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Mental health and substance use information you can trust

BC's Mental Health and Addictions Journal

visions

Vol. 8 No. 1 **2013**

housing

finding subsidized or supportive housing

rental housing matters: how an advocate can help

visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental illness or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and addictions issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Addictions Information and funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority.

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background

4 Editor's Message
Sarah Hamid-Balma

5 Homelessness: What are we talking about and what do we know
Bernie Pauly

7 Finding Subsidized or Supportive Housing
Gail Burak and Erin Smandych

experiences and perspectives

11 Maslow's Pyramid and the Snowy Owl: The ups and downs of getting and keeping housing
Sabrina*

13 Epic 'Fail'
Salman Husain

15 The Fifth Pillar—Housing
From Grief to Action parents

18 Youth Detox—and a Taste of Healthy Home Life
Barrett Carter

20 Housing Challenges in Northern BC and the Value of Support
Claudette Plante

alternatives and approaches

23 Rental Housing Matters: How an advocate can help
Patty Edwards

26 Housing Our Most Marginalized: A Housing First approach
Lynne Belle-Isle

28 The *Vancouver At Home* Project: Preliminary findings
Julian Somers

30 The Inner City Youth Mental Health Program: Helping homeless youth and young adults find their way to wellness
Steve Mathias and Scott Harrison

32 resources

*pseudonym

letters to the editor

I wanted to pass on my gratitude for the work you are doing with your *Visions* Journal. I am a public health nurse who has recently had an onslaught of clients struggling with reproductive mental health issues—especially postpartum depression. The health care system is doing the best it can to support these women but the reality is there are major gaps and trying to find available resources for them can be tough. However, I often feel the greatest struggle as a nurse is convincing my clients or patients that there really is hope at the end of the tunnel and that there are other women who have gone through what they are going through now. The lack of hope they feel can make it difficult for me to connect with them and help support them to a place where they are able to actively engage with their recovery. Our office educator passed on your publication for one specific article but as I started reading your Editor's Message I realized I would be reading and printing out more than just the one article! Thank you for articulating the need for the 'me too' response within our community so well and for providing me with a phenomenal learning tool that I can also take directly to my clients. Good luck with your work and please pass my thanks on to your team!

Taryne Lepp, Surrey

footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions. If you don't have access to the internet, please contact us for the footnotes by phone, fax or mail using the contact information on page 2.

editor's message

It's appropriate that the issue before this one was on wellness. It's hard to imagine staying mentally and physically well without decent, safe and affordable housing. And it's equally hard to imagine finding and keeping good housing on your own if you're not well.

Forgive me a slightly cheesy metaphor but some of the things I take away from this issue were recalled to me the other day when I was making a blanket fort with my kids. The materials and location and size had to be right. And when it was done, there was the joy and peace of being in a safe, cozy space that felt like our own, filled with the people (and a few things) we love. The roof was essential, of course, but really it was the feeling of home that was the key ingredient.

But the other part of the metaphor is that blanket forts can be fragile or strong. They're more stable if you support them on multiple edges and corners and drape them over some solid furniture. Similarly, some of us have more supports in our lives than others. If you suddenly lost your job, income or home, you may have savings to draw on or spouses, partners, family members, or close friends to help you out with rent, mortgage or a place to stay. But imagine if, for a whole lot of reasons, you didn't have those savings or those supporters. Now the blanket is being held up by only two or three corners instead of a dozen. It might fall, it might not. The stress and worry of keeping it up affects your well-being. Far too many British Columbians—and not just those with mental illness and addictions—are living that way. It's a recipe for mental health and substance use problems if they're not there to begin with.

Several writers comment in this issue on housing as a human right. Because it's so powerful, I'll end this message with Article 25.1 of the United Nations' Universal Declaration of Human Rights. For more on what it means for government and community, read the UN fact sheet listed on the last page of this issue.

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

Sarah Hamid-Balma

Sarah is Visions Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division

Homelessness

WHAT ARE WE TALKING ABOUT AND WHAT DO WE KNOW

Guest Editor Bernie Pauly RN, PhD

Homelessness is a societal problem impacting many Canadian communities. In urban centres, like Victoria and Vancouver, homelessness is and continues to be a priority concern.[1] Although less visible, we know homelessness in rural communities exists too.[2] Homelessness affects women, families, youth and seniors, and disproportionately impacts Aboriginal peoples.

People who experience homelessness have more physical, mental health and substance use problems than the general population.[3] Worst of all, we know that people who are homeless or at risk of homelessness die prematurely.[4] We also know that housing people costs less than managing homelessness.[5] Clearly, homelessness is a problem we need to solve to prevent deaths, improve health and save money.

Homelessness in Canada

The word "homelessness" gets tossed around; people say it often. So, when we start to ask what we can do to solve homelessness, we need to start with an understanding of what we mean.

The Canadian Definition of Homelessness defines four different categories of homelessness. These include being:

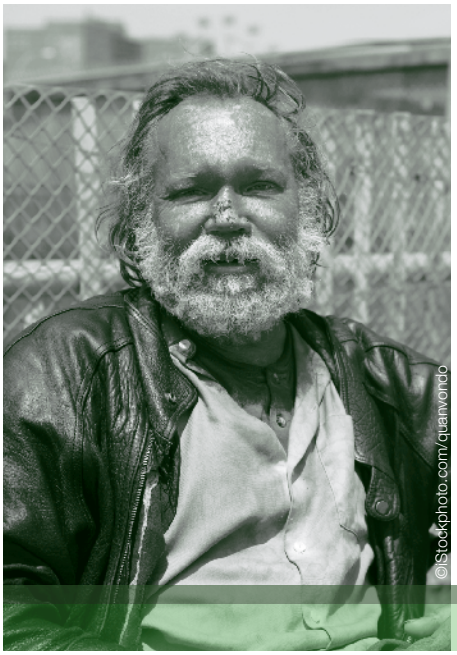
1. unsheltered and living on the streets or in places not meant for human habitation
2. emergency sheltered, such as staying in overnight homeless shelters
3. provisionally sheltered, that is, temporary accommodation
4. at risk of homelessness because rent is consuming too much of their income or housing does not meet public health and safety standards[6]

Defining homelessness in this way highlights the society-wide problems that have contributed to homelessness and recognizes that housing is a human right. Ending homelessness means that everyone will have a fixed address that is affordable, safe, adequately maintained and suitable in size, and if needed, a system of services that support housing stability.[6]

Canada has been party to two international treaties that commit Canada to housing as a human right. In both the Universal Declaration of Human Rights and the International Covenant on Social, Cultural and Economic Rights, adequate housing is part of the right to adequate standard of living.[7] The United Nations (UN) has criticized Canada several times for not meeting our commitments to these treaties, especially for Aboriginal peoples.[8] Canada does not have a national housing strategy.

In BC, a Victoria legal case established that preventing people from erecting shelter is a threat to health and human rights.[9] However, allowing someone to erect shelter is not the same as ensuring that everyone has a right to a safe affordable home, sufficient income to afford housing, adequate food to eat, and a sense of belonging to a community.

Dr. Pauly is an Associate Professor in the School of Nursing at the University of Victoria, Scientist with the Centre for Addictions Research of BC, and member of the Core Public Health Functions Research Initiative. Her primary research focus is the promotion of health equity in public health and reduction of health inequities associated with substance use and homelessness. She is a research collaborator with the Greater Victoria Coalition to End Homelessness and co-author of Quiet Crisis, *a report on housing and supports in Greater Victoria*



Roots of Homelessness

The causes of homelessness are not necessarily what we see on our streets. David Hulchanski, a prominent Canadian researcher, describes how a series of 'dehousing policies' have created homelessness.[10] These dehousing policies include shifts to a more privatized housing market, with little non-profit housing being built over the last 20 years.[11-12] It's no surprise that, as these policy changes were unfolding, homelessness started to emerge as a concern. These policies, combined with a series of other new and long-standing policies, have fueled the problem. For Aboriginal peoples in Canada, a history of decolonization has limited their access to land and resources, and has contributed to high rates of poor health and homelessness.[13] In BC, changes to welfare rates and the failure of welfare rates to match increases in cost of living have contributed to growing levels of poverty and increasing homelessness for many.[14-15] For example, the current shelter rate in BC is $375 per month, and in Victoria, the average cost of a rental market bachelor suite is $676.[16] While public or social housing costs less, there are approximately 1,545 people on the housing registry for subsidized housing in Victoria.

People on all forms of social assistance, or working for minimum wages, simply do not have enough income to afford market rents, feed and clothe themselves, and have no money for emergencies or savings.[16]

These are fundamental issues, or root determinants, that impact and contribute to homelessness for many people.

Some people become homeless because of job loss, injury, illness, violence or family conflict. In particular, family conflict and violence impact and contribute to homelessness for youth and women.

Closing mental institutions meant that people with mental illness were discharged into the community without access to affordable housing options. Many did not have incomes or opportunities for employment sufficient to afford the high cost of housing in our cities. At the same time, being homeless contributes to worsening mental health. Similarly, substance use often begins with, or is made worse by, homelessness.

Mental illness and substance use are not necessarily root causes of homelessness, but they are part of the pathways into and out of homelessness. In the United States, a large-scale analysis has shown that it is housing and income conditions that are more likely to determine rates of homelessness.[17-18] Factors such as poverty, mental illness and substance use determine who will become homeless in such conditions.

Solutions to Homelessness

Clearly, the solutions to homelessness rest in at least four areas:

- an adequate supply of housing
- an adequate income
- prevention of homelessness among at-risk groups
- evidence-based interventions that end homelessness

When seeking solutions, it is crucial to remember that homelessness affects real people. The experience is accompanied by trauma and difficulties that many will bear for generations.

