COPING IN CONTEXT:

ETHNORACIAL PERSONS EXPERIENCING HOMELESSNESS AND MENTAL ILLNESS

At Home/Chez Soi Research Demonstration Project
Centre for Research on Inner City Health, St. Michael’s Hospital, Toronto, Canada

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"Yeah, black people don’t believe that there’s mental health problems. If you’re not working it’s because you’re lazy. If you’re forgetting things, it’s because you’re careless... like it’s strictly a character distinction. Unless you’re talking to a wall... and running around without clothes on, people assume you must be able to handle absolutely everything"

- Participant Quote

"You’re never allowed to feel normal. Right? It’s like you’re walking around with a sign on your back. Me, I do my best to rip that sign off and uh, not show them that at all, because I don’t have to show them that"

- Participant Quote
Presentation Contents:

WHERE – Area of study

HOW – Methods

WHO – Sample demographics

WHY – Objectives and background

WHAT – Findings

FUTURE RESEARCH – Population, Acculturation, Coping
Data - Where

• Toronto, Ontario

• At Home/Chez Soi – a 4-year national research demonstration project

• Anti-racism/ anti-oppression (AR/AO) framework

• Mental Health Commission of Canada
Data - How

• Qualitative study.

• In person interviews (34 - 90 minutes) audio-taped and transcribed

• Grounded theory analysis

• NVivo 10.0 software

• Intersectionality Theory
Data - Who

• At Home study recruitment criteria included individuals:
  - Over 18
  - Diagnosed or undiagnosed mental health illness
  - Absolute homelessness or precariously housed
  - Not receiving services. Must need services
  - Functional impairment

• 575 individuals were recruited at the Toronto site at the beginning of study and placed in appropriate service agency based on level of need.

• 36 ethnoracial individuals experiencing homelessness and mental health issues were recruited from the ethnoracial subgroup of the At Home study.
All Participants (N=575)

- High Needs (N=197)
- Moderate Needs (N=378)
All Participants (N=575)

- High Needs (N=197)
  - Housing First + ACT (N=97)
  - Treatment As Usual (N=100)

- Moderate Needs (N=378)
All Participants (N=575)

High Needs (N=197)
- Housing First + ICM (N=102)
- Housing First + ER-ICM (N=102)

Moderate Needs (N=378)
- Treatment As Usual (N=174)
Data - Who

• 27 males. 9 females. Average age was 37 years

• 2/3 born outside of Canada. 19 different countries were named as birth countries including:

  - Afghanistan
  - Bangladesh
  - Barbados
  - Congo
  - Egypt
  - Ethiopia

  - Ghana
  - Grenada
  - Guyana
  - Kenya
  - India
  - Iran

  - Jamaica
  - Mexico
  - Somalia
  - Sri Lanka
  - Trinidad & Tobago
  - Uganda
  - Zambia
  - Ethiopia
  - India
  - Iran
  - Uganda
  - Zambia
Data - Demographics

- Native language:
  - English 20
  - French 1
  - Other 15

- Ethnic or Cultural Identity
  - Black (Africa) 8
  - Black (Canada) 8
  - Black (Caribbean) 6
  - Latin American 1
  - Middle Eastern 4
  - Mixed Background 6
  - South Asian 3

- Homelessness:
  - Absolutely Homeless 32
  - Precariously Housed 4

- Total Length of Homelessness During Lifetime
  - 3.4 years

- Longest Period of Homelessness at time of recruitment
  - 1.5 years
# Data – Mental Health

**MENTAL HEALTH**

**MINI Results**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Count</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Current Depressive Episode</td>
<td>15</td>
<td>41.7</td>
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<tr>
<td>Current Manic Episode or Hypomanic Episode</td>
<td>6</td>
<td>16.7</td>
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<tr>
<td>Current PTSD</td>
<td>10</td>
<td>27.8</td>
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<tr>
<td>Current Panic Disorder</td>
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<td>16.7</td>
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<tr>
<td>Current Mood Disorder with Psychotic Features</td>
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<td>11.1</td>
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<tr>
<td>Current Psychotic Disorder</td>
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<td>36.1</td>
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<tr>
<td>Current Alcohol Dependence</td>
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<td>11.1</td>
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<tr>
<td>Current Substance Dependence</td>
<td>9</td>
<td>25.0</td>
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<tr>
<td>Current Alcohol Abuse</td>
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<td>16.7</td>
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<tr>
<td>Current Substance Abuse</td>
<td>4</td>
<td>11.1</td>
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<tr>
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<tr>
<td>High</td>
<td>12</td>
<td>33.3</td>
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Why - Objectives and Background

• In 1971, Greater Toronto’s residents defined as a member of a visible minority group was 3%. In 2006 the number increased to 47%

• Between 1980 – 2000 in Toronto, the poverty rate for non-racialized population decreased while poverty among racialized families increased significantly.

