RESEARCH HIGHLIGHT

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A Longitudinal Study of Housing for Mental Health Consumer-Survivors

INTRODUCTION

This report describes a longitudinal study of the outcomes of two models of supported housing for individuals with serious mental illnesses. Both models are focused on building community and one has on-site support while the other has very little on-site support.

A mental health housing organization in Toronto, Ontario began these housing programs, one in January 2006, with high levels of on-site support and one in May 2007, with limited on-site support. It partnered with a South Asian community group to examine differences in outcome and preferences between those of South Asian background and others.

The objectives of this project were as follows.

1. To compare outcomes of the two housing models associated with well-being: social support and satisfaction with this support, physical health, mental health, hospitalization and perceptions of mastery (i.e., subjective feelings of being able to control areas of one's life) of consumer-survivors residing in two housing programs (provided by the same organization) over three years.
2. To assess and compare consumer-survivor satisfaction with the two programs.
3. To explore factors that influence decision making in housing.
4. To examine differences in outcomes and preferences of housing between those of South Asian background and those of other backgrounds.

BACKGROUND

Safe, secure, and affordable housing is recognized as one of the vital factors for recovery from mental health issues. While ensuring adequate supply, quality, and affordability of housing for mental health consumer-survivors remains a central concern, there are more choices for housing than there were in the days of the residential continuum. Now, consumer-survivors progress through a series of increasingly independent housing situations. With increased choices comes a need for increased understanding of the effectiveness of these models and of the factors related to consumer-survivors' choice of housing model.

METHODOLOGY

The sites chosen for this study included:

- an apartment building opened in January 2006. This building offers the high-support model and has thirty bachelor apartments, offices, a common lounge area, a common eating area and a common outdoor garden area. There is a full-time caretaker who lives on site as well as a program manager with an office on site, seven resource workers who provide individual and group support, planned activities and crisis intervention, and a peer mentor who provides supportive counseling, crisis intervention and recreation support. While tenants live in their own apartments, the group activities and common areas, as well as the focus on peer support, provide them with the opportunity to have both privacy and community.

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- The other site is based on a low-support model; tenants live in either bachelor or one-bedroom apartments. The building has an office area that tenants can use for computer access and a common lounge with a television and a community kitchen. There is only one staff member assigned to this building who is only present Mondays to Fridays, 9 a.m. to 5 p.m. The individual's role is more that of a building manager than of a support person, although practical support is provided in accessing resources as well as community development support. The only planned community activities in this building are regular monthly tenant meetings (currently facilitated by the staff member) and recreational activities that the tenants plan for themselves.

As tenants moved into the housing developments, they were asked to complete surveys measuring the following: satisfaction with their housing, satisfaction with social support, perceptions of mental health, perception of physical health and perceptions of mastery. Tenants were also invited to participate in an interview during which they were asked about their reasons for selecting the particular housing program they chose and about the needs they hoped to fulfill by living in their selected environment.

At six months following this baseline, measures were repeated to track tenants' progress. A one-year follow-up ensued. Any tenants hospitalized during the data collection period were asked to complete the measures and be interviewed when they returned to their homes.

All tenants of the two housing programs (n= 40) were invited to participate in the surveys. There are thirty units in the higher support building and ten units in the lower support building. Twenty-seven respondents agreed to participate. Sixteen tenants participated in an interview at baseline, twelve participated in an interview at six months, and eleven participated in an interview at one year. During the interview, participants were asked about their reasons for moving to their current housing, how they found out about the housing development, the supports they were hoping for in their current housing, and how they felt about their decision to move to their current home. They were also asked to comment generally on the positive and negative aspects of their housing. The interviews ranged in length from 20 to 75 minutes and were co-facilitated by a tenant researcher and the research coordinator/research assistant or one of the co-investigators. Interviews were taped and transcribed verbatim.

Data Collection

A package of measurement instruments was developed. Existing and/or modified instruments, such as the PSR Toolkit Consumer Satisfaction survey, were used to assess physical and mental health, consumer satisfaction with mental health services, housing, and level of social support. Finally, the Pearlin-Schooler (1978) Mastery Scale was used to measure perceptions of mastery.

Data Analysis

Surveys were analyzed using descriptive statistics for overall levels of satisfaction, social support, mental health, physical health and mastery. They have been compared using t-tests for differences across programs, time and cultural background. The qualitative data from interviews were analyzed using thematic analysis with the assistance of NVivo software.

The full project will continue measuring outcomes and tenant satisfaction over the course of three years. CMHC funding was used to study the first year of tenancy.

FINDINGS

The results from the study suggest that tenants in both the high-support and low-support buildings are satisfied with their living situation and appreciate the supports that are offered. In comparison to other homes in which they have lived, it appears that they find their current home to be far superior. They particularly appreciate the safe, comfortable living atmosphere with an available community of fellow tenants and supportive staff members. In addition, results from the outcome measures analysis support the importance of safe, secure housing in recovering from mental illness.

At the high-support site, there were significant improvements in the following areas: satisfaction with social support, perception of physical health, perceptions of mental health and mastery. At the low-support site, there were no statistically significant improvements, but two areas were trending toward improvement: perception of physical health and taking medication as prescribed.

When comparing cultural groups (South East Asian versus non South East Asian), the areas of improvement suggested some differences. While participants in both categories improved significantly in perception of physical health and in perception of mental health, participants of South East Asian background improved significantly in mastery while participants who were not of South East Asian background improved significantly in satisfaction with social support. It may be that these results suggest a merging of cultural focus on individualism or collectivism.

When asked about the negative aspects of their housing, most participants said there was nothing negative. Those who did identify negative aspects identified the meal plan at the high-support model and the lack of interaction at the low-support model. Participants identified that their choice of housing was based on safety and social interaction rather than on available supports.

CONCLUSION

The results of this study suggest that regularly provided support is important as it likely contributes to the structure that many participants noted as a positive aspect of their experiences.

As tenants mentioned in their interviews, the mental health housing organization in Toronto running these programs, with its focus on building community, is unique among supported housing organizations. Given the improvements in social support, physical and mental health and mastery, its unique focus on community building is a model from which other organizations may want to learn.

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