

Happenings

A Major Canadian Initiative to Address Mental Health and Homelessness

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Over the past 20 years homelessness has emerged as a significant social problem affecting thousands of people every night in cities across Canada (Bégin, Casavant, & Chenier, 1999; Hwang, 2001). The prevalence of mental health problems and addictions is considerably higher among homeless people than among the general population (Aubry, Klodawsky, & Hay, 2003; Canadian Institute for Health Information [CIHI], 2007; Hwang, 2001; Paterson, Somers, McIntosh, Shiell, & Frankish, 2008). The Mental Health Commission of Canada has launched a multi-site research demonstration project in mental health and homelessness. In February 2008 the federal government allocated \$110 million to support the growing number of homeless people who have a mental illness. The overall goal of this innovative project, titled Research Demonstration Project in Mental Health and Homelessness, is to provide housing and support services to people who are homeless and have mental health problems. The 4-year project, the first of its kind in Canada, will be conducted in five cities: Vancouver, Winnipeg, Toronto, Montreal, and Moncton. The Mental Health Commission has awarded funding to consortia involving researchers, service providers, and persons who have experienced mental illness and homelessness in these cities. Although the project is managed by the Commission, consumer representatives and consumer researchers, as part of a special consumer panel, will be offering their perspectives throughout the design and implementation process.

Research Objective

The objective of the Research Demonstration Project in Mental Health and Homelessness is to produce relevant policy and program evidence about what service and system interventions best achieve housing stability and improved health and well-being for people who are homeless and have a mental illness. The specific goals are to (a) contribute to the development of best practices and lessons learned that can be applied to future

efforts with respect to mental health and homelessness across Canada, (b) identify cost-effective approaches to integrating housing supports and other supports and services that promote long-term quality-of-life changes for this population, and (c) identify unique problems and solutions for diverse ethno-cultural groups within this population. Interventions will include the provision of housing and complementary services (assertive community treatment or case management), implemented through collaboration with key stakeholders, including governments, service providers, and homeless persons.

Housing First is the overarching philosophy and model under which the programs have been funded. This model is one approach to ending homelessness and helping previously homeless persons to achieve community integration. It entails the provision of housing (through rent supplements) and support services. In this project, a comparison of Housing First approaches to care-as-usual will be required in all cities, each of which may also study particular populations of interest. The overall goal is to identify best practices that could be adopted on a national scale.

Core Research Design

It should be pointed out that this multi-site project must meet both service objectives and research objectives using the same core research design for all sites. This approach is necessary for the aggregation and comparison of data from the five cities. Four of the five sites will have a minimum of four groups, two experimental (Housing First for high and moderate need) and two comparison (care-as-usual for high and moderate need). Due to its smaller population, Moncton will have just one intervention and one comparison group. For each group, 100 individuals will be recruited, with the expectation that at least 75 of these will remain for the duration of follow-up. Data for the common measures across sites will be collected at baseline and then every 6 months for a 2-year period.

In addition to the quantitative process and outcome evaluation of the intervention, there will be an extensive qualitative component. This complementary research process will gather in-depth information about the intervention, the participants in the intervention, and usual care conditions. The following aspects of the initiative will be studied qualitatively: (1) the planning/proposal development phase, (2) the personal stories of consumers at baseline, (3) the implementation of the intervention, and (4) the personal stories of consumers at 18-month follow-up. The goal is to provide an in-depth description of and lessons learned about the planning/proposal development and implementation phase of the initiative

that might be useful for planners and practitioners in other jurisdictions who wish to pursue a similar initiative.

Guiding Principles

As this demonstration project gets underway, it is worth highlighting its guiding principles:

- Ensure that people who have experienced mental illness and homelessness are collaborators in the planning and delivery of all supports and services and in informing the research questions and methods used in the demonstration projects.
- Strive for long-term improvements in the quality of life of participants.
- Seek a bridge to transition and support participants after the end of the demonstration projects.
- Develop a knowledge base from the research demonstration projects in order to ultimately support more effective interventions for homeless people who have a mental illness.
- Build on work undertaken by the cities and provinces and on other promising practices in order to maximize the scope of the results and the impact of the study.
- Ensure that research is conducted in a manner that is ethically sound and meets generally accepted standards and practices of excellence.
- Support the knowledge-exchange component of the mandate of the Mental Health Commission of Canada.
- Establish mechanisms to collaborate with Aboriginal communities to ensure that approaches are culturally relevant.
- Work with communities to ensure lasting results and buy-in.
- Address fragmentation through improved system integration, including cross-governmental collaboration.
- Collaborate with partners to develop a plan for sustainability.

Timeliness of the Initiative

The United Nations special report on adequate housing describes the homelessness situation in Canada as a “national crisis” (United Nations, 2007). Recent reports have cited the significant health consequences and costs of homelessness in Canada (CIHI, 2007; Paterson et al., 2008). To date, there have been few studies examining the effectiveness of housing and support interventions for people with mental illness who are homeless, and the studies that have been conducted all originate in the United States (Nelson, Aubry, & Lafrance, 2007).

Challenges: Building Capacity and Sustainability

The Research Demonstration Project in Mental Health and Homelessness is a unique nationwide initiative aimed at improving the lives of the most vulnerable Canadians. The challenges of implementing this project are numerous. How we go about developing and supporting collaboration and partnerships with federal, provincial, and municipal governments, and with the not-for-profit and private sectors, while leveraging funds, avoiding duplication of efforts, and building a foundation for sustainability, will be key to the long-term resolution of this social problem.

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