



Mental Health Commission of Canada Vancouver At Home/Chez Soi Update

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Celebrations in Vancouver



ICM Team Lead Dawn Slykhuis and participants at the holiday dinner held in the Coast Resource Centre. Staff and volunteers cooked a turkey dinner with all the trimmings.

The Mental Health Commission of Canada's Board members met in Vancouver in February. They held a community reception and took the opportunity to acknowledge landlords and property managers who have shown extraordinary commitment to the At Home/Chez Soi project.



Louise Bradley, President & CEO of the Mental Health Commission of Canada gives an award of appreciation to Shayne Ramsay, CEO of BC Housing.

Bosman Hotel Community — Interview with Jeff West

The first residents of the Bosman Hotel Community moved in at the end of June 2010. There are now 92 residents. We spoke with Jeff West, the Bosman's Project Manager, about how things are going.

Tell us about the Bosman team and the services you offer.

We're now fully staffed. We have three Case Managers, two Registered Nurses, three Licensed Practical Nurses, a Peer Employment Coordinator, Mental Health Workers, a family doctor, a psychiatrist, a pharmacist and a Project Manager. When participants arrive clinical staff do baseline health assessments. Case Managers talk to participants about where they're at and work on short and long term goals.



As well as core clinical and psychosocial services we offer recovery-based workshops and programs such as swimming, floor hockey, morning walks, home support and nutrition programs. Other programs include First Nations circles, writing and arts groups, women's grief and loss.

What are the most popular programs?

The writing and art groups are popular as are the workshops focusing on recovery. People really love the physical stuff like hockey and swimming. Lately we have begun a community kitchen which is very popular. Today they're making Greek food.

How does a day at the Bosman unfold?

The day starts around 8:00 a.m. with breakfast and coffee served in the bistro. Staff meet at 9:00. We divide residents into ten groups and each day we discuss one of these groups. We identify each person's main needs and how we plan to meet them. As well as the group of the day, we have people in crisis who need daily attention. We also review people who are in hospital or jail.



After the meeting we have morning programs such as walks or art. Lunch is served at noon and dinner at 5:30 with groups or programs in between. Sometimes we have evening programs like movie night on Fridays or happy class, a peer-run class teaching meditation techniques, mindfulness, and ecstatic body movement.

Residents drop in to see the clinical staff (nurses and doctors) for primary care, health consultations, medication adjustments and other assessments. There's at least one nurse on seven days a week. There are two case managers on every day, and they are available for one-on-one and group support with everything from substance use issues, school or employment planning to disability applications and so on.

What employment opportunities are available to residents?

Steve, our Peer Employment Coordinator, is working on different steps to employment for residents according to where they're at. Some folks are paid an honorarium for work around the building such as making and serving food, working in the laundry and upkeep of the grounds.

We have a partnership with the Downtown Vancouver Business Improvement Association (DVBIA) to work on their gum removal program. They train residents and local businesses contact us when they want gum removed from the pavement outside their business. This pays \$10/hour. We are partnering with Link Up Employment Services for Persons with Disabilities to help residents think longer-term about employment and careers.

What sort of response have you had to the Bosman from the local community and businesses?

The response has been positive. Local businesses have approached us to see how they can help, like Big City Cupcakes across the street. They've been phenomenal and give us cupcakes every day. Book Warehouse is going to donate books to update our library.

We set up the Bosman Neighbourhood Advisory Committee before we opened to help us develop our Operations Management Plan and complaint processes. The DVBIA sits on it as well as a representative from the Vancouver Police Department. Other members represent local businesses and neighbourhood strata. Now we meet quarterly to share information and address concerns. So far we haven't had any major complaints brought forward from the community.

Reflections from a Peer Interviewer by Arianna Kennedy

I have used my life experiences, as well as my work on a previous study, as a knowledge base for conducting follow-up interviews with participants, both qualitative and quantitative, within the At Home/Chez Soi project. I have whole-heartedly embraced this excellent, although challenging opportunity.

Working within the project has provided me with the chance to work in a unique learning environment, one where I continue to develop new skills and study other areas of interest. Community, stigma as it relates to recovery, and employment are some examples.