In my work, I am very aware of the multitude of policies and programs that fail people who are homeless. They fail precisely because the policy makers haven't listened to, and included, the voices of people who have experienced homelessness. It is difficult to know how to solve a situation if you don't understand something about the experiences and needs of people who have lived that situation. My colleague and I have been working to identify promising practices for social inclusion[19] of people experiencing homelessness. We are taking next steps to incorporate these learnings—and the voices of people who are impacted by homelessness—in the development of solutions to end homelessness. V

Mental illness and substance use are not necessarily root causes of homelessness, but they are part of the pathways into and out of homelessness.

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Finding Subsidized or Supportive Housing

Gail Burak and Erin Smandych

Stable housing is a key factor in having good health. The Province of British Columbia offers supportive and subsidized housing, through the provincial government agency, BC Housing. Subsidized housing is also provided by non-profit societies and co-operative associations.

Gail is BC Housing's Senior Manager of Health Services and has been with the provincial agency since 1991. She has a psychiatric nursing diploma and is the recipient of an Excellence in Administration and Leadership Award from the College of Psychiatric Nurses of BC

Erin is BC Housing's Director of Applicant Services. She joined the organization in 1990 and has taken on a variety of roles, including helping people apply for subsidized housing

The following information will help you understand the application process, what's involved and what type of housing is right for you.

Independent subsidized housing

Subsidized housing provides a range of housing options to those most in need, including seniors, people with mental or physical disabilities, individuals who are homeless or at risk of homelessness, women and children fleeing abusive relationships, Aboriginal people, and low-income families. Tenants pay rent based on their income (generally 30% of income), or, for those on income assistance, they pay a flat rate determined by family size.

BC Housing manages 7,800 units of subsidized public housing. Non-profit societies manage affordable housing with subsidies from BC Housing. Housing co-operatives also run affordable housing developments, some with funding from BC Housing.

People who live in subsidized housing need to be able to independently maintain their personal health and well-being in a self-contained living unit. They must also fulfill tenancy obligations, including paying rent, caring for their unit, and maintaining appropriate relations with neighbours.

Applicants who require supports to live independently and fulfill their tenancy obligations will be considered if they are able to demonstrate that the required supports are available in the community.

The application process

For housing developments that are managed by members of the

subsidized housing in BC

Subsidized housing takes several forms:

- **Public housing:** Owned and managed by BC Housing, a provincial crown agency. BC Housing is responsible for tenant selection and is the landlord.
- **Non-profit housing:** Owned and managed by local non-profit housing societies. The housing provider selects tenants and is the landlord. The housing society sets its own policies.
- **Housing co-operatives:** Managed by a co-operative association made up of members who live there. Members are the landlord and are responsible for setting policies and for new member selection.

The Housing Registry

- The Housing Registry is a partnership between BC Housing, the BC Non-Profit Housing Association, the Co-operative Housing Federation of BC, non-profit housing providers, housing co-operatives, municipalities, information and referral service groups, and other community-based organizations. It provides its members with a database of applicant information they can access when units become available.
- BC Housing is a member of the Housing Registry and uses the database to fill units as they become available. Many non-profit and co-operative housing providers are also members of the Housing Registry and also use this database.

Housing Registry (see sidebar, above), application forms are available from the BC Housing website at bchousing.org, and from its office locations. However, for non-profit and co-operative housing providers that are not part of the Housing Registry, people must apply to the individual housing providers.

Some housing providers, whether part of the Housing Registry or not, give priority to applicants who have a serious health condition that is affected by their current housing—including mental illness or addiction. These applicants may choose to submit an additional application form called the Housing Registry Supplemental Application Form.[1] This form collects specific information from a third party who can verify the applicant's current housing situation or health condition. The third-party verifier could be a health care professional, a case manager or a social worker.

Applicants who are applying to live in a BC Housing directly managed development can disclose a mental illness and/or addiction on the Housing Registry Application Form.[2] Or, they can request priority by providing the supplemental application form with the third-party verifier.

These applicants will be contacted for a meeting with a BC Housing health services coordinator. The health services coordinator is a mental health professional, such as a nurse or social worker, who meets with the applicant to discuss their support needs and the housing that would best meet these needs.

When applying for housing, it's important to be specific about which housing developments you wish to live in. It is also advisable to stay close to where your social and health supports are located. However, being too specific about which building they want can delay the process. For example, if the applicant really only wants to live in the one building that is walking distance from their children's school, their wait may be very long.

How are people chosen for subsidized housing?

In developments managed by BC Housing, priority is given to people with the greatest need. These include women and children fleeing abuse; people who are homeless or at risk of homelessness; people with health issues, including frail seniors and people with mental illnesses, physical disabilities or substance use issues; and families.

Non-profit and co-operative housing providers often have different criteria for choosing residents. Some use a first-come, first-served system, while others use a point system to determine

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greatest need. Co-ops accept new members based on their willingness to participate in running the development, as well as their needs or length of time on the wait-list.

Supportive housing

Supportive housing is subsidized housing managed by non-profit housing societies that provide ongoing supports and services to the residents. It's for people who cannot live independently and who are not expected to become fully self-sufficient. To be eligible you must be a low-income adult who is homeless or at risk of homelessness and who requires support services to achieve a successful tenancy. Tenants pay rent for their units, with rates based on their income source.

Supportive housing provides people who have complex challenges or care needs with the support services necessary to help them live as independently as possible. Support services may include 24/7 staffing, life skills training, employment preparation, meal programs, and referrals to other community resources.

BC Housing is working in partnership with non-profit societies and local communities to develop a range of supportive housing options.[3] One option is single room occupancy hotels owned by BC Housing and managed by non-profit housing providers. Other partnerships include working with the Provincial Homelessness Initiative and with eight municipal governments to develop housing that is managed by non-profit societies.

Many people who are homeless or at risk of homelessness—many of whom have mental illnesses and/or addictions—are finding places to live in supportive housing developments.

The application process

The Supportive Housing Registration (SHR) application and registration service was developed in recent years to provide a single point of access for supportive housing that is funded through BC Housing. The goal is to facilitate the transition from homelessness to supportive housing by allowing applicants and the agencies supporting them to submit only one application, rather than registering with multiple providers.

The SHR application form[4] is available on the BC Housing website, at BC Housing offices around the province, and from many non-profit housing providers that assist people in their search for housing. (Some non-profit housing providers also operate emergency shelters or outreach programs and can be the first point of contact for people in need of supportive housing.) In addition, lists of supportive housing developments in the Lower Mainland and in other areas of the province are also available on the BC Housing website. If you know of a supportive housing development in your community, inquire directly with the non-profit housing provider.

How are people chosen for supportive housing?

All supportive housing developments funded by BC Housing are operated by non-profit providers. These operators select tenants from those who complete the SHR application; criteria for selecting tenants may vary from operator to operator.

Some of the housing sites are for women only; others have an Aboriginal focus. There are both low-barrier and high-barrier sites, with high-barrier ones having zero tolerance for ongoing drug and/or alcohol use.

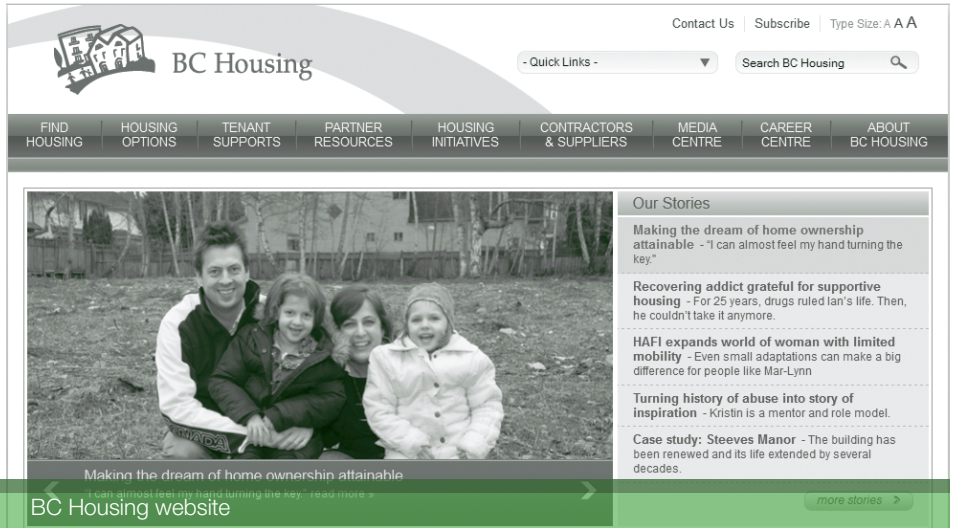
how to keep your application up-to-date

Wait times for housing vary; there are no guarantees and some applicants may never receive an offer of housing. There are more people looking for housing than there are available units. It is not possible for the provider to know when a unit may become available, as it depends on the number of unit turnovers and the need priorities of other applicants.

While waiting for housing:

- Let the Housing Registry know if you move, if the number of people living with you changes, if you receive a rent increase, or if you have a change in your household income.
- At a minimum, contact the Housing Registry at least once every six months to keep your application active.
- Find out what the updating requirements are for housing providers that are not Housing Registry members.

Call the Housing Registry Inquiry Line at 604-433-2218 or 1-800-257-7756 outside the Lower Mainland.



BC Housing website

People seeking supportive housing should be low-income adults who require services to achieve successful tenancies and are homeless or at risk of homelessness, have mental and/or physical health needs, and need safe, affordable housing. Or, they may be current supportive housing tenants applying to a supportive housing location that will better meet their needs.

Supportive Housing: Addiction Recovery Program

BC Housing provides 93 units of transitional supportive housing to people in recovery from problematic substance use. This is the only supportive housing offered in BC Housing owned and directly managed sites. (Transitional housing, in general, is housing that is provided for a minimum of 30 days and a maximum of two to three years.)

