

IDENTIFYING PATHWAYS TO WELLNESS FOR WOMEN EXPERIENCING HOMELESSNESS

Dr. Kristy Buccieri
Dr. Abe Oudshoorn
Dr. Jeannette
Waegemakers Schiff
Dr. Bernadette Pauly
Dr. Rebecca Schiff
Dr. Stephen Gaetz

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RESEARCH SHOWS...

At all levels of income, health and illness follow a **social gradient**, such that the lower the socioeconomic position, the worse the health.¹

Health is shaped by **social determinants**, such as having access to affordable housing,¹ ontological security,² social equality,³ and a sense of inclusion in society.⁴

Mental wellness is also shaped by the social, economic, and physical environments in which one lives.⁵



An important concept related to the social determinants of physical and mental health is that of **quality of life**, defined by the WHO as:

individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.⁶⁻⁸

Quality of life is a **subjective evaluation** of one's wellness embedded in cultural, social, and environmental contexts.⁷



The WHO recognizes *gender as having great influence* over the control men and women have over the determinants of their health.⁹

One study suggests that *women who experience homelessness report higher quality of life satisfaction*¹⁰ but how wellness and quality of life are related is not well understood.



QUESTIONS



- 1) How does the self-assessed mental wellness of women and men who experience homelessness compare?
- 2) What quality of life variables are significant in enhancing or decreasing mental wellness for women and for men who experience homelessness?
- 3) How do the significant quality of life variables, identified in question 2, lead to enhanced or decreased mental wellness for women and men who experience homelessness?



ABOUT THE STUDY

In 2010-2011 our team conducted **343 surveys** and interviews in **Calgary, Regina, Toronto, and Victoria**. Participants included individuals who self-identified as **experiencing homelessness** at the time of the study

A **convenience sampling** method was used in each city and participants were recruited through agencies, such as drop-in centres, emergency shelters, and food banks



DEMOGRAPHICS

n = 343	Women (n=105)	Men (n=238)
Location participated	43% Toronto 15.1% Victoria 21.5% Calgary 20.4% Regina	38.9% Toronto 13.5% Victoria 38.9% Calgary 8.7% Regina
Age	35 Mean 11.96 SD 16 – 64 (min / max)	40.27 Mean 13.38 SD 18 – 75 (min / max)
Visible minority	41.2% Yes 58.8% No	27.3% Yes 72.7% No
Indigenous	51.5% Yes 48.5% No	26.3% Yes 73.7% No
Sexual orientation	81% Straight 19% LGBTQ	92.5% Straight 7.5% LGBTQ

MENTAL WELLNESS DEPENDENT VARIABLES

Enhanced mental wellness (4)

Self-reports from the 30 days preceding the survey. Items included feeling relaxed, enjoying life, being hopeful about the future, and feeling happy

Decreased mental wellness (4)

Self-reports from the 30 days preceding the survey. Items included feeling very stressed, being lonely, feeling depressed, and feeling unsafe

QUALITY OF LIFE INDEPENDENT VARIABLES

World Health Organization Quality of Life
(**WHOQOL-100**) used as a typology to
group variables

80 independent variables divided into 4



Domain 1: Physical Health (26)

Sleep / rest, energy / fatigue, mobility, and activities of daily living

Domain 2: Psychological (8)

Positive feelings and negative feelings

Domain 3: Social Relationships (11)

Personal relationships and social support

Domain 4: Environment (35)

Physical safety and security, home environment, financial resources, and health / social care (accessibility and quality)



ANALYSIS

- **Gender was used as a selection variable** in all analyses. A binary division was used, as only 1.1% of the sample identified as transgender
- Question 1 was analysed using a **t-test to compare means** for each mental wellness variable
- For questions 2 and 3, **linear regression analysis** was conducted for each independent and dependent variable combination. Where significant, reciprocal linear regression analysis was conducted
- **SPSS version 24** was used for analysis



Q1: HOW DOES THE SELF-ASSESSED MENTAL WELLNESS OF WOMEN AND MEN WHO EXPERIENCE HOMELESSNESS COMPARE?

Analysis indicated that no significant gender differences existed for any of the enhanced mental wellness variables (relaxation, happiness, enjoyment of life, or hopefulness).

There were significant differences observed for 3 of the decreased mental wellness variables: **Women** reported higher frequencies of feeling **very stressed**, **depressed**, and **unsafe** than men.

