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## ABSTRACT:

### **MENTAL HEALTH & HOUSING: FAMILY AND CONSUMER PERSPECTIVES**

#### **Purpose**

Deinstitutionalization, health system restructuring, and a move to supported community living for persons with severe mental illness have created the necessity for a comprehensive understanding of needs, gaps and barriers to acquiring and maintaining housing. Persons with a severe mental illness are at risk of losing their housing tenure, living in substandard housing or being placed in inappropriate housing.

The Thames Valley District Health Council, the Essex Kent Lambton District Health Council, the Grey Bruce Huron Perth District Health Council, and the Waterloo Region, Wellington Dufferin District Health Council partnered with the Mental Health and Housing Project to collect data using focus groups to determine best practices as suggested by the consumers and family members. Fourteen consumer groups and ten family member groups participated.

#### **Methods**

Consumer survivor Groups and Family support networks across the Southwest region recruited a convenient sample of participants for the focus groups. Ontario Ministry of Health and Long-term Care staff, District Health Council staff and Mental Health Housing Project used a common set of research questions with all focus groups. In addition, two recorders were available for the majority of focus groups to take notes. Where possible, the same facilitator was used for each focus group.

#### **Results**

Transcripts were entered into NUD\*IST (Non-numerical Unstructured Data Indexing Strategizing and Theorizing software). A number of themes emerged from the data. Consumers identified stigma as a ubiquitous deleterious influence in their lives. Participants experienced stigma when dealing with public sector bureaucracies, private landlords, and employment situations. Consumers described a variety of supports such as peer supports, employment supports, family, friends and professional as essential components of a support network

Family members also identified difficulties in navigating the system on behalf of their relative. In addition, caregiver strain was evident and respite either unavailable or not accessed. Often caregivers avoided asking for help until their own personal health was jeopardized. Limited choice of services and/or restrictive eligibility criteria, were recognized as a barrier to access.

#### **Conclusions\Implications**

Reducing the influence of stigma in the experience of persons with a severe mental illness will enhance quality of life across multiple domains including housing, employment and utilization of supports. Family members need to experience a more integrated, seamless and accessible mental health system in order to optimize their advocacy on behalf of their relative. Moreover, a variety of supports are required to assist persons.