Migration among persons with mental health challenges in northern and remote communities

Carol Kauppi, PhD, Academic Director, Northern Ontario CURA
Phyllis Montgomery, RN PhD, Professor, School of Nursing
Laurentian University

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Background

❑ Migration, a complex and dynamic social process.

❑ Typically, across country borders.

❑ Physical, psychological, social, economic, ethnic, racial, political, and religious

❑ Persons with poor mental health significantly more likely to migrate [Stillman et al., 2009].

❑ 'Having to migrate' [Gong et al. 2011].

Background

❑ 'Health and social penalties' [Das-Munshi et al., 2012]

    ❑ ↓ social mobility ↑ mental disorders.

❑ For Latino immigrants, enduring psychological distress [Torres & Wallace, 2013].

❑ 3 times the risk [Bhugra, 2000; Cantor-Graae & Selten, 2005].

Background

❑Inter-regional.

❑Rural ↔ urban.

❑Different migration patterns [Tompkins et al., 2003].

❑2 times as likely to move [Lix et al., 2006].

Northern Ontario CURA: Poverty, Homelessness and Migration (PHM)

- A 5-year research project of the Centre for Research in Social Justice and Policy at Laurentian University.
- Working with 11 communities in northeastern Ontario, from Sudbury and North Bay up to the James Bay.
- Partner communities include 3 northern cities, 4 towns and 4 First Nations.
- PHM is bilingual and tri-cultural: working with Anglophone, Francophone and First Nations communities in the vast area of northeastern Ontario.

Main objective of PHM CURA

- To explore interconnections between social, economic, health, political, historical and environmental forces.

  - How these forces relate to northern people's experiences of poverty, homelessness and housing need.

  - How they impact on movements between northern rural, remote communities and urban centres in the near-north.

Purpose of this presentation: two parts

❑ To compare northern and rural persons who self-identify as living with mental health issues with those who do not self-identify [i.e., self-report migration/mental illness].

❑ To describe the profile and migration patterns of northern and rural persons who self-identify as living with mental health issues.

❑ To describe the socio-demographic characteristics and histories of homelessness among those who migrate to Northern Ontario Cities.

❑ To explore the migration patterns of those with mental illness.

Sample

- Database collected using a survey.
- Service providers in Sudbury, Timmins and North Bay invited homeless people to complete the questionnaire (2009 to 2011).
- Total sample = 3525
- Migration analysis draws on 606 participants who provided information about migration.
  - 143 participants who cited mental health issues as a reason for homelessness: Mental Health Sample
  - 463 who did not cite mental health issues as a reason for homelessness: Comparison Sample

Total sample

	Cited MH reasons (n=541, 15%)		Did not cite MH reasons (n=2984, 85%)	
	Frequency	**%**	**Frequency**	**%**
Sex (p<0.01)				
Male	286	52.9%	1747	58.5%
Female	255	47.1%	1237	41.5%
Socio-cultural groups				
Anglo-European	305	55.0%	1567	56.5%
Franco-European	99	17.8%	439	15.8%
Indigenous	140	25.2%	730	26.3%
Racialized minorities	11	2.0%	37	1.3%

Total Sample

	Cited MH reasons (n=541, 15%)		Did not cite MH reasons (n=2869)	
	Frequency	%	Frequency	%
Marital status Sex (p<0.01)				
Married or common-law	109	20.1%	616	21.5%
Single	284	52.3%	1729	60.3%
Divorced, separated	138	25.4%	468	16.3%
Widowed	12	2.2%	56	2.0%

Total Sample

	Cited MH reasons (n=248)		Did not cite MH reasons (n=735)	
	Frequency	**%**	**Frequency**	**%**
Children accompanying to service (p<0.01)				
Yes	43	17.3%	215	29.3%
No	205	82.7%	520	70.7%
Custody of children (p<0.01)				
Yes	57	23.7%	302	40.0%
No	184	76.3%	453	60.0%