The BC Housing Addiction Recovery Program is an 18-month program. It is available in the Vancouver Coastal and the Fraser Health regions to individuals who have completed detox and support recovery programs funded by the health authorities. Applicants must have demonstrated a commitment to recovery and have abstained from substance use for at least three months. They must also have a personal recovery plan and the skills and abilities to live independently with minimal supports.

Program coordinators will work closely with clients who experience minor relapses, providing they are willing to seek treatment. Major relapses may require the client to return to detox and more intensive recovery programs.

The application process

People must contact their health authority. For Vancouver Coastal Health, call Access Central at 1-866-658-1221. For Fraser Health, call 604-694-7445 (no toll-free number is currently available for people living in the Fraser Health region).

How are people chosen for the Addiction Recovery Program?

The BC Housing units are allocated by chronological order from a waiting list managed by the health authorities. Program coordinators are funded by the health authorities and work in BC Housing's Vancouver's office for directly managed operations. They are responsible for the clinical assessment and placement of applicants into BC Housing subsidized units.

Program participants may be eligible to transfer into subsidized housing upon successful completion of the Addiction Recovery Program, providing they meet BC Housing criteria for subsidized housing.

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Maslow's Pyramid and the Snowy Owl

THE UPS AND DOWNS OF GETTING AND KEEPING HOUSING

Sabrina*

It's a cold, rainy day close to New Year's and I'm running around looking for a place to live, feeling like a failure. The landlords always want to know if I'm working or a student, and when I say "neither, I'm on income assistance," I get turned away. Since when is government money no good? And I may have a disability, but I'm still a good tenant.

Sabrina lives in Burnaby

*pseudonym

A part of me believes that I deserve this treatment, that I should be punished for getting involved with someone who has stalker issues, which is why I have to move from my current location.

Two years and four months ago, my ex kicked in my door in a drunken rage. At the time I was living in BC Housing as part of the Addictions Recovery Program, which provides transitional housing units for people in recovery from substance use.[1]

Living in this BC Housing situation had its pros and cons. The cheap rent was great, but the downfall is that it can be a breeding ground for drug activity and a highly triggering place for people like me who suffer from post-traumatic stress disorder (PTSD). There was open drug activity, even though there is a policy of zero tolerance for use; I relapsed several times while living there. It's also a highly charged social environment: people yelling and having violent outbursts; always disputes going on, as people don't have reasonable reactions and tend to explode. People living there don't have good boundaries, so will say sexually suggestive and inappropriate things. It was, in a word, chaotic.

When my ex kicked in my door, I had already been given a two-week eviction notice by BC Housing, because management had discovered my relapse.

A few steps forward . . .

My ex was arrested, put in a locked-down residential recovery house for six months, and a one-year restraining order was put in place right away. I felt scot-free after that happened. I moved to a safe location and started my life all over again.

I lucked out with my housing search, though I like to attribute it to my own higher power. On the day I had to leave BC Housing—I thought I was going to be homeless and couch surfing (at BC Housing!)—I found a place on Craigslist. I moved into private (market) housing—a basement suite in a four-unit house for an affordable $500 (I receive $900 on disability assistance) and a great landlord.

I prefer living in private housing. My landlord is close by and takes care of things quickly, unlike BC Housing, where there was so much going on that it was hard for the two managers to deal with everything. Also, my neighbours don't harass me like they did in the public, transitional housing.

After I got settled, I went to tons of AA and NA meetings and slowly regained my sobriety and sanity.

And a few steps back . . .

Then I made the fatal mistake of visiting my ex, who was still in treatment at the time. That was two Christmases ago and I'm still paying for that lapse in judgment. I went against the restraining order that I had filed and hooked up with him again. I thought things would be different if we were both sober. I was wrong.

Change and healing takes time, lots of it. Breaking my own negative patterns that have developed due to past childhood trauma has proved to be more challenging than just quitting drinking. Likewise, expecting my ex to all of a sudden treat me with respect was highly unrealistic.

Finding safe and affordable housing, staying sober and managing mental health issues can be a vicious circle. I make progress in one area (housing), only to fall in another (mental health and soon after that it's addiction if I'm not careful). I've been sober a little over two years, but now I'm starting to remember traumatic events and find myself more easily triggered into paranoid episodes. Drugs put you in a kind of coma, so I didn't know how severe my PTSD was until I cleaned up.

When my ex knocked on my door a month ago, I had a major episode. My realities collided; I couldn't differentiate between the here and now and my past. (I should mention that I had gone off my Seroquel.) I locked myself in my bathroom as I often did when I was a child trying to get away from a sexually exploitive father and a raging mother. I ended up going to the hospital; should probably have stayed, but left with a referral to a mental health team.

Now, after having calmed down from that episode—plus I went back on my medication—I'm not quite sure why I'm moving. Who am I really trying to get away from, my ex or ghosts from the past? My ex has been sober for over a year now and isn't as abusive and explosive as he used to be. My mom has made some positive changes in her approach to life and to me. My father passed away over a decade ago. This all leaves me feeling quite 'insane.' But am I overreacting? What am I so afraid of? Trying to figure all this out—while fighting urges to drink or self-harm and no longer feeling safe where I live—is quite overwhelming.

So again, here I sit, with my boxes, looking on Craigslist for another affordable, safe place to live—doubting that I will find another, because I had my one chance and I blew it.

Finding safe and affordable housing, staying sober and managing mental health issues can be a vicious cycle.

continued on page 25

Epic 'Fail'

Salman Husain

I am an urban gypsy: born in Islamabad, raised in Hong Kong, educated in New York City. Seven years ago I zigzagged my way from Le Plateau-Mont-Royal in Montreal to Vancouver's West End.

photo: Quin Martins

Salman at his home in Vancouver

A multifaceted, intercultural, extroverted urbanite, Salman is currently playing hide-and-seek with isolation. He's on a sabbatical to learn coping skills anew, with a cup of java in hand, watching the world as its eddies pass by

Five years ago I joined Facebook. In 2011, the virtual "political view" I had posted on my Facebook profile when I joined was transformed from being a cause I support to being an identity. "Poverty, homelessness, HIV, IDU [injection drug use], sex trade and mental health are interrelated"—this statement forms my political viewpoint. But I've had a fundamental shift in understanding—that statement is now a first-hand point du vue.

In 2011, the Universe conspired to teach me.

As a Zen Buddhist, I would say that, as well as shaking hands with 'Mental Health,' I 'created' my long-term poverty and temporary homelessness for myself. Although HIV, IDU and sex trade have eluded me, I have been grappling with a life experience uniquely designed for me to grasp and own its reality.

Allah, Buddha and Jesus did not come to save me; my plea for help and my howl of despair fell on deaf ears. Or, did they come to my rescue; was I sent Saint Mother Teresa in the form of change in housing? I don't know. What I do know is that shelter provided a refuge from the demons of poverty, and that refuge, in turn, provided a path toward much-sought stability.

As I write this, I am cognizant of two things: I have chosen this platform to come out as a person with mental illness, and with visibility I am smashing the cult of silence. I am also locating the geography of mental health and related intersections: where am I?

'Swagalicious' lost

Five years ago—I came home to a gorgeous turn-of-the-century building, with majestic 12-foot-high vaulted ceilings, crown mouldings and bay windows. I loved walking into its

How do folks with mental illness manage to go through these institutional hoops?

grand courtyard, being embraced in the bosom of its opulent foyer, and ascending the sweeping staircase to my spacious second-floor suite.

By 2008—how could this building give me such grief, yo? Other people's cigarette smoke wafted through the old apartment's wooden floor and walls, and there was mould in the bedroom wall, which I began to address as Mr. Stinky. As soon as I entered this large one-bedroom West End suite, it was hello-kisses to my asthma. The toilet flush took 11 months to get fixed, with threats of charging me for labour. Huh! What's next, 'renoviction'? Yup, an uncaring landlord, bent on gentrifying, super-increased the rent.

My housing situation became stressed just as 100% of the funding was cut for the health promotion program I managed at work. Job lost. I had already been dealing with issues of trust and betrayal around workforce bullying. Then I got on the 'survivor job' circuit (circus!), and incurred a physical injury. I just got stopped in my tracks!

Solace and solution sought

My life was all about recovering from post-traumatic stress disorder, healing and trying to capture some remnants of my prized work/life abilities and expertise. And I was at risk for homelessness.

I was prompted to search for solace and solution. Solace has come from surprising sources: a Muslim prayer group led by a woman imam at Qmunity, BC's "queer" resource centre; a talking and drumming circle at HIM (Health Initiatives for Men); and an innovative program, Get Set & Connect (offered by the Canadian Mental Health Association, Vancouver-Burnaby Branch), which provided community access coaching.

And solution—solution came along when I applied to the BC Housing's Housing Registry; I was given access, and this ticket to ride was mine—or so I thought at the time. As it turned out, with over 7,000 applicants ahead of me, it was only a small, and yet necessary, step in the travel toward social housing.

As I inched toward this housing, it was like a video game move from one level of hard work and achievement to the next, especially in the running-on-empty state I was in. Nonetheless, I focused on taking a proactive approach to finding housing. I met with building managers and filled out application forms. I carried out the task I considered the most difficult: being at the beck and call of building managers to provide assorted paperwork and personal information, often duplicates, from a multitude of institutions and in the specified time frames.

How do folks with mental illness manage to go through these institutional hoops? I surprised myself though; I'm in awe of my demonstrated tenacity, considering the shape I was in. I learned that determination and getting-the-job-done can be my middle name, irrespective of my mental health status.

I did, fairly recently, land an affordable roof over my head, in a well-run building, in a social housing complex.

