

# Families Questionnaire

## **TURNING THE KEY: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses.**

### **Consent Form**

#### **CONTEXT**

The Community Support and Research Unit (CSRU) of the Centre for Addiction and Mental Health and the Canadian Council on Social Development (CCSD) have partnered to support the Mental Health Commission of Canada (MHCC) on a nationwide research project on housing and support needs of persons with mental health problems/illnesses and/or addictions. The attached questionnaire was developed in association with the MHCC.

#### **PURPOSE OF THE STUDY**

This 16-month project will inform the MHCC on the current housing and community support needs (such as intensive case management, assertive community treatment teams, and crisis services) for people living with mental health illness/problems and/or addictions in Canada. It will also make recommendations to the MHCC to assist them in developing a National Housing Strategy. Questionnaires for persons living with mental health problems/illness and/or addictions and their families will provide valuable input on housing and related supports and help inform the project.

#### **YOUR ROLE**

We would like to invite you to participate in this research project by completing the attached questionnaire. Your expertise is critical to assisting the research team in making recommendations to improve housing and supports across Canada. The questionnaire will take approximately 15-30 minutes to complete. It will focus on your experiences as a family member of a person who is living with mental health problems or mental illness and their housing situations.

Your participation is voluntary; you are free to withdraw your participation from this questionnaire at any time. If you do not want to continue, you can dispose of this questionnaire. You also may choose to skip any questions that you do not wish to answer.

**Once you have completed the questionnaire, please mail the questionnaire to the research team at the following address:**

Nick Kerman  
862 Richmond Street West  
3rd Floor, Suite 301  
Toronto, Ontario  
M6J 1C9  
Canada

## **RISKS AND BENEFITS**

There are no known physical or psychological risks that can result from participating in this project. If you feel uncomfortable with a question, you can skip that question or stop completing the questionnaire altogether. The main benefit of participation is the knowledge that you are contributing to a greater understanding of housing and related services in Canada.

## **CONFIDENTIALITY**

**All of your responses will be kept completely confidential** to the extent permitted by law. You will be identified by a participant number only, and only this number will appear with your responses. All data will be stored in locked filing cabinets, in a locked room, accessible only to the research team. After the project has been completed, the MHCC will be responsible for long term storage and eventual destruction of the questionnaire data.

As part of continuing review of the research, your study records may be accessed on behalf of the CAMH Research Ethics Board. A person from the research ethics team may contact you (if your contact information is available) to ask you questions about the research study and your consent to participate. The person assessing your file or contacting you must maintain your confidentiality to the extent permitted by law.

At the end of the questionnaire, we will ask your permission to quote your answers from the questionnaire for presentations and publications. If you agree to let us use quotations, your name will not be associated with any of the information you provide.

Should you wish to receive any updates about this project in the future, you may provide us with your name and contact information at the end of the survey. Your responses to the survey will still remain completely confidential.

## **CONTACT INFORMATION**

If you have concerns or questions about this study or this questionnaire, please contact Emily VonderPorten by e-mail at [Emily\\_VonderPorten@camh.net](mailto:Emily_VonderPorten@camh.net) or by phone at (416) 535-8501 ext. 2694, John Trainor at [John\\_Trainor@camh.net](mailto:John_Trainor@camh.net), or Natasha Poushinsky at [npoushinsky@copperskies.ca](mailto:npoushinsky@copperskies.ca). You may also contact Gail MacKean at the Mental Health Commission of Canada at [gmackean@mentalhealthcommission.ca](mailto:gmackean@mentalhealthcommission.ca).

If you wish to discuss your rights as a research participant, you may contact Dr. Pdraig Darby, Chair of the Research Ethics Board at the Centre for Addiction and Mental Health at (416) 535-8501 ext. 6876.

By signing the attached agreement to participate form, you acknowledge that you have read this information, are 18 years of age or older and agree to participate in this research, with the knowledge that you are free to withdraw your participation at any time without penalty. Please return this signed form with your completed questionnaire.

## AGREEMENT TO PARTICIPATE

I consent to participate in the Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses project questionnaire.