Physical health problems in last year
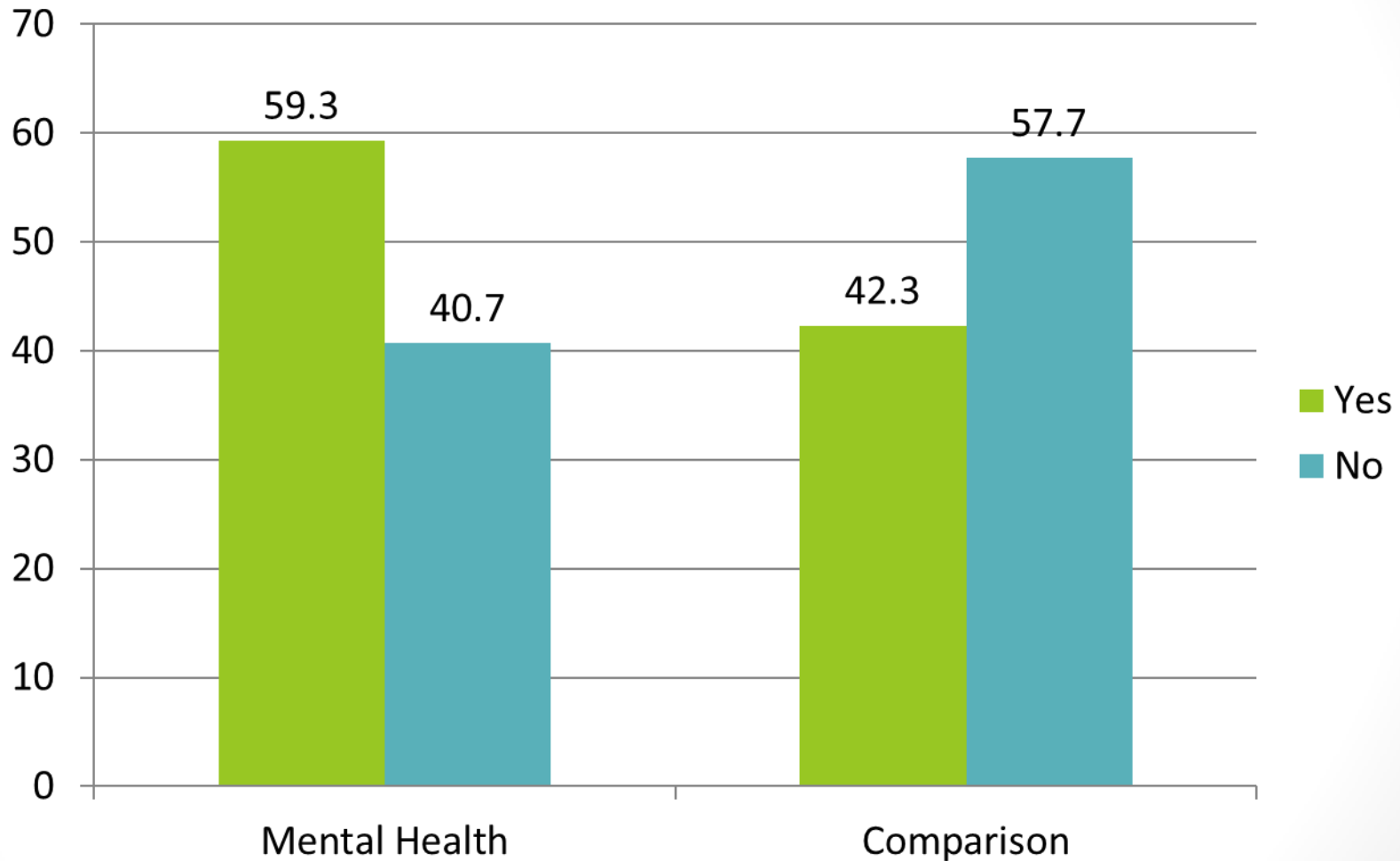
(p<0.01)