Where I find myself today

Is my middle name still intact today? It's as if I'm ignoring life and 'hiberdating' with my thoughts, though at least I'm not 'on a ledge,' metaphorically speaking. Well, take cleaning the apartment—I find it a colossal chore, though I am also aware that my pre-poverty status included a weekly cleaning service. Maybe my distaste for cleaning is rooted in snobbery and not related to mental health. It is this type of questioning that keeps me from pointing fingers.

One thing is clear, however: dealing with mental illness with the affordable roof over my head—albeit a 'Tiny-Tim,' 235-square-foot room—does make everything less daunting. *Face? forgetaboutit!* v

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The Fifth Pillar*—Housing

From Grief to Action parents

We are parents brought together through our children, who have struggled with drug addiction and are now young adults. The experience, frustration, sadness and wisdom we've gained over the years led us to form the non-profit support and advocacy group called From Grief to Action (FGTA).

We have lived the nightmare of trying to support our children while trying to "detach with compassion" to maintain our own health and well-being. When a loved one is in addiction, they are often abusive and profoundly self-centred. To be engaged in the eye of their storm is destructive. But you can't just walk away, because you love them. So we work at finding that well of human compassion to understand what they are going through, while disengaging ourselves from all the harm that their behaviour brings.

Many of our children also have mental health issues. Research indicates that at least half of people suffering from addiction also have a mental illness—a "concurrent disorder."[1]

As members of FGTA, we have all learned the brutal truth about the lack of universality in our health care system. When we have sought treatment for our loved ones, mental health professionals have told our children: "Come back when you're clean. You must deal with your substance use first." This is unrealistic, and it causes many extremely vulnerable children to increase their drug use in an effort to self-medicate their mental health conditions. This worsens their addiction and causes their lives to become increasingly chaotic.

We believe addiction and mental illness are health issues, not criminal justice issues, and they should be treated within the health care system. But treatment for addiction occurs largely in private, often expensive facilities outside the health care system, where often, little or no professional attention is paid to concurrent disorders.

Supportive housing is vital to recovery

Housing is a vital factor in the recovery of a person struggling with addiction, especially after the completion of a treatment program. It's not just the roof over their head that matters, but the support, assistance and structure that may be available under that roof. Moving back home may be an option for some; however, in many cases, moving home is not an option because there is just too much guilt and hurt from years of lying, stealing and other difficult and abusive behaviours.

From Grief to Action is a voice and a support network for families and friends affected by drug use and concurrent disorders. Learn more at www.fgta.ca

*a reference to the "four pillar" approach to drug addiction in Vancouver

We know that the best chance for our children to achieve success happens when a coordinated approach to diagnosis, treatment and post-treatment support exists. A fundamental component of a coordinated approach is post-treatment safe housing that supports and includes family involvement whenever possible.

Sadly, such a comprehensive approach is not an option in our public health care system. There are some private facilities that provide this approach, but these can easily cost up to $200,000 a year for a full round of treatment, which would certainly bankrupt most families.

So where do people go following their round of residential treatment? Some families can pay for decent housing for their loved one, while others find whatever basement suites and shared housing they can afford. Many of these people luck into a good basement unit and continue to see an addictions (but not mental health) counsellor once a month for an hour. Others try to go into recovery houses.

My son spent several years in and out of treatment and in and out of recovery houses. The best one provided a regular program, daily schedule (including exercise and group meetings) and well-thought-out rules, which give the clients an opportunity to get their lives back together and move on. I wish there were more of such places.

The 'Wild West' of recovery housing

When it comes to 'recovery houses,' as one of the families said, "It's the Wild West out there" in terms of what to expect and what you get. The language is all over the place: "recovery houses," "recovery support houses," "half-way houses," "second-stage houses" . . . Some seem to be accredited; many are not. It's extremely difficult to find out what you get with your room in any of these places.

While there are some recovery home options that provide decent beds, food and health programs—sometimes even backyard gardens—most housing options for people recovering from addictions are not supportive.

FGTA is currently working with a couple of other non-profit agencies to try to make some sense of all this. There does seem to be a difference between "recovery homes" and "recovery support residences." Both types of housing are privately operated and usually based on a 12-Step sobriety model. The differences:

- Recovery homes have fewer residents, better staffing and more programs. They often require you to be 30 days clean and sober before moving in. You must manage those 30 days on your own, perhaps in a shelter or recovery support residence where drug use is not well monitored.
- Recovery support residences have virtually no staffing, regulatory requirements or licensing. There are hundreds of these in Metro Vancouver—180 in Surrey alone. Recovery support residences will take almost anybody. As one parent recently told us:

My son is jammed in with 19 other addicts in a duplex. Most residents are still using. Recently, there was a grease fire in the dirty kitchen. Someone slashed his wrists. Things are stolen. One of the house members got stabbed in the neck for crossing his dealer. My son doesn't have a real bed, but says it's better than being homeless or in a shelter.

There was so much hope for our sweet boy when he came out of five months of treatment. It must be hard not to relapse when you're living in havoc.

Many of the houses, based on stringent 12-step sobriety rules, will turn someone out the minute it's discovered (often through a urine test) that they used drugs or alcohol.

My son was two months in a 'treatment' recovery house. We hadn't been able to talk to him for the two months—the usual no-contact with families rule—but one Sunday night at 8:30 he called to say he'd been kicked out because he'd used on Friday and it showed up in his Sunday night urine sample. He had no money, bus tickets or clothes— so we went and got him. I understand that this 'hard-core' treatment works for some people, but what if my 20-year-old didn't have someone to come and pick him up? I have to say that he has been 'treatment averse' after his stay at that 'treatment' centre.

Barriers to a safe, healthy housing environment

The irrational behaviour that usually accompanies addiction and concurrent disorders can make it extremely difficult for people to secure safe and affordable housing. Many addicts do not have the option of moving back home or in with a healthy friend.

Whenever our FGTA parent group gets together, the subject of our children stealing comes up. Parents have to hide everything, take valuables to neighbours, carry purses and keys around in their pajamas, lock their bedroom doors . . .

He stole so many things [from us]: precious irreplaceable things, as well as tools, computers and, of course, money. We got

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into the habit of hiding everything, but then we'd forget where we put things. It was very disorienting.

Safety comes up frequently in our conversations about housing. Many parents say they are fearful of the unpredictable behaviour of the family member if they let him or her live at home. When someone in addiction is absolutely and utterly driven to take drugs, they will do many things. As well as stealing, there's the lying, punching holes in the walls, kicking doors in, carting weapons, talking about who they are either "going to get" or "who is trying to get" them at skytrains or bus stops. And, there's people's lovely daughters, with diagnosed and undiagnosed mental illnesses, making quick cash in the sex trade so they can self-medicate.

It's a very sad occasion when you need to change the locks, arm the alarm system and not let your own son or daughter into your house.

Parents are in danger if they have their kids at home, but they are even more afraid of the predators and chaos on the street. Some families pay the cost of housing their addicted offspring in a basement suite or a room in a shared house—anywhere that will provide a relatively safe place for their child.

My son was trying desperately to get off methadone, but that can take a long time. So he kept using heroin and cocaine, which made his behaviour very unpredictable. I feared for my own safety; I couldn't let him in the house. So we let him live under the sundeck, providing an old mattress, sleeping bag and food. At least I knew he was safe.

Some of our children end up living in single room occupancy (SRO) residences in Vancouver's Downtown Eastside. Some SROs are safer than others. But the concentration of so many people with addiction and mental health challenges in single buildings in a single neighbourhood creates an extremely chaotic environment. This does little to support healthy living and reintegration into mainstream society.

How can our children be expected to get healthy in such stressful and violent circumstances? As one parent said:

My daughter's at the Sunrise Hotel, but at least someone is at the front desk so I think she's somewhat safe and I can leave messages for her.

Organized crime infiltrates many housing sites and exploits addicts' need for drugs. Sexual predators take full advantage of these vulnerable people. Everyone is encouraged to steal, sell drugs and become even more entrenched in the illegal drug world.

Without safe supportive housing, this is what many of us see happening to our children.

Funded housing with good support is crucial

Our group realizes that society is slowly coming to understand that addiction and mental illness have many causes: biochemical, neurological, genetic, socio-economic and environmental. We also know that addiction and mental illness are treatable. With a supportive, multidisciplinary, long-term approach, our children can become healthy, contributing members of society.

We believe housing must be safe and include "wrap around" support services—that is, provide food, counselling, life skills training, reintegration through contact with healthy peers, and educational and work support. These services must include access to mental health assessment, addiction treatment, support services for addiction recovery and management of mental illness. There should be public as well as private services. All should be covered by the Medical Services Plan of BC. Such an approach will enable our children—and all who are struggling with these issues—to rebuild relationships with friends, family and the so-called 'normal' others in society. This will support them to continue their recovery process and reintegrate into society.

Youth Detox—and a Taste of Healthy Home Life

Barrett Carter

Over the past three years I have been working at a detox facility for youth, located in south Vancouver. Unlike the clinical setting of a medical detox, ours is referred to as a "social detox"—there are no nurses on the premises and the resource is located in a residential neighbourhood. The house is inconspicuous—it could be virtually any duplex, on any street.

Barrett moved to Vancouver in 2006 and began community work shortly afterwards, volunteering with various social service agencies. He has spent the past three years working at a youth detox and is currently doing one-to-one outreach with Watari, while working toward a master's degree in Counselling Psychology

At some point I found myself referring to this place as "the bubble." It seemed like an accurate way to describe this protective environment, suspended away from the harsh realities of addiction. More than just a safe place to detox, it is a sanctuary from judgments of society and the ruthlessness of the street.

One of the hallmarks of addiction is continued substance use, despite adverse consequences. Unstable housing is one of many adverse consequences of unmanaged addiction. Those who are young are already a vulnerable segment of the population, and when not properly housed, they are even more at risk.

