The Links Between Mental Health Stability and Housing Stability

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Housing Instability

Housing stability is an intentional effort for all persons that have previously experienced homelessness. For many, it is an essential series of tasks and activities that support the person or family in establishing a sense of permanent housing. The activities that make up housing stability are customized to each individual. For most people that were previously homeless and live with a serious and persistent mental illness, housing stability is especially essential, as it can be a challenge for this population to remain stably housed after the point of their initial housing because of issues associated with their mental health, as well as behaviours and routines associated with their homelessness. A variety of disruptions are expected once individuals acquire permanent housing (Zerger et al., 2014), and it can often take several attempts at "Re-housing" for the client to find their permanent, stable home.

Housing stability is about more than merely avoiding eviction. It is about having affordable, safe, and suitable housing within a healthy community, without experiencing discrimination. This also requires an ability to keep the housing over time, as the individual's needs change. At times, people who are homeless will agree to a specific housing situation in hopes of getting housed more quickly. Previously homeless individuals report that, at the beginning, they would have been grateful to take anything as an alternative to living on the streets (Pearson, Mountgomery & Locke, 2009). After a few months living in that home though, they may realize that there are a number of barriers to their housing stability and will request a move. Individuals will desire rehousing for a variety of reasons. Some examples are, overall dissatisfaction, problems with neighbours or the landlord, neighbourhood preference, or a perception that other housing is higher quality or allows for more independence (Pearson et al, 2009). In other situations, individuals can experience housing instability due to a mental health crisis, which frequently results in eviction. Often times there is a

direct correlation between a decrease in people's mental health stability and their housing stability decreasing.

Housing stability can be vulnerable to sudden changes (Frederick, Chwalek, Hughes, Karabanow, & Kidd, 2014). Several factors can contribute to housing instability, such as a lack of affordable housing, inadequate income or employment opportunities, substance use, family breakdown, isolation, and challenges or changes to a person's physical or mental health. Research has shown that people's current circumstances have more effect on their housing stability than their history (Bevitt et al., 2015). In addition, housing instability is closely tied with high levels of public-system interactions, which tend to increase when an individual is experiencing a mental health crisis (Turner, 2014).

Homelessness, Mental Health & Housing

Having increased mental wellness promotes resiliency and the overall well-being of individuals in the community. This is true not just of people with serious mental illness, but for all people. As a person's mental health – regardless of any previous diagnoses – is likely impacted by the experience of homelessness, a focus on wellness is critical for community integration and healthy feelings of belonging and attachment.

People who are homeless often need the most improvement in their mental wellness. The prevalence of mental health and substance use challenges is significantly higher among those experiencing homelessness than within the general population (Folsom, 2005). It is often difficult to determine if a person's mental health has been one of the causes of their homelessness, or if their experience of homelessness has caused their lack of mental wellness. Available data on community mental health demonstrates that people living with mental illness are more likely to be housed than homeless – regardless of the type of mental illness – even when most of those individuals are not well connected to any type of mental health supports.

Those who have compromised mental wellness often have far more complex service needs (Kirst, Zerger, Harris, Plenart & Stergiopoulos, 2013). Chronic homelessness is often described as people that experience homelessness for one year or more, or have had more than four homeless episodes in the last three years (Pearson et al., 2009). Episodic homelessness is frequently defined as having three or more episodes of homelessness in the last year. People experiencing chronic and episodic homelessness tend to have more severe struggles that can destabilize a tenancy either because of required care elsewhere (longer-term hospital admissions) or behavior that stems from the mental illness. Chronically homeless individuals consume more than half the resources in the homelessness system and are far more likely to have catastrophic physical and mental health crises (Gaetz, Gulliver & Richter, 2014). Moreover, individuals living with compromised mental wellness are far more likely to experience repeated episodes and longer periods of homelessness (Goering et al., 2011), and as a result, these individuals are predisposed to housing insecurity.

Some common concerns for those living with compromised mental wellness are, loneliness, lack of autonomy, powerlessness, loss and stigma (Browne & Courtney, 2004). Mental health stigma is rampant in the community and can have significant impact on this population. Dorvil, Morin, Beaulieu and Robert (2005), state that stigma is the single most important barrier to overcome in our communities. People feel less accepted by and connected to community, and they are excluded or exclude themselves from social relationships, often leading to significant loneliness (Browne & Courtney, 2004). This can affect an individual's housing options as well. When there is a reference to mental health, the likelihood of the person being accepted for the apartment decreases (Dorvil et al., 2005). Not only do people living with compromised mental wellness need to manage their own symptoms and wellness, they must also deal with the negative attitudes and behaviours of their fellow community members (Dorvil et al., 2005).