• A 2006 study found that immigrants with less than five years in Canada were significantly less likely to have a regular doctor

• In a national study, only one third of non-White Canadians with depression had consulted a health professional in the past year, compared with 61% for White Canadians.
What – Context and Coping

• Context
  Cultural Disconnect – Ethnoracial, Immigrant
  Powerlessness – Homelessness, Mental Health

• Impact on Coping
  Urgency, Ineffectiveness

• Coping Strategies Compromised
  Relationship building
  Accessing an anchor
  Achieving meaningful activity, creative outlet
Cultural Disconnect
IMMIGRATING

“ I am far away from my family, and also I miss them - my parents, my culture, my customs.”

“When I came to Canada now I almost went back to zero.... You are discriminated. You are disqualified.”
EXPOSURE

“I never lived in my country long enough to know it well”

“I spent half of my life here.”
STIGMA

“In an Indian family everybody has to be perfect. And if you’re not, they just think of you like you’re nothing. “

“They think it’s just laziness. . .they think it’s irresponsibility. They don’t believe it’s a mental illness.”

“Our culture used to believe different things...they used to say (mental illness was) an evil in somebody’s mind...they would say it’s Voodoo.”

“Where I come from people equate mental illness with being stupid.”
DISCRIMINATION

“I even offered to volunteer at food banks... I’d been refused. I don’t know how you get refused... volunteering... cause I wasn’t asking for the extra welfare. I was just... I got refused... it was racist.”

“Although I have a level of education, I have work experiences...according to my resume I’m fully qualified for the jobs, but then I come in for the interview... and they take note that I’m poor black... they don’t give me the job.”
“ I haven’t really spoke about it...just to avoid some worries.”

“It doesn’t help me to talk to them. I’ll tell you why. Mother and sister...it’s just a worry...it’s just a weight. It’s like carrying my bag around all day. I hate it. It just gets to a point where my shoulders are killing me...because there’s too much weight. Without the bag I’m free.”
DIFFERENT CULTURAL PERCEPTIONS

“Well Africa is Africa. It’s a different thing altogether. If you don’t have a home I bet somebody will take you and get you started. But I don’t see anything here”

“it is viewed as you have to help them. If somebody is hungry, they feed them. And if you’re on the street you won’t be on the street forever...somebody will take you in. That’s how our culture is. You don’t stay on the street.”
“My father, I called him after 3 ½ years and he doesn’t want anything to do with me now. He doesn’t care if I’m dead or alive... he just does not want anything to do with me.”

“They judge you, they think that there’s something going on. Any time they look at you they ask you, first question is if you’re going to school, or are you still working. These are the two things they’re looking for.” - (referring to Sri Lankan families)
Powerlessness
HOMELESSNESS or SHELTER LIFE

“beyond institutionalization. I felt it was an abuse of power. You can’t say if you’re angry. You can’t say if you’re sad. You can’t say that you didn’t like the dinner, that you don’t want to eat pizza two nights in a row cause you don’t want to eat too much junk food.
MENTAL HEALTH VULNERABILITIES

“Mental health has affected everything, ... the concentration, the memory, the hope.”

“It affects the concentration so you know most of the time you are distracted”

“I have problems with my thinking process. I have ... numbness, [no] clarity of thought.”
UNEMPLOYMENT

“if he (son) wants to join hockey, you know you have to have money to buy the skates...I can’t live up to that. I don’t have the money to do these things ...you have to have a job to be a dad, eh?”

“If you don’t have a job, you don’t have too much say in what you want and what you don’t want.”
PHYSICAL PAIN

“My lower back is messed up. It doesn’t stop me from wanting to work, but it’s a lot of pain and that affects me more than anything else. Even from getting day kind of construction jobs, and stuff like that.”

“I used to walk around with so much tension in my shoulders that I used to have these headaches going down my back. And it was non-stop. And it was just tension from living in the conditions. Cause I’m not a pimp and I’m not a drug dealer. I’m just a guy who really has screwed up his life. And now I have to live like this.”
MENTAL HEALTH AFFECTS...

“I love to work, but my brain, my body doesn’t let me.”

“I’m sure I was going through a manic episode when I quit my job. Cause I didn’t get fired, eh? I was just such a mess I realized it was a farce, so I quit, right.”

“I was supposed to work, but I couldn’t, because I was sick, I had a brain problem because I’m schizophrenic.”
ABUSE/TRAUMA

Woman abused by boyfriend describes, “the major thing preventing me from asking for help. I felt ashamed. I felt deeply ashamed.”

