Mental Health and Housing: Challenging Myths

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Purpose/Target Audience: Stigma and discrimination are major issues impeding community integration of individuals with mental illness. Current mental health reform, which moves the focus of care to the community, depends on community acceptance. Awareness and understanding of these issues by Nursing and other Professionals working with this vulnerable population is therefore imperative.

Objective: To identify and explore common myths about mental illness, compared to realities, based on a community sample of psychiatric consumer/survivors.

Design: This Community-University Research Alliance (CURA) has used a participatory action research design, incorporating qualitative and quantitative measures to facilitate a capacity building, community-development approach in addressing issues of mental health and housing.

Population, Sample, Setting: The qualitative data came from 213 individuals participating in 24 focus groups. Participants either experienced a mental illness themselves, or had family members with a mental illness. The quantitative component came from a stratified (by housing type) community sample of 300 individuals diagnosed with a psychiatric problem.

Concept or Variables Studied: Issues pertinent to mental health and housing were explored from Consumer and Family perspectives. Demographic measures, quality of life, severity of illness, housing preference, housing histories, and costs to health/social services were among data collected. This report focuses on results related to common myths of mental illness.

Methods: Focus groups were used to elicit qualitative data and an ethnographic method of analysis was employed. Structured interviews were used for quantitative data collection. This segment of the project used primarily descriptive and correlational statistics.

Findings: Focus group data validated that common misconceptions about mental illness create barriers to successful community-living for consumer/survivors in numerous ways, such as influencing housing, employment, accessing supports, and quality of life. Quantitative queries revealed data, which proved contradictory to a number of misconceptions the public holds about mental illness.

Conclusions: This investigation shows many common myths the public holds regarding mental illness are unsupported.

Implications: Nurses will benefit from understanding such issues, and may apply this knowledge in working toward improved outcomes for this population. Reducing the influence of stigma and educating the public to realities, in light of such myths, will enhance quality of life across multiple domains.