

A Narrative Inquiry of a Program That Provides Permanent Housing With Supports to Homeless Individuals With Severe Mental Illness

Helen Kirkpatrick
St. Joseph's Healthcare Hamilton

Carolyn Byrne
University of Ontario Institute of Technology

ABSTRACT

This paper describes an empowering program narrative identified in a study about the experience of “moving on” for individuals with a major mental illness who had been homeless before obtaining permanent housing with support. Personal stories are idiosyncratic but involve the integration of individual, unique experiences with narratives from various communities of membership. Multiple sources of data were obtained to identify the program narrative (participant and staff interviews, participant observation, and document analyses). This research contributes to knowledge about what works when a program works—how to identify what is effective, and what can be learned in assessing and developing other programs.

Keywords: narrative, housing, mental illness, homelessness

*The program is “molded around the person so it fits,
instead of the person to the mold.” (study participant)*

Helen Kirkpatrick, Best Practice Spotlight Organization, St. Joseph's Healthcare Hamilton, West 5th Campus, and School of Nursing, McMaster University, Hamilton, Ontario; Carolyn Byrne, University of Ontario Institute of Technology, Oshawa, Ontario.

Correspondence concerning this article should be addressed to H. Kirkpatrick, Best Practice Spotlight Organization, St. Joseph's Healthcare Hamilton, West 5th Campus, 100 West 5th, Hamilton, ON L8N 3K7. Email: hkirkpat@stjoes.ca

Recovery is an individual and personal journey, but the environment is important for recovery to occur. Recovery does not mean the disappearance of suffering and symptoms, or the complete restoration of functioning; rather, it “is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness” (Anthony, 1993, p. 15). Increasingly, there is recognition that the interaction between the individual and the environment can promote or hinder recovery, with change in one affecting the other (Onkin, Craig, Ridgway, Ralph, & Cook, 2007). Much research has identified factors important for recovery and community integration; these include real-world outcomes such as housing, work, income, and education.

This narrative inquiry focused on housing as one foundation for recovery. Conducted in a southern Ontario city of about half a million people, the study documents the experience of “moving on” for people with major mental illnesses who had been homeless and entered a program that provides permanent housing and supports. Narratives occur at multiple levels, from the individual to society. This paper focuses on a narrative of the program that provides the housing and supports to the study participants.

Housing is an important component of recovery. A home provides shelter, privacy, a site for family relationships and friendships, a centre of activity, an “anchor” or stable source of identity and meaning, and finally an indicator of social status (Mifflin & Wilton, 2005). Housing-related issues for people living with mental illness have been studied extensively. It is known that choice in housing is positively related to housing satisfaction, residential stability, and psychological well-being (Srebnik, Livingston, Gordon, & King, 1995). Consumers clearly prefer to live in the community (Davidson, Hoge, Godleski, Rakfeldt, & Griffith, 1996; Tanzman, 1993), to live independently—whether alone or with a romantic partner—and to receive assistance how and when they need it (Tanzman, 1993).

Despite the identified preferences, many participants in qualitative studies have painted pictures of their lives in the community as stark, lonely, and largely devoid of meaningful activity (Davidson et al., 1996). A study of consumer perceptions and experiences about their neighbourhoods identified two themes: making do (tolerating the disturbed behaviour of other tenants and noxious elements in the surrounding area), and using “passing” strategies (blending in, being invisible, minding one’s own business) to deal with the stigma (Boydell, Gladstone, Crawford, & Trainor, 1999). Psychiatric consumer-survivor experiences related to housing have been described with the metaphor of a “tornado” of mental illness (Forchuk, Ward-Griffin, Csiernik, & Turner, 2006). The overlapping phases within a tornado include losing ground, struggling to survive, and gaining stability. Gaining stability is linked to rebuilding relationships and securing personal space.

