

visions

housing as
a human right

what is culturally
safe indigenous
housing?

depression
and cohousing



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visions

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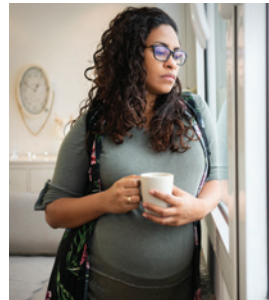


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editor's message

In this issue of *Visions*, we look at the idea of housing as a human right. A human right is a universal right you have simply by virtue of being born. Having a stable and safe home is more than just about having a roof over your head or basic survival. It contributes to your overall well-being in so many ways, whether physical, mental, or socioeconomic. Although Canada has recognized that housing is a human right by ratifying the United Nations' International Covenant on Economic, Social and Cultural Rights, we have a long way to go. In Vancouver alone, 2095 residents reported experiencing homelessness in 2020.¹ But getting accurate provincial numbers can be difficult. Due to the ongoing COVID-19 pandemic, many cities across the province weren't even able to gather data on homelessness in 2021. There is also hidden homelessness, where individuals may have found temporary but unsustainable arrangements, such as sleeping in their vehicle or on a friend's couch.

Housing can be complex. We know that mental health and substance use problems, and the stigma associated with these challenges, can affect access to safe, dependable housing. In turn, housing insecurity can negatively affect mental health outcomes. 2021 added new layers to BC's ongoing housing crisis, due to the pandemic and climate-related disasters, including wildfires and floods, in which many residents lost their homes.

Our two guest editors for this issue, Dr. Bernie Pauly from the University of Victoria, and Marc Lee from the Canadian Centre for Policy Alternatives, explore issues of housing insecurity in BC and how the pandemic has emphasized the link between our health and our housing. Other contributors discuss their lived experiences of their housing journeys in BC and how housing has affected their mental health, and the importance of culturally safe housing is outlined as well. Housing needs and wants can be different for different people – while some people might want proximity to schools or amenities, others might prioritize an alternative model such as cohousing. Others just want to ensure fair treatment by their landlords and avoid renovations. Despite these differences, one thing is clear: everyone has the right to a secure, safe and stable home which they thrive. ▽

A handwritten signature in black ink, appearing to read 'Kamal', is located below the editor's message text.

Kamal Arora, PhD

Kamal Arora is Visions Editor and Leader of Health Promotion and Education at the Canadian Mental Health Association's BC Division

Tenuous and Unaffordable Housing in a Pandemic

BERNIE PAULY RN, PHD

The COVID-19 pandemic has accentuated the inextricable link between housing and health. Leila Farha, the former UN special rapporteur on adequate housing, describes housing as “a front-line defence against the coronavirus. Home has rarely been more of a life or death situation.”¹ How have housing and homelessness been impacted during COVID? What policies have driven the rise of tenuous and unaffordable housing? These are some of the questions I answer in this commentary.



Bernie is a professor at the University of Victoria's School of Nursing and a scientist at the Canadian Institute for Substance Use Research. Her work focuses on promotion of health equity, determinants of health, substance use and innovative approaches to public health

The pandemic and housing

Housing has become more tenuous during the COVID-19 pandemic and the associated economic crisis. Housing is a key determinant of health, and during COVID housing took on important health protection functions, offering prevention from viral infection and a space for self-isolation. However, there are gross inequities in availability and access to safe and affordable housing. Reports of increased domestic violence, evictions due to lack of rent payments and visible homelessness make clear that not everyone has the same means to protect their health.

Visible homelessness has increased, as shelters and drop-ins have had to restrict numbers of people to comply with COVID-19 guidelines. Encampments emerged throughout BC. In some cities, BC Housing took the opportunity to secure hotel sites for those living unsheltered. However, there was not enough hotel space for everyone and some were left behind. That group faced evictions and increasing bylaw enforcement, including 7 to 7 bylaws (nighttime-only camping rules) that result in daily displacement and street sweeps. This increased health and safety risks for homeless residents.

The use of public ordinances as a means of managing homelessness is common in North American cities. Yet this kind of increased enforcement only contributes to stress, lack of sleep and poor mental health. Further investments in bylaws and policing to surveil and displace homeless people do little to end homelessness. These resources would be better spent on housing.

There have been some positive actions for renters. For example, BC introduced a moratorium on evictions and rental supports to mitigate harms. However, in some cases, these have been time-limited measures. While purchase of hotels is positive, a hotel room does not necessarily provide adequate housing. Hotels often lack cooking facilities, and there are other rules, such as no-guest policies, not normally associated with private housing. Thus, we are in desperate need of ongoing rental protections and investments in social housing to fill the gap not just for those who are currently homeless but to prevent homelessness in the first place.

Housing is a right

The urgency of responding to the issues illuminated during the pandemic begs us to recall that housing is a human right that is enshrined in covenants such as the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. Although Canada is a signatory to these conventions, the right to adequate housing wasn't recognized until 2019 with the passing of the National Housing Strategy Act. This act specifically states that "housing is essential to the inherent dignity and well-being of the person and to building sustainable and inclusive communities."²

Adequate housing is defined by criteria such as habitability, affordability and security of tenure (meaning that individuals can inhabit a residence without unreasonable interference by landlords). According to the Canada Mortgage and Housing Corporation (CMHC), assessment of core housing need is based on three criteria: adequacy (housing that is not in need of major repairs), suitability (there is adequate space for residents and no overcrowding) and affordability (no more than 30% of before-tax income). In 2011 there were almost 250,000 people in core housing need in BC, or approximately 15% of the population. According to a 2018 report, 7,655 people were homeless in BC.³ Individuals who were homeless identified three main barriers to accessing housing: high rents, low incomes and lack of available and suitable housing.

Policy failures lead to harms

How is it that housing, a human right and fundamental resource for health and well-being, is out of reach for so many, especially during a pandemic, when people need it most? From the 1970s to the early '90s, BC built about 1,000 to 1,500 social housing units per year.⁴ Then, the federal government disinvested in the building of social housing and left this responsibility to the provinces alone. This had negative results in BC. Between 2006 and 2011 only about 280 net new units were built in the province. We have a lot of catching up to do.

As David Hulchanski has observed, the word "homelessness" came into being as policy changes, like the turn away from social housing, began to unfold.⁵ Housing has become a commodity rather than a social good

and human right. In Victoria and Vancouver rental-market vacancy rates are 2.2 and 2.6%, respectively, while average rents are \$1,275 and \$1,508, respectively. This is far beyond the reach of someone on social assistance, who may receive as little as \$375 for rent.⁶ Few market controls have been introduced, and considerable barriers exist to building social housing. Social or non-market housing is urgently needed to address the gap in affordable housing.

Precarious housing conditions impact health and well-being, contributing to poor physical and mental health and exacerbation of substance use issues. In terms of mental health, people may experience disrupted sleep, fatigue and increased stress. Substances may be used to help people stay awake or cope with the anxiety, stress and trauma. Lack of housing is associated with early and premature death of homeless people due to inadequate living conditions.⁷

Tenuous and unaffordable housing is a manifestation of the failure of shifting to for-profit housing. This situation has significant impacts on the health and well-being of many. All levels of government must adopt housing as a human right, recognize the linkages between housing and health and invest in safe and affordable social housing in the pandemic and beyond. ▽

COVID-19 and Housing Insecurity

MARC LEE

The pause on most economic and social activity during the COVID-19 pandemic, including large-scale furloughs of retail and service industry workers, revealed large inequalities and insecurities with regards to housing. While housing affordability was already one of BC's most pressing public policy issues, the pandemic amplified pre-existing patterns and inequities. This is the context in which we are exploring the connection between housing and mental health throughout this issue of *Visions*. This connection is universal but particularly strong for those in precarious housing situations or facing other housing stresses, such as crowding or isolation.



Marc Lee is a senior economist with the BC office of the Canadian Centre for Policy Alternatives (CCPA). His research interests include affordable housing, energy transition and federal and provincial budgets. Marc led the CCPA's Climate Justice Project, which proposed ways to tackle climate change with fairness and equality

As we push forward in a world where other shocks are guaranteed—case in point: BC's 2021 heat dome and subsequent wildfires—we need to rethink housing less as a market and more as a human right that supports economic security and physical and mental health.

