

# **A transdisciplinary model for crisis planning and response: The impact of COVID-19 isolation practices on service delivery to persons experiencing homelessness and concurrent disorders**

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# ACKNOWLEDGEMENT OF TRADITIONAL LANDS

Royal Roads University acknowledges that the campus is located on the traditional lands of the Xwsepsum (Esquimalt) and Lekwungen (Songhees) ancestors and families.

It is with gratitude that we now learn and work here, where the past, present, and future of Indigenous and non-Indigenous students, faculty, and staff come together.

Hay'sxw'qa si'em!

# GRATITUDE

- CAEH Organizing Committee
- RRU Office of Research
- BC Ministry of Health
- Principal research assistant:  
Rana Van Tuyl
- Research assistants: Avery  
Deboer-Smith, Alex McLean,  
Sunny Kim
- Participants in the research:  
9 regions, 23 different types  
of organizations, 119 people



## DEFINITION

People experiencing homelessness +  
concurrent disorders = PEHCD

## BC CONTEXT

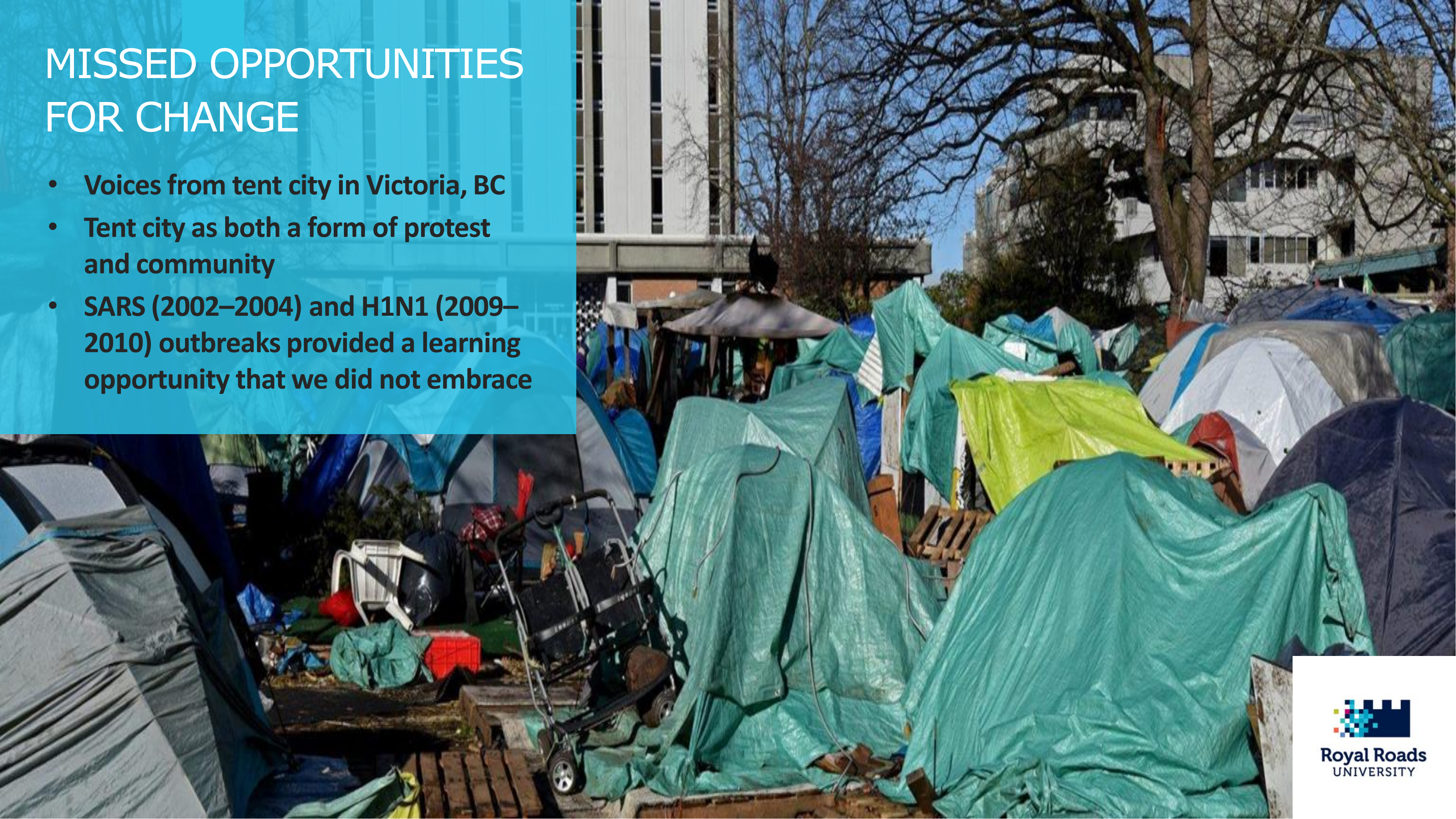
- **7,655+ experience homelessness, counted pre-pandemic**  
(Homeless Hub)
- **68% male, 30% female**
- **38% Indigenous**
- **Approximately 25-75% experience concurrent disorders depending on the illness/substance** (Visions Journal, 2022)