As Frederick et al. (2014) states, "Housing stability is the antithesis to homelessness." If you work to find housing and provide support to even the

most severely entrenched people experiencing homelessness, they generally stay housed and display improvement in health and well-being (Gaetz et al., 2014). The stability that a permanent home provides to an individual, allows them to begin addressing the circumstances that led to their initial housing instability (Turner, 2014). An individual's mental health is more likely to improve once they are housed due to the lack of extreme stress that being homeless causes. Once they have a stable place to live, they are more likely to take their medications on time, follow up with appointments with their medical professionals, and to get enough sleep to successfully prevent mental health crises, though, not every individual is able to avoid these crises.

There are many housing programs that work with the previously homeless population. The program that has proven to be most successful across Canada and the United States, Housing First, works with people to find housing without any barriers. The individuals are not required to attend treatment or to take medication for their mental health, as an example, they move right into housing and then are able to address any areas of their lives that they wish to.

The Housing First program is working to effectively house a significant amount of people that are homeless and living with mental health conditions; however, a small percentage remains that continues to struggle with unstable housing (Yamin et al., 2014). Even the most effective interventions cannot produce success in every individual. Research completed at the At-Home/Chez Soi program found that 15 – 20% of the participants experience frequent evictions and appear to have higher needs than can be adequately met by Housing First alone (Yamin et al., 2014). These people tend to experience difficulties in community integration, community functioning, quality of life, substance use and mental health symptom severity (Stergiopoulos et al., 2014).

Compromised mental wellness can impair someone's ability to perform daily living activities, manage individual and community responsibilities and engage in social interactions, all of which can lead to housing instability (Helfrich, Simpson & Chan, 2014). Some impairments to daily living activities for these individuals can be, paying bills, cleaning their apartment, reporting damages,

following tenancy rules, making appointments, and regulating noise in their home. These may seem trivial, but all can lead to unstable tenancy when someone is experiencing a lack of mental wellness. A large part of housing stability is the individual's social interactions. When someone is experiencing a mental health crisis, his or her relationships can be negatively affected. Some examples are, negative experiences in discussions with the landlord, not being a good neighbour, allowing guests into the home, engaging with those guests negatively and also not meeting with the supports in their life. If someone is experiencing a compromised mental wellness, they may avoid engaging with their positive supports. All of these social interaction experiences can affect the individual's housing stability.

For those who are living with compromised mental wellness poverty, unemployment, substandard living conditions and homelessness are struggles that can limit their options for recovery (Borg et al., 2005). Recovery has traditionally been thought of as the absence of disease or illness (Parker, 2014). While this can be quite relevant for short-term illness, it does not translate as well to chronic conditions, such as mental health. In recent years, the recovery movement has begun to emphasize the importance of client-centred approaches to recovery that focus on the individual's strengths and capabilities (Vanderplasschen, Rapp, Pearce, Vandervelde & Broekaert, 2013). Recovery practices need to be goal directed and reflect the person's valued activities (Vanderplasschen et al., 2013). Recovery should be seen as a journey of healing, not as an endpoint (Parker, 2014). These practices are about the whole self, not just the person's illness and they should be individual to each person's unique experiences. Using a strengths-based approach focuses the recovery practices on the individual's personal attributes that promote health, instead of focusing on their symptoms that induce sickness (Huiting, 2013). This is an internal, personal process that can be aided by support services (Parker, 2014). A person's family, communities and professional supports can all be a resource to help aid in recovery and develop their strengths (Huiting, 2013). Recovery cannot be determined as an outcome, but should be seen as a process to a satisfying life, with or without mental health symptoms (Vanderplasschen et al., 2013).

Causes of Housing Instability for those with Unstable Mental Health

Research in the area of housing stability, with those with compromised mental wellness, has outlined several causes for instability. Some of the more prevalent causes are isolation, substance use, economic well-being, and mental health crises.

Isolation is quite common for recently housed individuals. They are used to living in shelters, in a street community or on a friend's couch, and in that lifestyle people are very rarely alone. Once housed, they can sometimes experience a lack of community. Often they are living in scattered site housing and many people also attempt to build healthier relationships, which can mean eliminating relationships with people from their past. Unfortunately for those who are attempting to improve their mental health, recovery is often not possible without community. When community decreases, mental health instability can increase.

Social integration is one of the key pillars that contributes to housing stability, as it connects people to their community and improves their overall well-being. The more attached an individual is to their community, the greater their attachment is to their home which in turn leads to greater housing stability (Toronto Shelter, Support and Housing Administration, 2014). The Canadian Mental Health Association, BC Division (2007) states that connections to community support is one of the most important factors in sustaining housing.

