

GTA West Social Housing and Mental Health Study

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A Framework for Investigating Housing, SES and Health

- Physical Hazards
 - Physical Design
 - Psychological Benefits
 - Social Benefits
 - Financial Dimensions
 - Location
- owners/renters
 - different income levels
 - (dis)ability
 - mental illness
 - age spectrum (kids, seniors)
 - gender
 - ethnicity/immigration
 - family/household status

Two New Studies

- Regent Park Redevelopment Study
- GTA West Social Housing and Health Study
- both just getting underway
- both receiving funding from CMHC and the Canadian Institutes of Health Research
 - MMAH also supporting RP study
- both studies will be the first of their kind in Canada and substantially improve our knowledge of the potential health effects of housing

GTA West Social Housing and Mental Health Study

- partnership b/w Centre for Research on Inner-City Health (St. Michael's Hospital) and Service Managers in Peel, Halton, Hamilton & TCHC
- multidisciplinary research team
 - geography, biostatistics, social epidemiology, psychiatry, child development, medicine, sociology
- prospective cohort design, with comparison group
 - follow-up at 6-, 12, and 18-month intervals
 - waiting lists of 4 regions pooled as a sampling frame
 - sample size: 700 (re-housed); 840 (comparison)

Study Objectives

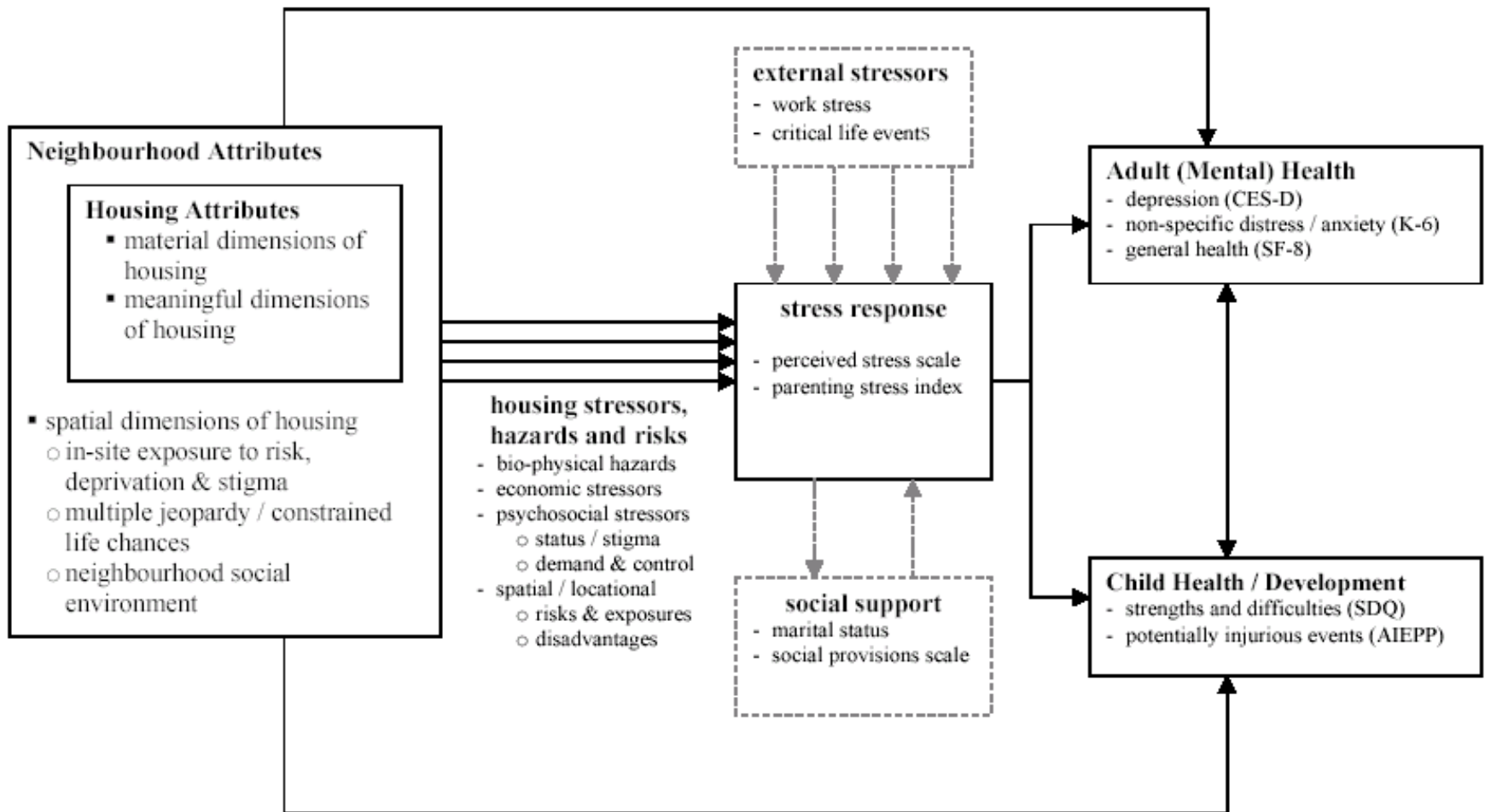
1. to determine if adults (ages 18-64) re-housed into RGI social housing are significantly more likely than a comparison group to show improvements in depressive and anxious symptomatology (sometimes known as the 'common mental disorders'), and general health status;
2. to determine if children (ages 3-10) re-housed into RGI social housing are significantly more likely than a comparison group to show improvements in mental health, behavioural and developmental competencies and potentially injurious events;

