



An Analysis of Health Conditions and Support Needs of Shelter Guests at The Ottawa Mission

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I. INTRODUCTION

1. About The Ottawa Mission

Since 1906, The Ottawa Mission has been serving the homeless, the hungry and the lost by providing food, clothing, shelter and hope. In 2019-2020, The Ottawa Mission provided emergency shelter to an average of 197 men every night and served an average of 1,422 meals every day. The Ottawa Mission also provides health services, mental health and addiction treatment programs, hospice care, dental services, housing services, educational support, job training, spiritual care, and men's clothing to thousands in need in our community. In September 2020, The Ottawa Mission marked the one millionth hour that the shelter has been in existence since its founding in 1906.

In 2019, the Mission became a housing-focused shelter reflective of its commitment to a home for everyone as a human right with the launch of a new housing department. In its first full year of operation (2019-2020), The Mission placed 202 people into housing, a 4.7% increase over last year, and the number of individuals diverted away from the shelter to alternative accommodation increased to 168, or 37.7%. These results are particularly impressive given the ongoing situation concerning Covid19 and the homelessness emergency in Ottawa.

In addition, the Ottawa Mission provides in-shelter mental health support as well as trauma and addictions programming. The shelter has operated an addiction program since the early 1990s. More recently, it changed the name of this integrated suite of five programs to Addiction and Trauma Services (ATS) given the central role of trauma in addiction and enhanced psychotherapeutic approaches to address the role of trauma. In 2016, The Mission established partnerships with the Canadian Mental Health Association (CMHA) to help clients with multiple barriers and mental health needs to attain housing, and the Royal Ottawa Hospital (ROH) to help community members to connect to mental health services, psychiatric support, and primary care.

2. Purpose of this Analysis

As part of its current strategic plan, The Ottawa Mission has launched an initiative to design and implement metrics-driven quality assurance processes that are repeatable and sustainable. This initiative is currently working to improve data infrastructure, building performance measurement tools, and increasing evaluation capacity across all programs.

As part of this initiative, an analysis of information garnered from the Service Prioritization Decision Assistance Tool (SPDAT)^{1,2} was undertaken in 2020 to enhance understanding of the needs of people seeking shelter at The Ottawa Mission. The SPDAT is collected and used in collaboration with the City of Ottawa to assess the need for housing supports, to determine level of acuity, and prioritize which clients should receive housing assistance first. Prioritization is based on self-reported needs in several areas, including health, risky behaviours, daily activities, and basic needs management. This measure was developed with a Housing First lens and has been used extensively across North America.

3. Background on Homelessness in Ottawa

The reasons for homelessness in Canada are complex, challenging and longstanding. Factors include:

- Structural, such as: discrimination based on background; lack of affordable housing; economic factors such as under and underemployment and poverty; and the impact of colonialism and historical trauma on Canada's First Peoples.
- Systemic, such as: barriers to services based on factors such as having a criminal record; and failed transitions from hospital, the correctional system, the child protection system and the immigration system.
- Individual, such as: family instability and violence; and physical and mental disabling conditions.^{3,4}

In 2013, the City of Ottawa adopted a 10-year housing and homelessness plan that committed to:

1. achieving 40% savings in funding to emergency shelters by 2024; and
2. reinvesting these savings into prevention.⁵

The framework came into effect in 2014. Unfortunately, over the life of the Plan, homelessness has worsened in our community, not improved. In 2018, the Alliance to End Homelessness reported that despite efforts, Ottawa was not making progress in ending homelessness. From 2014-2017, overall shelter use, length of stay, and chronic homelessness increased by 16%, 12% and 21% respectively.⁶

In 2019, the City of Ottawa issued its own mid-point review of the Plan⁷ and reported that in 2018 the overall rate of emergency shelter use increased by 6.5% from 2017 to 2018. Further, the number of households on the Centralized Waiting List for affordable housing had increased by a staggering 14.8% since 2017.

In 2019, The Mission released a public opinion poll that showed that respondents in Ottawa felt that:

- Homelessness and the risk of homelessness impacts individuals, our community, and our country;
- Ottawans have empathy for those who are homeless and support them;
- Ottawans identify the top factors underlying homelessness are physical or mental health conditions, addictions and lack of affordable housing;
- At the municipal level, housing/homelessness is the number one issue of concern, and there is a desire for all levels of government to work together and with other sectors to reduce homelessness.⁸

In December, Councillor Catherine McKenney, Special Liaison for Housing and Homelessness tabled a motion before City Council to declare a homelessness emergency in Ottawa.⁹ On January 29, 2020, Ottawa City Council unanimously passed this motion.^{10,11}