Housing options for people with psychiatric disabilities have been designated as custodial, supportive, and supported (Parkinson, Nelson, & Horgan, 1999). Research demonstrates support for a shift to supported housing, which emphasizes normal housing in the community and individualized, flexible supports (Sylvestre, Nelson, Sabloff, & Peddle, 2007). However, problems have been identified with supported housing, in particular isolation and loneliness (Parkinson et al., 1999). A qualitative study of individuals living in supported housing identified four themes: loneliness, making do with socially and structurally inferior housing, a desire for more understanding, and a concern with integration into a community (Walker & Seasons, 2002). The shift from custodial to supported housing is recognized as a best practice, and more recent research has reinforced this. Researchers in a three-city study of previously homeless individuals with mental illnesses examined premises of supported housing. They concluded that the positive relationship between subjective

quality of life and quality of housing, and consumer choice/control over housing and support, highlighted the critical role of good housing for people with severe mental illnesses. Further, participants in apartments reported higher choice/control over housing than those in shared accommodation (Nelson, Sylvestre, Aubry, George, & Trainor, 2007). In a parallel narrative study, participants across programs described positive personal changes, including increased independence and stability. Most lived in group-living residences, and privacy was an important issue. Participants in shared rooms expressed less satisfaction with their housing than those with private rooms (Nelson, Clarke, Febbraro, & Hatzipantelis, 2005).

Over time, the values of the supported housing approach have been more broadly applied, thus blurring the distinction between supported and supportive housing. Therefore, Sylvestre and colleagues (2007) suggest a values-based approach to assess how housing programs deliver services, rather than evaluating programs by model or form of housing. For example, Kloos (1999) found quite dissimilar outcomes in two residential treatment settings with different values, and concluded that treatment settings must be carefully constructed because they seem to have important consequences for how people view themselves and shape their recovery. Padgett (2007) notes a deep divide between two philosophies. "Treatment first" views the need for acceptance of oneself as mentally ill and for treatment prior to being housing ready. "Housing first" does not make housing contingent on treatment. Padgett interviewed previously homeless adults with mental illness who had accessed independent housing either through housing first or treatment first. Findings revealed that independent apartment living led to clear evidence of ontological security. Aspects of ontological security in a "home" included "a sense of control, reassuring daily routines, privacy, and the capacity to embark upon identity construction and repair" (Padgett, 2007, p. 1933). Padgett concluded that a home provides a stable platform for recreating a normalized life with less stigma.

Whatever the issues related to housing, too many people with mental illness do not have housing at all. Without sufficient supports, they are overrepresented in the homeless population, and homelessness is the antithesis of recovery. People with mental illnesses and homeless people both face stigma and discrimination in current society. Homelessness itself can threaten identity because of the loss of accoutrements that help to define oneself, such as work, relationships, and a place of one's own (Boydell, Goering, & Morrell-Bellai, 2000). However, research increasingly demonstrates effective and varied ways to address homelessness for those with severe mental illnesses. Nelson, Aubry, and Lafrance (2007) reviewed 16 controlled-outcome evaluations on housing and support interventions, assertive community treatment, and intensive case management for this population. They found significant reductions in homelessness and hospitalization and improvement in other outcomes. Programs that combined housing and support had the best outcomes in housing stability and greater reductions in the use of hospitals and prisons. The authors caution that these interventions focus on basic needs for housing and support, which are the starting point in the process of recovery, rather than the end point. Beyond the basic needs must be a focus on empowerment and community integration, and assistance to build a full and meaningful life; the challenge is to develop programs and policies to do this. Empowering conditions that facilitate mental health changes include personal motivation, supportive relationships, responsive organizations and communities, and social change and social justice (Nelson, Lord, & Ochocka, 2001). Empowering settings help members accomplish important life goals through an active, participatory process that emphasizes increasing a sense of control over one's life (Maton & Salem, 1995).

Although rigorous outcome-oriented research is important, little process research has focused on how housing programs are actually delivered and how consumers experience the programs (Sylvestre et al., 2007). A growing body of research does focus on housing and supports from the perspective of the seriously mentally ill homeless person. Using narrative inquiry, this report builds on one such study (Kirkpatrick & Byrne, 2009) by focusing on the program that provides the housing and supports.

THE STUDY CONTEXT

In the mid-1990s, a neo-conservative government in Ontario implemented cutbacks in health, education, and social services. Cutbacks removed or limited valued resources for disadvantaged people: the creation of new social housing was frozen, general welfare benefits were cut, accessing disability supports became more difficult, and, for those receiving disability supports, there would be no increase for several years. These changes led to increased poverty and homelessness for people with mental illnesses. Community mental health programs also received no increases, thereby limiting services.