My thanks go out not only to the team of researchers for their support in doing this work, but to the participants working beside us, who have allowed us to be part of their lives. They are, and will continue to be our teachers, as we continue on this journey together.

Locally, Arianna works with the Field Research Team, conducting both personal story interviews, as well as more structured follow-up interviews, with the At Home/Chez-Soi participants. She is a member of the Peer Reference Group, the Local Advisory Committee and the Communications Sub-Committee. Nationally she is a Peer Representative with the National Working Group and the Safety and Adverse Events Committee.

She is involved with various groups and service providers in Vancouver who support people in their efforts to achieve and maintain mental health.

Arianna has lived in two state-of-the-art supportive housing facilities in Vancouver who provide people affordable, safe and stable housing. A strong believer in the power of Peer Support as a non-medical intervention, she hopes the Mental Health Commission of Canada will be successful in their efforts to develop a National Standard of Practice for Peer Support Workers.



Update from the Vancouver Research Field Office

We are all struck by the number of homeless people with severe mental illness in our city. Whether it is the heat of summer or the rainy season, there has been no shortage of referrals. Even when we try to focus only on high need individuals who have psychotic disorders, there is a deluge. The need, and lack of services available to homeless individuals with multiple and complex problems is staggering. Sometimes it can be demoralizing to witness the devastating situations people survive. Assigning people to "Service as Usual" continues to be hard.

We cope by focusing on the fact that we are housing and supporting a significant number of people, the connections we are able to make with people, good humour (can hemorrhoids really land you in a mental institution?) and a lot of baking (thank you, Sindi!).



Field Interviewers Melinda Markey (left) and Lauren Currie



Field Office Coordinator Dr. Verena Strehlau (left) and Research Coordinator Dr. Michelle Patterson at the At Home/Chez Soi All Team Meeting last September.

Our field research team is a group of dedicated individuals with a diverse range of backgrounds and experience. Some have worked in the Downtown East Side for many years; others have worked with people with severe mental illness in other countries. Some have experienced mental illness themselves or in their family; others are students committed to community based research.

We are all committed to social justice: improving the lives and services available to people in need and dispelling the myths that exist around homelessness.



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Research Update by Dr. Julian M. Somers

Recruitment of participants into the Vancouver At Home/Chez Soi project is nearing completion. We anticipate that recruitment of all 200 participants in the "Moderate Needs" (MN) arm will be completed by the end of March, 2011, and that the 300 "High Needs" (HN) participants will be fully recruited by May 31.

As of February 7, 2011 there were 437 participants spanning both MN and HN. A summary of key demographic features of the total sample is listed below:

- 74% of participants are male
- 16% of participants reported having an Aboriginal cultural identity
- 88% of participants were born in Canada
- 24% have children under 18
- 71% report being single (never married)
- 8% are employed
- Hepatitis C is the most prevalent physical illness
- 58% of participants report having substance dependence and 25% report alcohol dependence

The characteristics of Vancouver participants have been compared to previous relevant studies in Vancouver and elsewhere in order to assess the representativeness of our emerging sample. In general, the members of the Vancouver At Home sample are similar to those in previous studies, with the exception of having higher rates of drug-related problems such as substance dependence.

Other emerging findings include a number of statistically significant differences between members of the HN and MN groups, including:

- 66% of people in the HN group were hospitalized for a mental illness more than 2 times in the last 5 years while 29% of people in the MN group had this experience
- Median age of first homeless in years for HN is 26 and for MN is 32
- 71% HN have experienced psychotic disorders (Schizophrenia) compared to 26% MN
- 45% HN were arrested by police compared to 23% MN
- 73% HN visited health or social service provider versus 87% MN

As noted in our last newsletter, these preliminary findings provoke important questions about the interaction between homelessness and mental illness. Our early findings suggest that homeless individuals with the greatest manifest needs are less likely than others to be engaged in health services and that those with early onset of homelessness and complex mental health problems are more likely to be involved with the justice system. These relationships are being examined in preparation for publications based on our baseline data.

Members of the Research Team are actively collaborating with project partners and community members in order to complete recruitment, and to maintain contact with participants through the two-year follow up period. Further collaborations are focused on the preparation of academic manuscripts, presentations and reports, and there is considerable excitement as we begin to interpret and share the results of this important work.

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