The majority of the youth we help have been kicked out of their family's house, are in the care of the provincial ministry, or do not have stable housing to begin with. These latter youth rely on shelters and safe houses, or live on the street. For many, "couch surfing" and shelter use has become normalized. Meanwhile, street culture and/or gangs are all too ready to offer acceptance and inclusion to those who struggle to find shelter elsewhere.

We've helped youth as young as 14, and some will come from as far away as Kelowna or Nanaimo. Those we help stay voluntarily, for up to one week. For those youth who are transitioning into treatment, longer stays are often possible.

A low-barrier resource

Since most temporary housing options, such as Covenant House and various safe houses, have strict abstinence policies, our detox is positioned to accommodate those youth that these other services cannot. With a minimal number of barriers and the 24/7 intake, our detox provides an important intervention to both drug use and housing issues.

On occasion, when screening youth for admission, we find that particular youth cannot be safely detoxed at our resource. Situations that are beyond our model of service include: extreme alcohol use, benzodiazepines detox and certain medical conditions such as diabetes. In other cases, such as heavy alcohol use or seizure history, medical

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clearance from an addictions doctor is needed before entry.

Our service model is client-centred, meaning we meet our young clients "where they are at" and allow them to set their own goals, which they work on while at our detox centre. These goals range from taking a break from unhealthy lifestyles and problematic routines (e.g., poor diet, neglected hygiene, erratic sleeping patterns), to connecting with a doctor, attending court or getting into treatment.

A client-centred approach is a form of harm reduction. We refer youth to method clinics, encourage safer using methods, allow tobacco and provide condoms. We don't throw out needles if they are in unopened packages. Youth are provided prescribed medications and other 'as needed' medications such as Tylenol, but all other substances are prohibited on the premise.

Stabilization housing gap

Once youth are safely detoxed, they may begin to work on goals related to improving their quality of life; these usually involve housing. While some youth have a family home they are able to return to, many are not so fortunate. Some youth seek temporary housing options, though these resources for the young are limited. Current options include: Covenant House youth shelter; safe houses (for youth 18 or under in times of family crisis or homelessness), and PLEA Supported Recovery (which facilitates youth to stay in structured, family homes). Other youth try to find permanent housing on their own or with the aid of a housing worker. Housing workers are knowledgeable about subsidized housing and can facilitate housing goals by arranging viewings and accompanying on visits.

For those young people who are ready to make significant change, treatment is an option that directly addresses both housing and addiction issues. Treatment ranges anywhere from 10 weeks to over a year in a residential facility, and it provides the opportunity to develop life skills, receive counselling and become immersed in a supportive environment. Life skills training helps youth understand how to maintain living space, pay rent on time, follow tenant rules, and so on.

Unfortunately, wait-lists for treatment often leave large gaps in housing needs. For youth who are fully detoxed and awaiting treatment, stabilization housing that can accommodate long waits is relatively non-existent.

Good housing is more than walls and a roof

A detox facility isn't housing, nor is residential treatment. But these facilities can recreate important elements of having housing. Our detox is in a unique position to build rapport with youth who are often difficult to connect with. It is staffed by a diverse cast of compassionate people with a mixture of personal experiences with addiction and education.

Our team strives to provide a comfortable, home-like setting, while ensuring a safe environment to detox in. By modelling healthy routines through shared meals and appropriate conversations, we can play a pivotal role in shaping positive home experiences. The smell of food cooking, a radio playing softly, and clean countertops are all examples of modelling healthy home life. In this environment, many youth become comfortable in sharing their fears and their dreams. And I am continually amazed at how much difference a safe, clean and quiet space can make in our young clients' pursuit of goals.

One of the more rewarding aspects of my position relates to the diversity of clients and my involvement in co-creating a positive home environment. One week I'm discussing the presidential debates with two young men who are well read and have impressive vocabularies; the next week I'm redirecting conversation with heavily street-involved youth to more appropriate topics. One year I'm carving a turkey with a young woman for her first 'normal' Christmas; the next year I'm watching fireworks in the rain for a young man's "best Halloween ever."

In many ways, I am a temporary, short-term parent to youth who are attempting to create change in their lives. I become an integral part of their journey toward wellness and balance. Some youth I will see quite often as they navigate their struggle with addiction; others I will meet only once. Some youth won't survive this journey; others will find success and sobriety—inviting me to their "one year cake" celebration.

Being a part of the only harm-reduction, youth-specific detox in Canada, I have had the unique privilege of witnessing the courage it takes to make changes in one's life. As an ally to these youth, who have faced and continue to face condemnation, rejection and judgment from others, I can't help but be inspired by their resiliency and determination. V

Housing Challenges in Northern BC and the Value of Support

Claudette Plante

At the not-for-profit Prince George and District Elizabeth Fry Housing Society, we see people coming in with housing applications on a daily basis. Their stories are all different, yet their basic needs are similar.

Claudette is Manager of the Prince George and District Elizabeth Fry Housing Society. The society has 127 housing units and provides housing to low- and moderate-income families, people with disabilities, senior citizens, and women and children who are fleeing abuse and who have safety issues

*pseudonyms

Homelessness has no borders. It can impact individuals and families from all walks of life. Many people live with the daily stress of how they're going to afford the next month's rent and be able to buy their medications, pay their heat and hydro, and still be able to buy food. It has been said that many families are one pay cheque away from homelessness. Many people find themselves having to leave unsafe situations. Still others face daily challenges as a result of living with mental health issues and/or addictions—or all of the above.

Meeting housing needs in northern BC has unique challenges due to the region's industry-based economies. In recent times, mining has grown significantly, increasing the demand for housing, which increases the prices. People who have lower or fixed incomes are deeply impacted by these factors and often are in situations where affordable housing is inaccessible.

Meeting housing needs in northern BC has unique challenges. Many of these smaller communities don't have the resources and capacity to provide much needed transportation, programs and services to assist.

The forest industry, on the other hand, has been adversely impacted over the last few years, through economic downturns resulting in mill closures. And in 2012, two northern BC communities experienced mill fires that left hundreds of workers unemployed. These mill closures also affect loggers, truck drivers and others employed in occupations supporting the industry and community.

The impacts of such events deeply affect the health and well-being of not just individuals and families, but also impact entire communities. Families are living with additional stress and anxieties. These stresses can result in increased drug and alcohol consumption as coping mechanisms. Increases in substance misuse and economic hardships often lead to increases in domestic violence. The Elizabeth Fry Society transition house in Burns Lake saw a 21% increase in bed stays in the seven-month period after the fire closed the local mill. [1] Many of these smaller communities don't have the resources and capacity

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to provide much needed transportation, programs and services to assist community members.

Many people come to Prince George, the largest urban centre in northern BC, from smaller communities to gain employment or to access needed services. Often people are unable to find adequate and affordable housing. There are also accommodations that offer affordable rents, but poor standards of maintenance or older buildings can result in extremely high utility bills. This is particularly true when temperatures dip down to -30 degrees. During the winter months, a lack of housing can result in a life-threatening situation.

Regardless of their challenges, having a stable and affordable place to call home dramatically improves individual and family health and quality of life.

Dave* and Chelsea* had a newborn child and lived in an unfinished, drafty, dark and damp basement suite. Both worked in minimum wage jobs and struggled to pay rent and buy diapers and nutritious food for their family. They were depressed, anxious, overwhelmed and had low self-esteem.

When Dave and Chelsea moved into subsidized housing, their lives changed. They were now living in a healthy, safe and affordable place they could be proud of. Dave began taking courses, and within three years he was able to get a job in an accounting office, making a much better wage. Chelsea opened a daycare in their home and was able to increase her income while staying home with their child as she wanted.

A tenant-centred approach

Often, providing housing that comes with supports increases the success of tenants who need help to overcome challenges and barriers they experience on a day-to-day basis. Not-for-profit housing providers whose enterprise is run with a social purpose more often than not use a tenant-centred approach. This means they put their focus on the tenant and strategies to help them succeed in their tenancy commitments.

Looking at the reasons underlying behaviours can give an entirely different perspective to things. Many people who are living with addictions are using substances as a coping mechanism because of the pain they are experiencing in their lives. Mental illness is not something a person becomes, but rather lives and deals with on a day-to-day basis. When we acknowledge a tenant's struggles, we can then work with the tenant to find immediate and longer-term solutions.

I work with many tenants who live with many barriers. I have come to appreciate that our tenants are experts on themselves—they know their strengths and weaknesses. But sometimes it takes someone else to help them put their focus on the positives. When they acknowledge their personal strengths and talents, their sense of self-value and belonging increases. They then become interested in moving toward goals and dreams.

Tenants, when supported, can get in touch with those goals and dreams, some of them perhaps long discarded and forgotten. However, when we are too entrenched in our immediate experiences, it can be difficult to see the bigger picture—it's like that old saying: you can't see the forest for the trees. With support, tenants can break goals down and work on them.

At the Elizabeth Fry Housing Society, we provide tenant support workers for some of our housing programs. The tenant support workers are there to listen, support, advocate and provide accompaniments for tenants as they work towards their goals. They coordinate programs like the breakfast for kids, afterschool snack and good food box programs. They also provide activities that enhance a

When tenants know there are support services available, or even that there is someone who will listen, they have hope.

sense of community within the housing developments. These activities focus on fun and self-care: for example, spa days, armchair travel (exploring the world through books and educational movies and videos), arts and crafts, and more. Life skills programs include budgeting and cooking. All programs are designed to encourage empowerment and self-sufficiency.

But it's also through collaborative efforts that our housing service is successful in meeting the needs of our tenants. We provide referrals to other agencies, like the Elizabeth Fry Society. These referrals are for crisis counselling, education, job readiness programs, family development and social and justice programs. We also partner with other women and children's services and family outreach programs to ensure our tenants have access to the resources they require.