In June 2020, the City released its refreshed 10-Year Plan concerning homelessness as well as updated shelter data.^{12,13} In contrast to previous alarming increases in shelter users and the centralized wait list for affordable housing, increases this past year were 1.7% and 3.3% respectively. There were declines in shelter users across categories except families. Having said this, there are areas of concern:

- Shelter nights increased by 13.5% mostly due to increases in families. The number of families in off-site motels increased by 37.5%;
- Shelter length of stay has increased by 12.2%, with increases in youth above age 17, older people, newcomers, and Indigenous women;
- There were significant increases in chronic and episodic homelessness across almost all populations, as well as increases in length of stay, particularly for women.^{14,15}

Given the magnitude of homelessness in Ottawa, all levels of governments must work together to reduce homelessness.

4. Past Research on the Relationship Between Compromised Health and Homelessness

Previous research concerning the relationship between mental health conditions, physical health conditions, co-morbid conditions, and homelessness indicates that it is complex, nuanced and bidirectional. People who are homeless with these conditions face barriers to accessing healthcare.¹⁶ Longer periods of homelessness are associated with an increased incidence of illness as well as injury and trauma due to lack of safety, and, as such, health conditions worsen.¹⁷

i. Mental Health Conditions in Homeless Populations:

People who are homeless have a greater number of mental health conditions. For example:

- They are more likely to experience mental illness than the general population,^{18,19} estimated at one in five people in Canada.²⁰
- In some instances, these conditions can precede individuals becoming homelessness or, combined with other social determinants of health, contribute to homelessness through compromising employment, financial stability and the ability to access and maintain housing.^{21,22, 23}
- Mental illness may also worsen with continued homelessness or contribute to the duration of homelessness.²⁴

Estimates vary as to the prevalence of mental health conditions within the homeless population anywhere from 30 to over 50%.^{25,26}

ii. Physical Health Conditions in Homeless Populations:

As with mental health conditions, people who are homeless have a far higher number of physical health conditions. For example, they are:

- 29 times more likely to have Hepatitis C;
- 20 times more likely to have epilepsy;
- 5 times more likely to have heart disease;
- 4 times more likely to have cancer;

- 3.5 times more likely to have asthma; and
- 3 times more likely to have arthritis or rheumatism.²⁷

iii. Problematic Substance Use:

Similarly, problematic substance use is estimated at 40% of the homeless population.²⁸ Substances used by those that are homeless include alcohol, cannabis, and illicit drugs.

Canada is experiencing unprecedented growth in the use of opioids in what some have described as a public health emergency.²⁹ Between January 2016 and March 2020, an estimated 16,364 Canadians died from an apparent opioid-related overdose. Opioid use also places additional demands upon our healthcare system. During the same period 20,523 opioid-related poisoning hospitalizations occurred in Canada (excluding Quebec).³⁰ Those who are homeless bear a heavy burden of opioid-related mortality. For example, British Columbia reported a 140% increase in such death amongst people who are homeless from 2015 - 2016,³¹ and in Ontario, people who are homeless comprised almost 10% of the 1,337 confirmed opioid-related deaths in Ontario from 2017 – 2018.³²

iv. Concurrent Disorders:

People who are homeless also have higher rates of concurrent disorders,^{33, 34, 35} defined as both a mental illness and substance use disorder.³⁶ People with concurrent disorders are more likely to be homeless, have more frequent psychiatric hospital admissions and shorter life expectancies.³⁷