A shock not felt equally by all

After March 2020 many high-income knowledge workers were able to switch to working from home with little or no lost income. Statistics Canada reports that among top earners, almost two thirds of employees worked from home compared to one in 10 for low-income

employees.¹ Households whose work lives were not heavily disrupted typically experienced an increase in saving due to having fewer chances to spend their money under COVID-19 restrictions.

Economically, BC's initial shutdown put the squeeze on renters in particular. The Canadian Centre for Policy Alternatives' BC Office conducted a province-wide survey near the end of the shutdown period (May 2020). We found that more than half of renters had lost income.² Renters had lower incomes to begin with, and typically had fewer savings to cover necessities

in the event of a loss of income. One third had less than a month's savings to survive on, and nearly two thirds had two months' savings or less.

When confronted with the combined health and economic shocks of COVID-19, federal and provincial policy-makers had to revamp the social safety net in a matter of weeks. The federal Canada Emergency Response Benefit and Canada Emergency Wage Subsidy proved central in providing income support for those who had lost work. While the federal government did most of the heavy lifting fiscally, BC stood out among the provinces for providing additional income supports for workers, additional benefits for families and seniors and elevated supports for people on social assistance.

On the housing front, BC brought in its Temporary Rent Supplement Program, with up to \$300 per month (for four months) going to landlords for eligible households without dependents and \$500 per month for those with dependents. The BC government also assisted renters with a temporary eviction freeze, which was withdrawn by September 2020, and a freeze on rent increases, which ends in December 2021.

The combined impact of these unprecedented measures greatly supported housing security. More people were able to pay their rent and avoid additional hardships like being evicted during the shutdown. That said, it was generally accepted that landlords would (eventually) be paid in full, even as other sectors of the economy (tourism and entertainment, for example) took substantial hits and a large minority of households found

themselves without employment or at reduced hours.

One bright spot for renters was the collapse of housing demand from tourism, business travel and foreign students. Greater availability of rental apartments was reflected in higher vacancy rates and lower rents. Housing units that had been providing short-term rentals re-entered the long-term rental market.³ COVID restrictions revealed that a large portion of Vancouver's housing stock has been diverted to serve the needs of (well-heeled) visitors to the detriment of renters and the city's overall quality of life.

With hotels largely unoccupied, both the federal and BC governments stepped in to buy a number of empty hotels to permanently house homeless people. In Vancouver this led to an additional 767 beds at a public cost of \$250 million by end of April 2021.⁴ These actions were necessary to house large numbers of people camping in public parks in Vancouver and Victoria.

Post-pandemic housing solutions in BC

By early 2021, however, a new surge in real estate prices hit BC, with strong growth in rural areas and smaller towns alongside major centres like Vancouver. Propelled by ultra-low interest rates and too much time constrained in existing homes, pent-up demand was unleashed, pushing home prices past previous highs. Out was the sense that we were all in this together—it was back to the competition for getting into the housing market or fearing being left out. A July 2021 poll found that almost half of

homeowners and a quarter of renters were contemplating moving due to high housing costs.⁵

All of this informs how we need be thinking about housing going forward. High rents increase the vulnerability to a job loss, such as what we witnessed during the COVID-19 pandemic. But even those in good rental situations may feel constrained in their ability to move due to the much higher rents they would face if they had to move. As home prices soar, renters face a bigger and bigger wall separating them from the dream of owning their own home, while existing homeowners win the real estate lottery.

In our COVID-19 survey of British Columbians, we uncovered strong public support for an expansion of non-market housing, a continuation of the eviction ban and rent freeze and urgent action to provide homes for people without them. In other countries, public or non-market housing has long been part of the solution. Canada can also look to its own history of building dedicated, affordable housing in the post-war years. After a few decades of government inaction, there is much work needed to catch up. Metro Vancouver alone needs about 10,000 new non-market units per year to address population growth and deal with the backlog.⁶

COVID-19 tells us that housing is too important to be left to the market. We need public and non-profit approaches that emphasize affordable and adequate housing for all. To the extent that housing is viewed a human right it will also have positive benefits for mental health. ▽

The Perfect Storm

A RENTER'S PLIGHT IN VICTORIA

RAMYA GN REDDY

Many middle-class Indians work towards realizing a common dream: to see their children settle abroad.¹ While I am an Indian from the educated working class, my parents were different. They were content to have their married daughter and grandchild close to them. I was born and raised in a bustling Indian city where my newlywed parents had bought a house that they painstakingly remodelled and modernized as our lifestyles evolved.



Ramya Reddy and her son

Ramya is a content writer, storyteller and transmedia content creator. She is also a brand strategist who assists small businesses in achieving carbon neutrality by adopting environmentally sustainable practices while also remaining profitable. An Indian national, she lives in Victoria with her five-year-old son

It is a largish four-bedroom bungalow in the heart of the city, close to everything urban life has to offer. My son was born in this house, as was I. Neither of us knew what living in a rental entailed, nor did we know that we would be deprived of our basic right to secure housing when we moved to a developed country that boasts better infrastructure and quality of life.

My son was born preterm and diagnosed with respiratory issues soon afterwards. He was repeatedly unwell and struggled with periods of growth arrest. Doctors prescribed him steroids. When he was two, I took on the challenge of moving out of India in the hope of finding clean, pollution- and

dust-free air that my allergy-ridden son desperately needed.

Relying on internet research, I decided to move to Canada. Further research pointed me to Victoria, BC—a city touted as having optimal year-round weather and an unhurried pace of life compared to larger Canadian cities. After applying for a master's program at Royal Roads University (RRU), I secured a study permit for me and a visitor permit for my son.

After some strife, I also managed to find a daycare spot for my child before we left India. I was confident that my son would have a safe place to be while I was in school and hopeful that

Anxious about being un-housed, it was hard to think clearly and provide the care my child needed. ”

our move to Victoria would give him a new lease of life. We were blissfully unaware of the looming challenges of the housing crisis in Victoria.

Upon arrival we were fortunate to have a relative who put us up at a hotel near my school. But after more than two weeks there, we had yet to find a rental that would accept a toddler and an immigrant without local references. We were further limited by our need to stay close to my school and my son's daycare. Early conversations with locals helped me understand that vacancy rates were less than 1%.² Even with substantial savings, my family's financial support and resource assistance from RRU, my chances of finding a rental in such a tight market were slim.

I took cabs and relied on friends to get me around the city, then rented my own car. However, my lack of familiarity with the city and local communication styles made it hard to keep up with local Canadians competing for the few available places.

My son and I moved from the hotel to an Airbnb, then another Airbnb. I struggled to fulfil my academic commitments and stabilize my son's health. We made two trips to the emergency room within our first month on the Island. The first was a close call. The doctor who triaged my son plainly stated that we had arrived just in time.

Anxious about being un-housed, it was hard to think clearly and provide the

care my child needed. I attributed his declining health to lack of rest resulting from our numerous moves. The inaccessibility of stable housing compounded my son's health troubles, since, besides prescription medicines, the supplies I relied on to ease his difficulties (teas, tinctures, etc.) were in suitcases I stored in one place while we bounced around.

After several weeks I found a room in a house where the kind landlady was willing to board us temporarily. It was a small 10' x 12' room, and we stayed there for more than two months—sufficient time to stabilize my son's health and get a grip on my school schedule. I regained some of my mental strength and renewed my search for a rental.

I had been flexible on budget from the start. I needed a two-bedroom, but I was now willing to rent a one-bedroom and live more than 30 minutes' driving distance from school and the daycare. Yet, it was to no avail. I faced many rejections.

Some landlords mentioned concerns about unfenced yards being unsafe for a child. Others asked for proof of employment, and several others had polite explanations for refusing my application. As a newcomer to Canada and an international student who relied on personal or family finances, providing proof of my ability to pay rent was a herculean task. Then there was the request for local references. For this I provided names of my land-

lady and the teaching faculty at RRU. These didn't hold water, as prospective landlords needed long-term landlords and wanted to run credit checks, neither of which I could help with.

We had to cope with a lot more before we finally secured a rental, over three months after we arrived in Victoria. It was a two-bedroom basement apartment, not up to code and lacking sufficient light and ventilation. Yet when I read the email confirming that the place was ours, I felt like I had won the lottery. I didn't stop to consider the compromise we would be making. Moving all the way from my parents' spacious bungalow to a small two-bedroom was difficult. My son adjusted quicker than I did. He was just glad he had more space than in our 10'x12' room.