I acknowledge that I have read the Consent Form and that I am 18 years of age or older. I understand that my privacy and confidentiality will be protected by the researchers according to the law. I understand that my name will be held in confidence.

I understand that I will receive no direct benefit from participating in this study and that my role in the study is voluntary and I am free to withdraw my participation at any time without penalty.

Participant:

Witness:

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Name (please print) \_\_\_\_\_

# Background Information

**1. Are you a family member of a person living with a mental health problem or illness?**

- Yes
- No

**2. Are you a family member of a person living with an addiction?**

- Yes
- No

**3. Please indicate the province or territory where you live:**

- |  |   |
|--|---|
| <input type="radio"/> Alberta AB                   | <input type="radio"/> Nunavut NU              |
| <input type="radio"/> British Columbia BC          | <input type="radio"/> Ontario ON              |
| <input type="radio"/> Manitoba MB                  | <input type="radio"/> Prince Edward Island PE |
| <input type="radio"/> New Brunswick NB             | <input type="radio"/> Quebec QC               |
| <input type="radio"/> Newfoundland and Labrador NL | <input type="radio"/> Saskatchewan SK         |
| <input type="radio"/> Northwest Territories NT     | <input type="radio"/> Yukon YT                |
| <input type="radio"/> Nova Scotia NS               |   |

**4. Please indicate the province or territory where your family member is living:**

- |  |   |
|--|---|
| <input type="radio"/> Alberta AB                   | <input type="radio"/> Nunavut NU              |
| <input type="radio"/> British Columbia BC          | <input type="radio"/> Ontario ON              |
| <input type="radio"/> Manitoba MB                  | <input type="radio"/> Prince Edward Island PE |
| <input type="radio"/> New Brunswick NB             | <input type="radio"/> Quebec QC               |
| <input type="radio"/> Newfoundland and Labrador NL | <input type="radio"/> Saskatchewan SK         |
| <input type="radio"/> Northwest Territories NT     | <input type="radio"/> Yukon YT                |
| <input type="radio"/> Nova Scotia NS               |   |

**5. Are you an Aboriginal (i.e. First Nation, Métis, or Inuit)?**

- Yes
- No

# Housing Questions

6. Please choose the description from the following options that best describes where your family member is living:

*They rent a room that is meant only for people living with mental health problems/illness and/or an addiction.*

*They rent an apartment that is meant only for people living with mental health problems/illness and/or an addiction.*

*They rent a place that is **not** meant for people with mental health problems/illness and/or an addiction.*

*They own their own home.*

*They are staying at a shelter.*

*They are living on the streets.*

*They are homeless (they do not have a permanent residence to which they can return whenever they so choose).*

*They are staying at a friend's place.*

*They are living with family:*

*o They are living with you.*

*o They are living with other family members.*

*o They are living with a family outside of your own.*

*Other (please specify below)*

**7. Are you satisfied with your family member's current living situation?**

Yes

Somewhat

No

**If "No," please check all that apply:**

*o Can't afford it*

*o Physical site isn't well-maintained*

*o Doesn't feel safe*

*o Located too far from services*

*o Located too far from family and friends*

*o Fear of eviction*

*o Other (please specify below)*

**Comments**

**8. What are the challenges that your family member has faced/is currently facing in finding, accessing, or keeping a place to live?**

**Check all that apply:**

*Finding housing that is affordable*

*Finding housing that is located in a safe neighbourhood*

*Finding housing that is physically in good condition*

*Finding housing that is physically accessible*

*Finding housing that is in a neighbourhood with easy access to the "basics" (e.g., transportation, shopping)*

*Being discriminated against when trying to find/keep housing*

*Having housing that is well-maintained*

*Having enough money to get an apartment (i.e., to pay first and last month's rent and a damage deposit)*

*Having the supports needed to stay in their home*

*Home ownership: challenges in physically maintaining own home*

*Other (please specify below)*

*Comments*

9.