Absolute homelessness in lifetime
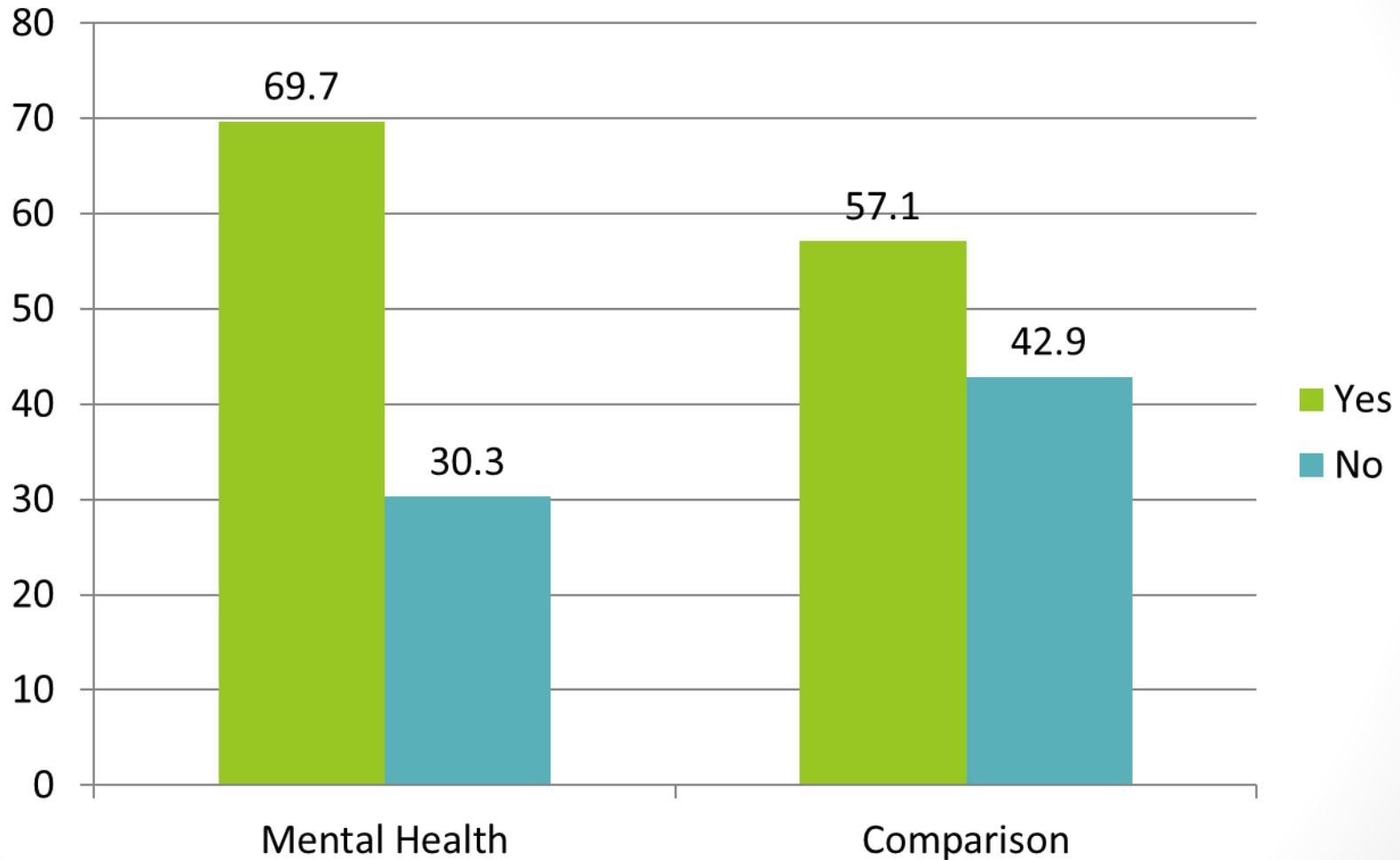
(p<0.01)