In 1999, the Ontario government funded a homelessness initiative (\$20M) to provide housing and supports for 1,000 homeless people with serious mental illnesses in three cities. Twenty agencies received funding. A comprehensive evaluation of the implementation and outcomes of this initiative was undertaken (Nelson, Sylvestre, et al., 2007), and a parallel narrative study was conducted across programs (Nelson et al., 2005). In one city, a collaborative of community agencies and groups developed a single initiative, the H.O.M.E.S. Program (Housing with Outreach, Mobile and Engagement Services), built on best practices that included a shift from shared accommodations in custodial lodging homes to supported housing. The lead agency, a faith-based and non-profit organization, had a long history of partnership and collaboration with mental health service providers and consumer groups. In the host community, this program was widely regarded as innovative and effective. It was in this program that the current study was conducted.

NARRATIVE INQUIRY AS A FRAMEWORK

Narrative inquiry provides the opportunity to listen to and learn from participants. A narrative approach recognizes that communities, organizations, and individual people have stories, with a process of mutual influence between them (Kirkpatrick, 2008; Rappaport, 1995). While personal stories are idiosyncratic to individuals, they are not created in a vacuum. They involve the integration of individual and unique experiences with the narratives we appropriate from our various communities of membership (e.g., family, school, workplace). A community narrative is a story that is common among a group of people, and that tells the members of the group important things about themselves. Shared narratives are resources that may empower or impede; they give our lives direction and meaning. Rappaport (1995) noted that the nature of available community narratives is a key element in both individual and social change. Even as individuals are shaped by the community narratives they are given, the process is reciprocal and those very narratives can be reshaped by the people who receive them. Program narratives are a specific type of community narrative and are important in influencing program participants' views of themselves. This framework is consistent with the recovery literature (Onken et al., 2007).

PROGRAM DESCRIPTION

The H.O.M.E.S. program provides safe, secure, affordable housing and a comprehensive array of support services. Staff are available 7 days a week and provide 24-hour emergency service. With a housing first philosophy, individuals do not have to agree to treatment prior to entry. Housing with supports is provided in three models: (a) single-room occupancy—individual rooms, private bathrooms, some shared meals, 24-hour on-site supports; (b) “clustered” apartments in two large subsidized apartment complexes, with some on-site supports and mobile supports; and (c) “scattered” apartments throughout the city, with mobile supports only. Most units are individual apartments with rents based on income. Tenants are not required to take medication, participate in treatment, or abstain from drugs or alcohol, but they sign a service agreement with the H.O.M.E.S. program. The level and specifics of involvement vary, based on individual needs and wishes, but tenants must work with the H.O.M.E.S. staff to be part of the program. The program also provides access to medical attention for assessment and effective treatment of illnesses, both physical and psychiatric, which often had been undiagnosed or poorly treated for prolonged periods.

METHOD

Procedure

Following ethics approval through McMaster University, consent was obtained from the H.O.M.E.S. administration to access documentation and study participants, to observe settings to understand their function, and to interview staff. The lead author conducted all contacts and data collection; both authors conducted the analysis. The study was presented to the staff and tenants where appropriate, and agreement to participate was obtained. At all meetings, tenants and staff were reminded that the author was conducting research. Two months of participant observation preceded participant interviews, and included staff team meetings, staff and tenant social events, health education groups, and staff/tenant outings such as shopping. Again at each event, participants were reminded that the author was conducting research. The researcher had been involved in the mental health system for many years and knew some staff and tenants at most meetings. This provided openness to her participation. It also created challenges as staff and tenants sometimes had to be reminded that her role was to listen and learn, not provide clinical input.

H.O.M.E.S. staff discussed the study with potential participants and provided the researcher with the contact information of interested individuals. The researcher reviewed the study with potential participants and obtained written consent. Participants chose the interview location. Most (8) chose their own apartment, but some (4) chose other rooms in the building where they lived.

Sources for the Program Narrative

Information from both individual and program levels was used to identify a program narrative of H.O.M.E.S. Multiple sources of qualitative evidence included participant observation in a range of activities in all three types of housing and supports, individual tenant/participant interviews, staff interviews, and document analysis. Documentation specific to the H.O.M.E.S. project, including evaluation data, helped contextualize the work.