**Can you tell us about the kinds of services your family member is using, has used, or would like to use but has had trouble getting?**

	<i>My family member uses these services now.</i>	<i>My family member has used these services in the past.</i>	<i>My family member would like these services but has had trouble accessing them.</i>
<i>Mental health services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Addictions services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family doctor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Community nurse</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Housekeeping services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Meal preparation services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Housing support services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Literacy program</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Language services</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (please specify below)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Can you explain to us why your family member has had difficulty getting services that they would like?**



**11. Would your family member move to a different type of housing if that was available?**

- Yes
- No
- I don't know

**If "Yes," please indicate the type of housing and related supports that would fit the needs/wants of your family member. Check all that apply:**

- They need more mental health services than they receive today.
- They need more physical health supports.
- They need on-site support workers that help them to stay in their apartment.
- They need on-site support that helps them to stay in their home that they own.
- They need a physically accessible unit.
- They want more independence.
- They want to be closer to public transportation.
- They want to be closer to friends and family.
- Other (please specify below)

**Comments**



# Recommendations

**13.** What recommendations would you make to improve housing for people dealing with mental health problems/illnesses and/or addictions?  
Check all that apply:

*Supports are needed to help prevent eviction of people with mental health or addictions issues.*

*More home ownership options are needed for people living with mental health problems.*

*More housing for single people is needed.*

*Increase housing options (rent and owned) where the rent or mortgage is subsidized based on your income.*

*Put more effort into building new housing instead of research and planning.*

*Power needs to be shared between tenants/residents of the housing and the operators of the housing.*

*People should have choice and freedom about if they want treatment - it should not be a condition of having the housing.*

*People need to be empowered by staff, not directed by them.*

*People need access to peer support.*

*Housing and supports need to be adequately funded to help people keep their housing.*

*Have housing options specifically for people that aren't stable.*

*Respite options are needed to give people short-term support instead of only hospitals.*

*Supports are needed to help people build life skills like financial management.*

*Social/recreation opportunities are needed to help build a sense of community.*

*Rapid access to disability and income replacement programs are needed.*

*Other (please specify below)*

Comments

**Definition:**

**“Housing support”** refers to a variety of flexible, on-site supports that assist a person in maintaining their housing tenure (may include assistance with running a household, finances and budgeting, interpersonal relationships, and referrals to other clinical and non-clinical services).

**14. Using the list below, please tell us what you think the most important support services are that housing programs can offer to people with mental health problems/illness and/or addictions to help them keep their housing. Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Mental health services (please specify below)   | <input type="checkbox"/> Recreational activities   |
| <input type="checkbox"/> Addictions services (please specify below)      | <input type="checkbox"/> Community activities  |
| <input type="checkbox"/> Crisis services (please specify below)          | <input type="checkbox"/> Medication management   |
| <input type="checkbox"/> Housing support services (please specify below) | <input type="checkbox"/> Cultural-specific supports  |
| <input type="checkbox"/> Peer support                                    | <input type="checkbox"/> Hygiene support   |
| <input type="checkbox"/> Meal preparation services                       | <input type="checkbox"/> Income supports   |
| <input type="checkbox"/> Family doctor                                   | <input type="checkbox"/> Assistance in dealing with landlords  |
| <input type="checkbox"/> Community nurse                                 | <input type="checkbox"/> Assistance in dealing with by-law officers  |
| <input type="checkbox"/> Housekeeping services                           | <input type="checkbox"/> Access to healthy, affordable food  |
| <input type="checkbox"/> Literacy program                                | <input type="checkbox"/> Access to supports that help people find housing, including a central point where you apply for housing |
| <input type="checkbox"/> Language services                               | <input type="checkbox"/> Life skills training  |
| <input type="checkbox"/> Employment support                              | <input type="checkbox"/> Other (please specify below)  |
| <input type="checkbox"/> Education support                               |  |

Mental health services (please specify below)

Addictions services (please specify below)