Slept outdoors in last year
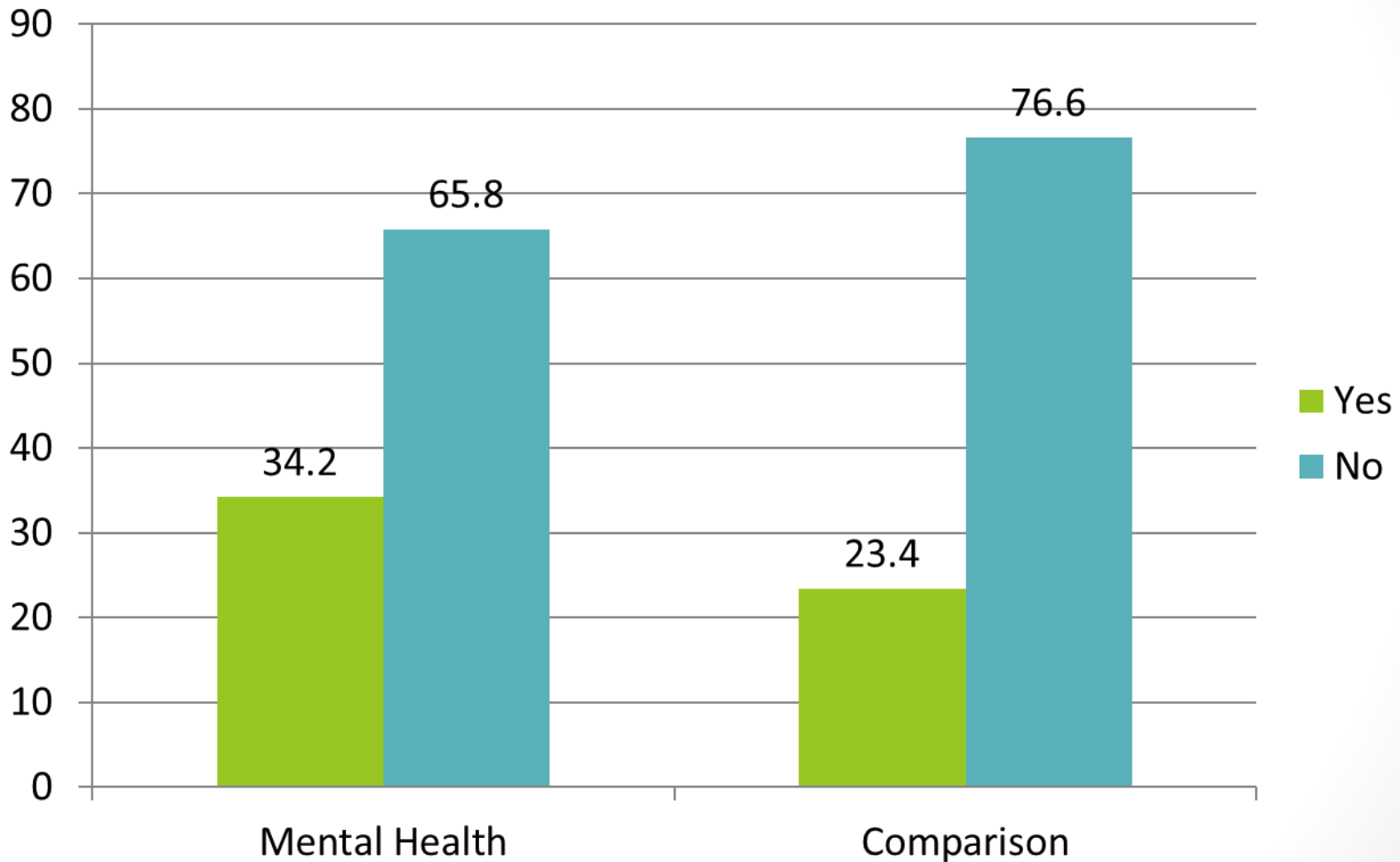
(p<0.01)

Migration

- No group differences between MH and C groups on key indicators of migration:

  - Born in study community.

  - Study community is home community.

  - Migrated within last year.

  - Migrated within last 5 years.

- Migrants—about one-quarter of homeless population.

  - same proportion:

    - people self-reporting mental health issues as reasons for homelessness and those in the comparison sample.

Profile of migrants who cited mental health reasons for homelessness

- Male (57%)
- Anglo-Euro (49%)
- Single, divorced, separated or widowed (69%)
- Not accompanied by children (70%)
- No custody of children (65%)
- Physical health problems (65%)
- Experienced absolute homeless in lifetime (75%)
- Experienced absolute homeless in last year (52%)