Lisa,* who struggles with drug and alcohol addictions, began using substances as a means to cope with living in an abusive relationship. The use of drugs and/or alcohol often provided her a temporary escape from the negative situation she was living in.

So, in addition to providing her with second-stage housing (an affordable place she can stay for one to two years with on-site support), where she is safe and away from the abusive situation, she has been provided referrals to support services. These services assist her to deal with the pain she has experienced, as well as assist her with her substance use. Also, understanding that relapses can be part of recovery, we are ready to support her during times of relapse if they occur. Lisa is now feeling more confident and empowered.

When tenants know there are support services available to them, or even that there is someone there who will listen, they have hope. My experience has been that our tenants feel empowered because they know they have support, whether they use the resources or not.

Seeing through different eyes

I will forever be grateful to the many teachers—tenants, colleagues, community members and others—who have challenged me to see others with a different pair of eyes. Their perspectives have enriched mine.

Through asking questions and getting information from agencies like the Elizabeth Fry Society, I have become more aware of the benefits of working from a feminist perspective. This perspective brings a compassionate approach that empowers and respects our tenants like Lisa.

The Canadian Mental Health Association has provided many resources and tools I can use to enhance my interactions with clients such as Larry.

Larry,* who lives with a severe anxiety disorder, was having a difficult time affording his medications while paying his rent. Under constant financial stress and skipping medications to make them last longer, his health was impacted even further. Now, as a tenant living in affordable housing, he is under less financial stress and can afford to take his medications as prescribed.

I now know that when, for instance, I need to deliver a notice to Larry, it's a good idea to have a one-on-one conversation with him. This is to ensure that he understands the situation and isn't stressed or worried about reading a written notice. These days, Larry is happier, healthier, and enjoying a part-time job and volunteering in the community.

Likewise, I have come to appreciate the support and information I have access to from the Brain Injured Group.

Mary* lives with a brain injury. If I need to address an issue with Mary, I am aware of, and prepared to take, the additional time needed to explain more fully the concerns being raised. I also need to allow more time for her to process the information, ask questions and/or provide feedback.

Let's challenge ourselves to reduce the assumptions and labels we put on others. Everyone has a unique story. And their past and present situations and experiences impact their perspectives and behaviours. We may not always understand a person's situation, but we need to show compassion and understand that everyone has their own life journey. We don't need to know the answers—rather, we need to ask ourselves the right questions. v

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Rental Housing Matters

HOW AN ADVOCATE CAN HELP

Patty Edwards

Affordable housing is an issue for many people, especially for people with mental health and addiction issues. Disability benefit rates put home ownership out of reach, so the majority must rely on mainstream rental stock.

Patty is a poverty law advocate who works at the New Horizon Centre, a clubhouse operated by the Canadian Mental Health Association's Port Alberni branch. She is also employed as Constituency Assistant for Scott Fraser, MLA (Alberni-Pacific Rim). Patty is Chair of the Alberni Valley Stakeholders Initiative to End Homelessness

*pseudonym

Finding safe, affordable housing is increasingly difficult because of a shrinking number of good quality, secure rental units. With this shortage in affordable housing, tenants sometimes have to settle for units that don't meet basic safety and maintenance criteria. Renters have rights and responsibilities—as do landlords—that are regulated for the most part by the provincial Residential Tenancy Act. The Act provides a Dispute Resolution Hearing process, which is designed as a 'self-help' model, but it can be overwhelming for tenants with mental health and addiction issues.

As an advocate, I help people with tenant/landlord issues. Anyone can see me, but most of my clients are clients of the Canadian Mental Health Association and have mental health problems. I advocate from a perspective that everyone has a right to safe, affordable housing.

My greatest challenge when dealing with tenant problems is to help clients communicate with their landlords. In general, I find that tenants are reluctant to talk to their landlords for fear that they could upset him or her and possibly be evicted. Even if tenants are experiencing hardship from lack of services and repairs, there is a real reluctance to deal with the issue.

People often come to my office after putting up with a problem for many months. The anxiety and stress of having to deal directly with the landlord often results in a decision to just give written notice and move out. Even with the assistance of an advocate in writing a request for service and

delivering it to the landlord, the anxiety of how the landlord will react is sometimes too much for tenants who are feeling vulnerable and powerless.

Some common tenancy issues

Whatever the tenancy issue is, documenting the problem is the first step in seeking a remedy. You must be able to prove that the landlord is aware of the problem and has had reasonable time to find a remedy.

Illegal entry by landlord

Ginger,* a client of mine who has high anxiety and depression, was under a lot of stress because her landlord was entering her basement suite when she was not at home. When she confronted him about it, he always made some vague excuse that he needed to check on something.

The right to quiet enjoyment and privacy is protected in the Residential Tenancy Act, and the only time a landlord can enter your home is in an emergency situation like a fire or flood. Otherwise, a minimum of 24-hour notice is required, with the date and time of planned entry and a good reason for the need to enter.

I helped Ginger write a letter informing the landlord of the regulations restricting the landlord's right of entrance, and we attached a copy of that section of the regulations for his information. Ginger was initially reluctant to send a letter, because she felt the landlord would escalate his behaviour. But actually, once he received the written notice, he was apologetic and the problem stopped.

The old adage, "put it in writing," is very wise in regards to landlord/tenant relations, as it provides confirmation of events and agreements. In this case, if the problem had continued we would have this letter as evidence in an application to the Residential Tenancy Branch for the tenant to change the locks. This kind of application is only successful if the tenant can prove that the landlord is entering without proper written notice.

Difficulty getting needed repairs done

Another common scenario I see is a client who has moved into a place that needs many repairs. The landlord verbally promises that the shower will be fixed within a week, or that the door that doesn't lock will be re-fitted as soon as possible. A month later, the repairs aren't done, and the tenant is totally disillusioned and wants out.

In my role as an advocate, I would write a letter documenting the repairs needed and the tenant's attempts to deal directly with the landlord through phone calls or personal contacts. I'd then request that the landlord provide in writing a plan to fix the problem including an estimated time of completion. As in most situations, when a third party is observing the process, there seems to be more attention to a timely remedy.

Retrieving a damage deposit

Getting a damage deposit returned is another issue I frequently assist with. In theory, the landlord is required to do a check-in inspection when the tenancy begins and a check-out inspection at the end of the tenancy. This provides an opportunity for the tenant and landlord to reach an agreement regarding the cleanliness and any damages that have occurred as a result of the tenancy.

If tenants are stressed out by this process, I suggest they arrange to have pictures taken and have other people witness the state of the unit on the move-in day, in case there is a dispute later.

On the move-out date, the tenant is required to provide the landlord with a forwarding address for the return of the deposit. If there are fears around the landlord knowing where they are moving to, I often allow clients to use my office address as a forwarding address. Keeping a copy of the move-out notice to the landlord is important. If the damage deposit is not returned within the 15-day limit, the notice provides proof of the deadline for returning it.

Advocacy provides support and information

Whatever the scenario, before the situation gets to total frustration, it's a good idea to find someone to help you to document the situation, and if possible, to mediate between you and the landlord. When the security of having a roof over your head is being compromised, it's easy to want to lash out in frustration, and that can result in a further breakdown of the tenancy relationship. The benefit

related resource

You can find an advocate in your area on the PovNet website at www.povnet.org

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of having the help of an advocate is that they can problem solve without becoming emotional.

There is a dispute resolution process available through the provincial government's Residential Tenancy Branch. This process provides a hearing, by telephone conference call, between landlord and tenant. However, preparation for the hearing is a challenge for people with low literacy or poor communication skills.

Dispute resolution applicants must present proof of the issue in the form of correspondence, pictures, receipts or witness statements that can confirm their claim. And all this evidence must be submitted to the Tenancy Branch and the other party (e.g., landlord) a full five business days before the hearing. There is a fee for filing the complaint, though this fee can be waived for tenants who provide proof of low income. But there are still costs for things like service of documents, photocopying, property title searches, photographs, etc.

Choices in housing are critical

I think the ideal situation for many people with mental health or addictions issues—particularly for people who may be classified as "hard to house"—is to be in supportive subsidized housing. This form of housing provides a security system: there is a subsidy to reduce the rent to income assistance shelter rates, and a manager is available on a daily basis to assist with tenant and maintenance, and to provide support, such as advocacy and crisis intervention, as required. With a stable place to call home, tenants are then able to work on their personal challenges.

But regardless of what kind of housing you live in and what your challenges may be, addressing issues in a respectful and timely manner can go a long way toward supporting long-term tenancy. v

CONTINUED FROM PAGE 12

A balancing act and jumping up the pyramid

Having trust issues and not being good at setting boundaries (though I'm getting better) works against this whole process of trying to move forward. There are well-meaning friends and there are friends with an agenda and those distinctions tend to blur in the mind of an abuse survivor. I really don't want to be a victim, but I seem to have this signpost on my back indicating how vulnerable I am.

When friends of the opposite sex try to help me find housing or help with other such practical concerns, things quickly become muddled and ulterior motives arise. For instance, a male friend arranged an interview with a housing manager, then came on to me sexually. And I find myself either succumbing to things I really don't want to do, but it seems like I'm programmed into thinking I do. This may have to do with my history of being molested; I respond to coercion and manipulation.

Or I go to the other extreme and barricade myself at home alone. But isolation is dangerous for the alcoholic; you can only be left alone with a troubled mind for so long. Yet, as a person who also suffers from crowd anxiety and has trouble taking public transit, the quiet of my home is exactly what I need.

It's a real balancing act to make sure all these areas of my life are in harmony and not impeding each other.