# MISSED OPPORTUNITIES FOR CHANGE

- **Voices from tent city in Victoria, BC**
- **Tent city as both a form of protest and community**
- **SARS (2002–2004) and H1N1 (2009–2010) outbreaks provided a learning opportunity that we did not embrace**





# PANDEMIC CONTEXT IN BC

- BC's opioid and affordable housing crises
- Social vulnerabilities (e.g., poverty, housing, access to health care)
- Secondary impacts of the pandemic (e.g., mental health, overdoses, inflation, employment)





# IMPACT OF COVID-19 ISOLATION PRACTICES ON SERVICES TO PEHCD

- 1) **Identification of gaps in services and the development of alternative response strategies for PEHCD during crises or other emergency situations**
- 2) **Identification of best practices regarding community-based health care responses**
- 3) **Organization and/or reorganization of service delivery for both health and social care, in connection to identified gaps in services**





# APPROACH

Mixed methods enable robust research by bringing generalizable quantitative data alongside in-depth insights to a problem via qualitative data.





# RESULTS

- **119 service providers** from 75 organizations
- 25 interviews
- 46 organizations supported more than **100+ people/day**
- Since March 2020, 82% of staff received COVID-19 training
- **Only 19 participants indicated that the pandemic had *not* limited services**

<u>Challenges</u>	<u>Percent</u>	<u>n</u>
Access to COVID-19 information	21.11%	19
Understanding of COVID-19 information*	42.22%	38
Access to supplies (e.g., masks and hand sanitizer)	35.56%	32
Existing facility design/space*	65.56%	59
Meal program provision	24.44%	22
Health service provision	18.89%	17
Social service provision	33.33%	30
Lack of funding	30.00%	27
Increased risk of overdoses due to isolation*	51.11%	46
Staff shortages due to COVID-19 exposure/illness*	60.00%	54
Working remotely*	37.78%	34
Access to/distribution of digital technologies	27.78%	25
<b><i>Other challenges</i></b>		
Loss of funding		
Redesign services (e.g., food delivery)		
Poor/conflicting information from authorities		
Misinformation (COVID-19 & services)		
Available safe space		
Limit of programs offered		
Population left vulnerable/no shelter		



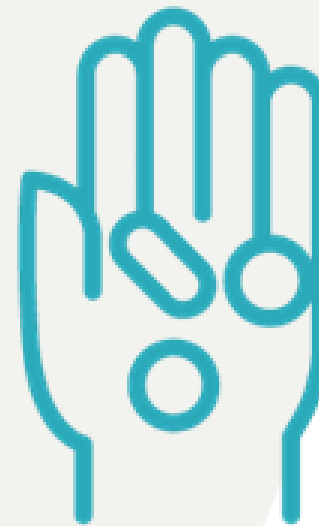
# TOP 5 CHALLENGES



Existing facility design/space



Staff shortages due to COVID-19 exposure/illness



Increased risk of overdoses due to isolation



Understanding COVID-19 information



Working remotely



**COVID-19 MYTH:**

“We’re *all* in the same boat.”