Q2: WHAT QUALITY OF LIFE VARIABLES ARE SIGNIFICANT IN ENHANCING OR DECREASING MENTAL WELLNESS FOR WOMEN AND FOR MEN WHO EXPERIENCE HOMELESSNESS?

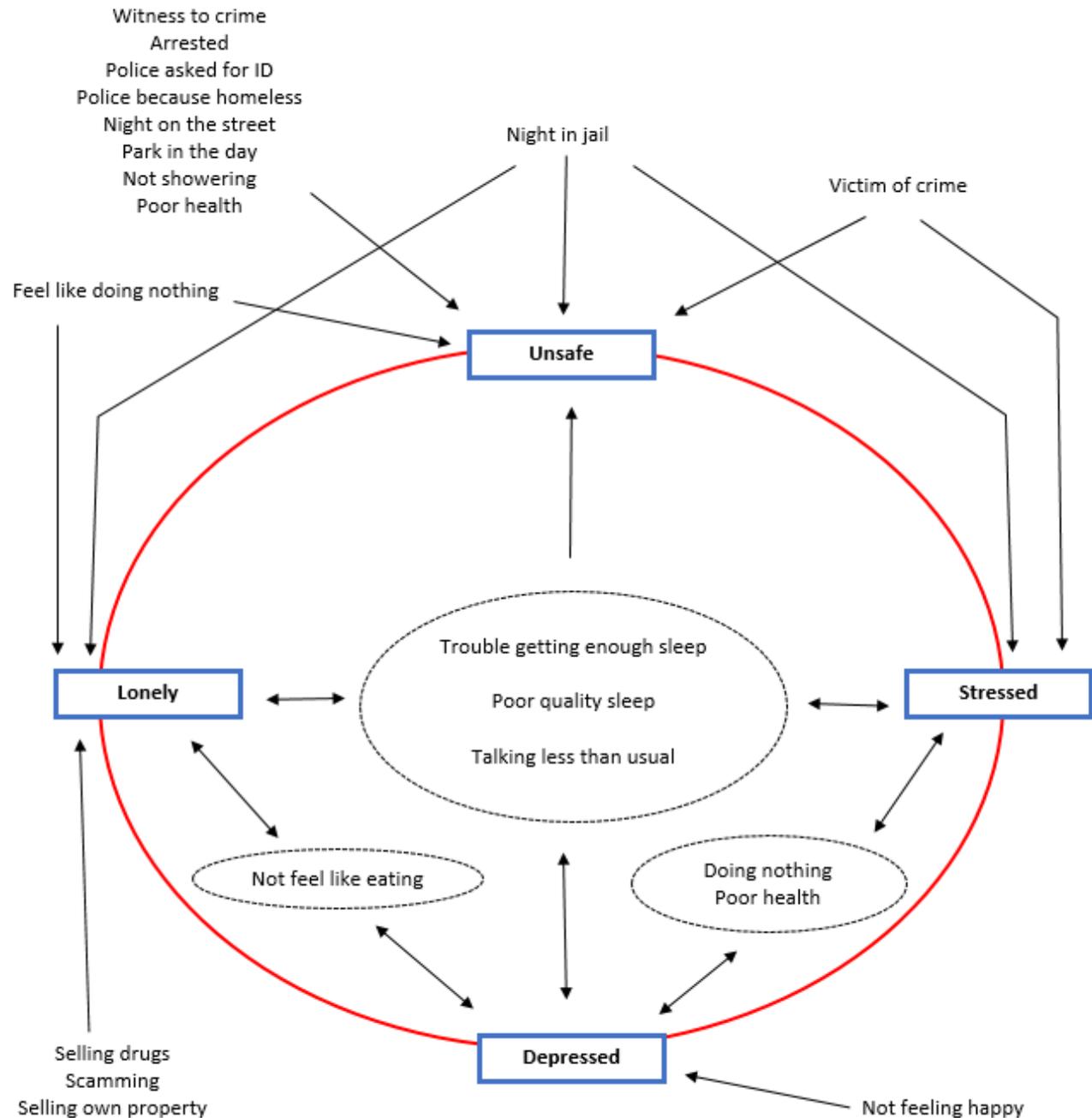
Q3: HOW DO THE SIGNIFICANT QUALITY OF LIFE VARIABLES, IDENTIFIED IN QUESTION 2, LEAD TO ENHANCED OR DECREASED MENTAL WELLNESS FOR WOMEN AND MEN WHO EXPERIENCE HOMELESSNESS?