Individual participant interviews served as a key source for constructing the program narrative. Participants were interviewed up to three times over a 6-month period, which allowed for following change over time. Participants (six women, six men) ranged in age from 19 to 52 and were in one of the three components of the Hamilton H.O.M.E.S. project. At the first interview, tenure ranged from 1 month to 3 years (beginning of program). The individual participant experiences have been published elsewhere (Kirkpatrick & Byrne, 2009).

Analysis

A narrative content analysis of the various data collected began with the individual participant interviews. Using a categorical-content approach, the narrative text was broken into relatively small units of content and treated as descriptive material to form a picture of the H.O.M.E.S. program (Lieblich, Tuval-Mashiach, & Zilber, 1998). Participant interviews were reviewed and sections selected that referred to the H.O.M.E.S. program (found in all interviews). Material was then organized around thematic categories that emerged from the reading. Tentative themes had been identified in field notes from conducting the participant interviews, staff interviews, and from participant observation. Categories derived from participant interviews provided a basis to review the following: a newsletter distributed to tenants in H.O.M.E.S., interviews with staff who were playing unique or unusual roles in the H.O.M.E.S. program, field notes from participant observation, and Community Advisory Board minutes. All names used in the narratives that follow are pseudonyms.

Initial results were taken to two sessions of H.O.M.E.S. program tenants, which were advertised in the newsletter (member checking). All tenants were invited, both research participants and non-participants, to ensure participant confidentiality and to assess if the picture drawn of the H.O.M.E.S. program seemed relevant both to tenants who had and had not participated directly in the study. Two nursing research students assisted in this process.

RESULTS

The overall program theme was one of empowerment. Over time it became evident that empowerment was both the overarching theme and a subtheme at the personal level. The facilitation of this process is apparent throughout the varied data sources. Four subthemes were identified in the program narrative that helped people move on in their lives:

1. The importance of having a place of one's own
2. The inspiration of a living mission
3. Empowerment at the personal level ("They make you believe in yourself")
4. The importance of social activities ("The laughs are free")

Narrative Theme 1: The Importance of Having a Place of One's Own

Having a place of one's own was highly valued by participants. One participant stated, "I still have a lot of issues to deal with. But it sure makes it a lot easier to deal with when you're not living on the streets." For some, it meant they could reconnect with family members. For all participants it meant privacy and a

sense of control over their own lives, a foundation on which to begin building a new life. As George, who had lived with his father for periods after becoming homeless, said, “Anybody wants to come through that door, it’s up to me to decide whether they get in or they don’t get in ... before ... I had to do what he said ... and I had no free will, I had nothing.” Sadie, who was being evicted from the YWCA, said having her own apartment meant her sons could visit her, which was not possible at the “Women’s Y.”

There was reciprocity between the tenants and the program. While the tenants highly valued a place of their own and what the program had to offer, their needs in turn influenced the program. Responding to these needs could be very challenging; for example, although the H.O.M.E.S. program had initially planned to use some lodging homes, potential tenants preferred the streets and shelters to living in lodging houses, and so none were used. Not surprisingly, the Community Advisory Board meetings focused on the need to obtain more and specific housing. Over time, the program accepted more people who had been evicted from their housing, and people who had always lived with their parents and had limited daily living skills. H.O.M.E.S. staff tried to match people to environments where as tenants they could cope and would not be too visible. Some tenants needed larger units to allow them to have custody of their children. Some people, described in minutes of the Community Advisory Board as “the fallen middle class,” needed housing and neighbourhoods to match what they had left.

Personal story. Sandra describes what it was like to become homeless and then have her own apartment. The first interview was held after the Christmas holidays, when Sandra had been able to have her children over for Christmas dinner.

Well, I lost my apartment, I got evicted.... So all that time, all of a sudden I was homeless.... And then I realized I was totally falling apart, I was ready for a nervous breakdown ... because I knew that I was becoming very suicidal ... feeling like I had no control over anything, you know ... and it was so hard for me because I had never been away from them [children], you know.

I had a whole life, then all of a sudden I’m going to food banks. And so, finally, I totally fell apart. I didn’t know what was going to happen to me. I was so afraid I was going to be a bag lady on the streets. You know. Because I just felt like nobody was listening. I felt like a woman in her fifties, but nobody was listening, nobody cared you know. But that’s changing now....

