Housing First, What Next: Recovery Education for Adults Transitioning to Housing

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Learning Objectives

- Describe the role of recovery education centers in mental health
- Appreciate the experiences of recovery education center participants with histories of homelessness
- Review the impact of recovery education on the health and well being of adults with experiences of homelessness

Homelessness in Canada

- Rates of homelessness are increasing in major urban centres.

- In Toronto, there are over 7,100 homeless people each night, over 27,000 shelter users each year.

- People who are chronically homeless experience high rates of mental illness, substance use challenges, and chronic health conditions.

The State of Homelessness in Canada, CHRN 2013; Street Needs Assessment 2018
Fazel et al, 2014; Hwang et al, 2011; Stergiopoulos et al, 2015

Housing First : What Next?

- The Urban Angel Fund for Homeless People –a $10M endowment
- Innovation incubator for homelessness and mental health
- The innovation incubator's inaugural project – the STAR Learning Centre
- **Canada's first recovery college**

Recovery Education

- Paradigm shift in mental health
- A process of personal change that leads to a satisfying, hopeful and meaningful life despite the limits of mental illness

Traditional	Recovery
“patients”	“students” or “members”
Focus on clinical outcomes	Support provided through education
Symptom management	Strengths and resources of individuals with mental illness
Professionals maintain control	Self-determination and control
Fosters service-user dependency	Collaborative relationships between service-users and providers
Focus on relapse prevention	Shared decision making
Self-stigmatizing	Well-being and crisis plans

Anthony 1993; Leamy et al. 2011

Recovery Education Centres

- ~ 80 RECs operating worldwide, surge in the number of evaluations but few using rigorous methods (Durbin et al. 2019).

- Supporting Transitions and Recovery (STAR) Learning Centre was one of a few RECs worldwide, and the only one in North America, to support people transitioning out of homelessness

- Between 2014 to 2018, 635 members registered and ~ 432 (68%) attended classes.

STAR Learning Centre

- Classes and workshops taught by peers with lived experience with mental health needs and social and health service providers. Individuals can self-refer or be referred by others.

- Topics: health and wellness, vocational skills, leadership and community engagement, hobbies/interests & life skills, managing budgets, dealing with landlords

- Operated as a ‘hub-and-spoke’ model where:
    - Hub is central classroom and staff offices are at a community centre
    - Spokes are additional programming is offered by partner organizations.

Cheng et al, 2017

STAR Learning Centre

STAR Evaluation: A Quasi-Experimental Study

- A realist approach and mixed methods quasi-experimental design.
  - 184 individuals recruited to the intervention (n=92) and comparison groups (n=92) and followed for 12 months.
  - 23 individuals recruited from larger intervention arm through purposive sampling, with 20 consenting to participate (n=20) in qualitative interviews.

- Research questions:
  - Does it work, how does it work, for whom does it work?
  - How are participant experiences different from experiences with other services?

- Measures
  - Primary Outcome: Rogers Making Decisions Empowerment Scale
  - Secondary Outcomes: Quality of Life (QoLi-20); Quality of Recovery-Supporting Care (INSPIRE); Personal Recovery (QPR-15); Health Status (SF-12); Mastery (Pearlin Mastery Scale); and health service use

Durbin et al, 2019

Qualitative Component

- Semi-structured participant interview guide explored
  - Experiences with STAR and other services
  - Key program ingredients
  - Perceived participant outcomes
  - Mechanisms of change

- Data was analysed used inductive thematic analysis
- Three rounds of coding, investigator triangulation, strong inter-rater reliability
- Member checking

Experiences with Other Services

- Few positive experiences with services
- Lack of availability of needed services
- Lack of awareness of existing services
- Extended wait-times or time-limited availability
- Services that were not geared to their health needs

"I went in there when I was homeless and when I got there they said, "We won't be able to give you an appointment for another month." So, like, so what do you do here? … Who knows if it was out in the winter you'd be out in the cold for a month, and they have no alternative"

Khan et al, 2022

Barriers to Participation: Individual Factors

- Active physical health, mental health and/or addiction challenges
- Lack of social capital
- Impact of precarious housing on ability to focus on participation and recovery

"Two weeks into being homeless I started drinking, daily. I'm a daily drunk when I drink … life is just easier so to speak"

"Maybe had they been friends I would have gotten a weekend on a couch or something"

Khan et al, 2022

Experiences with STAR: A Welcoming Environment

- Attractive and dignifying physical space
- Low barrier access, seamless experiences with registration and enrollment
- Welcoming interpersonal environment

“I remember being like I don’t know what I’m doing, I’m nervous but this community centre is gorgeous, and I’ve always wondered about it”

”There’s no wait list to get in … there’s no intimidation, it’s all straightforward. [I was] totally supported”

Khan et al, 2022

Key Ingredients-Value of Lived Experience

- Nearly all participants described valuing lived experience being a part of every level of the program.

- Histories of mental health, addiction and/or housing challenges were openly shared.