II. Findings from The Ottawa Mission SDPAT Analysis

1. Methods and Analysis

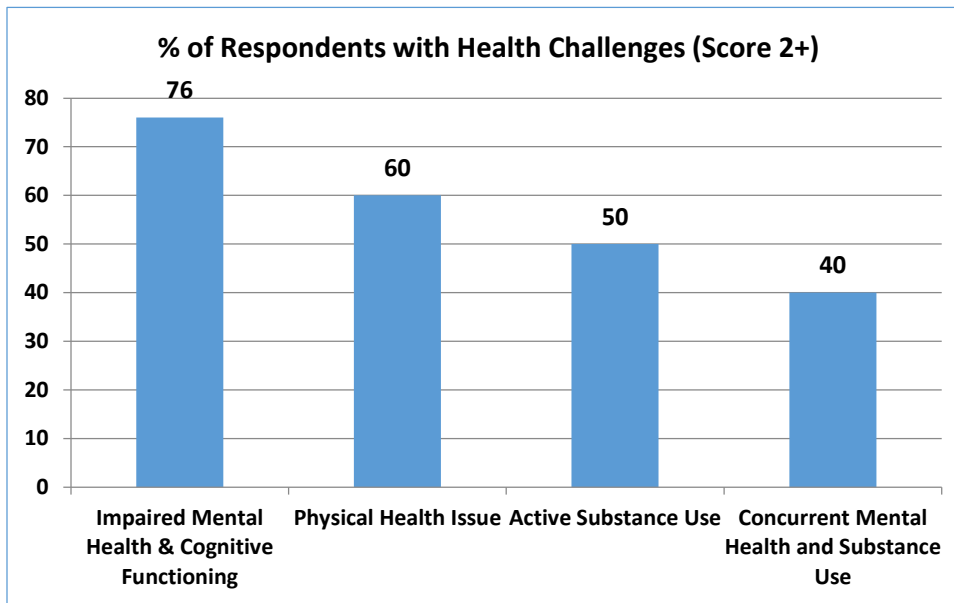
At The Ottawa Mission, 283 unique individuals completed SPDATs from 2015-2019 (3% of unique individuals staying in Ottawa Mission programs during that time period). Respondents are rated on a scale of 0 = no need to 4 = high needs in 15 domains with a total score range of 0 – 60. Responses were aggregated and summarized using descriptive statistics. In the case of individuals completing more than one SPDAT, the most recent responses were used.³⁸

2. Results

Respondents reported an average score of 34 out of a possible 60. Overall, **48% of respondents were categorized as High Acuity** (Score 35 and higher) and **48% of clients were categorized as Moderate Acuity** (score 20-34). The SPDAT recommends housing support interventions for Moderate and High Acuity respondents.

The following sections break down the results from key questions within the SPDAT, highlighting health, risky behaviours, and practical needs.³⁹

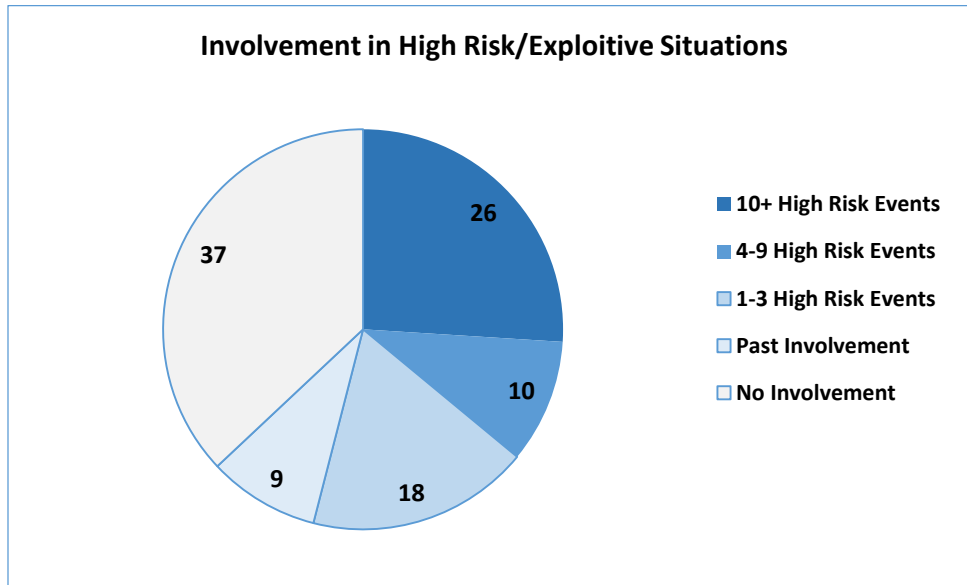
- i. Health Scores: Four questions ask respondents to discuss their mental health, physical health, substance use, and identify if traumatic experiences had a direct impact on their homelessness.
- **76%** of respondents reported a **mental health challenge or cognitive impairment** that impacted their daily functioning;
 - **60%** of respondents reported **at least one chronic or serious physical health condition** that impacted their daily functioning;
 - **49%** of respondents were **actively abusing substances or alcohol**;
 - **40%** of respondents reported **concurrent mental health and substance use challenges**; and
 - **51%** of respondents reported an **experience of trauma or abuse that directly impacted their homelessness**.



ii. Scores in Other Areas:

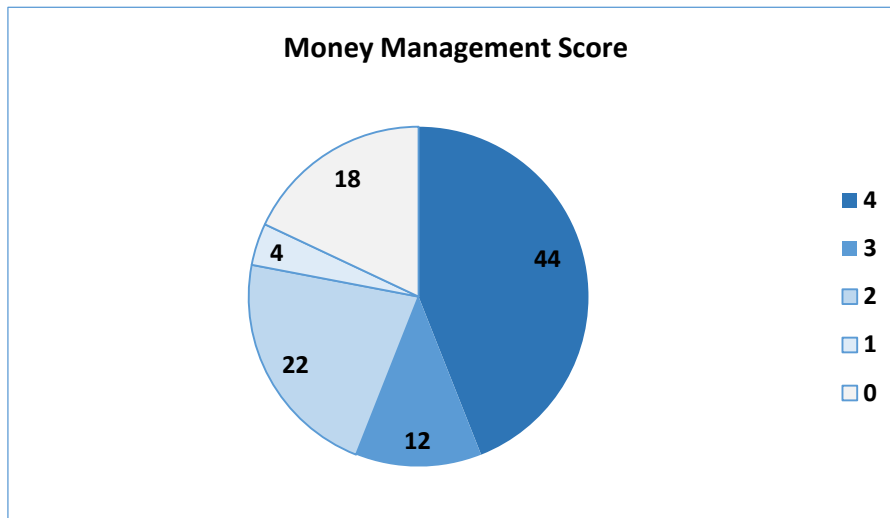
a) *Risk Scores:* Respondents are asked about their involvement in high risk situations and interactions with Emergency services within the past six months. Respondents are scored based on the number of situations or interactions they have been involved in.

- **26%** of respondents reported being **involved in 10 or more high risk situations in the past 6 months**. High risk situations include dangerous substance use or selling, risky sexual behaviours, violence, tricked or forced into something, and sleeping outside.
- **26%** of respondents reported **4 or more interactions with Emergency Services in the past 6 months**.

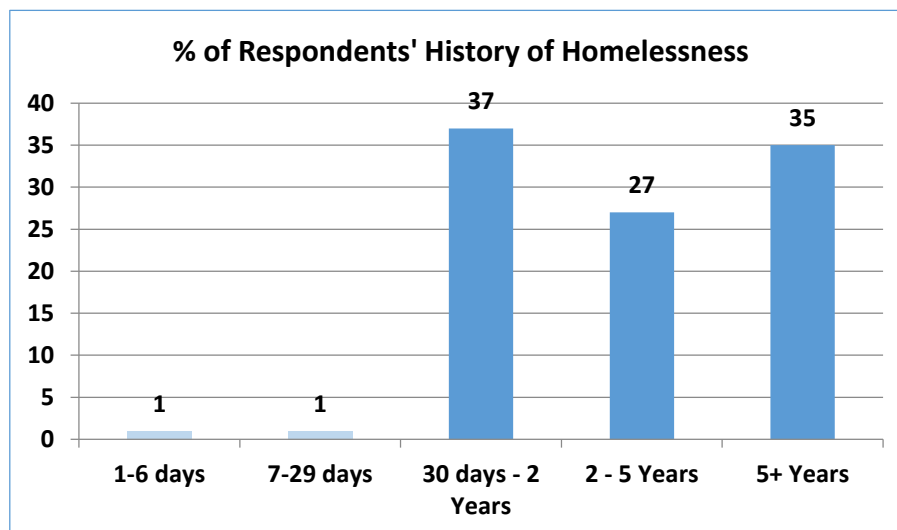


b) *Practical Needs Scores:* Other key questions within the SPDAT ask about legal issues, money management, social networks, and meaningful daily activities. Respondents are scored based on categories provided for each question.

- **26%** of respondents reported **outstanding legal issues** that would result in a fine or incarceration
- **44%** of respondents **struggle with managing their money, do not have an income, do not understand their financial obligations, or have significant debt**
- **30%** of respondents have **limited social networks who may be negatively impacting their housing, have difficulty interacting with others, or have mostly homeless friends and family**.
- **20%** of respondents **do not have any activities** in their day that **provide them meaning or fulfillment**.



- c) History of Homelessness: Respondents were categorized based on their self-reported time spent homeless.
- 27% of respondents have been **homeless more than 2 years but less than 5 years**.
 - 35% of respondents have been **homeless more than 5 years**.



3. Context and limitations of the survey

Respondents voluntarily chose to complete the SPDAT in order to be placed on a waitlist for Housing Case Management support. It is possible that higher acuity clients self-selected to complete the tool. In addition, this survey measures needs at the time of completion. It does not distinguish between needs that arose prior to accessing emergency housing, and needs that have emerged due to experiences of homelessness.

4. Discussion

The vast majority of respondents were categorized as either moderate or high acuity, both of which the SPDAT recommends assistance programs for finding housing. Although respondents represent only 3% of the Ottawa Mission's shelter population, it highlights the importance of having supports within the shelter system to assist individuals in finding appropriate and affordable housing.