**REALITY:**

“We’re *not* on the same boat because you have a luxury boat, and we have rowboats.”

(shelter, food solutions & community services provider)

GUIDING PRINCIPLE  
#1: START WITH  
UNDERSTANDING  
LATENT PRIVILEGE







- **Socioeconomic disparity is an integral part of the intersectional conversation**
- **PEHCD do not have the privilege of sheltering at home from a pandemic**
- **Identify socially vulnerable populations**





A photograph of a person sleeping on a wooden bench in an outdoor setting. The person is wearing a grey hoodie, dark pants, and black sneakers. They are lying on their side with their head resting on the bench. The background is a blurred outdoor area with a building and a fence.

## GUIDING PRINCIPLE #2: MEET PEOPLE WHERE THEY ARE AT

**“We couldn't see them.  
We couldn't meet with them.  
We couldn't transport them...  
Individuals could not access the  
help that they needed to get  
through the day.”**

(supportive recovery & homeless outreach services provider)





- Make service providers *essential status*
- Keep public hygiene and sanitation facilities open (e.g., public washrooms with showers)
- Timely, *accessible information*, including non-digital channels (e.g., libraries and on-street kiosks)
- Transdisciplinary and interagency collaboration and adaptation, alongside people with lived experience (e.g., pop-up clinics, mobile services, takeout meals, etc.)
- Plan for new and expanding service groups caused by secondary impacts