My solace is my spirituality and creativity. When I'm confused and fearful, I surrender to a mystical faith that lives in magical gardens of a quiet hope beyond the chaos of human drama. I write poetry, do photography and dance to a higher power and purpose that I can't see but can perceive. I sense another world of snowy owls, unicorns, moonbeams and stardust around me, encouraging me not to give up on life and healing.

In Maslow's famous hierarchy of needs[2], the basic needs for shelter are at the bottom of a pyramid and the need for self-actualization is at the top. Sometimes people who don't have struggles with addiction or mental health issues don't realize that self-actualization is a luxury. I asked someone on the street once what his dreams were, and he said "to have food in the fridge." I feel guilty about jumping to the top of the pyramid, but sometimes I'm so at the end of myself, I feel like writing a poem will be my food and drink. v

Housing Our Most Marginalized
A HOUSING FIRST APPROACH

Lynne Belle-Isle

Most of us have a sense that many homeless people live with mental health challenges. It is also common knowledge that many street-involved people use drugs, perhaps in an attempt to cope with a mental illness or with the challenges of being without a home. Mental illness, drug use and homelessness are intermingled in a complex and muddled "chicken or the egg" relationship that is difficult to fully understand and explain.

Lynne is a PhD candidate in the Social Dimensions of Health Program, Centre for Addictions Research of BC, at the University of Victoria. She is a National Programs Consultant with the Canadian AIDS Society and chairs the Canadian Drug Policy Coalition

One thing that is well understood, however, is that homelessness worsens mental illness and increases the harms of substance use by placing individuals in unsafe environments. People who are homeless are at greater risk of poor health and early death.[1-4] They are often feared and stigmatized, and because of this, have a more difficult time accessing services that could help them. It is easy to see how having a safe and stable home can go a long way in helping people improve their health.

What is Housing First?

Until recently, the conventional approach to housing people who struggle with drug use has been to insist that they seek treatment for their drug use and demonstrate that they are "housing ready." They were expected to be sober, stable and display basic living skills before they were placed in more permanent housing that they could call home.

People who relapsed into drug use faced the loss of their housing. After several so-called failures (relapses), they were deemed "hard to house." Demoralized, they would give up or fall through the cracks and end up back on the street.

If a person with mental illness is otherwise being a good tenant, it would seem unfair to evict them for displaying behaviour related to that mental illness. So why would we evict a person struggling with substance use because they are using substances? That would be like a physician refusing to treat a person with diabetes because their insulin is not under control.

Fortunately, many housing services providers have come to the realization that the old approach isn't working. They are using a new approach to housing, called Housing First, which was pioneered in New York City in the early 1990s.[5-6]

A Housing First approach sees housing as a fundamental human right that shouldn't be denied to anyone, regardless of their mental health and/or substance use challenges. This approach strives to place people who are homeless, or at risk of homelessness, into a variety of secure housing options based on their individual and family circumstances and needs. The idea is that once people are housed, they can then be assisted to deal with their substance use and other challenges—at their own pace, if they choose to, and when they are ready. They are not required to be sober, to

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have mastered life skills or to accept treatment and other interventions and programs they may not be ready for. A team will work with them to assess which supports and services they may need.

Housing First programs have been shown to work to keep people with severe mental illness in stable homes, contribute to better health, reduce alcohol use, and reduce costs related to emergency room visits, police services and social services.[5-14] Housing First is also showing promise in successfully assisting people with substance use challenges to maintain housing.

So how does Housing First work for people who use substances?

Harm reduction is a big part of Housing First. This approach recognizes that some people use drugs and assists them in reducing the harms related to drug use. These harms can be related to health, as in the transmission of diseases like hepatitis C or HIV, or overdoses. Other harms include stigma and discrimination, which lead to people being excluded from society. By meeting people "where they are at," and treating them with dignity and compassion, service providers can assist them in finding solutions that work to improve and maintain both their health and their housing.

Many cities in Canada have adopted a Housing First approach as part of their plans to end homelessness, and are now clarifying what this means in practice.

For Housing First to work, harm reduction measures have to be integrated into housing programs. How? A few of us at the Centre for Addictions Research of BC put our heads together to start answering this question. We wrote a report for the Greater Victoria Coalition to End Homelessness. Our suggested approach involves the following four dimensions.

> Once people are housed, they can then be assisted to deal with their substance use and other challenges—at their own pace.

1. **People with lived experience of mental illness, homelessness and substance use need to be involved** in every aspect of developing and implementing policies and programs that affect them. We as a society can learn from people's experiences, start breaking the stigma, and share power in decision-making with people who have historically been excluded from these decisions.
2. **An adequate supply of affordable housing** appropriate to a variety of needs has to be available. People need access to options such as permanent low-cost housing, rental subsidies, rent controls, co-operative housing, and public or social housing. Some housing can be offered in private market rental units, with rental subsidies, if needed. Some housing can be provided where support and harm reduction services are provided onsite. Additional supports by interdisciplinary teams, as well as harm reduction services, would be available in their community. The key consideration here is to give people the choice as to the type of housing that best suits them and the right to participate, or not, in any harm reduction, treatment or support services. The other aspect is that there has to be affordable housing that can accommodate the needs of a range of substance use. Some aggregate housing could be abstinence based for those who choose to abstain and don't want to be in an environment where there is active drug use. This is part of the continuum of housing options that should be available.
3. **On-demand harm reduction services and supports** must be provided, either onsite or in the community, for people who use drugs. These supports include access to safer drug use equipment and information (e.g., needle exchange, crack kits, supervised injection services), safe disposal of used equipment, managed alcohol programs, and treatment services when people ask for them. Use of these services is not a condition to maintain housing.
4. **Communities have to build this approach into their existing housing system and organizational infrastructure**. They would need to train staff on Housing First and harm reduction. They would need to provide public education on the Housing First approach. They would need to develop organizational policies related to harm reduction and substance use in the context of housing services. They would also need to develop information systems to monitor whether homelessness is being addressed through these Housing First initiatives.

If you would like more details about this approach, see the *Housing and Harm Reduction* report at www.carbc.ca

The *Vancouver At Home* Project
PRELIMINARY FINDINGS

Julian M. Somers, MSc, PhD, RPsych

Homelessness has become a major social problem in many cities. People who are homeless experience serious health problems, as well as stigma, poverty and premature death. Life expectancy among homeless people is shortened by about 20 years in comparison to the general population.[1]

Dr. Somers is a Clinical Psychologist and Associate Professor in the Faculty of Health Sciences at Simon Fraser University. He is interested in novel and innovative approaches to promote health and reduce drug-related harms in populations, particularly those that have been poorly served

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The Vancouver At Home study, which began in 2009, is investigating a recently developed approach known as Housing First to learn about the opportunities for recovery among people who have been chronically homeless and who have mental illness. Housing First provides people with immediate access to market housing, accompanied by health, social and vocational supports delivered by staff that visit the person's home. Participants are expected to maintain contact with the support staff, but support workers respond to the goals and needs of the client. In practice, this means that clients decide whether (or when) they would like help addressing specific issues such as symptoms, substance use, community involvement, or employment.

A large network of collaborators have joined together to make this project happen, including universities, the City of Vancouver, various provincial ministries, service providers, not-for-profit societies, business and philanthropic organizations, and individuals and family members with direct experience of homelessness.

Looking at alternatives to 'usual care'

Participants with different levels of need have been divided into groups. Some participants are receiving Housing First with visiting supports, while some participants have received housing in a single building with on-site supports. Each of these models of care was designed and implemented with project team members, with funding to allow their continued operations until March 31, 2013.

These models are being compared to the existing array of services and supports that are available in Vancouver (described as "usual care"). Prior to this study, no research had been conducted to find out how well "usual care" in Vancouver worked to support people who were homeless and mentally ill.

About 500 people were originally enrolled in the project. On average, participants were 41 years old, were first homeless at age 30, and nearly three quarters of the sample are male. All participants had some type

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of mental illness, most commonly a psychotic illness (52%) or depression (40%). Participants had been homeless for about five years of their lives. Those who had early life experiences of homelessness or who used illicit drugs had been homeless longer.[3]

Although the study didn't seek out people with drug problems, the majority of participants met the formal criteria for substance dependence (58%) or were dependent on alcohol (24%). About one quarter of the participants were daily drug users (most commonly using marijuana), and our research discovered that these individuals had worse mental health symptoms than other participants.[4]

Concern was raised when we discovered that participants with more complex needs, such as substance use and mental illness combined, were less likely than others to receive necessary treatment.[5] Integrating care for homeless people is a major challenge. The lack of accessible, effective treatment for people with complex needs may in part explain the premature mortality rate within this group.[6]

When presented with a choice of housing options, participants became residents in a wide variety of Vancouver neighbourhoods. In the vast majority of cases, they chose locations outside the Downtown region, in neighbourhoods that are not accessible to homeless people under current housing policies.

Results and recommendations to date

To date, participants have been followed for one year, with a follow-up rate of 90%. Results include the following:

The interventions produce significant benefits for participants, improve public safety and reduce the use of crisis and emergency resources.

1. **The interventions are feasible to implement.** New teams were created to deliver Housing First with community-based supports. Homes were secured throughout the city, and individuals who met criteria for chronic homelessness and mental illness were identified and linked with the housing and supports.
2. **Participants became stable neighbours.** In stark contrast to usual care, participants in Housing First had much higher rates of stable housing, indicating that they were successfully settling in to their new homes. They also used crisis services one third as often as those receiving usual care.
3. **Participants became part of their communities.** The majority of Housing First participants reported integrating into their new neighbourhoods and feeling like they belonged in their new communities. By contrast, people receiving usual care did not report feeling at home where they lived.
4. **Quality of life improved.** Participants in Housing First reported significant improvements in quality of life compared to those receiving usual care. Quality of life is related to improvements in health and social functioning.
5. **Fewer emergency department visits.** Participants in Housing First had significantly lower rates of emergency department visits than those in usual care. Participants in Housing First exhibited a decrease in ER visits to regional hospitals, while those in usual care saw their visits increase during one year of follow-up.
6. **Crime decreased and public safety improved.** The number of convictions among people in Housing First was less than half that of those in usual care during one year of follow-up.