We made this basement our home, doing our best to work around the limitations of air and light. After a year, the house containing our little suite was put on the market. The new owners wanted to entirely remodel. We were yet again left in the lurch.

In the three years we have lived in Victoria we've moved homes thrice. The decision was never our own. While we have been lucky to have wonderful landlords, this has not reduced my anguish, nor have I begun to feel that we have secure housing.

As I write this article, we are set to move again, as my elderly landlords are looking for more senior-friendly housing and have put the house up for sale. Given the current rental market, I know that finding another home will be an uphill task. ▼

What is Culturally Safe Indigenous Housing?

CELESTE HAYWARD

The Aboriginal Housing Management Association (AHMA) is an umbrella organization of 42 Indigenous housing providers. AHMA's members oversee more than 5,400 units providing homes to an estimated 8,700 Indigenous individuals and families throughout BC.



Celeste leads a team with the Aboriginal Housing Management Association (AHMA) in housing operations, policy and revitalization. She is dedicated to helping ensure that housing operations run as smoothly as possible for AHMA membership, while also heavily advocating for public policies that ensure safe, quality, affordable housing for Indigenous peoples

In addition to providing Indigenous families, individuals, seniors and youth with affordable housing, AHMA's member organizations offer various support services, including homelessness outreach and prevention, transition homes, parenting skills, mental health programs, substance use support, social and cultural inclusion programming, basic needs access and many innovative projects and approaches. AHMA members create spaces, services and policies for Indigenous people to find, make and maintain culturally safe homes.

Cultural safety is a mainstream term primarily discussed in the health sector and less so in the housing space. It is used to explain the relationship

and responsibility of all participants in the act of service delivery. Cultural safety prioritizes power imbalances within society and asks the person in a position of power to recognize, reflect on and transfer the power back to the colonized person, creating a culturally safe space.

AHMA is developing a definition, framework and assessment tool to ensure that culturally safe housing is available and provided for Indigenous community members wherever they choose to make their home. AHMA intends to train service providers to promote culturally safe approaches among both AHMA members and non-Indigenous providers of services to Indigenous people.

Cultural safety has nothing to do with understanding the unique culture of the “other.” It is not about making sure a lobby has Indigenous art. It delves deeper into physical, emotional, mental and spiritual understandings. So, not only having Indigenous art, but also having coffee, tables and inviting spaces for informal interactions that focus on relationships and connection. Cultural safety is making sure your organization is trauma-informed. Cultural safety is thinking about how the administrative and data aspects of services are delivered to the person— How are we doing these interviews? Am I paying attention to the power imbalance? Cultural safety is questioning and rethinking “common sense,” then changing interactions and expectations of how people will behave in service delivery.

Cultural safety is not an Indigenous word or concept. In the context of housing, different ways of knowing are how a person understands and interacts with their space, how they understand and interact with their community and what drives their values, beliefs and attitudes. Ways of knowing means that the teachings show Indigenous persons who we are, where we come from and what we need to do. The ways of knowing

show us how our Elders connect us to spirit, how we see the world and how we interact with it, grounded in our teachings, supported by our Elders.

The term *quality housing* is used to describe a housing provider’s goal or aim. Let’s deal with the word *quality*. Quality means a house should not just have a roof overhead. It should also have enough space; demonstrate care; be safe, warm, comfortable; and be in good working order—a place where someone can see a home for themselves. Quality is not just bricks and mortar, but also how the space interacts with the Indigenous occupant and the thought put into the design and development.

Which brings us back to the importance of culturally safe, quality housing for Indigenous communities. In teachings received from the Wet’suwet’en Elder Russell Tiljoe, the houses of the Wet’suwet’en people were built with care by the community to reflect who we were, where we came from and who we belonged to. When you look at the houses Wet’suwet’en people traditionally built, you knew which clan and which house that home belonged to. This understanding of housing is another way to say culturally safe, quality housing.

Indigenous people in BC and Canada have inherent rights to culturally safe, affordable, quality housing. Every person deserves a place to call home, their own space to share with whom-ever they choose. That space could be in a city, town or rural community. That is why AHMA has unique agendas to work with people in urban, northern and rural settings.

A culturally safe house is a house you live in and care for—taking your responsibility in tending to the home. Culturally safe housing creates a connection to home; a place where you belong; a place that shows who you are, where you come from and where you connect; and a place you feel ownership over. Not ownership in the sense of property, but in the sense of belonging and care. Ownership is a commitment to the land and home, however temporary. Ultimately, if all of this is true, culturally safe Indigenous housing is essential and everyone should stretch to make it a priority. ▽

Culturally safe housing creates a connection to home; a place where you belong; a place that shows who you are, where you come from and where you connect; and a place you feel ownership over. Not ownership in the sense of property, but in the sense of belonging and care. ”

Finding Purpose in Crisis

MATT STEWART

This summer BC was on fire. One evening we noticed water bombers flying over our house and a large new plume of smoke. We nervously checked Twitter and confirmed a new wildfire close to our home. We decided to pack “just in case,” but in less than an hour our worst nightmare was unfolding. We were ordered to evacuate. Later we learned that this beast of a fire had been traveling at 60 meters a minute that day. Not something to mess with.



Matt Stewart

Matt (he/him) is a community cultivator. His “Yes, and...” approach has been developed over the past 20-plus years of advising and collaborating with senior leaders in healthcare, finance, film production and sport, including the Olympics, Paralympics and Pan American Games. After a diagnosis of leukemia, Matt left his coaching practice and moved to the mountains of BC’s Okanagan to build community

It’s remarkable when you have just mere minutes to decide what’s worth taking and what is just stuff. We took the family photos, passports and great-grandma’s handwritten cookbook but couldn’t find our marriage license. That didn’t matter. We knew we loved each other. Our safety was what mattered most.

As the planes were flying closer and closer with each pass, we quickly ran through the house one last time, taking pictures for insurance purposes of everything we were leaving behind, and to ensure we didn’t forget anything. Exiting the house we saw crying kids in their PJs on their front

lawns while parents frantically loaded up trailers. It felt like a scene from an apocalyptic movie. We noticed no activity at our elderly neighbours’ home, so we went over. Thankfully, they got ready quickly and made it out. Driving down the road I could see the flames in our rear-view mirror.

My husband and I each took a car, afraid of leaving one behind to burn. Despite the panic it took almost an hour to slowly wind down the mountain, as everyone was escaping via the only road in and out of our neighbourhood. We witnessed so many minor fender-benders. Tensions and emotions were so high. Nobody

bothered to stop. Everyone's focus was on leaving that mountain neighbourhood as quickly as we could, even if it was bumper-to-bumper traffic. I called my husband and we had a good cry. We reassured each other that we were going to be safe.

We drove down to Penticton to stay with family, and even though we were now 60 kilometers away, we could still see the smoke and red glare in the sky from our fire.

Talk about taking an emotional toll! Pandemic, cancer and now a wildfire. It would be so easy to go to a dark place mentally, just as I had when I had been told I had an incurable form of leukemia.

Instead of fixating on why this was happening or getting stuck in a cycle of negative thoughts, this time I decided to take action and look for ways I could help and make an impact. The fine folk at the nearby evacuation centre said one of the issues they faced was keeping firefighters hydrated. Working that hard for as long as they did with no opportunities to take a break was making an impact on their bodies.

We knew right then: this is how we could help. Staying hydrated and keeping electrolytes up is so important in the Okanagan. This was especially true this past summer, when temperatures crept into the high 40s. These brave women and men were risking their lives battling so many massive blazes, and now they were fighting to keep our homes safe. I wasn't able to help on the front lines, but I knew that every person can help in some small way. Some of these heroes had driven

in from as far away as Alberta, and we later learned that a team from Mexico had come in to provide relief as well.

So we put out a call for Gatorade and PowerBars on social media. Now was a time to use these platforms to rally folk to action.

And the community heard our plea! Many liked, commented on and shared our posts. People went out on shopping sprees and so many folk donated.

I went to many big box stores to buy what I could and was so happy to see that many of the local stores were quickly sold out of electrolyte power drinks and energy bars.