Women Decreased Mental Wellness

Most important factors:

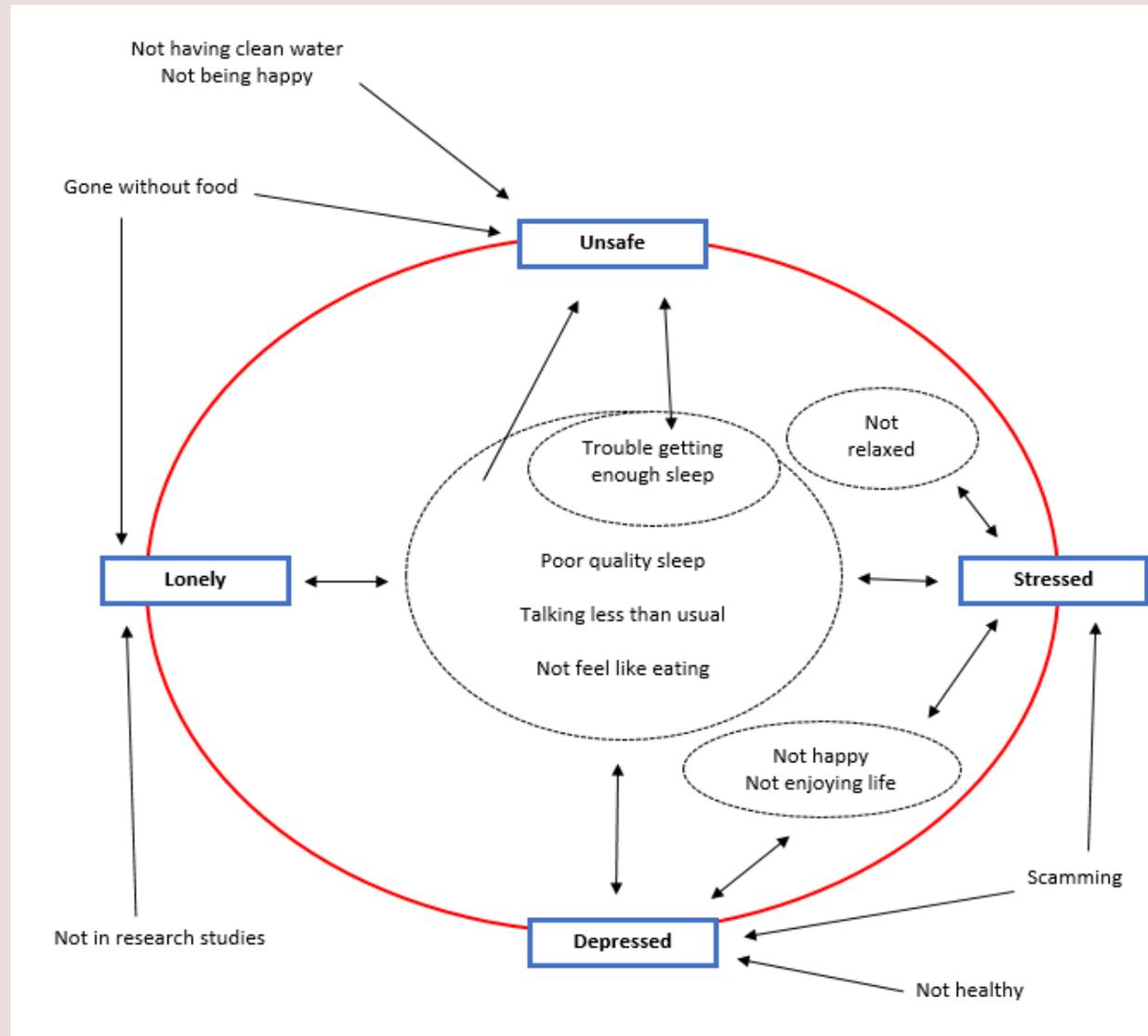
- Lack of sleep
- Poor sleep
- Talking less than usual
- Not eating
- Doing nothing
- Poor health

