| Develop/explain clear consequences for behaviour to tenants | 8 (14%) |
| Staff training and education | 7 (12%) |
| Improve tenant relations and mutual support | 7 (12%) |
| Adopting/implementing a harm reduction approach | 6 (10%) |
| Special rent payment arrangements | 5 (8%) |

| | |
|-------------------------------|--------|
| New staffing arrangements | 5 (8%) |
| Advocacy on behalf of tenants | 4 (7%) |
| Limited or no action | 2 (3%) |

[The] clients are wonderfully interesting and creative. They add a deeper dimension to a house. [They] have become successful peer supports to other residents. – A Housing Provider

Finally, 88% of survey respondents pointed out specific benefits of providing housing to tenants/residents with concurrent mental health and substance use problems. Of the 52 housing providers who indicated that they had benefited from their experience, 46% felt that seeing the tenants achieve some success with stable housing and addressing their health and mental health issues as a key benefit. Twenty-five percent said that they personally had learned a great deal from their experiences with tenants with concurrent mental health and substance use problems. Seventeen percent saw the tenants themselves – their personalities and life experiences, ability to support other tenants and to teach staff how to work with them through trial and error – as a benefit and 17% found the opportunity to be helpful and to offer support as personally rewarding. Ten percent felt that collaborating with other service providers was a benefit and 8% felt that they benefited from the experience of ‘community building’ with tenants and other services. In summary, housing providers felt that their experiences with tenants with concurrent mental health and substance use problems had offered them an opportunity to be of service and to give to others as well as to enhance their own experience through learning and collaboration with others.

4.2 Input from Individual Living with Concurrent mental health and substance use problems and Family Members

Through a series of interviews with individuals with concurrent mental health and substance use problems and family members of individuals with concurrent mental health and substance use problems, sixteen people provided a first-hand perspective on the challenges of accessing and maintaining housing. The interview process involved identifying people living with concurrent mental health and substance use problems and family members through local agencies, having them contacted through a variety of means, and addressing a variety of concerns or barriers that had potential interviewees unwilling or unable to participate. The resulting sample, while smaller than originally anticipated, is rich in detail.

[My] son initially lived with relatives, but...there were problems and he moved out. He got an apartment (on welfare) but had problems keeping it clean, taking care of the place. He was letting people in who were using drugs. [He] became aggressive, went to jail for a year, [was] released, [but the] aggression continued. [He was] hospitalized by a psychiatrist, then went from a residence to a transition house to an

apartment with team support. – Parent of a Person Living with Concurrent Disorders.

A wide range of problems, challenges and barriers in accessing and keeping housing were identified, all of which reflected the responses of the housing providers who were surveyed. When asked to identify the most difficult of the challenges, the interviewees¹ pinpointed the following:

- Mistrust, disrespect and lack of understanding of the person with concurrent disorders on the part of housing providers;
- The individual's difficulty or inability to express his/her needs;
- Having to go without privacy because a roommate is necessary for affordability reasons;
- Coping with relapse and staying healthy;
- Inability to take care of a room or apartment;
- The behaviours of other tenants, including noise, threats, thefts and substance use (which can trigger individual's relapse) and not wanting the person with concurrent disorders in the facility;
- Long waiting times to get into housing;
- Affordability of available housing; and
- Filling out applications forms to get into housing.

Lists for subsidized housing are very long. If you wait on these lists, you have to keep on living as healthily as you can and do all you can to manage your depression and anxiety and any triggers that may cause you to start using again.
– A Person Living with Concurrent Disorders.

The interviewees also identified ways that housing providers have helped people with concurrent mental health and substance use problems. The overall impression was mixed with some interviewees indicating that they were treated well because they had money or were high functioning, while others felt that housing providers had not helped them at all. Those who felt that they had been helped indicated the following types of help:

- Showing compassion;
- Providing moral support and being available to talk;
- Helping them to access other services and housing; and
- Hiring good on-site staff.

Finally, the interviews included a question about what housing providers could do to help people with concurrent mental health and substance use problems work through housing-related difficulties. The following suggestions were made:

¹ The sample of interviewees was small so percentages are not reported. For the most part, the bulleted items listed in this section represent comments made in descending order from the most frequent to only one or two. However, few of the comments were made by more than 4 or 5 respondents. They represent a clear picture of the **range** of challenges faced by people living with concurrent disorders but do not capture the **depth or extent** of these challenges.