And I had a determination, it’s like I wanted to set up a life for myself and have a place where I could have turkey dinners for my children and all the fixings so if my kids want to come and spend the night with me, you know, just have a place. And I love this apartment. I just love it. It’s been really really good for me.

Narrative Theme 2: The Inspiration of a Living Mission

During the data collection phase, the formal mission of the faith-based agency was reflected in the lived experience of both staff and tenants. The influence was evident during all aspects of the data collection, staff and participant interviews, and participant observation. The key concepts of the mission were clearly stated:

Mission Statement: Charity Unlimited ... Never Stop Loving

Key concepts: availability, flexibility, adaptability, hospitality, and dignity

Considerable effort goes into ensuring the mission statement is the driving force for all work. One director explained in an interview that potential employees are asked how they could contribute to the mission,

and current staff must address the mission in their performance reviews. A staff member said she had never worked anywhere with so much integrity, where people are hired who embody the mission statement and *also* have the skills.

One staff member emphasized that the mission is for both tenants and staff; all are deserving of the treatment espoused in the mission statement. Staff in the program will “go to the ‘nth’ degree to help people,” go the absolute farthest they can; short of breaking the law, they look for creative ways to support an individual. The extremes to which staff will go to help tenants maintain tenancy was evident in their actions. One tenant in a building with single-room occupancy frequently yelled in her room, resulting in many complaints from other tenants. Despite efforts to resolve her yelling, nothing worked and so staff soundproofed her walls and door. This ended the problem for others, but the fascinating part was that the tenant herself said the people in the hallways were no longer bothering her.

Living the mission can be difficult for staff and reflects the depth of commitment to the mission. One director fired a staff member because he was rude to tenants. The director stayed true to the concepts of hospitality and dignity, even though the necessary action was personally stressful. A small number of tenants are evicted, although every effort is made to prevent eviction. Another director said, “Everyone I have to evict always takes a piece of me.”

For the participants, the mission was reflected in several ways, especially staff “being there” for them, respecting them. Staff members are available 24/7, but in interviews the participants commented that staff’s “being there” for them was more about having support, being able to count on staff, knowing they could call on them and would be accepted. The sense of respect meant that staff viewed and treated participants as individuals with unique needs.

Personal story. Sadie, who had been cutting herself, found the staff very supportive and helpful. Knowing that she could call on them gave her confidence and helped her look at things in a different way:

‘Cause it’s scary not knowing when it’s [cutting] going to happen. But on the other hand, it gives, it does give a sense of control knowing that I have the choice as to whether or not this is something that is doable or that I need help dealing with, and it took me awhile to learn that I can call them, and they’re not going to say, oh go away, we’re busy. It’s like, oh, that’s the best thing. It makes me feel very much more secure.

Narrative Theme 3: Empowerment at the Personal Level

“They make you believe in yourself.”

From participant interviews came a clear theme that the program was empowering, enabling in their “moving on.” This went beyond the mission statement, which could be implemented without the focus on empowerment. At a member-checking session, one man asked, “Have you got this written down? They make you believe in yourself.” Everyone in the group agreed with this sentiment. Enabling at the personal level took the shape of supporting people in developing a sense of personal control—“The ball’s always in my court”—and tailoring the program to the individual: “It’s molded around the person so it fits, instead of the person to the mold,” a participant said.

The program and staff are innovative in developing and providing opportunities for tenants. For example, there is a commitment to employing tenants wherever possible, including as cleaners, peer support

workers, recovery support workers, and housing support workers. Over the course of the study, the program planned to implement an in-house supported employment model, based on best practice literature and with pay equivalent to at least minimum wage, for jobs that were previously contracted out (cleaning, landscaping, snow-shovelling, assistance with moves). One tenant who had a background in art was hired to provide art classes; this was successful for both herself and other tenants.

Staff produce a newsletter, “There’s No Place Like H.O.M.E.S.,” to keep tenants informed of agency news and community opportunities. The newsletter also provides a forum for tenants to speak out, to reach out to one another—a call for stories. Finally, to help consumers become more involved in public speaking and leadership roles, H.O.M.E.S. partnered with other agencies to develop a new program, “Voices of Experience,” which provides training to consumers and assists agencies to appreciate and increase consumer involvement. The program has obtained skills-training government funding.