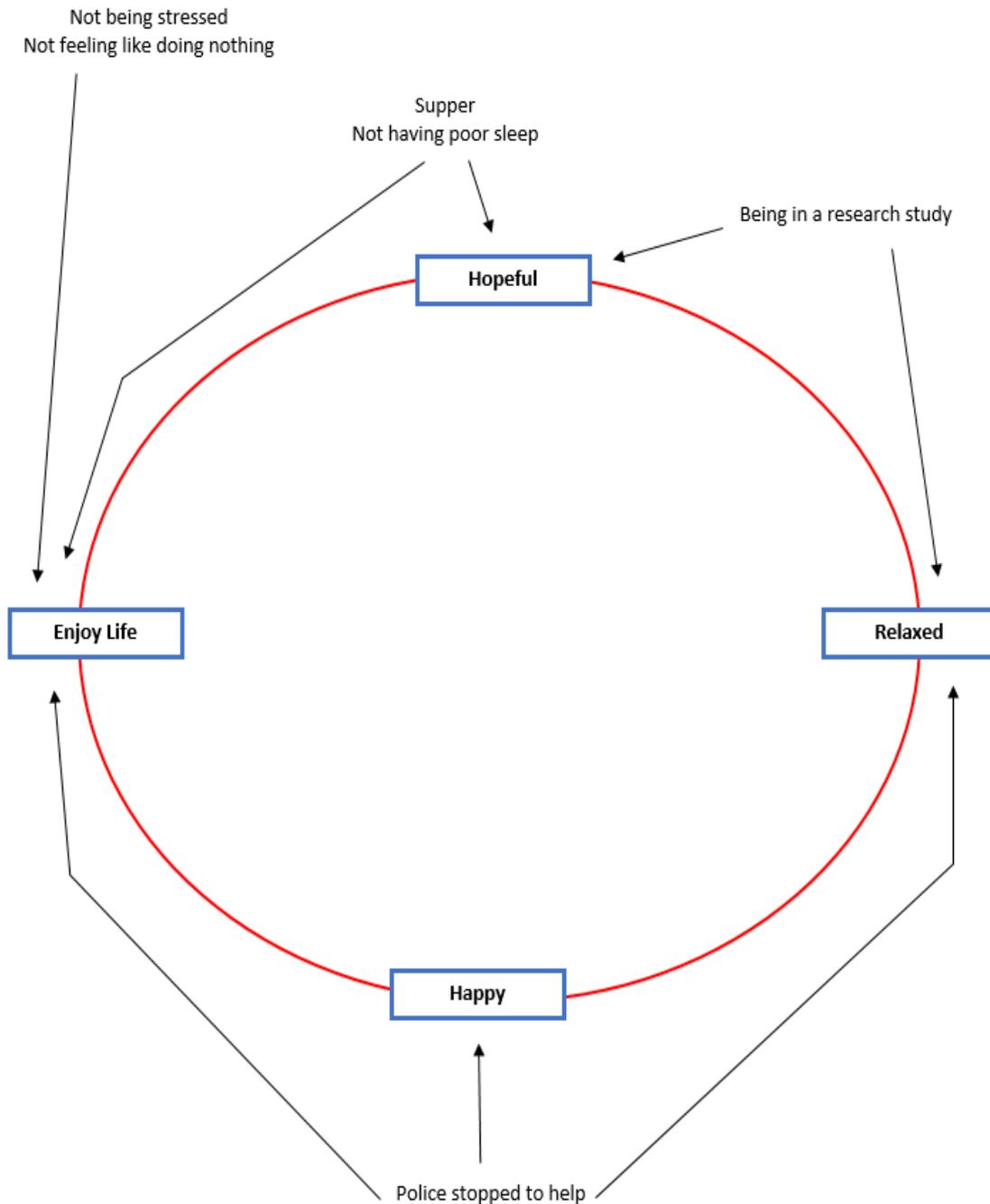


Men Decreased Mental Wellness

Most Important
Factors:

- Lack of sleep
- Poor sleep
- Talking less than usual
- Not eating
- Not being relaxed





Women Enhanced Mental Wellness

Very few quality of life factors lead to enhanced mental wellness for women

Most important factors:

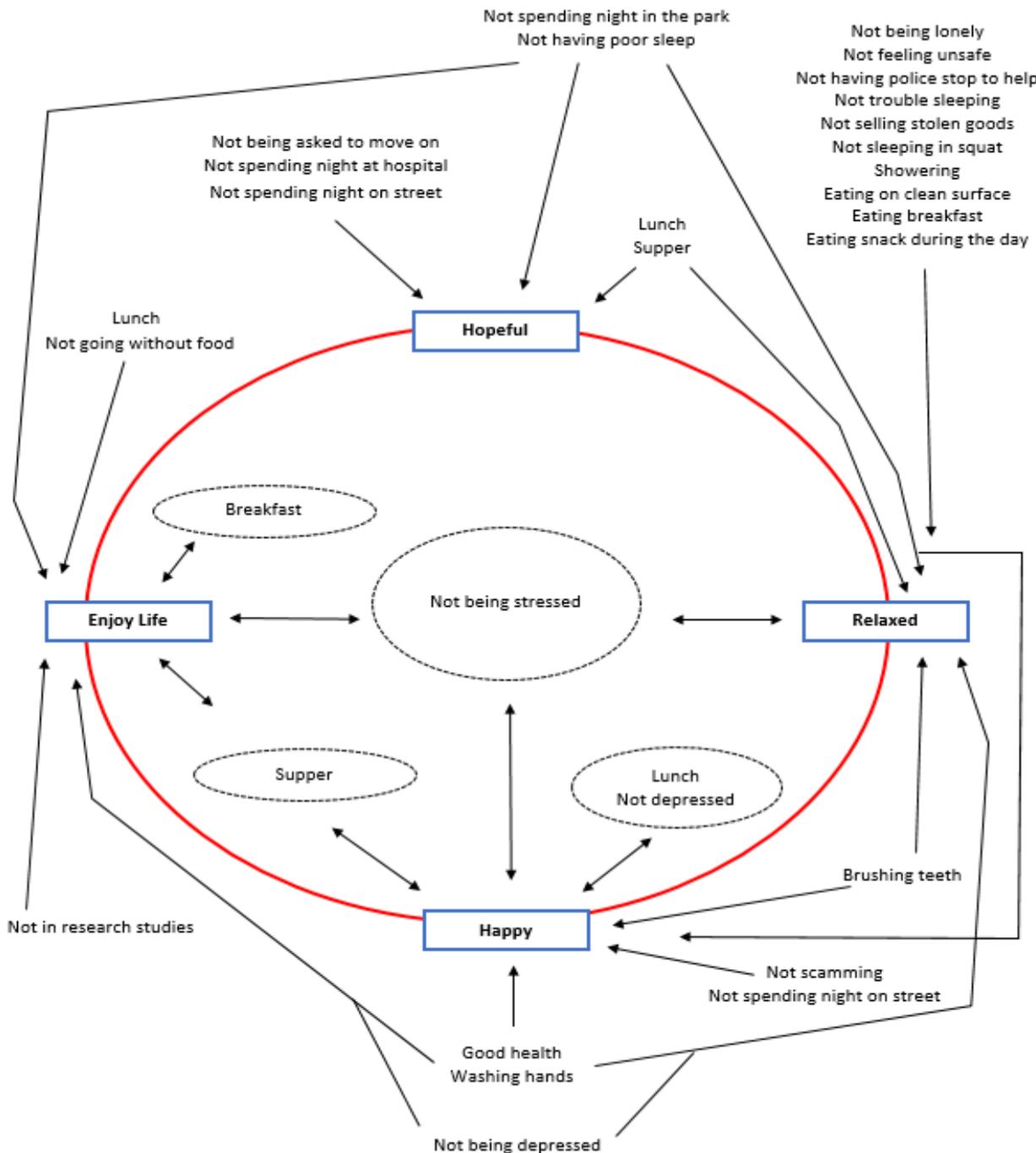
- Police stopping to help
- Being in a research study
- Eating supper
- Having a good sleep

Men Enhanced Mental Wellness

Men identify far more quality of life factors that enhance their mental wellness

Most important factors:

- Not being stressed
- Eating breakfast / lunch / supper
- Not being depressed





TAKE-AWAY MESSAGES

Sleep quality and duration is central to mental wellness for women and men who experience homelessness.

- For women and men, poor sleep quality and duration had a reciprocal relationship with stress, loneliness, and depression.
- Implementing approaches that improve sleep duration and quality could be the ***most important recommendation*** in promoting the wellness of women and men experiencing homelessness.