But while dropping off the Gatorade, we saw that there was currently no way to keep the beverages cold. I just couldn't imagine these firefighters wearing all that gear in the extreme heat of this summer, trying to stay hydrated while drinking warm or hot beverages. When I would see them at the staging area after a shift, they were covered in black soot from head to toe—physically and mentally exhausted and laying on the grass. They deserved better!

So our mission shifted. Each day after that we organized shopping runs to bring as many bags of ice as possible up to the firehall and even donated a few coolers. The wonderful volunteers from the Salvation Army's crisis response vehicle, which was on-site at the firehall, were dedicated to feeding these exceptional people who were busy saving our homes. Local restaurants donated meals. The manager at Save-on-Foods gave us discounts on ice and bananas. People were coming

together as a community to take care of our heroes.

It was remarkable to see how the community rallied to ensure the firefighters were taken care of.

Now, I know that our role of buying Gatorade and ice was only a small gesture in the larger scheme of what was happening this past summer. The really amazing things were happening on the front lines. But with all the negativity that exists in the world right now, it would have been so easy for us to become negative too. I am not saying that it wasn't difficult. In fact, it most surely was a difficult challenge, which unfolded alongside many difficult challenges, all happening at the same time. That said, having a purpose with impact, no matter how small, surely kept our mental health in check.

We are forever grateful for the opportunity to have assisted these brave people. ▼

Depression and Cohousing

THE COURAGE TO DREAM

ELIZABETH ROSENAU

In the fall of 2019 I met a group of people who shared an audacious dream. They were planning to build a new cohousing project on a piece of property they had recently acquired from the Township of Langley. Development is a high-risk activity, even for experienced professionals. So how could a group of ordinary citizens be their own developer? I just had to find out.



Elizabeth is a retired pharmacist who currently lives in Maple Ridge. Becoming a developer was never in her wildest dreams

Cohousing originated in Denmark in the late 1960s when a group of families designed a neighbourhood that reflected their values and needs. These families wanted a community that promoted friendship and sharing among neighbours of all ages and family types. Safety for children and the elderly was paramount, as was respect for the environment. The Danish used the word *bofoellesskaber* (“living communities”) to describe these developments. North Americans use the word *cohousing*. WindSong, which opened its doors in the summer of 1996, was Canada’s first cohousing community.¹

I had several personal reasons for exploring this housing option. First, I had lived in housing cooperatives

before, and I knew first-hand how enriching it was to live in a place where I knew my neighbours. Second, my grown children had moved into homes of their own, leaving me in a house too big for a single person. Finally, I had learned from my experience with depression that social isolation was unhealthy for me. I reasoned that living in a multi-generational cohousing community would keep me socially engaged, helping me maintain my mental health. While seniors-only cohousing developments do exist, I prefer housing for mixed age groups because different generations add new dimensions to people’s experience.

On the day of that first meeting, I also took a tour of WindSong. This



Photo credit: Rawpixel at iStockphoto.com

When I look back at that tough period, what amazes me most is that our group of seven shareholding families stayed deeply committed to the project and to one another. I'm quite certain that if I hadn't joined Compass when I did, the isolation brought by the pandemic could have triggered a disabling bout of depression. ”

helped me understand the group's motivation for building more cohousing. WindSong's buildings and grounds were unique, with many spots that seemed perfectly designed for spontaneous gatherings. There were extensive shared amenities, such as guest rooms, a dining hall and a workshop, and signs of life were everywhere. The adults we met were friendly and welcoming and the kids played together in multi-age groups.

After a few more meetings with the group, which called itself Compass Cohousing, I was in.² Joining shortly after several other families, I became

the ninth shareholder in our development company.

The goal of Compass was to build 32–40 individual homes with extensive common indoor and outdoor spaces. We envisioned a large dining area with gourmet kitchen, a workshop, guest rooms, music and craft rooms, lounges, community gardens, children's play areas and even community office spaces. To attract diverse families, the unit mix would range from studios to four-bedroom townhomes. I was interested in a ground-level two-bedroom apartment with room for a plant collection.

We planned to keep purchase prices down by foregoing the usual developer's profit and doing our own marketing. We knew our units wouldn't be as affordable as some, but with luck and careful planning our expectation was that prices would be comparable to similarly sized new units in Langley.

Our cohousing consultant, Howard Staples, had 23 years' experience living at WindSong by then. Prior to that, he'd played an important role in building WindSong. He guided us through complex tasks as we formed teams to tackle all aspects of the project, from legal to marketing, social to financial and so much more. We rented halls to hold information sessions that were well-attended. Everything seemed to be coming together beautifully. There was excitement and momentum.

Then the pandemic started.

It's been said that creating cohousing is one of the best self-improvement programs there is, plus you get a house at the end. Two years later, I understand what's behind the saying.

Within six months of COVID hitting, we were down to seven shareholders and our cohousing consultant was starting to have serious doubts that we'd be able to build our project. The in-person events we had been holding to generate interest were off the table and an atmosphere of uncertainty hung over everything. We were learning about Zoom and discovering the limits of wireless connections, as we would suddenly be disconnected from calls at awkward moments.

When I look back at that tough period, what amazes me most is that our

group of seven shareholding families stayed deeply committed to the project and to one another. I'm quite certain that if I hadn't joined Compass when I did, the isolation brought by the pandemic could have triggered a disabling bout of depression. As it was, figuring out how to improve our website, up our social media game and not get kicked out of Zoom meetings kept me socially engaged, even while physically alone. I stayed well—against the odds.

Eventually our online activities began to bear fruit and new members joined us. Several families with young children took the plunge in the spring of 2021. We were thrilled. Our dream of living in a multi-generational community was closer to being realized.

I was still working on Compass tasks this summer when BC experienced an unprecedented heat dome resulting in premature deaths, crop failures and wildfires. Climate change had been

a concern of mine for decades. Now, suddenly my actions seemed trivial when measured against government and system-level complacency. I began to feel my sadness returning. I knew I needed to step back from my Compass commitments to allow myself time to mourn. But how?

As hard as it was, I mustered up the courage to tell people in the group about my feelings of sadness and my need for time to mourn. There were no objections. I felt nothing but understanding and support. Within a week or so, I was able to pick up where I had left off. I'm still filled with gratitude that nobody in the group discounted my feelings or judged me as weak for having them.

As I write this, our proposal has just passed third reading at the Township of Langley. We're celebrating four new shareholders who decided to join us, and a few more of our units are getting final design tweaks by their future owners. The momentum and excitement are clearly back. Even better than that, I know who my future neighbours are and I couldn't be more grateful. ▾

It is better to be around friends and community than to be alone.

Compass is a multigenerational 40 unit complex within walking distance of shops and dining yet also accessing an extensive park and trail system in the Township of Langley.

Each self contained unit has access to walking trails, a large courtyard, music room, gardens, workshop, craft room, and exercise equipment, all within the complex.

www.compasscohousing.com

Don't just look for a home,
find a community.

The logo for Compass Cohousing features the word "Compass" in a blue, sans-serif font. The letter "o" is replaced by a blue diamond shape containing a white stylized flame or torch. Below "Compass" is the word "Cohousing" in a smaller, blue, sans-serif font.

“Is This Place Still Available?”

HELPING YOUR CHILD FIND THE PERFECT PLACE

HOPE*

When it was time for my son to be discharged from his last stay in hospital, he moved to a short-term facility (maximum stay eight weeks) while awaiting an assessment from Community Living BC. Unfortunately, the assessment didn't occur in time, and my son was told he would have to find another place to stay. Since this would be his first housing search, staff assisted by describing his housing options and providing information and support about where to look for potential rentals in our small northern city, what to say to landlords, etc. As long as he was actively looking for accommodations, his stay was extended. I have to admit, I feared for his chances, given the affordability crisis in our area.

Hope is a mother of three who is passionate about empowering others to be their authentic self. When she is not caring for her family or working, she can be found volunteering or playing outdoors surrounded by the breathtaking landscape of the traditional and unceded territory of the Tsimshian people

* pseudonym



Photo credit: Hope

Our son called many places and staff drove him to some hotels looking for a monthly rental. All hotels were occupied except one, which had an upcoming vacancy in a room with kitchenette. The hotel staff said my son would need a credit card before he could rent it.