Story from participant observation. As we were driving to the grocery store, a tenant told the staff member he was thinking of taking a few weeks off work. What did she think? She asked him about the reason: “What about cutting back instead? Did he have something else he wanted to do?” He asked again, “What would you do?” She said it was not a matter of what she would do, but if she were in his position there were some questions she might consider. By this time we had arrived at the store, and the conversation continued intermittently during the grocery shopping. On the way back to his apartment, he asked again about his job. He wanted the staff member to say what she would do. She again said it was not her decision, but she might ask herself some questions: “What would be the advantage of it? What would be the disadvantage?” He replied that he would have a reason to get up in the morning if he worked, and more time to do nothing if he didn’t. The staff member said, “Well, that gives you something to think about as you make your decision.” And with that, she left it with him. She demonstrated a supportive manner, but would not make the decision for him.

Narrative Theme 4: The Importance of Social Activities

“The laughs are free.”

During data collection, it was demonstrated repeatedly that people involved in the H.O.M.E.S. program, and the agency more generally, have fun. This was evident at all levels: social events for staff to thank them for their hard work, and program activities that included both staff and clients. Karaoke was a big item.

The importance of social activities had been noted in the participant interviews but not identified as a key theme, given that it seemed a component of many programs rather than a unique item. However, in the first member-checking session it was identified as very important and reiterated in the second. Individuals noted there is something on the calendar every day, a reason to get up, and the feeling that they are a part of something could break through their depression. The range of opportunities offered by H.O.M.E.S. allows people to participate at any level, and to increase their level of participation over time. One participant who was invited to a member-checking group said that he would like to come “but I don’t know if I would have the courage.” The range of opportunities and the individual supports help participants to develop that courage. As time moves on, tenants become increasingly involved in planning and organizing activities.

Personal story. Donna had to take extra medication to participate in the first interview, which took place in her apartment because she was too anxious to go out. Several months later, she was the spokesperson for a camping trip.

I am spokesperson for the Mobile Team [campers]. They asked me 'cause I went last year and they asked me if I would be spokesperson and I says ... okay, I'll try it, see how it is. If you pick me up, I'll be there.... It was, I mean, I love camping, and even though it was in cabins, not tents, it was nice to get away last year. So I said, yeah, I'm going. So that's when they asked me to be the spokesperson.

Newsletter excerpt from a tenant.

If you go to any of the events
The laughs are free,
Chuckles abundant, if you go
Warm, fuzzy feelings prevail
You feel like a worthy being again.

DISCUSSION

Findings of this study support Sylvestre and colleagues' (2007) recommendation that it might be more useful to speak of a values-based housing approach than simply the model or form of housing. The housing in this study may not meet strict criteria for supported housing, but the values of consumer empowerment and community integration were key components of the program. Themes from multiple sources identified the study program as an empowering program in the way it helps participants accomplish important life goals (Maton & Salem, 1995). In this empowering context, tenants can create their own stories. How this is accomplished is demonstrated through the four subthemes: the importance of having a place of one's own, the inspiration of a living mission, empowerment at the personal level, and the importance of social activities.

Providing stable housing and supports were both important components of the H.O.M.E.S. program. Going from being homeless to having a "home" meant having a centre of activity, privacy and a sense of control, and an anchor to build and repair identity and meaning (Boydell et al., 2000; Mifflin & Wilton, 2005; Padgett, 2007). Staff supports are highly individualized (supports are molded "around the person" instead of the person to the mold). The range of resources, individually tailored, assisted tenants to repair and build their sense of identity as family member, worker, and community participant—to become citizens in their communities. Padgett's ontological security (2007) can be seen in Sandra's story, reestablishing her role as mother and having Christmas dinner with her children in her own apartment. Not an unusual experience, except for someone who has been homeless. Her story also demonstrates the "gaining stability" of the tornado metaphor, rebuilding relationships and securing personal space (Forchuk et al., 2006).