- ✓ Development of **permanent and affordable housing** options are needed to ensure individuals have a safe, secure, and private place in which to sleep
- ✓ Emergency shelters should also provide **private rooms**, where possible, and offer **high quality beddings**
- ✓ Consideration should also be given to the **hours** individuals are able to stay in their room, with many shelters having rooms closed for cleaning through the day
- ✓ Additional considerations for group settings may be to pipe in **white noise** and offer **sleep masks** and/or **earplugs** to those who wish to use them, with concurrent supports to ensure individuals are safe to





TAKE-AWAY MESSAGES

Being in poor physical health decreases mental wellness, particularly for women

- Poor health led women to feel stressed and unsafe, and had a reciprocal relationship with depression. Men who reported being in poor health reported higher levels of depression
- When working with patients, health care practitioners need to recognize the **interplay between mental wellness and physical health** when making assessments and treatment plans





TAKE-AWAY MESSAGES

Regular access to food is linked to enhanced mental wellness for men

- For men, going without food was linked to stress, loneliness, decreased life enjoyment, and feeling unsafe. Drinking clean water and eating breakfast, lunch, supper, and a daytime snack were all related to positive mental outcomes for men
- Ensuring **food and clean water is readily accessible** throughout the day is a key recommendation to improving the mental wellness of individuals experiencing homelessness





TAKE-AWAY MESSAGES

Opportunities to engage in hygienic maintenance were particularly important for men's wellness

- Showering or eating on a clean surface contributed to men's relaxation; brushing their teeth promoted relaxation and happiness; and washing their hands led to relaxation, happiness, and greater enjoyment of life
- Having access to **private and secure bathing facilities** could contribute to enhanced emotional wellness of individuals experiencing homelessness, with particular benefits for men



TAKE-AWAY MESSAGES

Making money can positively or negatively impact mental wellness, depending on the strategies used

- For women, selling drugs, their own possessions, or scamming, increased their sense of loneliness. Men who scammed felt more stressed and depressed.
- Men and women benefited from involvement in research studies (women were more relaxed and happy; men were less lonely)
- Engaging individuals with lived experience of homelessness in research studies, and potentially as peer researchers, could be one form among others of creating **opportunities to earn money** in a way that





TAKE-AWAY MESSAGES

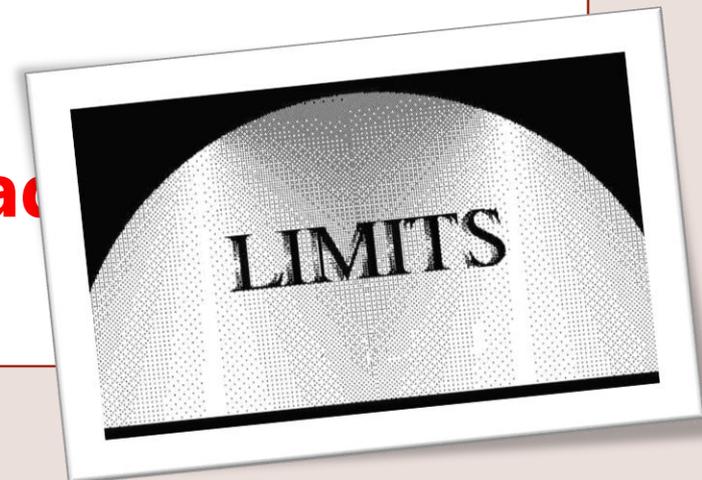
Encounters with police (whether positive or negative) have a large impact on women's mental wellness

- Being arrested or asked for ID led women to feel unsafe but having an officer stop and offer help led them to enjoy life more, feel more relaxed, and be happier.
- Increase the safety of women and positive police encounters through **screening for violence** at all front-line agencies and creating services that are **exclusive to female-identified persons**, such as 24/7 hotlines, shelters, and legal services.



LIMITATIONS

- Self-reporting, not externally verified, 30-day **recall**
- **H1N1** time period may impact wellness
- **Demographics** (women younger, comprised of more visible minority / Indigenous, and LGBTQ respondents)
- **Binary** gender reporting
- WHOQOL-100 **not directly** ac



CONCLUSION



Quality of life is an important consideration for individuals who experience homelessness and is related to mental wellness.

This research confirms that **women and men have different experiences** of homelessness, which lead to differences in quality of life and mental wellness.

Efforts at improving these outcomes should be **gender-specific** and focus primarily on addressing **physical health and environmental factors**.

THANK-YOU



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- Canadian Institutes of Health Research (grant 20100H1N-218568-H1N-CEPA-119142) "Responding to H1N1 in the Context of Homelessness in Canada."



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