50% REPORTED  
NEW & EXPANDING  
SERVICE GROUPS

First time due to  
pandemic-related job loss

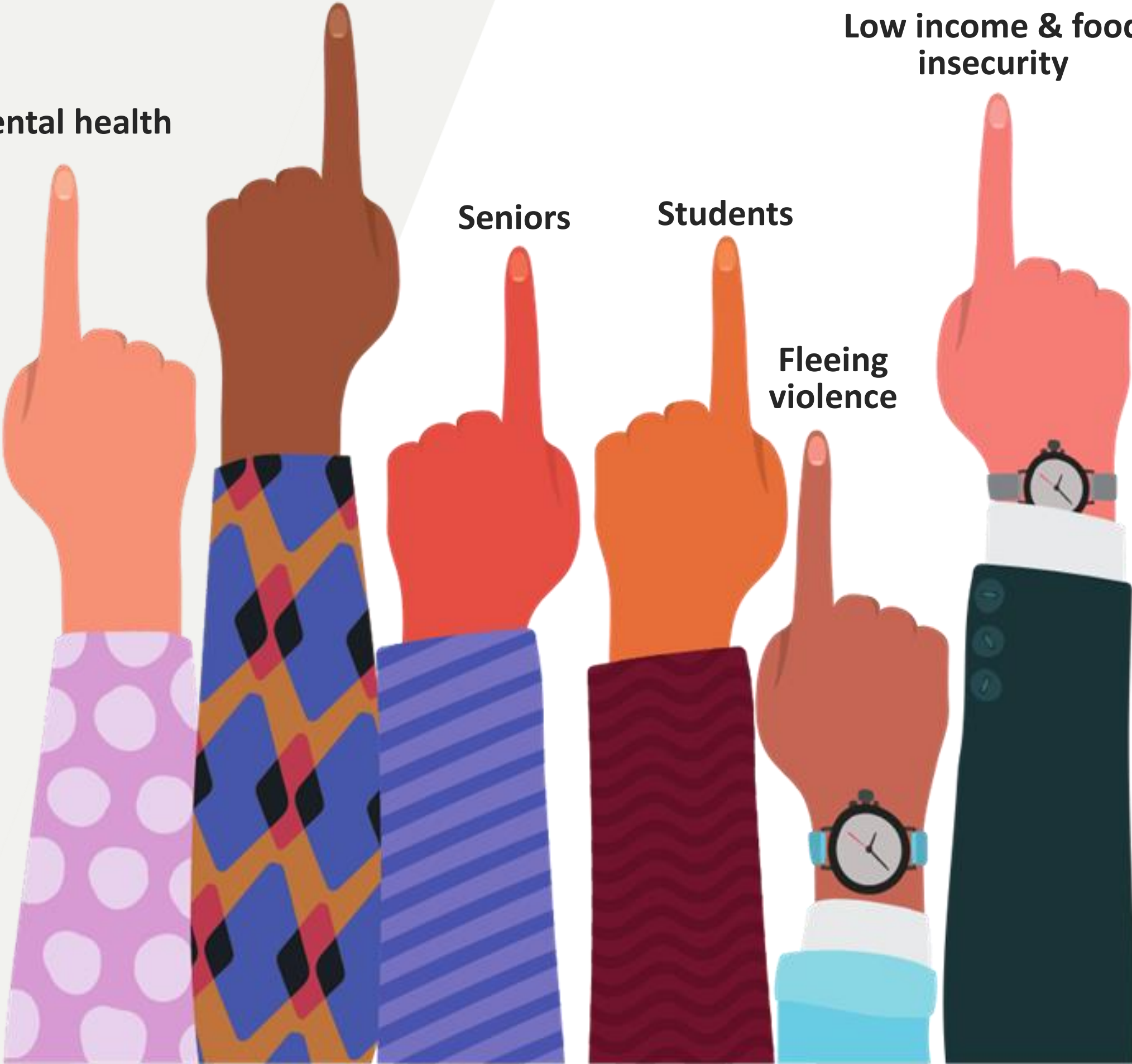
Mental health

Low income & food  
insecurity

Seniors

Students

Fleeing  
violence





*“And so definitely the beginning of the pandemic, what seemed to be whatever was going on at home, the abuse, the violence, the lack of food, whatever it may be, the hate that happens within the home that causes our youth to leave [for] the streets, that was far less scary to deal with than COVID. So a lot of our kids were just kind of staying put...And now we're needing to unpack almost two years' worth of suffering, staying at home, and suffering.”*

*“The tough part about that, in terms of getting recognition about the issue is that senior women are overwhelmingly hidden homeless because they are the ones that will be more likely to nurture the relationships, to have the couch surfing. One thing we're starting to hear a lot about is senior women needing to trade sex to have shelter.”*

*“People who would not have normally struggled financially began to struggle with homelessness and meeting basic needs. There was an increase in need for mental health services, increase in needs for food assistance in families that are generally okay.”*

*“We have seen many who are now food insecure or in need of mental health support since the pandemic started. We also have seen many who were doing better than they were on our initial first contact with them now losing their mental health gains due to the pandemic. We believe that many went hungry because they were afraid to leave their houses and that many overdosed because they were able to apply for CERB, which was used for drugs.”*



## Big picture

*Long-term solutions  
(preventive & emergency)  
to an exacerbated  
housing affordability &  
opioid overdose crisis*



## GUIDING PRINCIPLE #3: DON'T FORGET THE *BIG* PICTURE

### **Sociostructural causes:**

- Lack of affordable housing & increasing living costs
- Lack of publicly-funded integrated healthcare, including mental health & substance use services
- Job loss due to cyclical markets and other external forces
- Discrimination
- Intimate partner violence
- Childhood trauma





OVERDOSES ROSE  
FROM 76 IN FEBRUARY  
2020 TO 170 IN MAY  
2020, 93% HIGHER  
THAN THIS TIME IN  
2019

(BC Coroners Service)



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ALMOST SIX PEOPLE  
DIED EVERY DAY OF  
DRUG OVERDOSES IN  
BC IN APRIL 2021

