Improving the Health of Canadians: Mental Health and Homelessness

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About the Canadian Institute for Health Information (CIHI)

Taking health information further

Building new health knowledge

Capturing the portrait of health care

Laying a foundation for health information

Privacy, Confidentiality and Security

Communication, Consultation and Dissemination

Health Information

Research and Analysis

Health Indicators

Data Holdings

Standards
Canadian Population Health Initiative (CPHI)

CPHI’s Mission:

• To foster a better understanding of factors that affect the health of individuals and communities; and

• To contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.
CPHI’s Strategic Functions

Knowledge Generation

Policy Synthesis

Knowledge Transfer

Knowledge Exchange
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(as of August 2007)

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Carl Lakaski, Public Health Agency of Canada
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Rémi Quirion, Canadian Institutes of Health Research
Margaret Shim, Alberta Health and Wellness
Phil Upshall, The Mood Disorders Society of Canada
Cornelia Wieman, Indigenous Health Research Development Program and University of Toronto
CPHI’s Key Themes 2007-2010

- Mental Health and Resilience
- Place and Health
- Reducing Gaps in Health
- Promoting Healthy Weights
Homelessness, Mental Health and Resiliency
What is Homelessness? – Varying Definitions

• Being without physical shelter and sleeping outdoors or in emergency shelters - often referred to as “absolute homelessness”

• Having shelter that does not meet basic standards of health and safety, including protection from the elements, access to sanitary facilities, personal safety and security of occupancy

• Living in households that spend more than 50% of their total income on housing costs - sometimes called “at risk of homelessness”

• Temporarily staying with friends or family – also known as “couch surfers” or the “hidden homeless”
Challenges of Measuring Homelessness

• Information about homelessness is defined, collected and reported in different ways, which limits the comparability of data between cities.

• It can be challenging to reach and involve the homeless population in research.

• There is a lack of recent comparable and representative information across the provinces and territories.

• Most data are based on snapshots or point-in-time estimates. This approach usually produces lower estimates than data on the total number of people experiencing homelessness throughout the year.

• Regardless of the approach used, homelessness tends to be more common for some groups than for others (for example, Aboriginal Peoples).
What is the Scope of Homelessness Across Canada?

• According to Statistics Canada, more than 10,000 people were living in shelters on a given night in Canada in 2001

• Homelessness can affect youth, men and women, one- or two-parent families, the elderly, new immigrants, Aboriginal Peoples and others

Risk Factors for Homelessness

Research has linked a number of individual and broad-level determinants of health, in isolation or in combination, to mental health and homelessness, e.g.:

- Amount of income spent on housing
- Declines in the amount of new rental housing and vacancy rates for renters
- Long waiting lists for subsidized housing
- Poverty and low income
- Being in a lone-parent family situation
- Loss of employment
- Mental illness
- Addictions
- Family conflict
- Dropping out of school
- Parental substance abuse
- Loss of social support
- Poor self-image
Mental Health and Homelessness

Relative to comparison groups of non-homeless individuals, recent research involving the homeless indicates a tendency for compromised mental health as measured by:

- Higher levels of stress, less effective coping strategies, lower self-esteem and lower levels of social support

These factors have been associated with various outcomes, including depressive symptoms, substance abuse and suicidal behaviours.
Mental Illness and Homelessness

Compared to the general population, recent research on the homeless population indicates a higher prevalence of mental illness, substance abuse and suicidal behaviours.

- In Toronto, 6% of 300 shelter users reported a psychotic disorder, primarily schizophrenia; 68% reported a lifetime diagnosis of substance abuse or dependence.
- Homeless individuals with a concurrent disorder - both a mental illness and a substance abuse disorder - are more likely to remain homeless longer than other homeless individuals.
- A 2006 survey of youth across B.C. indicated that compared to 4% of males and 10% of females in schools, 15% of males and 30% of females who were street-involved reported having attempted suicide at least once in the previous 12 months.
## Hospital Use by Homeless Persons