My son went to his bank, which informed him that he would need a job to be eligible for a credit card. When I heard this, I contacted the bank and clarified that our son receives Person

with Disability (PWD) income assistance. They replied that they would need a letter confirming the income and its duration.

My son went to Service BC, which provided him with a printout of his monthly income. He took that to the bank, but they said the printout was unsatisfactory. I went there on my own and requested an explanation. They said our son would not be eligible for a credit card without proof of income. I continued to advocate on behalf of my

son, explaining the difference between regular income assistance and PWD assistances and encouraging the bank representative to review my son's account. I later spoke with an outreach worker with the Ministry of Social Development and Poverty Reduction, asking if the ministry could write a letter to the bank. In reply, they said that due to confidentiality, the ministry could only describe the contents of the form, nothing more.

During a second meeting, the bank let my son know that they had reviewed his account, but they questioned why he was receiving less income than before. My son explained that the majority of his PWD income was being paid to his short-term facility. The bank needed a letter to prove this, so we got the staff there to write one. Within a couple of weeks my son was approved for a credit card. Sadly, the hotel suite with the kitchenette was no longer available. For me, and for my son, this was frustrating.

Our son received information about a rental that a staff member had found on Facebook. We drove our son to see it. The basement suite was outside of city limits, with few nearby bus services, but our son liked it. He asked the owner if they would take a hundred dollars less, and the owner agreed as long as my son would help with yardwork (mow the lawn, stack firewood, etc.). The owner asked our son many personal questions about his disability and wanted a list of his medications, saying this was for his own safety.

The next day, my son called to say he would take the place, asking when he could come by to have his shelter

information form filled out and signed. This form was essential for him to receive his full PWD income assistance. The owner refused to fill out the form, saying he'd had too many problems when using these forms in the past. Our son was very upset about this and how the owner raised his voice on the phone before hanging up on him. I also called, but the owner just yelled at me and said I asked too many questions then hung up.

My husband and I explained to our son that things happen for a reason. We know he really wanted the basement suite, but perhaps it was for the best. The owner had asked too many personal questions about my son's disability, and it was not okay that he had requested a list of his medications.

Our son was starting to give up on finding a place. He felt stressed and worried that if he didn't find something soon, he would have to go to the shelter. It distressed him to imagine losing his personal space and, possibly, his belongings, if the shelter limited what he could bring.

My husband created a Kijiji account and we told people in the community that we were looking for a rental. There were a lot available—just very expensive! Affordable places were too far out of town and had limited bus services. We needed a rental that was within city limits so our son would be eligible to receive what the government calls life skills services—training for independent living.

We received some responses to our requests of, "Is this place still available?" or "I'm interested in this place. When can I view it?" We accompanied

our son to a viewing of what we thought would be the perfect place. It was a detached, fully contained furnished unit with a full kitchen, dishes and laundry facilities on a bus route within city limits. The price was a little high, \$1,100, but it would be manageable with the Supported Independent Living (SIL) program subsidy from the government. Our son completed and submitted the application. The owner stated that calls would be made within a week.

After a week and a half, I called to find out if the place was still available. It was. The owner stated in an apologetic tone that they had worked with persons living with a disability before, but now they were too old to rent to someone on PWD. "We just don't have the energy," they said. I explained that it had been challenging to find someone who would rent to my son because he didn't have a job or references. How is a person supposed to have references if they're looking for their first place? The owner said they were sorry and wished us luck. I called my husband and cried. I thought our son would never find a place.

Thankfully, through my husband and I spreading the word at our mental health support group, my son found a different basement suite. He may still come to our place often for emotional support, but I feel we're moving forward. ♡

Homelessness is the Least Interesting Thing About Them

CHELSEA MINHAS, MSW, RSW

Because of my work with Covenant House Vancouver, I am often asked how young people end up on the street. This is a complex question, but there are some general pathways to homelessness that I have seen in my time working with this population. Some young people are kicked out by their families. Some have grown up in the foster care system and have no one to turn to when they age out. Some experience mental health challenges that are diagnosed or not, and some experience such dysfunction and abuse that fleeing to the streets seems like a safer option.

Chelsea is a social worker and the associate director of clinical services and program development at Covenant House Vancouver. She oversees development and execution of the organization's programming and clinical services. Chelsea lives in Langley, BC, with her husband and her two children



Photo credit: Valeriy_G ©iStockphoto.com

One thing I know for sure is that the streets are a dangerous place to live. Youth living on the streets are exposed to increased victimization and exploitation by peers and strangers, mental health challenges, substance use, incomplete education and suicide. Many have high levels of distrust of authorities, social service providers, police and adults in general. When youth walk into Covenant House, they may be meeting a trusted adult for the first time in their lives.

Due to historical and reoccurring experiences of trauma, some youth have

cognitive impairments that further impact their experiences. These young people are left to navigate complex care systems without the support of healthy adults. Young people also face increased challenges as they attempt to transition from youth to adult services. It is at these critical transition points that youth often fall through the cracks.

Part of what drew me to working with young people is that I had seen this happen. My parents were Foster Parents. I witnessed my mother tirelessly advocating for young people

past the age of 19 because care systems would abandon youth at that age. I also watched my parents struggle with the impacts of unresolved inter-generational trauma. As I got older, I often thought about how my parents' experience could have been different had they been offered more resources and safe housing. I learned at a young age that changes needed to happen. I wanted to be a part of that change.

I joined Covenant House 15 years ago as a youth worker. Back then, it was just one building that supported youth experiencing homelessness in Vancouver. Over the years, the Covenant House continuum has expanded to three buildings with drop-in and street outreach, a Crisis Shelter program, Rights of Passage Transitional Housing Program and individualized case management and clinical supports. My role has also grown—from youth worker to social worker, then from program manager to my current role. Alongside my work, I have also added the role of mother to two young children.

At home, I try to create a safe space for my children to share their concerns, worries and fears. I see youth workers, social workers and counsellors doing the same at Covenant House. As youth begin to know us, they share their experiences, proving again and again that homelessness is the least interesting thing about them. They have goals, thoughts on world issues and stories about what they've encountered and experienced before coming through our doors. They have pain and trauma, but also resilience and hope.

It is important to note that Canada has signed on to international treaties,

including the Convention on the Rights of the Child and the International Covenant on Economic, Social, and Cultural Rights, that state our collective belief that housing is a right. This commitment comes with certain obligations and criteria, including that housing must be safe, affordable, culturally sensitive and designed with involvement from those with lived experience.

For youth, safety and support are central to housing needs. If a person's history has led them to determine that living on the street is safer than under a roof, whatever housing solution is on offer must challenge this perspective through action. Safe housing for youth should also:

- address core vulnerabilities and challenges that push youth into unsafe environments
- include youth voices and choices
- be developmentally appropriate and trauma-informed
- include culturally relevant services that are shaped by and meet the needs of Indigenous youth, who are overrepresented in the homeless youth population
- embrace principals of harm reduction
- form a comprehensive continuum, ranging from supportive housing staffed 24/7 to independent market housing

Unfortunately, the human right to housing currently remains aspirational for youth and the staff and allies who support them. Youth often get frozen out of a housing market that discriminates against young people without family wealth or a wide support network.

In my own practice I've found that a comprehensive approach to case management works best. We need to meet young people where they are at, stay engaged with service providers and gather resources to address a wide range of needs, like employment readiness, education and life skills, so youth are set up for sustainable and successful futures. I have seen first-hand how this approach can help young people move from the streets to, for example, post-secondary education. When you walk into a medical clinic 10 years from now, it is very possible that your family doctor will have once been a homeless youth.

Just as I often think about how I can reduce the vulnerability of my own children, daily I reflect on how to reduce vulnerability in our communities. How can we reduce youth homelessness from a systems perspective? How do we follow a prevention model while also providing adequate supports for those youth who need it? How can I do this for my children and children whose parents can't? These are the questions that keep me up at night. But being a part of responsive and innovative programming that contributes to ending youth homelessness motivates me to keep showing up for these young people every day. ▽

related resource:

Reach out to Covenant House Vancouver online: covenanthousebc.org or by phone: 604-685-7474, or toll-free 1-877-685-7474.