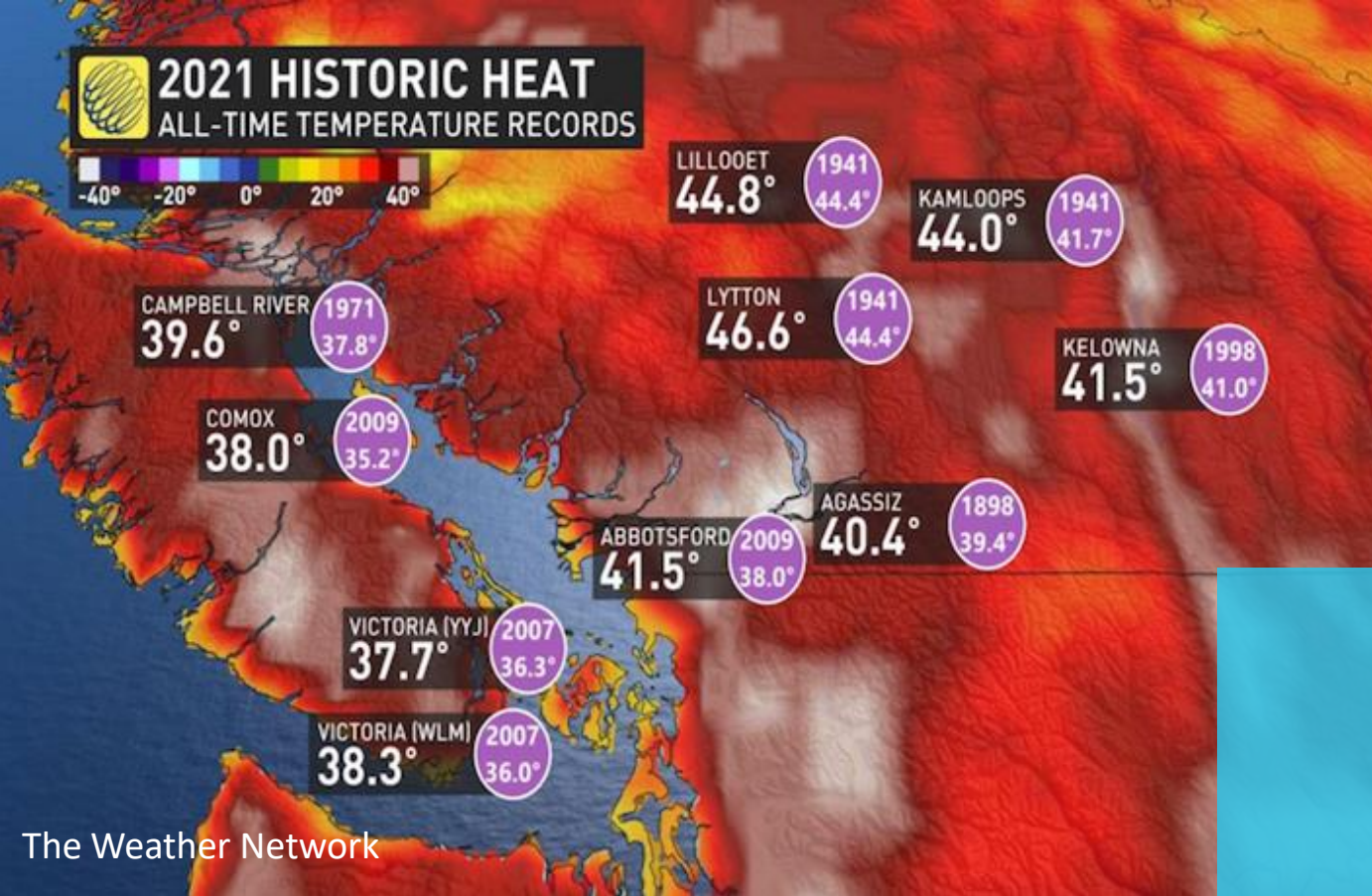
(BC Coroners Service)