In contrast, recently housed individuals can work to combat their social isolation by bringing the street into their homes (Stergiopoulos et al., 2014). Some individuals are not used to living alone and thus experience discomfort in doing so. Others remember what their lives were like when they were living on the streets and want to support their past community by allowing them to stay in their home. This can also lead to housing instability. Sometimes, it is not the tenant that causes tenancy disruption or eviction, but rather their community (Canadian Mental Health Association BC Division, 2007)

The primary cause of housing instability for those living with compromised mental wellness is an active addiction (Canadian Mental Health Association BC Division, 2007). People experiencing a mental health crisis often increase their substance use as a coping mechanism, though substance use is a significant obstacle to mental health recovery. Using substances puts those who have compromised mental wellness at a greater risk of homelessness, health problems, incarceration and victimization (Padgett, Stanhope, Henwood & Stefancic, 2011). In connection to the isolation that recently housed people face, substance use is often increased due to loneliness (Stergiopoulos et al., 2014). Substance use poses several risks to tenancy, including financial trouble, conflicts with roommates or the landlord, and not taking care of their unit (Frederick et al., 2014). It is possible for people to use substances and still maintain housing stability. However, when mental health crises are the catalyst to substance use, it can lead to significant risk of housing instability.

An individual's economic well-being is another potential cause of housing instability. People with compromised mental wellness that is severe and persistent are at a higher risk of poverty and homelessness (Centre for Addiction & Mental Health, 2012). There is a direct correlation between presence of a mental health diagnosis and decreased financial stability. Individuals who were previously homeless and are living with a lack of mental wellness can tend to have much lower incomes than the general public. Their mental health may affect their ability to hold down meaningful employment and they often are reliant on social assistance. The amount of money people receive on social assistance is meager at best, leaving people unable to break the cycle of poverty (Dorvil et al., 2005). This leaves individuals with compromised mental wellness in a constant state of stress, always worrying about finances and how they will be able to meet their basic needs with such a low income. Some of these individuals are barely able to keep food in their home between their monthly cheques. In order for people with a mental health diagnosis to receive a pension through the Canada Pension Plan, Disability (CPP-D), they must have been employed for at least four of the previous six years and are required to have an "ongoing" illness (Forchuk et al., 2007). This is a barrier because many

of the symptoms of a mental health crisis are episodic in nature (Forchuk et al., 2007). Individuals with compromised mental wellness find that the regular job market is often an unattainable goal, and they are left with only the 'special' programs as an option (Dorvil et al., 2005). These are often low paying, non consistent and can be damaging to an individual's self esteem, due to a lack of pride in the level of work they are accomplishing.

Previously homeless people involved in housing programs, typically have some form of housing subsidy in place to make their rent sustainable, however there are still possibilities of their economic well-being affecting their housing. If individuals are on social assistance and they experience a mental health crisis, they may not be able to complete the necessary reports for their income to be released to the landlord. If individuals are engaged in employment in order to pay their rent and they experience a crisis, they may be unable to attend work or pay their rent in full. Changing labour markets can also affect housing stability. Sustaining employment is one of the most important factors in sustaining housing (Canadian Mental Health Association, BC Division, 2007).

Another cause for housing instability that is related to economic well-being is rising utility costs, creating an additional hardship to those on lower incomes (Kolkman & Ahorro, 2012). Rarely do housing subsidies include utility costs and that proves to be a problem for many low-income individuals and families. Falling behind on payment of these bills due to lack of income, lack of budgeting skills or having a mental health crisis that affects daily functioning can lead to housing instability. Landlords can evict if a person does not have power hooked up in the unit as a result of failing to make payments.

Lastly, as discussed in the previously mentioned causes for housing instability, mental health crises are a huge risk factor. When people are experiencing a mental health crisis they are at risk of antisocial behaviour, harassment, depression and loneliness, which are all factors that lead to evictions for this population (Warves, Crane & Coward, 2013). When people display antisocial behaviour, they may lash out at other tenants in the building or their landlord. Depending on what type of crisis it is, the individual may cause damages to the

unit. People with schizophrenia, for example, may dig holes in their walls looking for things they believe to exist in their mind. Additionally, people who are experiencing a mental health crisis may lose their ability to maintain their unit; they will stop cleaning or neglect to report damages. All of these behaviours and actions have time and time again led to eviction of people living with compromised mental wellness.

When someone is participating in a housing program, they typically have a requirement to work with the program housing them for a period of time. A lack of engagement from the participant can be a factor stemming from mental health crises that promotes housing instability. This can be an ongoing concern that requires creativity from the individual's support system. These people may feel an ambivalence to engage in support services and this can greatly affect their tenancy, especially if they are in a crisis, which is when people tend to need their supports the most.

