Poverty and Social Exclusion for Psychiatric Survivors

Sarah Benbow RN MScN PhD (c), Cheryl Forchuk, RN PhD; Abraham Rudnick, MD, PhD, Betty Edwards MEd
Poverty and social inclusion

- In Canada, 27% of psychiatric survivors live in poverty
- Access to basic human resources → increased quality of life and community integration
- Psychiatric survivors are considered to be one of the most socially excluded and marginalized groups in our society
- Evidenced in: the housing market, when seeking employment, social relationships, access to resources, and in social policies
to better understand psychiatric survivors’ experience of poverty and social exclusion through a social justice lens focusing in particular on the co-existence of, and the relation between, poverty and social inclusion.

**social inclusion**
Social Justice Framework

- Nussbaum’s (2011) Capabilities Approach
- Emphasis on access to resources based on actual and potential abilities…Different people/different needs
- Agency and empowerment
- At its core, the Capabilities Approach requires that we question if *human dignity* is being respected *(Nussbaum, 2006)*
- Echoes WHO Organization’s (2001) framework of disability
Research Design

- Community University Research Alliance
- Participatory Action Research
- 4-year longitudinal design
- Mixed methods
- Ontario, Canada
N= 380 individuals (190 men and 190 women), who have had a psychiatric diagnosis and/or addiction issue for a minimum of one year

Four subgroups were recruited: homeless, employed with housing, unemployed with housing, and those residing in group home settings

Sample sites: homeless shelters, group living settings for psychiatric survivors, community and psychiatric survivor agencies, public housing, Employee Assistance Programs, and fee-for-service mental health services

Advertised in multiple ways
Research Design: Data Collection

- Open and closed-ended questions regarding their perceptions of fairness and ethics
  - Ex: ‘What is your experience of poverty?’ and ‘How does poverty relate to your experience of mental illness
- Followed by 13 quantitative surveys, face to face
- Demographic info collected
- Honorarium
Research Ethics

- Research ethics approval was obtained
- Consent was obtained after the letter of information was reviewed, & verbally discussed.
- De-identified data- storage
- Community resources and emergency referral preparedness
Data Analysis

- Theoretically informed by Nussbaum’s Capabilities Approach to social justice (Nussbaum, 2011).
- Lofland and colleagues’ framework for analytical coding (Lofland, Snow, Anderson, & Lofland, 2006).
- Initial emerging codes → focused into categories
- Interactive process → research team
Demographic Findings

- Participants were between the ages of 18 and 72, with mean age of 40.7 years
- Approx. 67% of participants experienced homelessness at least once
- Mean income for one month was $1068
- Majority of participants were single never married (62%; n=264).
- Grade school was highest level of education for approx. 47% of participants
- Approx. 75% (n=286) of participants were unemployed at the time of enrolment
Findings: Themes

- Poverty and mental health: “You just try to survive”
- Stigma: “People treat you like trash”
- Belonging: “You feel like you don’t belong”
- Shared concern and advocacy: “Everyone deserves housing”
"Poverty and mental health: “You just try to survive”"

- “They go hand in hand”
- “I started to live in poverty after (my) mental illness because it affected my ability to work”.
- “…you are stuck between what do I buy, groceries or meds”.
- Catastrophic impact: “Sometimes because of poverty you feel like you wanna commit suicide”; “The stress is to the point I tried to commit suicide not once, but twice. If this is what the world is I don’t want to be a part of it”.
- Survival, compromising access to basic human needs: “You just try to survive” → homelessness, prostitution, food insecurity
Stigma: “People treat you like trash”

- External and internal impacts and examples
- Unequal employment and housing opportunities & decreased sense of self-worth
- Based on a multitude of factors; mental illness & poverty
- Recognized mistreatment/deserving and accepting of judgments
- Internalization of external stigma: “abnormal”, “worthless”, hopeless, and helpless; “I am disgusted with myself too”
Belonging: “You feel like you don’t belong”

- Feeling like an outsider, “less than, “different”
- Impacted by stigma
- “when you’re considered a freak, loser, moron, just because you’re different it makes people look down on you twice as much”
- “I’ve pushed people away and people have pushed me away because they can’t stand to see me hurt myself”
- Positive family support, organizations, engaging with people facing similar stressors
Shared concern and advocacy:

“Everyone deserves housing”:

- Shared concern for other individuals: “Everyone deserves a living wage”; “Everyone deserves housing”
- Peer support
- Advocacy: “You can’t speak for yourself, you need an advocate to speak for you and you have to jump through hoops just to get enough money to survive”.
Social justice is not being met: “What does a life worthy of human dignity require?” the participants shared the counterpart

Opportunities for a life with human dignity were perpetually denied as a result of societal and systemic discrimination and exclusion

Shared yet individual experiences

Individual uniqueness within poverty and stigma
Study limitations

- Limited to those who speak and understand spoken English
- Large sample for qualitative research (strength of this balances out disadvantage)
- Interview responses were handwritten by RAs, rather than being audio-recorded and transcribed verbatim
Conclusion

- If social justice is premised on the notion that human life is deserving of dignity, we question why psychiatric survivors have been deemed so ‘undeserving’ of such a life, and how such inequality can be countered.

- Nussbaum’s theoretical approach a fitting lens.

- More research.