Man describes being raped as “something that’s really hurt me deep inside... I just don’t know how to let it go. It’s eating me inside.”

Man who served in Kuwait suffers from PTSD commented: “War is a scourge, and it causes way more damage than people can ever imagine.”
Impact on Coping – Urgency, Ineffectiveness

“It’s crazy. There’s nothing. There’s no help. I’m crying. It’s all I can do.”

“I’m not dealing with it. Period…. Every day you wake up and you think you want to hang yourself, sometimes you’ve got to give it a little time to let that idea blow away. I mean there’s no way to deal with it.. just letting time pass. Day by day. There’s no real way to deal with anything.”
Coping - Relationship Building

“I have good days and bad days... and it’s coming up to the holidays I can just start feeling lonely. Not yet suicidal or that stage but I’m more aware of changes that go on now... and so I offset them by either become more physically active or become more social.”

“If I didn’t have people around I’d feel terrible, you know. I already felt terrible, but if I didn’t have people around I’d feel much worse, I wouldn’t be able to deal with it by myself. I don’t know where I’d be right now cause I kept this all isolated, but it helps to have company.”
COMPLICATED?

“I just lose interest when I’m off my meds. I get depressed and I lose interest in socializing. I’d become anti-social. Relationships are stressful; they’re very stressful.”

“I have lost a lot of good friends because of my mental health, because I’ll think that they’re out to get me. So it has affected me - to the point where I have nobody to call family and I’m basically alone for the rest of my life. I have no emergency contact. I have nobody anymore, all I have is myself.”

“I had no faith in nobody, in humans anyway. Cause I’ve been messed around too many times by humans. I can’t trust.”
Coping - Accessing an 'anchor'

“my brother, my sister, my nephew, my niece. ... when I remember them I found there is something in my life I can live for... I can stay alive for them.”

“I try to think about my daughter. And why I’m doing all of this, is because of her, not for any other reason. That’s why I’m going back to school. I just want to have her not remember anything like this about me.”

“I do it for my family. Just because I’m not religious does not necessarily mean that I am a bad person. I just want to prove them wrong and help them out. And not be that disappointment they always think I am, you know.”
NOT ACCESSIBLE?

“I have a ten year old child. He needs me to be fit, to be sane, to be stable… even though he’s not going to be living with me anymore, I still have to keep myself stable and healthy and strong for him. He’s going to be seeing me sometimes but he’s not going to live with me, but he still should see a strong mother. He shouldn’t see me falling apart. And [knowing]that helps me out a lot.”

“Because ever since I had my son, that’s when my eyes really opened up and it was like okay I need to start doing what’s best for me. I lost him to adoption and I haven’t seen my kid in almost a year now. And it hurts every day.”
Coping - Achieving meaningful activity or a creative outlet

“I know how it feels to be a woman and be raped and abused. That’s why now I want to help every young woman out there, realize that yeah you’re homeless and yeah things aren’t going good for you, but if you look up and look for hope everything will come together.”

“There’s going to be a lot of soldiers coming back... a lot wounded. You hear about the deaths, you don’t hear about the wounded, and those are the ones that really need it. That’s why I want to work at the VA - I want to do something that’s going to [be] meaningful.”

“mostly I journal and I paint. I journal in the book, and then when I can’t have the words for it, I paint, and then when I paint, I’m kind of able to get what I was feeling... usually at the end of the painting, I’m able to kind of have a thought and a feeling... and then action that I can do to change the situation.”
RESOURCES?

“Like I’ll go sit around the piano and play for a few hours and I forget about my problems. It keeps me content for a few hours. That’s what keeps me alive, otherwise I don’t know what I’d do.”

“I used to like bicycling but nah, I can’t do too much of that without paying so...[it] sort of discourages me.”

“finding a quiet space. That was the number one I think. And when I say quiet, I don’t just mean like silence, I mean like without tension.”
“I’m the perfect study. Black male, homeless, gay... holy f$%^... But you know what I mean. I’m only saying that we are the kind of people that end up in these situations.”
Future Research

• Toronto’s growing number of newcomers

• Socio political factors in home countries

• Acculturation and coping studies

• Shifting focus from individual to social
References:

• Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees


• Kirst, Plenert, Wise Harris, Kirsh, Hwang, O’Campo & Stergiopoulos. (2010). ‘At Home/Chez Soi’ Project Planning and Proposal Development Toronto Site Report, Centre for Research on Inner City Health, St. Michael’s Hospital


• Stats Canada Longitudinal Survey of Immigrants to Canada