Study Objectives

1. to investigate possible mechanisms by which re-housing may operate to affect changes both adults' and children's outcomes, by:
 - a) measuring attributes of participants' housing and neighbourhood circumstances (both objective and self-report) at baseline and at 12-month follow-up and investigating their contribution to changes in the main outcomes between baseline and follow-up;
 - b) measuring relevant moderating variables, such as social support, work stress, perceived general stress, parenting stress, and investigating their contribution to changes in the main outcomes between baseline and follow-up

Conceptual Model

Figure 1: Conceptual Model



Dependent Variables: Adults

- common mental disorders
 - “are associated with impairments in physical and social functioning at least as severe as those associated with physical illness” (Weich 1997, 757)
 - combined community prevalence of 15-30%
 - account for 1/3 of work days lost to illness and 1/5 of general practice consultations in the UK
- Center for Epidemiologic Studies Depression Scale (Revised Version) – CES-D-R
- Kessler 6-item ‘non-specific distress’ scale (K-6)
- Short Form 8 item general health measure (SF-8)



Dependent Variables: Children

- **strengths and difficulties questionnaire**
 - brief behavioural screening instrument for children and youth, aged 3 to 16 years
 - SDQ parent and teacher report – 25 items
 - five scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour
- **potentially injurious events**
 - 12 items relating to events with potential to produce injury
 - typical scenarios associated with the most common serious injuries in children, both within and outside the home
 - does not assess whether events actually lead to bodily damage constituting injury, instead the aim of the questions are to assess the frequency of hazardous, potentially injurious events

Confounding & Moderating Variables

- Dwelling Attributes (pre- and post-move)
 - satisfaction & meaning
 - observer-rated checklist
- Neighbourhood Attributes (pre- and post-move)
 - satisfaction & meaning
 - observer-rated checklist
 - census measures
- socio-economic status (marital status, education, etc.)
- social support
- work stress
- parenting stress
- perceived general stress
- critical life events

Questionnaire topics

- Employment and income
- Educational attainment and participation
- Social support
- Social inclusion
- General health status
- Symptoms of depression
- Symptoms of anxiety
- Health behaviours (smoking, diet exercise)
- Chronic conditions
- Unmet need for health care
- General and work stress
- Stressful life events
- Housing satisfaction & meaning
- Neighbourhood satisfaction
- Psychological sense of community
- Social cohesion / trust
- Life satisfaction
- Perceptions of crime and safety
- Faith and religiosity
- Children - strengths and difficulties questionnaire
- Children – traumatic events
- Children – potentially injurious events

Challenges: Sampling and Recruitment of Participants

- privacy – on at least 2 levels
 - conform to MFIPPA
 - ensure that participants receive no advantage or disadvantage to their housing status, real or perceived
- contact strategy
- wait list dynamics
 - priority programs (VOFV; medical priority; homeless or marginally housed; seniors)
 - household size & type – unit fit
 - household refusals of offers for re-housing
 - different wait list dynamics in each region
- solution: a probabilistic approach – use regression model to assign re-housing likelihood scores

Challenges: Study Mechanics

- once a participant is recruited & completes the baseline interview, what then?
- retention is critical – strategies include
 - Relatively short follow-up intervals => 6 months
 - Regions notify CRICH study team of address change
 - incentive paid for each interview *and* bonus paid for completion of all study components
 - participants to provide researchers with names of two friends or family members who would know how to reach them

GTA West Pilot Study

- Objective was to demonstrate the feasibility of:
 - the study design
 - especially the participant recruitment strategy
 - the questionnaire administration
 - e.g. acceptability, comprehension of items
- pilot study was initiated to help support efforts to obtain funding from CIHR & NIH
- pilot study was supported by CMHC