Sly Billionaire

HANNAH

I have been renting my Vancouver apartment for the past 16 years. As of this fall, I have paid my landlord over \$220,000 in rent. Mine is a one-bedroom apartment with a total of 550 square feet. Our building is so large and wide it occupies half a block. On each floor there is a long hallway with doors to 10 different apartments. More than 200 families live here.

Hannah moved to Vancouver 16 years ago from Calgary, Alberta. She is the happy mother of a one-and-a-half-year-old baby boy. She hopes to give her child a sibling in the near future



Photo credit: Vesnaandjic ©iStockphoto.com

When we moved in there was no proper ventilation anywhere in the building. When the weather got hot during heat waves, our apartments turned into giant ovens stacked on top of one another. It became really hard to breathe and impossible to sleep. In the bathroom, towels got mouldy from the heat and humidity caused by lack of air flow.

Despite the maintenance and repair issues, we felt grateful to have a roof over our heads and were doing our best to keep peace and maintain a good relationship with our landlord. We never complained.

We lived this way for 11 years, hoping for change. But eventually, mould

was growing in the carpet in our bedroom and in the living room. The damage extended to the kitchen floor and bathroom. Humidity was eating up everything from the inside. My husband read our lease agreement, BC's Tenancy Act and the rules and procedures of the Residential Tenancy Branch (RTB). We learned we had the right to request that the landlord make the necessary repairs so we could live in sanitary conditions.

In 2017 we filed a complaint with the RTB about the moisture. We were afraid this would create animosity with our landlord, but I was developing strange allergies. I sneezed whenever I was in my bedroom and had rashes. My husband worried that

my health would keep deteriorating if we did not take action.

Separately, my husband sent a letter to the landlord quoting the relevant section of the Tenancy Act. The landlord agreed to remove the carpet and replace the bathroom and kitchen floors. We had to move all our furniture out of the apartment, or else the landlord would not do the work. Although we requested that he fix one room at a time, the landlord refused, and we were forced to move all our belongings and furniture to a storage room for five days. We had to ask a co-worker if we could sleep at their place for four nights.

The renovations took longer than expected. The day we returned home, we walked through the door and the landlord's agent served us with a one-month eviction notice. We both sat on the floor of our empty apartment, physically tired from the move, mentally exhausted by our feeling of bad faith on the part of our landlord.

The landlord stated that we had requested frivolous renovations for our suite and that this was interfering with their business—claims later proven false. My husband and I were so tired from the temporary move, we considered just trying to find a new home rather than moving back in only to be evicted a month later. Instead, we decided to fight for our rights and dispute that eviction notice.

A hearing date was set for more than three months later. Three and a half months of stress, anxiety and insomnia. The same question in my head before bed each night: what if the arbitrator believed our landlord? If we lost, under the BC tenancy act,

we would have to leave our apartment within two days. Similar apartments in our neighbourhood were renting for around \$2,500 a month. We could no longer afford to stay in Vancouver and would probably have to move to Langley or Abbotsford to afford a similar place. This would mean a two-hour commute every day to and from my office. These were the longest three months of my life.

At the hearing the RTB found no evidence of misconduct. The eviction was cancelled. The next day, we wrote a cheque for our rent and had the best sleep we'd had in months. The victory felt so good, but it was very short-lived.

The heating, ventilation and air conditioning (HVAC) system still wasn't working. An inspection by



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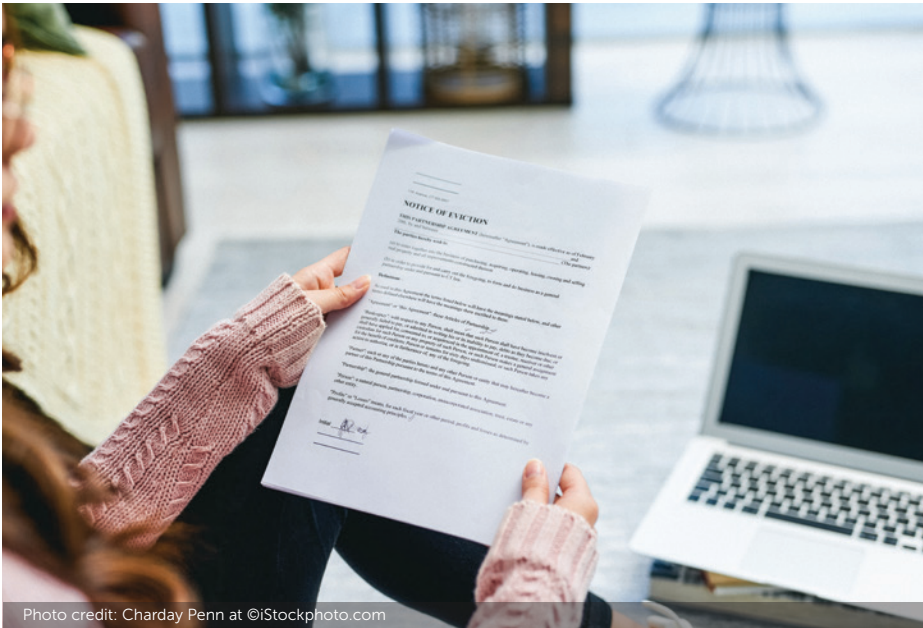


Photo credit: Charday Penn at ©iStockphoto.com

My husband and I were so tired from the temporary move, we considered just trying to find a new home rather than moving back in only to be evicted a month later. Instead, we decided to fight for our rights and dispute that eviction notice. ”

the City of Vancouver confirmed this, but the landlord sent a report from his contractor that contradicted this finding and claimed that it was working. The city then closed our file, siding with the landlord despite its own inspection.

My husband organized our neighbours and educated them on their rights under the Tenancy Act. All the tenants wrote letters to city hall and made a joint application to the RTB for emergency repairs and monetary compensation. After years of fighting while living in unsanitary conditions, we finally got a partial victory. The landlord was now ordered to deduct \$100 from the rent for three months

until the HVAC system was repaired. And—you guessed it—the landlord did not repair the HVAC system.

A few months later, I was pregnant with my first child. It was a light at the end of the tunnel for us, a little bit of happiness after years of stress, anxiety and insomnia. When I was three months’ pregnant my husband had an accident and broke his leg: a fracture with displacement, both painful and difficult to heal. Our landlord sent us another eviction notice; we think they were upset at my husband for organizing and educating the tenants of their rights. The notice arrived just 10 days after my husband broke his leg.

We were forced once again to dispute the eviction notice. Again, we had to wait. This time, the hearing took place two months after the notice was served. More months of insomnia and anxiety. With my husband’s mobility still very limited, we had no means of moving out now. Like last time, during the hearing the landlord provided no evidence of misconduct and we won our case.

The landlord was never punished for any of these eviction attempts based on no evidence. We got to stay in our apartment, but the threat of eviction still hung over us. As of October 2021, the HVAC system still does not work properly in the building.

Just a few months after I gave birth, our landlord sent us a third eviction notice. We faced homelessness with a newborn during the COVID-19 pandemic. That eviction notice was cancelled, but our mental health has been deteriorating greatly, and we continue to live in constant fear of the next eviction notice.

Because we have been living here so long, our rent is grandfathered. Should we be evicted, a new tenant would pay almost double the rent we currently pay—perhaps the primary motivation of our landlord, the Sly Billionaire. ▼

My Housing Journey

KATHY

A couple of weeks before Christmas in 2003 I found myself making a big decision—I had found a condo I planned to buy. As soon as I saw it, I knew it was the right place for me. It was a spacious two-bedroom in a good location.



Kathy is a passionate advocate for high quality mental health care for all. She contributes to advisory committees and serves as an unofficial advisor to her MLA on mental health issues. Kathy enjoys being with people of all ages, walking, photography and creative outlets. She lives in the Lower Mainland

All of the pieces quickly fell into place. Since my move to BC I had been renting a nice apartment close to my workplace, but purchasing the condo on my own would be the next phase of my housing journey. Little did I know, my life was about to undergo significant change that I could not have imagined.

A month before my move I began to feel depressed. My body hurt and my mood was declining, even as I worked with families and community agencies—a career I absolutely enjoyed. However, I was experiencing bullying at work by my supervisor. Even as I succeeded and received excellent feedback from families and community partners, I experienced

more harassment and bullying. I decided I should see my GP. She placed me on an antidepressant and continues to support me to this day, for which I am eternally grateful. I wish everyone could have a GP like mine!