EMERGENCY



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Heat dome

Atmospheric rivers



# GUIDING PRINCIPLE #4: PLAN FOR INCREASING ENVIRONMENTAL STRESSORS



2021 wildfire season

Rare snowstorm

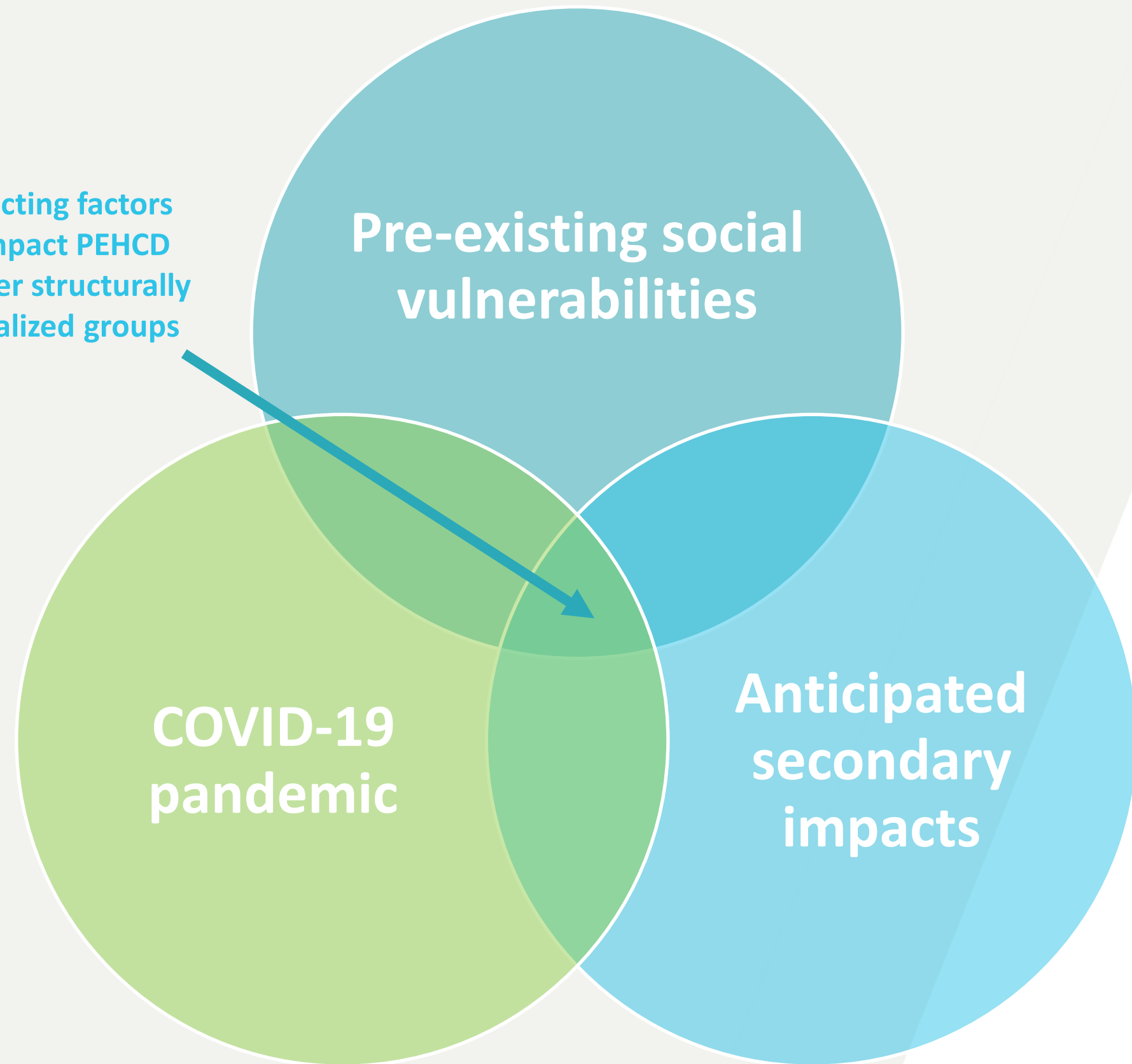




# LESSONS LEARNED

- 1) Identify pre-existing social vulnerabilities
- 2) Plan for secondary impacts related to the pandemic or other broad-scale emergencies
- 3) Consider how intersecting factors impact PEHCD and other structurally marginalized groups
- 4) Transform the systems