Promoting Housing Stability

When individuals are experiencing compromised mental wellness and their housing stability is at risk, there are varied aspects of support that can be utilized. Improvements in life skills, safe community participation, food and nutrition management and room and self-care may increase their housing stability (Helfrich et al., 2014). For others, serious mental health intervention is necessary. Often, these people are in client-driven programs and they need to choose to receive services. When working with individuals who have shown desire to make changes, they can often go through stages of change before getting to the point of making any alteration to their lives. These stages are pre-contemplation, contemplation, preparation, action and maintenance. People who are not yet ready for change or who are displaying 'contemplation' behavior often benefit from Motivational Interviewing techniques to facilitate movement towards change and acceptance of support services (Helfrich et al., 2014).

As practitioners, we act as brokers to community services. Maintaining housing stability requires a responsive and flexible service approach that focuses on helping people maintain their units and maintaining program policies that assist people in finding a new unit if needed (Pearson et al., 2009). If a participant indicates that she is looking for supports in other areas then tenancy, the practitioner's role is to inform the participant of her options in the community. This tends to depend on the individual practitioner and his or her knowledge of community resources. In larger cities there could be hundreds of different resources for mental health for example, but clients are limited to what their worker has presented to them. They may try a few of the resources that work really well for them, or they may find that the resources are not appropriate for their specific needs or personalities.

In this way of practicing, workers tend to make more sense of the complexity of the participant's issues by dividing them into their diverse barriers and trying to tackle them one at a time (Turner, 2014). All of these barriers are interwoven within a person, and attempting to address them in isolation tends not to be successful. A person has likely experienced housing instability due to an intersecting array of challenges. These could be mental health concerns, addictions, trauma, involvement in the criminal justice system or a number of other circumstances. These issues are interconnected and often need to be addressed in a more holistic way (Turner, 2014).

A more holistic approach can be utilized by better coordinating services. In order to make a sustainable impact of battling homelessness, a coordinated strategy should be put in place to respond to the interconnected social issues that accompany housing instability (Turner, 2014). This does not necessarily mean that services need to be all under one organizational umbrella, but that a set of intentional practices are put in place that formalizes service-delivery coordination (Turner, 2014). Communities need to get on board to make this happen. We must restructure service delivery across systems for better communication and client outcomes. Services need to be responsive to client needs and perspectives and they must to be client-centred (Toronto Shelter, Support and Housing Administration, 2014). They need to have simple,

streamlined access to a range of services and information. This could be achieved by developing more holistic approaches to responding to co-occurring issues at service delivery levels (Turner, 2014). A central point of access for community services would coordinate these and work to achieve better results in housing stability. This centralized intake process would make analyzing system demands easier, as well as avoiding a duplication of services (Turner, 2014). Integration of services provides accountable delivery and improves the quality of outcomes for individuals accessing these programs. In Canada, especially in Alberta, these centralized points of intake exist. They are, however, partially developed and implemented and several access points into service still exist (Turner, 2014).

Whether intake points are centralized or not, coordinated access needs to have a streamlined means of assessing an individual's needs in order to match them with the services most appropriate to their needs (Turner, 2014). Programs should ensure that the people they support are receiving the correct level of service. There are many levels of service within programs that are working with the homeless population. In Housing First there are Rapid Rehousing, Intensive Case Management, Critical Time Intervention, Assertive Community Treatment and Permanent or Peer Supportive Housing programs. People move towards housing stability when they have the appropriate housing opportunity coupled with the right level of service interventions.

From a frontline perspective, moving a client with lower needs into a long term, higher needs program not only fails to serve the specific individual's needs, but also takes up valuable program space from those who would benefit from this level of programming (Turner, 2014). As previously mentioned, some people may require higher levels of support than their existing program is able to provide (Centre for Addiction and Mental Health, 2014). These are often the people who are experiencing regular housing instability, caused by the often co-occurring issues that have been discussed throughout this report.

The programs need to identify the participants who require additional supports early on in the service delivery. Early program evaluation should be completed

in order to adapt the program to better service participants, or to refer them to a program that will better serve their diverse needs (Stergiopoulos et al., 2014). Early, focused interventions to address mental health, substance use, increase life skills and promote social integration can set up an individual for success (Stergiopoulos et al., 2014). Sometimes another program at a different service level should deliver these interventions in order for the ongoing success of the participant.