Packing to move proved difficult. Because I was not feeling well, I was not as organized as I would have liked and packed as quickly as I could, tossing items into boxes, many unorganized. I also had to deal with the bank, the notary and all the needed paperwork. Since I was not feeling well, it was a bit stressful.

Moving day came. I can't remember much of it, but I was happy to

finally move into my new home. I was content to be there, to set up the apartment and to live in a good neighbourhood.

Unfortunately, I continued to feel depressed. My doctor referred me to a psychiatrist who diagnosed me with depression and anxiety. This was not a total surprise. As a teenager, I had had an episode of depression, but it had resolved without medication, and I continued to do well after that, obtaining a college diploma, certificate and university degree. The psychiatrist prescribed lithium and then became unavailable for appointments. I was left without a specialist.

As the bullying at work continued, my health continued to decline. I had to go on medical leave and eventually changed jobs. Unfortunately, I become sick less than a year after starting that work. I eventually found a psychiatrist who specialized in mood disorders and was properly diagnosed with bipolar disorder, which later turned into rapid cycling bipolar 1 disorder. I had hospital stays. I also got pressure from work to know what I was dealing with. Due to concerns about stigma and confidentiality, I did not inform them the nature of my illness. As it continued, I ended up on long-term disability.

The most challenging aspect of my journey occurred when I would become manic. I would go on buying sprees, purchasing things here and there rather than a bunch of big-ticket items. Energy would burst through me, and I would get a thrill from buying things I wanted and, in many cases, didn't really need. I began to accumulate items and

my once-organized home became cluttered. I have been working on this and have made some good progress, donating some items and even hiring a professional organizer, but I'm not completely there yet—well, at least for a perfectionist.

Throughout my time away from work I became very unwell. I began receiving treatment in a short-stay emergency mental health residence and hospital. I don't know how I survived—likely by my faith and the support of friends and relatives. It was a very chaotic time. I had many admissions, during which I did not ask friends to check on my place. I didn't want to tell people that I was in the hospital because of the stigma. As I live alone, I had to manage my place and finances. Anything could have happened, but thankfully it didn't.

I was somehow able to keep up with my bills and regular management of my place. However, I was gradually accumulating debt and things began to decline financially. I began using my line of credit to pay bills. The shopping continued and so did the debt. I finally realized I needed help. I set up an appointment with a financial advisor at my bank. We transferred my credit line debt into my mortgage payments. Although not ideal, it is making it much easier to pay down the mortgage. We arranged my mortgage payments to happen on a semi-monthly basis to help with budgeting and cash flow.

I now have a lot of equity in the ownership of my condo, which I'm pleased about. I would not be able to afford a condo in my building or elsewhere today, given the rise in

housing costs and my fixed income. Thankfully, I am able to afford my strata fees, as they are lower than average. The bank says I am doing well financially compared to many other clients they work with. During this time of COVID-19, I have been able to save on expenses, as I have not been going out as much to socialize with friends.

I am quite happy with how I am doing overall, especially in my health. My current psychiatrist is at UBC. He is extremely knowledgeable, caring, understanding and an excellent clinician. He has made some positive changes to my treatment and, as I write this, I can proudly say that I have been in a sustained period of wellness for a year now. While my illness has been classified as "brittle" and treatment-resistant, I'm hoping that will change over time.

I'm not happy that I got into financial difficulties, but now that my mood is stabilized, I'm not spending money like I used to and I can enjoy my home more. I've been able to carry out some renovations that make it more enjoyable. I can imagine hosting people in the future.

I am also grateful for my health professionals, along with relatives and friends who always support me. Although I never would have foreseen the path my life has taken, I am happy that I have made it through some very challenging times and that I have been able to maintain my home. ▽

My Job Search Journey

FINDING EMPLOYMENT ON THE AUTISM SPECTRUM*

NATALIE BEANLAND

I graduated from college in 2004 and began job-hunting soon afterwards. I went to several specialized employment agencies and programs, desperately trying to find a place that could offer the help I needed as a person living on the autism spectrum. During that time, I did some volunteer work and occasionally had paid work experiences, but I had yet to attain a suitable paid position.



Natalie started a blog to share her personal experience living on the autism spectrum, while offering advice and advocacy. Check out nataliebeanland.com for more information. Natalie is from Vancouver

I found job searching difficult, especially the interview process. Answering interview questions (thinking and responding quickly), “marketing” myself (articulating my skills and experience) and disclosing autism were challenges. I usually disclosed when I was asked about my weaknesses. I used this opportunity to demonstrate my ability to work with and overcome obstacles. But disclosing was tricky; I needed to be upfront with employers while selling myself, and if I was not hired, it was impossible to prove whether that was the reason why.

On the upside, my dad helped me create a great disclosure statement for

a cover letter that was honest about my autism yet positive, and I found a two-page autism spectrum employer’s guide that was an excellent resource for educating potential employers.¹

In 2006 I worked as a “Christmas casual” for an employer. I mentioned to a co-worker that I was a person with a disability looking for work, and she suggested an agency called Polaris Employment Services. After the position ended in disappointment (I was informed harshly that my performance did not meet expectations and I would not be considered for rehire), I called Polaris, which connected me to PACT Employment Services at Coast Mental



Photo credit: SDI Productions at ©iStockphoto.com

Living on the autism spectrum affected not only the search, but my employment options as well. Finding a job that matched my skill level but allowed me to work with and not against my challenges was not simple. ”

Health.² I figured I should at least give them a call, considering how discouraged I felt. Making that call to PACT turned out to be one of the best moves I ever made.

PACT offered me exactly what I needed to finally make a strong entry into the workforce: a four-month paid internship at The Personnel Department (TPD), where I assisted staff with various office tasks. Since TPD happened to be a staffing agency, I signed up for their services after my internship ended.

I was placed temporarily with a great company to assist with cheque processing. While there, I expressed interest in staying on longer. Shortly

afterwards, I got a call from the HR manager to come in for a brief interview. She told me she was creating a position for me as an office assistant, and I was hired in October 2007. I worked there on a full-time basis for almost three years, performing general office duties like data entry, correspondence and typing and filing documents. I enjoyed it. The people were very friendly and supportive. I was allowed to progress at my own pace and wasn't expected to take on more than I could manage. Sadly, I was laid off in June 2010.

I called PACT Employment Services once again but discovered that the internship they had originally set up for me had been a pilot project. So I

was referred to another employment program. A couple of months later, the contact I'd had at PACT told me that a part-time filing position had become available in the accounting department at Coast Mental Health. I met with the HR department there and was hired in September 2010.

Meanwhile, I continued my search for a second part-time job in order to have full-time work. I found all aspects of this hard: looking, applications, interviews and networking. Living on the autism spectrum affected not only the search, but my employment options as well. Finding a job that matched my skill level but allowed me to work with and not against my challenges was not simple. I needed an employer who would be accommodating, providing opportunities for advancement without overwhelming me. This often meant applying for jobs that I could handle, even if I seemed overqualified.

Since I excelled at some things and struggled with others, I had to be flexible and find alternatives when necessary. It took over a year after I was laid off to find work, and my employment insurance eventually expired. The job I got, as a customer service representative at a furniture store, turned out to be a bad fit. I struggled to keep up with the demands of customer service—the fast pace, thinking on my feet, multi-tasking, etc. I was let go after my three-month probationary period.

Thankfully, I still had my part-time position with Coast Mental Health. I resumed my search for an additional part-time job—alone, and with the help of an employment counsellor. Several months later, I found a great

Having steady, full-time employment made it possible for me to achieve personal independence and self-sufficiency, which also boosted my confidence and self-esteem. ”

job as a data entry/filing clerk, which I had for nearly three years until the office closed down.

For the next year and a half I supported myself with a combination of my part-time job at Coast Mental Health, employment insurance, temp work and odd jobs while I kept looking for a second steady part-time job.

In the fall of 2016 I came across a newspaper ad for temporary staff to help with a store opening for Bed Bath & Beyond. I applied and got hired, first temporarily, then permanently as a part-time employee in the receiving department. I have been there ever since, alongside my part-time job at Coast Mental Health.