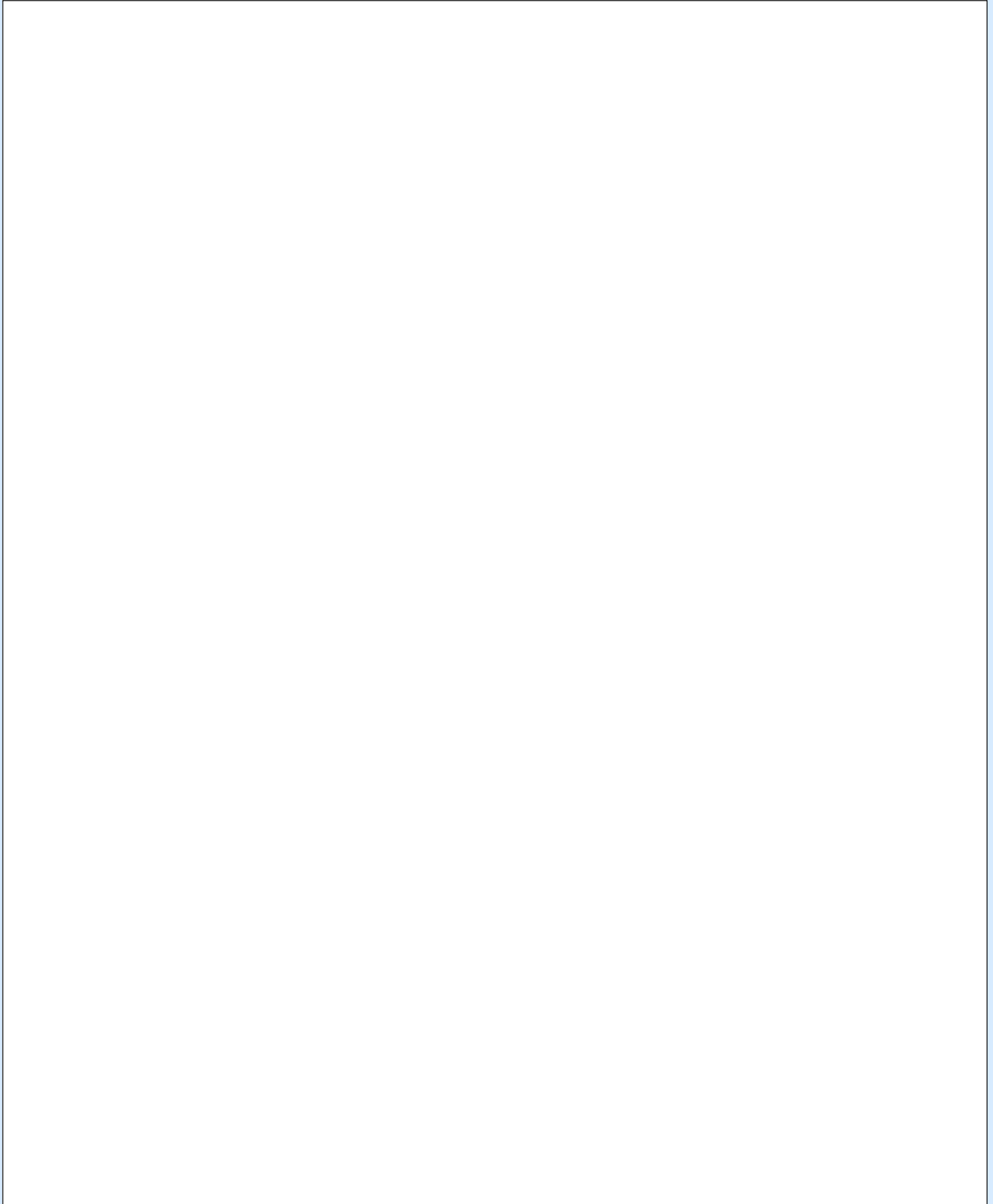
Crisis services (please specify below)

Housing support services (please specify below)

Other (please specify below)

Comments

**15.** Do you have any final comments that you would like to make about housing and supports?



**16.** Can we quote your responses in this questionnaire in our presentation and publications? You will remain anonymous.

Yes

No

If you would you like to receive any updates about this project, please enter your first name and e-mail address in the space below.

Any information you provide here will be kept separate from your responses on this survey.

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**Thank you for completing this questionnaire.**