"[B]ook smarts is great but book smarts plus an experience is a little bit stronger" … "I know that these people have the experience, so they know what they're talking about"

Khan et al, 2020

Key Ingredients-Participatory Processes

- Two-thirds of participants spoke about the participatory approaches to teaching and learning at the Centre.

- Valued that programming was developed and delivered in an inclusive way.

“There’s no hierarchy”

“They [program staff] never feel like they are superior”

Khan et al, 2020

Key Ingredients-Individualized Skills Focused Curriculum

- The majority of the participants described their ability to self-direct their program participation

- Individual Learning Plans used as tools to develop their self-determination, self-management and keep their goals on track

"Make the choices that I want to make and when I say, 'Hey, I want to follow this path,' or 'I want to get to this point.. they're able to show me which courses I can do and I can choose whether I want to do them or not"

"You have a say in it…you feel in charge"

Khan et al, 2020

Perceived Participant Outcomes: Personal

- Health and wellbeing
  - Perceived improvements in managing health and well-being (n=13)

  "I'm a lot healthier, physically, emotionally. I would say I'm a healthier me"

- Self-esteem, confidence, sense of identity
  - Perceived improvements in self-esteem, confidence, identity (n=15)

  "I see myself as a person of value now versus another nobody"

- Empowerment, control and personal responsibility
  - Increased feelings of empowerment, control and personal responsibility in other aspects of their lives (n=11)

  "Actually help[ed] me do more things for myself"

Reid et al, 2020

Perceived Participant Outcomes: Interpersonal and Social

- Perceived improvements in interpersonal skills, and the desire and ability to self-advocate and enact pro-social behaviours (n=13)

  "More outspoken. I stand up for myself more. I promote myself more and I'm not afraid to say what is"

- Descriptions of increased future orientation and goal development in support of recovery goals (n=12)

  "A healthy, satisfying life…and to find that balance that I didn't have before"

Reid et al, 2020

Mechanisms of Change: Judgement Free Zone

- Participants described a non-judgmental environment enabling them to feel comfortable and supported to engage on their terms (n=14)

- Contrasted with other experiences in health care settings

  "You're more free to be yourself and to say what you need to say"

Reid et al, 2020

Mechanisms of Change: Relationships, Mutuality, Role Modelling

- Participants described the importance of social support, decreased isolation, and a sense of mutuality, reciprocity and community in the program (n=18).

"I felt really comfortable there, I felt really welcomed. I have a new family there, I do…People I can turn to if I'm having a crisis…they're always there"

"Looking at them…is like, 'This could be you''

Reid et al, 2020

Mechanisms of Change: Deconstruction of Self-Stigma

- Participants experienced an ongoing change process of deconstructing self-stigma and rebuilding a sense of self worth(n=15)

"Perhaps your lived experience, which might have seemed like just a bad time or a mess, can be…something productive for yourself and other people"

Reid et al, 2020

Mechanisms of Change: Reclaiming One's Power

- Participants described learning, by doing, that they were in charge of their own learning, recovery, and program experience (n=10).

"I get to direct where I'm going and what I'm doing and what I want to do"

Reid et al, 2020

Quantitative Outcomes: Intent to Treat Analysis

- Mean change in perceived empowerment from program enrollment to 12 months in the intervention group (0.10 (95%CI: 0.04, 0.15)) was not significantly different from the control group (0.05 (-0.01, 0.11)), mean difference, 0.05 (-0.03, 0.13), P=0.25).

- Mean changes in secondary outcomes from enrollment to 12 months were not significantly different between intervention and control groups.

- Many (N=18, ~20%) registered by never attended, and others had very few hours of participation (N=37, ~40%), similar to other education programs

Durbin et al, 2021

Quantitative Outcomes: Post Hoc Analysis

- In a post-hoc analysis, the mean change in perceived empowerment for the intervention subgroup with 14+ hours of participation (0.18 (0.10, 0.26) was significantly different than in the control group (0.05 (-0.01, 0.11)), mean difference, 0.13 (0.03, 0.23), $P<0.01$).

- Mean change in mastery was also significantly different for the intervention subgroup with 14+ hours of REC participation (2.03 (1.04, 3.02) versus controls (0.60 (-0.15, 1.35)), mean difference, 1.43(0.19, 2.66), $P=0.02$).

- There were no significant differences in other outcomes.

Durbin et al, 2021

Strengths and weaknesses

Strengths

- High fidelity to the REC model, rigorous study methods
- A population experiencing multiple barriers to recovery

Weaknesses

- Single site study, relatively small sample size
- Differences in service delivery context may impact participant outcomes

Conclusions

- Findings highlight the importance of pairing housing with evidence-based mental health services (ACT, ICM) for adults experiencing homelessness and mental illness.

- Enhancing HF with recovery oriented supports may be an important target for program development.

- Engaging people transitioning out of homelessness in Recovery Education may be a helpful adjunct to other services, although a minimum “dose” of REC participation may be needed to improve recovery outcomes.

- Future research should examine the processes and mechanisms that promote participation and engagement of individuals experiencing homelessness and mental illness with services, and the impact on health and social outcomes.

Thank You

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Questions?