Many studies have been completed on the effectiveness of Permanent or Peer Supportive Housing (PSH). This is a level of service that provides support to those who need more than typical Intensive Case Management programs can provide in scattered site housing. PSH clients have been known to achieve significant success in housing stability and overall health (Yamin et al., 2014). They live in cluster housing with on-site supports to promote their housing stability and well-being. There is an emphasis on capabilities instead of deficits and these programs work towards increasing social support, independence, self-esteem and self-responsibility (Centre for Addiction & Mental Health, 2012). PSH programs can provide access to needed supports based on client choice, on an as-needed basis. At times it can be "last resort" housing for those who have been evicted many times, but it can also be the catalyst of positive change. Sometimes, people just need that extra level of support when they are living with compromised mental wellness. It can make all the difference in their success in stabilizing their housing.

Unfortunately, demand for PSH units is high. Depending on the community, wait times for these programs can take years (Centre for Addiction & Mental Health, 2012). These waitlists continue to grow, while the creation of new PSH opportunities lag. While people with compromised mental wellness sit on these waitlists, they are left with inadequate levels of support that may lead to homelessness, incarceration, hospital admission or even in the most tragic cases, death (Centre for Addiction & Mental Health, 2012). An increase in PSH units is crucial to the success of the Housing First program and for the overall housing stability of this population. A continuum of supported housing should be developed in order to support varied needs.

Stigma also needs to be address in order to promote housing stability for people living with compromised mental wellness. To battle the discrimination that these people face, significant changes need to be made. We need to increase advocacy with the intention to heighten community awareness and to promote system level changes to address stigma and how it affects this population (Forchuk et al., 2007). As stigma is challenged through increased awareness, it will become apparent that improved mental wellness is everyone's business (Parker, 2014).

Housing gives individuals a chance to focus on their recovery (Centre for Addiction & Mental Health, 2012). Turner (2014) states:

> From a service-delivery perspective, Housing First is a recovery-oriented]approach focused on quickly moving people from homelessness into housing and then providing supports necessary to maintain stability. Rather than requiring people who are experiencing homelessness to first resolve the challenges that contributed to their housing instability, including addictions or mental health issues, Housing First approaches emphasize that recovery should begin with stable housing (p.2).

In order to aid in recovery, programs need to promote four key values. These are: person orientation, person involvement, self-determination and hope (Parker, 2014). Person orientation refers to seeing the individual as a whole person, rather than simply, their illness (Parker, 2014). It is best to focus on their strengths and capabilities instead of their deficits. To promote person involvement, it is best to involve people who have experienced compromised mental wellness in the planning and delivery of mental health recovery services (Parker, 2014). Promoting self-determination comes from a place of understanding that the individual needs to decide what recovery means to them (Parker, 2014). They need to make their own goals and determine how their individual means of success will be measured. Lastly, hope is extremely important in a person's recovery. Those who have experienced homelessness and compromised mental wellness have often felt a loss of hope (Kirst et al.,

2013). Hope is one of the key principles on which recovery is built, and it can affect how people are able to manage their mental health (Kirst et al., 2013). Becoming housed is often the key to realization of the individual's hopes for their future recovery (Kirst et al., 2013). There are huge benefits to a positive atmosphere in recovery and this can be provided by access to safe and secure housing (Parker, 2014).

Stable housing gives individuals decreased stress levels, increased sense of security, and peace of mind (Kirst et al., 2013). This allows people to focus on the other domains in their life, often those that caused their initial housing instability. In turn, this helps effectively reduce their risk of future housing instability. Recovery allows for people to build positive relationships in their lives and increase their social and community integration that can effectively battle isolation. Recovery can mean reduced or safer substance use, the primary cause of housing instability. Economic well-being is more challenging to improve through recovery, as people may still have lower incomes. However, an individual may be better able to manage their money or hold down employment when they are on a positive journey through their recovery. Finally, individuals who are working on their recovery may lessen their potential for mental health instability or crises. Or, they may learn ways to navigate these aspects of their reality in a way that lessens the risk to their housing stability. As previously mentioned, recovery is a journey and it is one that is unique to each person. We have learned that housing is often the first step.

Concluding Statement

The link between mental health stability and housing stability is clearly significant. As practitioners we can learn to see the signs of housing instability early on and work to better coordinate services for those individuals in an attempt to help them stabilize. We can also see the early signs of mental health instability and with the knowledge of how it can affect housing stability, we can be proactive in our support to the individual. Support can be provided in this way by properly assessing the participant's needs and ensuring that they receive the appropriate level of service required. Communities need to develop more

Permanent Supportive Housing options so as to promote housing stability for the percentage of people who need more significant support in their tenancy. Stable housing is the key to mental health recovery and stability.

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