Components of GTA West Pilot

- Pre-test of recruitment methods for households on the wait lists of Hamilton, Halton & Peel
- Pre-test questionnaires with:
 - Households on the wait list (pre-test of **baseline** questionnaire)
 - Households new to social housing (pre-test of **follow-up** questionnaire) – recruited using posters in building lobbies
- Qualitative interviews with 30 new residents of social housing to determine appropriateness of questionnaire content
 - Convenience sample recruited using posters in building lobbies and snowball sampling

GTA West Pilot: Results of Recruitment Pre-Test

- Recruitment from the wait list results:
 - Mailed 450 letters + reminders (150 / region)
 - 80 returned as undeliverable
 - 28 were recruited with letters only
 - We followed up 37 with a phone call, reached 15, left msg for 10 => yielded an additional 9
 - Overall recruitment rate: 21.6% (excluding returned letters, disconnected phones, etc.)
 - Recruited 37 people in total (all regions)

Questionnaire Results: Health

- Differences between tenants and wait-list applicants are inconclusive with our sampling;
 - Waitlist applicants *more* likely to have fair/poor health, diabetes and depressive symptoms
 - All of these differences were not statistically significant;
 - Waitlist applicants significantly *more* likely to have hypertension and be food insecure;
 - Waitlist applicants were *less* likely to: have symptoms of anxiety, and report unmet health care needs
- ⇒ No clear differences between wait list applicants and tenants – could be due to different sampling methods and/or selection factors

GTA West Pilot: Results of Qualitative Interviews

- Open-ended interviews revealed several key themes among new social housing residents:
 - Reduced rent burden
 - Physical design & layout of housing
 - Negative aspects of social housing
 - Security & safety
 - Stigma
 - Upkeep and appearance of housing & neighbourhood
 - Application process & relations with management

Reduced Rent Burden

P: ...in my place, affordable housing is very important.

I: So the previous house you were living, you were paying your own rent...And that was, you were saying this was kind of very high rent for you.

P: Yes. For a while it was only a room. That was it... I lived in a very old, one of the oldest apartment buildings in Hamilton, and it was nothing in comparison to this. This is perfect. This is fabulous. You know, I mean in comparison, before I moved in here...I was paying way too much for what I had and this like day and night.

I: So could you please tell me after moving here, did things get better for you?

P: Yes. Yes, definitely.

I: How would you elaborate that?

P: Okay, well first of all the rents under control. I don't have to worry so much about paying my rent, right?

I: ...If you were paying market rent, how would your life be different?

P: I'd have to pay more money; it would give my world a little bit more stress...I'd have to probably use the food banks; I'd have to cut out expenses like renting movies. I'd have to really scrimp and save on food, social stuff.

Negative Trade-Offs

I: So besides rent...what other things got better for you?

*P: Nothing else. **Everything was worse, everything is worse: not safe place to live, not clean, [no] respect, there is no respect here, it's like "you don't pay that much rent so what are you talking about."***

I: I: How has life changed for you before and after getting into Social Housing and decreased rent burden that may have gone along with it, how has life changed?

*P: P: Well, I mean, it has been very helpful for me from the perspective from a financial perspective because it's alleviated the burden on the rent from this side. However, I have to say from another perspective I just I just don't find it...the only thing that I find useful is that the rent was decreased but I actually I am paying with that decrease financially from bearing the **psychological burden of living in such a building...***



Stigma of Social Housing

“...I've lost a lot of friends because of everything that happened. People don't visit me like they did when I was at my other place, on my own house. And when you ask them to come by, or family members especially to come by, there's always excuses...”

“...It hurts a lot. You don't feel like you're a part of their group. I mean, I have wonderful friends now, because these are people I can relate to. But what you're used to before, you kind of miss it, because they don't include you in things. And I mean where I live, it's a nice area. The houses are really good and everything, and you couldn't tell it's social housing, because the place is well kept. But people who know, they tend to think of you as being...I think they look at you as being in need all the time...”

“...And that [stigma] affected me for years. And I still have a hard time dealing with that. And that's why I'm so determined to push myself out of here. I mean, work to get myself up another step higher, so that I can have something better. Because I don't want the stigma to be there...”

Public & Policy Discourse re: Housing & Health

- biological plausibility of infectious disease and toxic exposure better understood
- social and economic pathways not well-articulated: role for conceptual development
- DANGER: resting the argument for housing on its effects on health
 - argument should be that all are entitled *and* it may make a difference to measureable outcomes
- housing as investment, in physical capital, social capital and human capital
- create mechanisms to realize 'economies' across ministries and sectors (housing & health)

Potential Impact of Research

- study will be the first of its kind in Canada
 - a few similar studies exist in UK, most lack rigour
- biological plausibility of infectious disease and toxic exposure better understood
- social and economic pathways not well-articulated: important role for this study
- DANGER: resting the argument for housing on its effects on health
 - argument should be that all are entitled *and* it may make a difference to measureable outcomes
- housing as investment, in physical capital, social capital and human capital