

The Meaning of Poverty for Individuals with Mental Illness



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Context: Poverty and Mental Health

- In Canada, 27% of psychiatric survivors live in poverty, compared to 12.6% of non-disabled persons
- A single person living on ODSP receives less than \$12,000 per year (63% of poverty line)
- 3 relational patterns between poverty and MH:
 - ‘Additive’ relationship (poverty’s adverse effects contribute to the poor functioning caused by illness)
 - ‘Interactive’ relationship (poverty’s potentially negative effects are intensified by presence of other illness factors)
 - ‘Transforming’ relationship (poverty and illness’ interrelation can result in each being different than when occurring separately)

Background: Social Inclusion

- **Individuals with psychiatric disorders experience discrimination in the housing market, employment and social relationships**
- **Loss of connections and housing are more related to societal responses to psychiatric illness than the illness itself**
- **Social exclusion and discrimination for this population exacerbates the problems of poverty**
- **Greater impetus on social inclusion for psychiatric survivors is still required to overcome the exclusionary nature of current social policies**

Context of team

- **Community University Research Alliance (CURA) funded through Social Sciences and Humanities Research Council of Canada for 5 years**
- **Most participated on previous CURA on housing and mental health (also 5 years)**
- **2 years of planning current CURA prior to funding so most agencies have a decade of partnership**
- **Academics, psychiatric survivors, community agencies, students all integrally involved**
- **Academic lead and Community lead**

Project Description

- **Based on Participatory Action Research (PAR) principles**
- **Combined quantitative (individual structured interviews) and qualitative (focus groups) data collection methods**
 - **Individuals are contacted annually to complete a total of 4 interviews**
 - **Focus groups with key stakeholders are conducted concurrently along with the structured interviews**

Quantitative Data

	Year 1 (2011)	Year 2 (2012)	Year 3 (2013)
Homelessness			
Homeless during the lifetime	66.8%	65.5%	64.1%
Average number of times homeless	5.4 (SD 9.7)	8.0 (SD 38.0)	5.7 (SD 7.6)

Qualitative Analysis: Experiences of Poverty

Experiences of Poverty: Main Themes

- Doing without the basics (i.e. hungry, etc.)
- Persevering/surviving
- Becoming engulfed in despair
- Relying on tangible resources from services/community
- **Not perceiving oneself as poor**

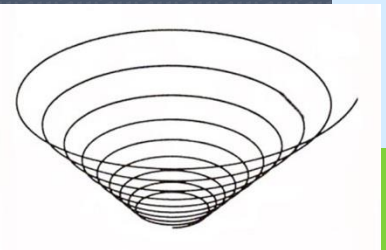
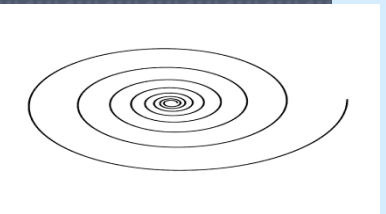
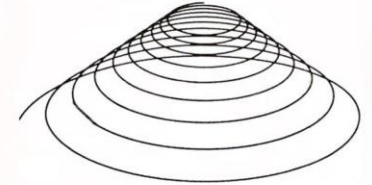
Focus groups from study on poverty and mental health

- **Separate groups for those who see finances improving, staying the same or getting worse**

Focus group: Common Themes

- Members of all three financial status categories described their financial situation as following a circular pattern or cycle, like a trap that was difficult to exit

“Like you get stuck as soon as someone finds out that you have a mental [illness] ... When you’re on a fixed income it is extremely hard to get yourself off that fixed income”



Results

Facilitators for Improving Financial Situation

■ Individual-Level:

- Overcoming addictions

■ Interpersonal/Family/Community Level

- Supportive relationships

■ Systems/Structural Level

- Part-time work
- Government supported income increases
- Education

Results

Barriers to Improving Financial Situation

■ Individual Level:

- Feelings of hopelessness and powerlessness
- Lack of awareness of resources

■ Interpersonal/Family/Community Level

- Stigma/discrimination
- Housing issues

Poverty & mental illness

- **Related to community response to mental illness, not the mental illness itself**
- **Related to social exclusion and discrimination**
- **Improvement requires a caring community support and social support**

Experiences of Poverty

How Mental Illness Relates to Poverty: Main Themes

- Mental illness undermines efforts to:
 - Be included
 - Work or complete school
 - Accumulate income/resources
 - Have a sense of safety in the neighbourhood
- Poverty exacerbates symptoms (of mental illness/addiction) and struggles to access appropriate health services
- Promotes involvement in a social network
- No relationship between the two

Poverty and Social Inclusion

- **Social inclusion = freedom**
- **Different levels of social inclusion restrict the experiences of freedom in different, but equally important ways.**
- **Individuals experiencing a high level of social inclusion will still experience limits to their freedoms. However, through their relationships with affirming and trustworthy others they can access safe spaces with a heightened sense of stability, which will in turn promote experiences of control and autonomous choice.**
- **At the medium level of social inclusion, participants rely on services to support their sense of inclusion, but those supportive experiences were often attributed to “luck,” indicating that participants did not feel that their positive experiences resulted from controlled choice. Support and stability were found through services when services helped participants to make friends.**
- **At the low level of social inclusion, participants’ freedoms were highly restricted, and resulted in feelings of being controlled, having to hide oneself, and merely surviving. This information suggests helpful approaches for practitioners. Since individual needs vary with an individual’s level of social inclusion, approaches to support should account for these differences.**

Discussion: Implications for care providers

- Relationships with care providers were identified as important to individual experiences.
- Some individuals may have supports that care providers can engage,
- Others depend on services in order to establish social networks.
- Care providers may need to focus their efforts on establishing trust and should ensure that work with clients preserves and enhances client autonomy.

Discussion: Advocacy

- The **informed social support** offered by advocates is an important source of empowerment for it allows participants to actualize plans of their own design.
- Additionally, advocacy has a **political dimension**. In line with recommendations from the World Health Organization, advocacy groups should work collaboratively with governments to support the rights of individuals experiencing mental illness at national levels of government (Funk, Minoletti, Drew, et al. 2005).
- **Frameworks of understanding** must exist among all stakeholders, including “a pattern of shared values” (Overcamp-Martini 2007, p. 77). Advocates not only encourage feelings of inclusion but in so doing they also foster experiences of freedom.

Some solutions

- **Employment: the promise of social enterprises assists with both poverty and social inclusion, as well as housing stability**
- **Peer Support: Addressing self stigma, and social support to increase social inclusion**
- **Stable Housing: Housing First, Housing as a right, Housing with support**
- **Working together – cross sectors**
- **Evidence informed Change**

Contact

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