Although the COVID-19 pandemic did impact my work (I was furloughed temporarily and some duties changed), luckily I did not have to conduct a job search during this time. If I did have to find a new job again, here are some things I would do:

- enlist the support of a job coach³ with a good understanding of the autism spectrum and common strengths/challenges and how they affect employment⁴
- keep in mind that although a coach is there to assist, I would need to rely on myself and do my part

- register with a staffing agency to give myself more options
- ensure proper self-care (eat well, work out, meditate, etc.) to manage stress and prevent burnout

Having steady, full-time employment made it possible for me to achieve personal independence and self-sufficiency, which also boosted my confidence and self-esteem. It allowed me the financial freedom to create a better reality. For instance, I could finally get much-needed dental work. For me, finding vocational opportunities was the result of a combination of luck (the right person and workplace at the right time) and hard work (determination and persistence). I am very grateful for the jobs I have and the support I received to attain them. ▾

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Physician Burnout in 2021

LAWRENCE YANG, MD, CCFP

Just as the pandemic has been challenging for the general public, it has been exceptionally so for many health professionals. Working as a family doctor based out of a community clinic and hospital in Surrey, I have found it heartbreaking to watch nurses and physicians leave their beloved work posts due to exhaustion—taking early retirement, using medical leaves or just walking away.

Lawrence is a family doctor and current chair of the Wellness Committee at Surrey Memorial Hospital. As a quality improvement coach, he enjoys working with teams of compassionate listeners doing their best to assist people to live longer and happier lives



Dr. Lawrence Yang (right) and mentor Dr. Paul Batalden (left)

Having experienced work related burnout and exhaustion myself a few years ago, part of me is happy for my colleagues' courageous decisions to step away from the fire of the frontline to heal. The other part of me asks why so many of us in the helping professions have a tendency to keep giving until we have completely depleted our own reserves of wellness.

Pre-pandemic, a toxic culture of perfectionism and blame in many hospitals and clinics had already exposed their most compassionate front line workers to health and wellness threats. In that culture, those who make very human mistakes are criticized in behind-the-back chats and slowly isolated until

they lose all sense of purpose in their work. Some medical staff do not feel psychologically safe to point out errors or share ideas for improvement with fellow team members for fear of being frozen out.

And in a poorly integrated system where demand for quality services far outstrips supply, leaders of each area of our medical system were at odds, competing for money, space and human resources. This is a divided or "siloed" system, with each silo playing zero sum games of optimizing the assets of their silo, rather than considering the system as a whole. This makes it easy to blame "others," and problems are attributed to neighboring silos.

Entering into the pandemic then, many health professionals were already exhausted, without much capacity to shift up a gear. Pre-pandemic, many of my nurse colleagues were already burnt-out and becoming emotionally disconnected just to survive daily traumatic exposures and abusive encounters with people attending the ER and clinic. Pre-pandemic, family doctors were already working eight-hour clinic days, then giving up time with their families to add three more hours entering data from clinical encounters into their medical record software, while in their pajamas, before low quality sleep.

When the pandemic called for major shifts in clinic and hospital operations, all of these pre-existing problems got worse. On top of the COVID-related workload, our clinics and hospitals saw significant spikes in the number of patients desperate for mental health and substance use therapies. We scrambled to connect patients to the right services. Patients' distress and trauma created indirect, or what is called vicarious distress for already-traumatized health care staff.

To watch my patients try repeatedly to access mental health services that are not designed to meet them where they are at (unacceptable wait-times, wrong language, wrong time, wrong place, feels unsafe, not in-person) has been deeply distressing. I estimate that only a small minority of health professionals were given adequate training to process and heal vicarious distress. For caring people, watching other people experience distressing outcomes repeatedly despite best efforts adds to burnout.

Medical culture emphasizes the ideal of the "health professional as martyr." Many times, the leaders we caregivers admire are those who sacrifice their own wellness for the needs of the team or patients. Many health professionals work 50- to 70-plus-hour weeks, rarely because they enjoy it. Often this is what was modelled for them by their mentors. Other times, they do it to keep up with the Joneses. Some pull back-to-back shifts to maximize financial payout at a cost to their own health and, potentially, what they can bring to each patient they serve.

All of this is at war with the rest and compassion that our bodies demand to function optimally. As our system evolves from downstream illness care, to care that supports wellness upstream, we are overdue for a parallel shift from the "health professional as martyr" ideal to one of "health professional as champion of compassion for self and for others."

I bought into the ideal of the martyr early in my career. In my first five years I overworked and said yes to every patient who came through my door. I sacrificed my time with my family and my family's experience of me in order to serve my patients and clinical work. I neglected my self-care and the needs of my body in order to keep up with the culture of primary care in a fee-for-service, rush-the-patients-through-the-factory world. Living this unsustainable lifestyle of overwork only reduced my capacities and the quality of my work.

Our medical and non-medical communities harbour prejudices towards mental health and substance use challenges. This stigma makes it harder

for people who need help to ask for it.¹ It also keeps the medical community unwell. People punch in but figuratively limp along, with simmering illness waiting for a reason to emerge. In my case, it took developing flares of autoimmune disease before I slowed down. Over the past few years, I have built up the courage to share my journey of burnout with my peers in speaking engagements. Invariably, afterwards, peers share similar journeys of burnout and recovery.

For me, the element of the pandemic that has most exacerbated the pre-existing exhaustion of health professionals has been the public's trust of conspiracy theories over the opinions of compassionate, diligent health professionals. But, upon reflection, I can see that medical culture has not prioritized effective communication that outcompetes viral misinformation. How can we blame the public for not having a discerning lens through which to filter facts from conspiracy?

As a mentor of mine, Paul Batalden, once said, every system is perfectly designed to get the results it gets.² And as Dr. Maya Angelou said, "When you know better, you do better."³ My hope is that BC's commitment to psychological and cultural safety will provide a framework for leaders to heal the culture of medicine. Meanwhile, I call on health professionals to make it their priority to speak more authentically with other professionals, with their families and with their friends about their struggles. ▽

resources

Tenant Resource & Advisory Centre (TRAC)

tenants.bc.ca

Tenant Infoline: 1-800-665-1185 or 604-255-0546

TRAC provides easy-to-understand information about renting in BC, BC tenancy laws, rights and responsibilities of renters, communicating with landlords, solving problems, and seeking dispute resolution. TRAC also provides free legal advice and representation to tenants. If you have a question about your tenancy, you can also reach TRAC by sending a private message on Instagram ([@trac_bc](https://www.instagram.com/trac_bc)), Facebook ([@tracbc](https://www.facebook.com/tracbc)), or Twitter ([@trac_bc](https://twitter.com/trac_bc)).

Vancouver Tenants Union

vancouvertenantsunion.ca

The Vancouver Tenants Union advocates, supports, and organizes to empower tenants and recognize safe and secure housing as a human right. You can find resources on renter's rights, find a directory of legal advocates if you need help with your own tenancy, and connect with other tenants groups in BC.

Homeless Hub

homelesshub.ca

Homeless Hub is a library and information centre for all Canadians. Learn the basics around what causes homelessness, who is affected, and how we can end homelessness in the Homelessness 101 series. There are lesson plans for educators teaching about homelessness in their classroom. You can also find personal stories from people affected by homelessness. Homeless Hub is stewarded by the Canadian Observatory on Homelessness, a national research institute.

Aboriginal Housing Management Association

ahma-bc.org

AHMA supports Indigenous housing providers in BC. Find directories of housing providers, housing services, and related housing supports.

Emergency Management BC

gov.bc.ca/gov/content/safety/emergency-management

Learn more about what you can do to prepare for disasters like floods and wildfires, what to do if you receive an Evacuation Order, how to see if you qualify for disaster financial assistance, and where to go for help with recovery.


On the Way Home

onthewayhome.ca

A podcast co-hosted by the Canadian Alliance to End Homelessness and Blue Door. On the Way Home brings housing challenges in Canada to light and explores innovative strategies at home and around the world.

Housing as a human right

- United Nations Human Rights—The human right to adequate housing at ohchr.org/EN/Issues/Housing/Pages/AboutHRandHousing.aspx. An introduction to key issues and the elements that make housing adequate.
- Government of Canada—National Housing Strategy at placetocallhome.ca. Learn more about Canada's National Housing Strategy, current initiatives, and past consultation reports.

 This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.



heretohelp

Mental health and substance use
information you can trust

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