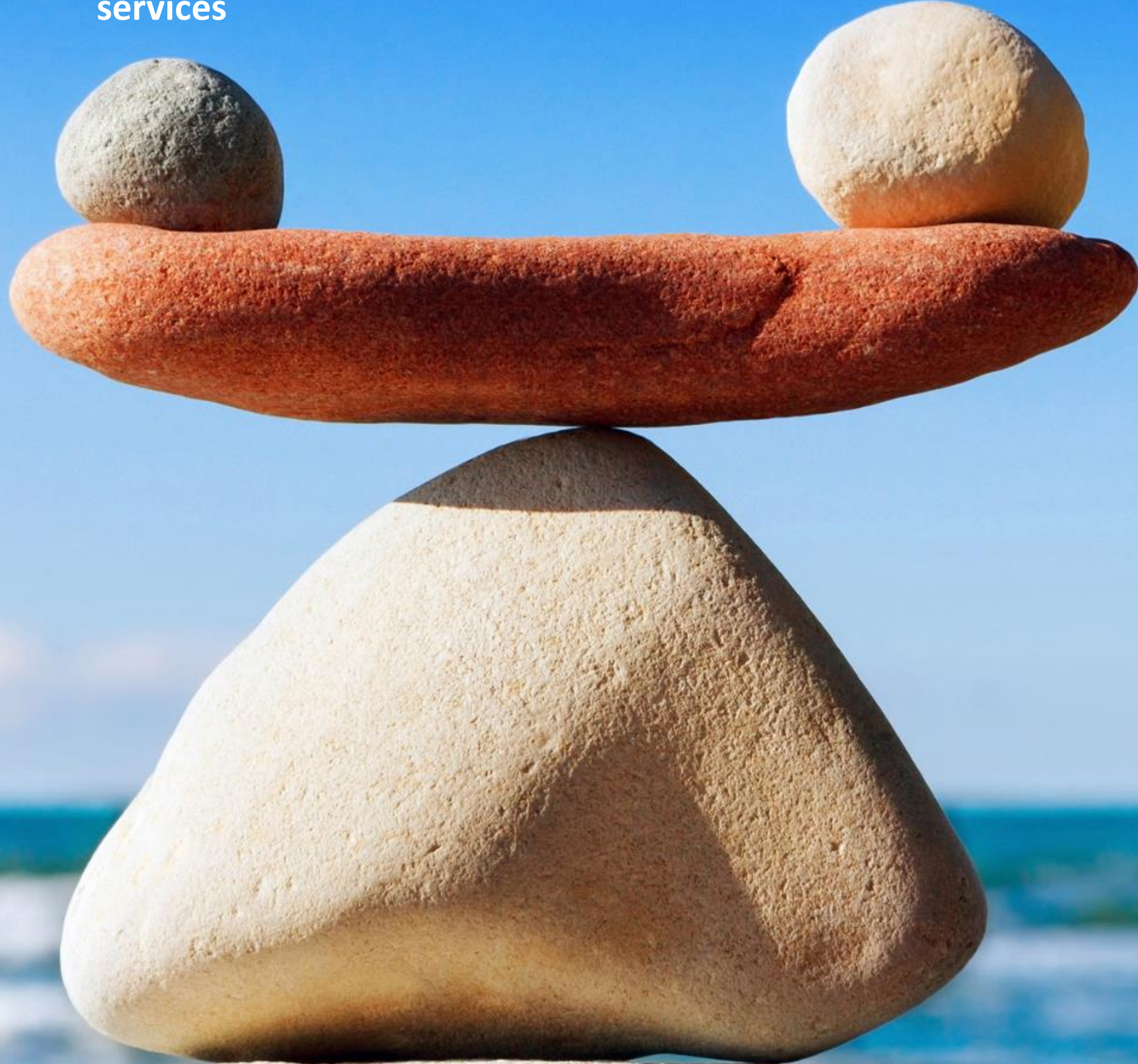
Intersecting factors  
that impact PEHCD  
and other structurally  
marginalized groups





Crisis  
services

Prevention & systems  
transformation







Crisis  
services

Prevention & systems  
transformation

## TRANSDISCIPLINARITY

**A holistic approach to intractable and vexatious problems like PEHCD.**

**Involves collaboration across academic and non-academic communities.**

**Emphasizes team-based approaches with unified conceptual definitions.**

**Problem-centered and evolving methods to promote social justice.**





Crisis  
services

Prevention & systems  
transformation

## TD TEAMS

- PEHCD
- Social work
- Health care
- Justice
- Employment
- Education/  
researchers
- Community
- Policymakers/  
government
- Industry/  
commerce
- Volunteers



THANK YOU!

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