- Have medical and health care workers on-site;
- Provide drug and alcohol intervention;
- Offer more affordable housing and surround it with support structures;
- Do everything possible to help the individual avoid eviction;
- Learn more about concurrent disorders and be more understanding of tenants, become more educated (NB – this suggestion came up several times);
- Gear housing to specific age groups; separate the younger residents from the older ones;
- Create more single family units;
- Collaborate with other services to make the application process easier.

As long as the person is trying to help themselves [sic], try not to evict [them]. Everybody goes through a rough time. Offer more places like [the current housing facility]. If I had found this place ten years ago, it could have prevented so much. I could have been sober for ten years. – A Person Living with a concurrent disorder.

5.0 The Learning Tool —Provider Preferences

5.1 Learning tool content

Housing providers were asked to specify the types of information and support that they would find the most helpful in providing safe and stable housing for people living with concurrent mental health and substance use problems. As Table Three illustrates, the most frequent request was for information that would enhance knowledge about, and increase skills to work with people with concurrent disorders. This included specific types of information such as symptoms, interactions between psychiatric medication and street drugs, treatment options and advice on the most supportive ways of interacting with people with concurrent mental health and substance use problems. Information about addictions (e.g. recognizing the symptoms, 14%), how to implement harm reduction policies and strategies (12%), and where to refer tenants (12%) were the three categories that followed after information on concurrent disorders.

Table Three: Learning Tool Preferences—Content

| Category | Number of Respondents |
|--|-----------------------|
| Knowledge and skill development about concurrent disorders | 28 (47%) |
| Knowledge and skill development about addictions | 8 (14%) |
| Information about support available | 7 (12%) |
| Referral suggestions for clients | 7 (12%) |
| Harm reduction strategies | 5 (8%) |
| Information on what works in CD and housing | 3(5%) |

5.2 Learning Tool Preferences – Format and Costs

The housing providers who responded to the survey were asked to identify the most helpful format for receiving information: written material, a face-to-face course, or an on-line course. As Table Four indicates, respondents were generally receptive to all three formats and leaned towards having the information provided in more than one way. When the wide range of responses were collated and sorted into the three options alone, face-to-face learning was mentioned most frequently (83% of respondents), followed closely by written resources (78%), with on-line learning identified by less than one-third (28%) of the respondents.

Table Four: Learning Tool Preferences—Format

| Format | Number of respondents | Total per three categories | Number of respondents |
|-------------------------------------|-----------------------|----------------------------|-----------------------|
| All three ways | 20 (34%) | Face to face | 48 (83%) |
| Face to face | 15 (26%) | | |
| Written materials | 12 (21%) | Written | 45 (78%) |
| Face to face plus written materials | 10 (17%) | | |
| On-line | 6 (10%) | On-line | 28 (48%) |
| Anything okay | 2 (3%) | | |

While many responses were given for why the respondents chose their preferred learning formats, common themes emerged. Respondents felt that offering all three options would be the best way to address the different ways people tend to learn – a “something for everyone” approach. Those who preferred the face-to-face option tended to like the opportunity to discuss and talk about the material as well as interact with peers and ask question of the presenters. Written materials were seen as an accessible and ready-to-use-as-needed resource and an on-line course was seen as the most cost effective and flexible option.

When asked how much money that they or their employer would spend on the three learning options, over 50% of the respondents indicated that they would not pay for any of the three options. For 49% of the respondents, the face-to-face learning options was the one they were most willing to pay for, followed by 44% for the written resources and 29% for the on-line option. In terms of what they were willing to pay for each option, respondents indicated that:

- They would pay at least \$20 and at most \$800 for face-to-face training with an average fee of \$174;
- They would pay at least \$5 and at most \$500 for on-line learning with an average fee of \$110; and
- They would pay at least \$15 and at most \$500 for written materials with an average fee of \$90.

