

# What's the Use?

ISSUE # 4

WINTER 2007

## inside

Use as Relevance — 2  
Moving on from  
Homelessness

Use as Purpose — 3  
The Role of Mental  
Health in Achieving  
Purpose and  
Stamina in Life

Use as Purpose — 3  
Assertive  
Community  
Treatment (ACT)

Use as Practice — 4  
Youth Net

Use as Impact — 4  
Message from the  
Director



The Ontario Ministry of Health and Long-Term Care has contributed infrastructure funding for this Research Unit since 1991. Our mandate is to provide useful information to human service agency decision-makers, providers and policy analysts. Information is useful when it is relevant in addressing current health and social problems and has as its purpose to inform best practices including fostering hope and purpose in life. Ultimately, we intend to have impact, enhancing services provided to vulnerable populations. This newsletter describes three of our current mental health studies.



*“If a home doesn't make sense - nothing does.”*

- Henrietta Ripperger

**FROM THE (TORONTO) STREET HEALTH REPORT, 2007**

**Did you know...**

- ◆ 368 homeless adults were surveyed at meal programs and shelters.
- ◆ 4 out of 5 were homeless for more than one year.
- ◆ 75% named their economic circumstances the most important reasons they were homeless.
- ◆ More than half experienced serious depression in the past year.
- ◆ 75% have at least one chronic or ongoing physical health condition.
- ◆ More than a quarter were refused health care in the past year because they did not have a health card.

## Moving on from Homelessness: A Narrative Inquiry

**Helen Kirkpatrick, RN, MScN, MEd, PhD**  
 Assistant Clinical Professor, School of Nursing  
 Director of Narrative Research  
 System-Linked Research Unit

**“Make the journey from homelessness a journey of recovery.”**

This narrative study explores the experience of “moving on” from homelessness for individuals with a major mental illness, after they obtained permanent housing with supports as part of the Province of Ontario Homelessness Strategy. Narrative inquiry provides a valuable method to understand the concept of a journey of recovery, specifically because each person’s journey is unique. Individual stories are developed within a social context; a community (or program) narrative is a story, common among a group of people, that tells group mem-

bers important things about themselves. *A Narrative Framework for Understanding Stories*, which provided the methodology and structure for this study, includes individual, community and dominant societal narratives.

This research explores both individual stories of experience of moving on from homelessness and the program narrative of the project which provided the housing and supports. For the individual stories, twelve participants were interviewed over a six month period (31 interviews). The 6 women and 6 men ranged in age from

19-52; length of time in permanent housing ranged from 4 months to 3 years. Participants were homeless for varying lengths of time and there were various routes to homelessness; participants described different journeys of moving on.



### **Findings:**

The experience of homelessness for many was described as “on the move”, in a circular pattern from shelter to shelter or street because of government policies (e.g., length of stay in shelter). Being on the move meant a continuous and repetitive search for basic needs, food and a place to sleep. Permanent housing and supports allowed participants to “move on”, reconnecting with family, getting jobs and planning for the future.

Participant interviews, participant observation and program documentation were used to develop a narrative of an empowering program. Themes included:

1. The importance of having a place of one’s own.
2. Inspired by a living mission - the mission of the Little Brothers of the Good Shepherd.
3. “They make you believe in yourself” (empowering at the personal level).
4. “The laughs are free” (the importance of social activities).

# Use as Purpose

## Purpose in life:

*“The purpose of life is a life of purpose.”*

- Robin Sharma

*“To believe your own thoughts, to believe that what is true for you in your private heart is true for all (wo)men—that is genius!”*

- Ralph Waldo Emerson

## The Role of Mental Health in Achieving Purpose and Stamina in Life

The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. Without such well-being it is more difficult to achieve one’s goals and to lead a meaningful life. However, many people who live with ongoing, serious mental illnesses such as schizophrenia lead a life meaningful to them, are productive, and achieve goals that matter to them. In fact, being able to engage in valued social roles, such as work, contributes to their ongoing psychological well-being and recovery. Our mental health system is evolving to focus more on rehabilitation and recovery and to support people to achieve their goals and have a sense of purpose. This is in recognition that people with ongoing mental illness can have purposeful lives while coping both with the symptoms of their illness and often the effects of their treatments. Mental illness can provide barriers to well-being. Our work, as researchers and clinicians, is to find ways to help people overcome those barriers. One effort is Assertive Community Treatment.