The program is empowering because staff believe in the resilience that is inherent in each person, and act on that belief. The mission statement is the lived experience of staff and clients. The program pays attention to what it values, as in setting expectations. Staff also believe in themselves and in their ability to effect change, and they direct that belief and commitment to change at all levels ("to the nth degree"). This is very empowering for staff and tenants. The quality of life reported by study participants stands in dramatic contrast to that in previous studies (Boydell et al., 1999; Davidson et al., 1996; Parkinson et al., 1999; Walker & Seasons, 2002).

A range of opportunities and individual supports provide favourable and empowering conditions for individuals to participate at multiple levels, to move toward community integration. The program's efforts to develop specific housing and programs to meet the needs of tenants reflect the interactional dimension, wherein a change in one part of the system has an impact on other parts (Onken et al., 2007). Program staff tried to match people to environments they could cope with, and in which they would not be too visible—the “passing” described by Boydell and colleagues (1999). Empowerment at the individual level is a process in which people take control over factors in their lives. It includes four levels of empowerment: participating, choosing, supporting, and negotiating (Connelly, Keele, Kleinbeck, Schneider, & Cobb, 1993). Social activities support the first levels but, as time moves on, tenants are increasingly involved in planning and organizing activities, the levels of supporting and negotiating. With supports, Donna moved from fear of leaving her apartment to participating in a camping trip and then helping to organize the next one. Scarce resources were used to implement important and empowering changes within the program, for example, the “Voices of Experience” initiative to help tenants to “gain a voice.”

The H.O.M.E.S. program demonstrates that it is possible to make fundamental changes in a system if the vision and commitment are present. Services were shifted from shared accommodation in custodial lodging homes to private rooms and toward supported housing, consistent with current research. However, as important as this shift is—and challenging to achieve—Nelson, Aubrey, and Lafrance (2007) refer to housing and supports as basic needs. To move beyond the basic needs requires a focus on empowerment and community integration to assist individuals to build full and meaningful lives. This is the work that the H.O.M.E.S. program is addressing and that this study aims to understand through a narrative approach, beginning with the experience of individuals who are being assisted by the program to build and rebuild full and meaningful lives.

Participants in H.O.M.E.S. are able to reconnect with their past and move on in their lives precisely because their present includes having a place of their own and the supports to help them. But during the course of our study, the program itself became a scarce resource. With a lengthy waiting list of up to 4 years, the program stopped taking referrals because it did not want to give desperate people false hope of getting housing. Thus the good fortune of participants in the H.O.M.E.S. program was not shared by all.

There is not *one* story of H.O.M.E.S., or any other program. Programs have many stories, and this is but one. Researchers shape responses by the participants chosen and the questions asked. The specific focus for this study was interest in experiences of “moving on” and what works at the program level. A different research focus would elicit different stories, for example, of participants who left or were evicted from the program.

The strength of this study is the link between consumer experience and program delivery. Future research could benefit from a multimethod narrative and quantitative inquiry. Future research could also focus on the role of values as expressed and implemented in different housing and support situations.

CONCLUSION

This research contributes to the body of knowledge about a program narrative that was helpful for participants who were “moving on” in their lives. Beginning with participants' stories, it used multiple sources

of data to build the program narrative. Moving beyond basic needs of housing and supports, this program story demonstrates the importance and value of having a vision, and a commitment to work collaboratively to bring about change at many levels. It is one story of one program. Programs are context-situated and cannot be transplanted, but can provide ideas for consideration in other programs. This paper focused on the community/program narrative. It does not address the societal narrative, the crucial question of “Why were they homeless?” Homelessness takes an incredible toll on the people affected. But that is another story.

RÉSUMÉ

Cet article décrit un récit de programme produit dans une étude qui porte sur l'expérience de mobilité d'individus atteints d'une maladie mentale majeure qui, avant de s'être vu offrir un logement permanent avec soutien, avaient été sans abri (ou itinérants). Les histoires personnelles sont idiosyncratiques mais impliquent l'intégration d'expériences individuelles et uniques avec les récits des diverses communautés d'adhésion. Des sources multiples de données ont été obtenues pour identifier le récit de programme (entretiens des participants et du personnel, observation de participants, analyse de documents). Cette recherche contribue à la connaissance de ce qui donne des résultats lorsqu'un programme fonctionne—comment identifier ce qui est efficace, et ce que peut être appris en évaluant et en développant d'autres programmes.

Mots clés : récit de vie, logement, maladie mentale, sans-abri

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