In terms of providing more specific information related to the actual production or delivery of each option, respondents identified the following:

- Over half the respondents (53%) could allocate one day for face-to-face training, while 20% could allocate less than a day and 19% could allocate 2 days.
- Over half (58%) of the respondents living outside of Toronto indicated they could attend a face-to-face course in Toronto while 42% could not.
- Thirty-six percent of the respondents worked in the Toronto area, meaning that 73% of the respondents would be able to attend a learning opportunity held in Toronto and 27% would not.
- Ninety-one percent of respondents had access to high-speed internet service at work and 81% felt they would possibly (43%) or definitely (38%) be interested in an on-line course. All of those potentially interested able to allocate a minimum of 2 hours a week and 80% able to allocate three hours per week.
- Having written material presented in a three ring binder was the preferred binding method of 63% of respondents, followed by 21% for spiral binding and 16% for perfect binding.

6.0 Putting it All Together: Synthesis and Discussion

Housing providers, individuals with concurrent mental health and substance use problems and family members were frank and forthcoming in their responses to the survey and interviews. Housing providers spoke of the challenges faced by individuals with concurrent disorders, including following the procedures required to get into a housing facility, the behavioural challenges of the individuals, as well as landlord bias and assumptions about what could happen when housing people with concurrent disorders. People with concurrent mental health and substance use problems and their families spoke of difficulties with the paperwork, past history and unpredictable access to income as posing challenges to housing stability. The overall impression gained from looking at the two sources of information together is that there are similarities between housing provider's perceptions of client issues and what clients actually identify. This is a positive sign that there is a common basis of understanding on which to build and that enhancing the depth of that understanding does indeed have the potential to improve the housing experiences of people with concurrent mental health and substance use problems. The challenge in developing a learning resource for housing providers will be in striking a balance between discussing the very real, potential difficulties involved in offering housing to people with concurrent disorders and outlining the potential benefits to be gained by everyone involved.

7.0 Conclusions/Recommendations

By reflecting on all the information gathered through this project, the following recommendations are made for the development of a learning resource for housing providers:

- That the learning content focus on the concept of “support”; and the definition of support include personal networks, support within a housing facility and broader community support.
- That a face-to-face learning/training format be developed that is one day in duration and is supplemented by take-home written material.
- That the training be low to no cost. CAMH may be able to obtain project funding for the development and delivery of the tool through opportunities such as the Community Initiative Fund of Canada’s Drug Strategy.
- That the personal experience of tenants be incorporated (e.g. guest speaker, video).
- That, in spite of the fact that most respondents indicated a willingness to travel to Toronto for training, the face-to-face workshop be delivered in key urban areas throughout the province. If the training is offered to multiple housing providers in one community, it provides them with the opportunity to network and support each other.
- That the learning resource includes a section on community supports tailored to individual communities. This can be supplemented by bringing support people from other agencies and services in to speak at the workshop, enhancing the networking and collaborative potential of training.
- That the developer of the learning resource refers back to the analysis notes from this report to draw on the wealth of comments and insights provided through the survey and interviews.
- That, while the emphasis of the learning resource reflect the majority views of survey respondents, the less frequently mentioned topic areas are also incorporated.

The experiences and comments of the respondents can be synthesized into recommended topic areas or sections for the learning resource. These topic areas include:

- The importance of stable housing for people with concurrent disorders.
- What housing providers can do—become educated and offer support.
- Getting educated—information on concurrent disorders for a better understanding of the experiences of people living with concurrent mental health and substance use problems. This section can be subdivided into the following four topics:
 - What to expect before tenants are accepted into a facility (probable background histories).
 - What to expect after they are accepted into a facility (the challenges and the benefits).

- The role of addiction.
- The role of mental illness.
- Offering support —what clients need; what is realistic for a housing facility.
- Finding support—working with other supports in the community. This would require some individual tailoring for urban centres as well as provincial sources of support for rural areas with fewer service options available.
- What housing providers need—getting your own support.

8.0 Next Steps

The information collected from the needs assessment was both enlightening and rich in providing the CAMH Concurrent Disorders & Housing Project team with an overview of the current issues for housing providers serving people living with concurrent mental health and substance use problems.

- As a first step, the project team will circulate this information among the people who contributed to the needs assessment.
- Using the findings from the survey, the project team will develop a plan for a learning tool.
- By March 31, 2007, there will be a learning tool to assist housing providers in supporting people living with concurrent mental health and substance use problems to improve their housing experience and maintain stable housing.

For further information, contact Marcia Gibson, Project Leader at Marcia_Gibson@camh.net

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