**Lindsey George, MES, MD, FRCP(C)**  
Assistant Professor  
Head of Service, Mental Health Rehabilitation  
Director of Adult Mental Health Research  
System-Linked Research Unit

## Assertive Community Treatment (ACT)

As Principal Investigator evaluating Ontario’s ACT program, Dr. George says that Assertive Community Treatment (ACT) is a model of community mental health care for people with serious mental illness. It is one of the most expensive and effective interventions for people who are often the hardest to serve. ACT is well researched in terms of outcomes with over 25 RCTs demonstrating reduced use of inpatient services, improved housing, and satisfaction. In all but one study outcomes have been linked to fidelity to the model. Ontario is now one of the largest providers of ACT in the world with 79 teams in operation across the province. Our study of ACT teams in Ontario is measuring fidelity, using the Dartmouth Assertive Community Treatment scale. We will be able to report on the degree to which our teams are achieving fidelity. Using MOHLTC data we will be able to look at the relationship between overall fidelity and outcomes such as inpatient use, employment, housing, and legal involvement. We will also look at which aspects of fidelity affect which outcomes. In addition we are looking at the concept of re-

covery and its link to client outcomes. Recovery oriented services have a strong rehabilitation focus and provide services in a client centered manner. In this part of the study we examine the degree to which ACT teams are perceived as recovery oriented in the delivery of services. The concept of recovery is an emerging one and of much interest in mental health care. With the large number of teams participating (84% of Ontario’s teams) we hope to make a significant contribution to the ACT literature and to influence future policy.



# Use as Practice

## Youth Net

Linda O'Mara, PhD, Assistant Professor, School of Nursing

Daina Mueller, RN, BScN, MScN, Manager, Substance Abuse, Injury and Violence Prevention Program, Hamilton Public Health Services

Youth Net Hamilton is a mental health promotion and early intervention program for youth ages 13 to 18. The program is funded and administered by Hamilton Public Health Services and supported by the Youth Net Hamilton Coalition.

Youth Net Hamilton reaches out through focus groups led by older trained youth (ages 19 to 30) in Hamilton-Wentworth District School Board secondary schools and other community settings. During a focus group, youth complete a Youth Net Survey about their mental health, engage in discussion, receive a Youth Services Guide, and complete an evaluation form. If youth are experiencing a mental health problem, facilitators follow-up with the individual immediately after the group to assess the level of risk and help the youth connect with supports.

Youth Net Survey responses are collated and distributed to youth-serving professionals through the annual report and through Youth Net presentations to inform practice. However, no formal evaluation of the effectiveness of the program has been done during its 8 years of operation.

With funding from the Provincial Centre of Excellence for Child and Youth Mental Health, a randomized controlled trial led by Dr. O'Mara is taking place in six schools within the Hamilton-Wentworth District School Board with about 300 student participants, over the course of the 2007-2008 school year. Students fill out research questionnaires at baseline and one month later. The intervention class in each school participate in a focus group the day after the first round of data collection; the control class will be able to participate in a focus group after the study is completed. The effectiveness of the focus groups on decreasing stigma associated with mental health among students will be measured.

### Study update:

Data collection commenced in November. To date, two schools have completed baseline research questionnaires and the intervention classes have participated in focus groups. One more school is scheduled to begin the study this semester. The response has been good. Next semester, 3 more schools will be involved in the study.



# Use as Impact



**Gina Browne, PhD, RegN**  
**Director, System-Linked Research Unit; Professor, Nursing; Clinical Epidemiology and Biostatistics; and Ontario Training Centre in Health Services and Policy Research (OTC)**

We record and are inspired by the human service initiatives of community agencies and the role these initiatives

have in recovering the mental health of vulnerable persons. The essence of vulnerability is lacking the ability, opportunity or freedom to create and control favourable life circumstances and meaning. The vulnerable are prevented from achieving their rights, preferences or values. Having a "place" to belong,

control and therefore achieve the security that comes from routine and predictability is like food and water. It is essential to surviving and thriving.

When basic needs are met, relief is soon replaced by gratitude and renewed purpose.

Having a purpose and meaning in life is the act of valuing something about ourselves, circumstances, others or our environment.

Dignity and hope is restored!

Believing is seeing! Our accolades to service agencies and providers who bring this recovery about.

*"Every spirit builds itself a home and beyond their home, a world, and beyond the world, a heaven ... know that the world (could) exists for (them)."*

- Ralph Waldo Emerson

## Believing in you!

## Next Issue: Spring 2008— "Findings from the Falls Project"

McMaster University, Faculty of Health Sciences  
 System-Linked Research Unit  
 75 Frid Street, Hamilton, ON L8P 4M3

<http://www.fhs.mcmaster.ca/slru/home.htm>  
 Telephone: 905-525-9140, ext. 22293  
 E-mail: [Gina.Browne@mcmaster.ca](mailto:Gina.Browne@mcmaster.ca)