Two overarching recommendations can be made based on lessons learned to date:

First, the interventions developed and introduced through Vancouver At Home produce significant benefits for participants, improve public safety and reduce the use of crisis and emergency resources. These models of care work better than the status quo, and they should be provided to all people whose needs match those of our participants.

Second, monitoring homelessness and rehousing in Vancouver should become business as usual. Prior to Vancouver At Home, no one was following the histories of people who are homeless in Vancouver. This meant there was no possibility of measuring waiting times or access to services, or of evaluating the effectiveness of what's being offered. Investments in knowledge are essential if we are to successfully eliminate chronic homelessness. v

The Inner City Youth Mental Health Program

HELPING HOMELESS YOUTH AND YOUNG ADULTS FIND THEIR WAY TO WELLNESS

Steve Mathias, MD, FRCPC, and Scott Harrison, RN, BScN, MA, CCHNC

According to the City of Vancouver's most recent homelessness count, there are now an estimated 2,200 homeless people living in Vancouver, an increase of 235% since 2002. The street-involved youth population, ages 16 to 24 years, is estimated to be over 700 and growing. Ninety-five percent of these youth originate from within British Columbia; 60% come from outside Metro Vancouver. [1]

Steve is Medical Manager of the Inner City Youth Mental Health Program at St. Paul's Hospital, which he founded in 2007. He has been working with street-involved youth for over 10 years

Scott is Director of Urban Health and HIV/AIDS with Providence Health Care. He is a nurse and midwife with over 20 years of clinical experience working with marginalized communities

Overwhelmingly, these street-involved youth did not seek or choose to be homeless. Nearly half are foster care 'graduates' who have been homeless since leaving or aging out of ministry guardianship or care.[2] Many others are estranged from their families of origin because of behavioural issues related to undiagnosed or untreated mental illness. In the vast majority of cases, it was the deterioration of personal relationships with caregivers, rather than economic circumstances, that propelled young people onto the streets.[3]

Research indicates that street-involved youth face substantial risks for both physical and mental health issues. They have disproportionate rates of HIV, hepatitis C and other sexually transmitted infections.[4] Mental illness in this population is eight to 10 times more common[2] and their expected lifespan three decades shorter[5] than a non-homeless youth population. These youth present with various psychiatric problems, including anxiety, depression, trauma, attachment issues, poor coping patterns and personality disorders, psychosis, acquired brain injuries and substance use.

Street-involved youth face substantial risks for both physical and mental health issues.

The Inner City Youth Mental Health Program: Origin and Current Services

The St. Paul's Hospital Inner City Youth Mental Health Program (ICYMHP) was founded in 2007 and was specifically designed to work with street-involved youth. The ICYMHP first collaborated with Covenant House Vancouver, but quickly grew to include several other partners, including Coast Mental Health, Broadway Youth Resource Centre, BC Housing, the City of Vancouver, the Vancouver School Board and the Ministry of Social Development.

The ICYMHP aims to prevent the transition of homeless children and youth into the adult cycle of breakdown, non-productivity, lifelong disability and early death. The program aims to do this by providing

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early intervention and a continuum of comprehensive care. A team of eight psychiatrists, two social workers, an occupational therapist and a psychiatric nurse uses an inter-disciplinary, assertive outreach model to engage youth.

Today, the ICYMHP and its partners strive to address three basic needs of Vancouver's street youth population: health care, shelter and social support. This is necessary because our youth's impairments, be it mood, substance use, or cognitive ability, actually serve as obstacles in accessing community services such as adult education, employment agencies or even mental health housing. Whether expectations by these services are too high or too specific, our youth simply struggle to successfully engage with them. ICYMHP case managers advocate and communicate strategies to community services in an effort to improve youth engagement and success. For instance, the Vancouver School Board has assigned a teacher to provide on site classroom time in one of the largest housing sites, facilitating attendance by the youth. Similarly, Coast Mental Health in partnership with ICYMHP, has designed a peer/buddy training program which will see ICYMHP youth trained to become peer mentors.

The ICYMHP and our partners approach youth in an attachment-informed manner. We recognize that the majority of homeless youth distrust caregivers and institutional care providers. The ICYMHP team strives to develop relationships with each youth, focusing on the youth's goals and dreams of autonomy. Mental health and addiction issues are redefined as obstacles that can be overcome, rather than as deficits or disabilities.

Along with our partners, we provide the needed outreach, one-to-one support and specialized programming required to care for a fairly large group of previously homeless young people. To date, over 400 youth have been assessed by the ICYMHP, and improved adherence to treatment and appointment attendance are both significant gains the program has achieved. The ICYMHP psychiatrists currently see upwards of 80 youth weekly. Through its partnership with BC Housing and Coast Mental Health, the ICYMHP provides case management to 50 youth living in low barrier housing and 10 youth living in subsidized market housing.

The Inner City Youth Mental Health Program has been generously supported by grants from HSBC, the Vancouver Foundation and the St. Paul's Hospital Foundation. Additionally, we are excited to announce that recently, Silver Wheaton pledged $1.6 million over three years to become the lead funder of the ICYMHP. This will support the enhancement of services and the expansion of the program into the Downtown Eastside.

For these youth, re-engaging in education, recreation and employment is a key determinant of health. Numerous youth, finally free of mental illness, addiction and trauma, have been able to complete high school, attend post-secondary school or enter the workforce. For others, the cycle of monthly visits to hospital emergency rooms has been broken, or the daily struggle for survival has ended. Many of these youth are finally able to see that a life filled with happiness and wellness is possible. V

a youth in the ICYMHP

Jean is now 23 years old. At the age of 19, when her foster care ended, Jean found herself homeless. She moved from her home town of Kelowna to Vancouver, where her ex-boyfriend was living with several others in a rented house. Soon after arriving, she was beaten by her boyfriend and ended up at Covenant House Shelter with nowhere to turn.

By then, Jean was using methamphetamine on a near daily basis and had begun working in the sex trade. When approached by Covenant House staff, she disclosed a lengthy history of self-harm, chronic suicidal thoughts and several past attempts. She had struggled with her sexuality and self-identified as a gay woman.

Covenant House staff referred her to the Inner City Youth Mental Health Program where she was seen by a psychiatrist and placed in low barrier housing. After working to decrease her methamphetamine use, she opted to enter the ICYMHP's Dialectical Behavioural Therapy Program, an intervention designed to help those suffering with self-harm, substance use and chronic suicidality.

Over the next year, Jean began making positive changes as she started to set limits with partners, engage in healthy social activities, and abstain from methamphetamine. Jean then was moved to a higher barrier apartment, where drug use was less prevalent, the building was cleaner, and dinner was served nightly. After six months of abstinence, she completed her high school diploma and entered a post secondary training program.

Today, she is in school, drug-free and has a tremendous outlook on life. She is hoping to move to her own apartment in coming months and continue to explore wellness activities in her community.

resources

BC Housing
www.bchousing.org
BC Housing is a crown corporation that administers a range of subsidized housing options, from emergency shelters to private home ownership. Through BC Housing, you can find housing, learn more about housing in BC, find tenant supports, and learn more about housing initiatives.

Tenant Resource and Advisory Centre (TRAC)
www.tenants.bc.ca
TRAC supports tenants through education around BC tenancy laws, assists people dealing with tenancy problems like landlord disputes, and promotes tenant's rights and access to appropriate affordable housing. They operate the Tenant Infoline and provide resources in many different languages. Call the Tenant Infoline at 604-255-0546 (in Vancouver) or 1-800-6650-1185 (outside the Lower Mainland) from 8:00 am to 4:00 pm.

BC Non-Profit Housing Association
www.bcnpha.ca
The BC Non-Profit Housing Association is an organization of non-profit housing providers and allies that supports members' work to provide quality affordable housing. They offer education events, resources, best practices, and consulting services.

PovNet
www.povnet.org
PovNet is an anti-poverty community that supports discussions around many different topics, including housing and homelessness. Online, you can find resources and services, learn more about issues around poverty, and learn more about applying for different supports. You can also find an advocate in your community.

The Homeless Hub
www.homelesshub.ca
The Homeless Hub is an information-sharing resource for Canadians. You'll find an extensive research library, curriculum plans for teachers, personal stories, research guidelines, and links to other networks.

Community Legal Assistance Society (CLAS)
www.clasbc.org/housing.php
CLAS provides legal advice and assistance to support people who experience physical, mental, social or economic challenges, and support human rights. They can help British Columbians who have lost a Residential Tenancy hearing, received an Order of Possession and have to leave their home, or have been evicted from a co-op.

United Nations Office of the High Commissioner for Human Rights
www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf
The Right to Adequate Housing (Fact Sheet No. 21/Rev. 1). This fact sheet outlines adequate housing as a human rights issue and highlights equal access to housing without discrimination.

SPARC BC
www.sparc.bc.ca
The Social Planning and Research Council of BC (SPARC BC) works with communities on social justice issues such as inclusive communities, accessibility, community development and social planning. They offer a number of resources on affordable housing and homelessness and Aboriginal homelessness.

Pivot Legal: Homes for All
www.pivotlegal.org/homes_for_all
Pivot works to protect the rights of low-income and homeless people through work towards Residential Tenancy Act reform, the inclusion of housing as a Charter right, and challenging violations of homeless rights. You can also find the YIMBY (Yes in my backyard) toolkit, which challenges misconceptions of social housing and supports inclusive communities.

This list is not comprehensive and does not imply endorsement of all the current and future content accessed at these links

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