Income—MH migrant group

Sources of Income

Legend:
- Government
- No income
- Employment
- Family/private

Values: 79, 8, 8, 7
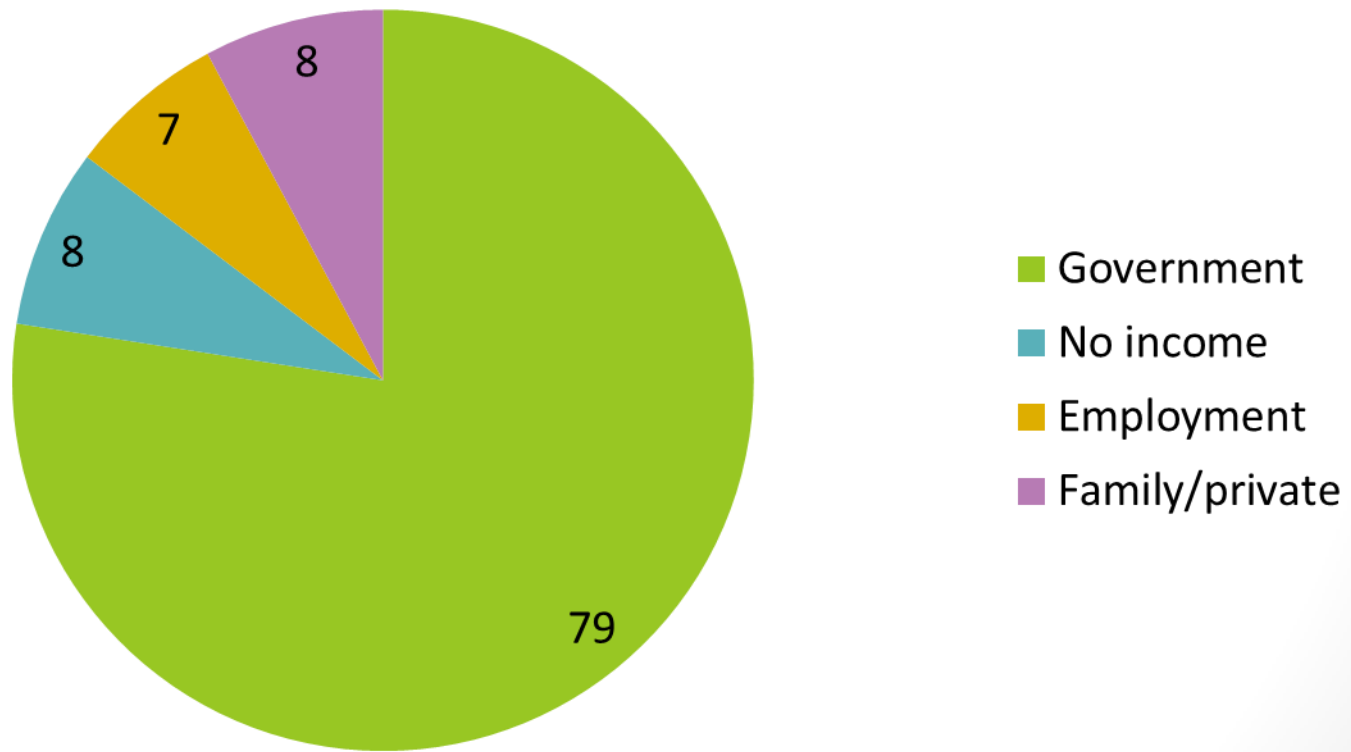
Main reasons for migration among MH group

1. Encouraged to go to destination community by family, friends or services.

2. Illness or to access health services.

3. Unemployment/seeking work.

4. Challenges with family, violence, divorce.

5. Due to mental illness.

6. Due to addictions/substance use.

Migration patterns, MH group

Migration from:	Examples:	Frequency	%
A place near the study community	Within 50 km of Sudbury, Timmins or North Bay	12	16
Northeastern Ontario	Moose Factory, Kirkland Lake, Matagami FN	20	28
Northwestern Ontario	Wawa, Thunder Bay	7	10
Eastern or western Ontario	Cornwall, London	7	10
Southern Ontario	Toronto, Barrie, Waterloo	15	21
Another province, territory	BC, AB, QC, NB, PEI, NFLD	8	11
Another country	USA	3	4

Migration patterns of study participants

Discussion

- The study has shown that migrant homeless persons who experience mental illness:
    - have extensive histories of absolute homelessness;
    - have experience with sleeping rough;
    - often have problems with both physical and mental health;
    - **are not more numerous among migrants (when compared to those who do not self-identify as experiencing MH isssues).**
- Our qualitative studies show that migrants experience impacts in various ways:
    - emotional/mental (anxiety, fear, depression, mental illness),
    - physical (health impacts), and
    - social (e.g. through the loss of relationships).

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Conclusion

- Homeless migrants may lose both dwelling space and social ties.

- Migration may occur by force as homeless people are sometimes encouraged to move or are given bus tickets to move to other cities. This practice has been referred to as "greyhound therapy".

- Absolutely homeless persons are often excluded from public places through laws pertaining to loitering, surveillance of inhabitants, regulations regarding access to certain public places (e.g., parks, malls) and the closure of shelters during the day time.

- Exclusionary practices may erode the sense of self and cohesion among homeless people who rely often on public locations to conduct day to day life functions.

Future directions

- The results indicate the complexity of migratory homelessness for people who cite mental health issues as a reason for homelessness.
- Services for homeless, migratory people experiencing mental health challenges must take into account varied needs
  - Must address anxiety and stress that results from loss of place and migration.
  - Address barriers to accessing services for this group.
- More research is needed to extend concepts of place to understand better the experiences of migrant, homeless persons with mental illness in Ontario and Canada.

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Contact us:
Poverty, Homelessness and Migration
Laurentian University
935 Ramsey Lake Road
Sudbury, ON P3E 2C6
Tel. 705-675-1151, ext. 5156
homeless@laurentian.ca
www.lul.ca/homeless   www.lul.ca/sansabri

ckauppi@laurentian.ca pmontgomery@laurentian.ca