<table>
<thead>
<tr>
<th></th>
<th>Homeless</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Department Visits</strong></td>
<td>14,663</td>
<td>5.4 million</td>
</tr>
<tr>
<td>% Men</td>
<td>76</td>
<td>49</td>
</tr>
<tr>
<td>Average Age</td>
<td>40</td>
<td>48</td>
</tr>
<tr>
<td><strong>Acute Care Hospitalizations</strong></td>
<td>3,596</td>
<td>2.4 million</td>
</tr>
<tr>
<td>% Men</td>
<td>75</td>
<td>49</td>
</tr>
<tr>
<td>Average Age</td>
<td>39</td>
<td>46</td>
</tr>
</tbody>
</table>

**Sources:** Emergency Department visits, National Ambulatory Care Reporting System (NACRS), CIHI 2005/06 (primarily contains Ontario emergency data only; however, other provinces are submitting data, such as B.C., the Yukon, P.E.I. and Nova Scotia). Acute Care hospitalizations, Discharge Abstract Database (DAD) (excludes Quebec), CIHI, 2005/06
## Top 5 Reasons for ED Visits, 2005-2006

<table>
<thead>
<tr>
<th>HOMELESS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Mental and behaviour disorders</em></td>
<td>35</td>
</tr>
<tr>
<td>Symptoms, signs and abnormal clinical findings</td>
<td>16</td>
</tr>
<tr>
<td>Injury, poisoning and consequences of external causes</td>
<td>14</td>
</tr>
<tr>
<td>Contact with health services</td>
<td>14</td>
</tr>
<tr>
<td>Diseases of musculoskeletal system and connective tissue</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHERS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury, poisoning and consequences of external causes</td>
<td>25</td>
</tr>
<tr>
<td>Symptoms, signs and abnormal clinical findings</td>
<td>19</td>
</tr>
<tr>
<td>Diseases of respiratory system</td>
<td>11</td>
</tr>
<tr>
<td>Contact with health services</td>
<td>8</td>
</tr>
<tr>
<td>Diseases of musculoskeletal system and connective tissue</td>
<td>6</td>
</tr>
</tbody>
</table>
# Top 5 Reasons for Inpatient Hospitalization, 2005-2006

<table>
<thead>
<tr>
<th>Top Reasons</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOMELESS</strong></td>
<td></td>
</tr>
<tr>
<td>Mental disease and disorders</td>
<td>52</td>
</tr>
<tr>
<td>Significant trauma</td>
<td>7</td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>7</td>
</tr>
<tr>
<td>Skin subcutaneous and breast diseases</td>
<td>6</td>
</tr>
<tr>
<td>Digestive diseases</td>
<td>3</td>
</tr>
<tr>
<td><strong>OTHERS</strong></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and childbirth</td>
<td>13</td>
</tr>
<tr>
<td>Circulatory diseases</td>
<td>12</td>
</tr>
<tr>
<td>Newborns and other neonates</td>
<td>12</td>
</tr>
<tr>
<td>Digestive diseases</td>
<td>10</td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>7</td>
</tr>
</tbody>
</table>
Policies and Programs
Policies, Programs and Homelessness

- There are many pathways into homelessness, as well as a variety of factors that can affect a person’s chances of becoming homeless.
  - Housing challenges, income level, employment status, mental health, mental illness and addictions

- A wide variety of policies and programs aim to address homelessness, mental illness or underlying risk factors that may contribute to either condition (or to both).

- This report focused on two types of initiatives:
  - Housing
  - Community mental health programs.
What Studies Show

Housing Programs

• A ‘Housing First’ approach is associated with improved health outcomes and less hospital use among the homeless with mental illnesses and addictions compared to approaches that provide treatment first.

Community Mental Health Programs

• A number of community mental health programs with an outreach component are effective at promoting positive mental health among the homeless (for example, Assertive Community Treatment – ACT).
CPHI Mental Health
Current and Planned Reports and Activities
Complementary Products

• Workshop on Mental Health (Spring 2008, Nova Scotia)

• Collection of Papers: “What Makes a Community Mentally Healthy?”

• Mental Health and Homelessness—Supporting Documents that will be available on CPHI’s website:
  – Annotated bibliography
  – Literature search methodology
  – Data and analysis methodology
  – Policy scanning methodology
It’s Your Turn

cphi@cihi.ca  www.cihi.ca/cphi