When looking at individual questions within the SPDAT, respondents reported complex needs in **mental and physical health as well as active substance use**. This complexity of health needs has been seen in homeless populations across Canada and poses barriers to finding and maintaining housing without support.⁴⁰

Shelter guests also reported **circumstances and conditions that impact their daily lives and are barriers to housing**. Just over one in four shelter guests have been involved in high risk situations and have had recent interactions with Emergency Services, indicating an elevated level of risk in their lives. In terms of practical needs, just over one in four respondents have outstanding legal issues, while two out of five have problems managing their money. Almost one in three have limited social networks, while one in five have no meaningful or fulfilling activities in their lives. These challenges add **additional barriers** for individuals trying to find and maintain housing in an unaffordable rental market.

All of these factors underscore the considerable challenges that some Ottawa Mission shelter guests contend with to improve their lives. The shelter offers several programs to support guests with these circumstances to stabilize and improve their lives such as mental health support and integrated addiction and trauma services. For example:

- The Ottawa Mission's **integrated ATS suite** is comprised of a five-stage program that includes drop-in harm reduction and live-in treatment, gradually moving towards abstinence and independence. Treatment is tailored to each person's needs. Partners include Men in Healing and Royal Ottawa Psychiatric Outreach. Components include:
 - Day Program: A drop-in group focused on peer support and education. Group topics include relapse prevention, emotional regulation and trauma. Clients may also access individual counselling. Abstinence is not required but participants are asked to arrive sober.
 - Hope Program: A three-month treatment program focused around harm reduction. The program offers a safe environment for clients to explore their goals and create change through daily groups and individual counselling. Although abstinence is not mandatory, clients may not be under the influence while on the program floor.
 - Stabilization Program: An abstinence-based treatment program for clients with problematic substance use or at risk of relapse. Clients work to stabilize their lives and develop healthier lifestyles. Daily groups topics range from emotional awareness to relapse prevention. Clients must maintain 24 hours of sobriety prior to intake.
 - LifeHouse Program: A five-month treatment program for men with a history of trauma and addictions. The program has 13 beds and helps clients heal from experiences associated with addiction. Clients attend counselling sessions and groups focusing on anxiety, trauma, relapse prevention, spirituality and creative healing strategies.
 - Aftercare: Individual counselling and group treatment are available for clients housed through Mission programming.

In 2019 – 2020, 123 ATS clients graduated from our individual programs to move forward in their path to recovery.

- **In-shelter mental health services** are provided in partnership with the CMHA to clients to help them stabilize and find housing. Since the introduction of the CMHA partnership program in 2016, 16 shelter users have been successfully housed.⁴¹
- The Mission also refers community members to the **ROH** for mental health outreach services, assessment, counselling and psychiatric support. In 2019, 53 people were referred to this program.

6. Conclusion

These results give a snapshot of the needs of men who are accessing the Mission's services. Although a small sample of our overall clientele, it highlights several areas of need where services can support individuals experiencing homelessness. It shows evidence of complex health needs among a subset of shelter users, highlighting both mental health, physical health, and addictions. It also highlights practical needs around money management, legal issues, and meaningful daily activities.

Beginning in the late 1980s, The Ottawa Mission began moving beyond the provision of immediate emergency supports such as food clothing and shelter to examine the broader reasons why people became homeless to begin with and how to best support them to get out of homelessness and maintain their housing and independence. Following this change, a series of wraparound supports were introduced over a period of three decades to address the many causes of homelessness and support clients to improve their lives, including Addiction and Trauma Services and mental health support.

As part of this evolution, The Ottawa Mission is reviewing the findings of this research report in detail to examine ways to enhance current programming to address the health conditions and living circumstances of shelter guests to support them on their way to a home of their own and independence.

Endnotes

- ¹ Created by OrgCode Consulting Inc. (2015). Service Prioritization Decision Assistance Tool (SPDAT), <http://ctagroup.org/wp-content/uploads/2015/10/SPDAT-v4.01-Single-Print.pdf>.
- ² The SPDAT is used by the City of Ottawa to assess the need for housing support for homeless clients in order to prioritize which clients should receive assistance first. Prioritization is based on self-reported needs in several areas, including health, risky behaviours, daily activities, and basic needs management. This measure was developed with a Housing First lens and has been used extensively across North America.
- ³³ Gaetz, S., Donaldson, J., Richter, T., and Gulliver, T. (2013) *The State of Homelessness in Canada 2013*. Toronto: Canadian Homelessness Research Network Press.
- ⁴ Thistle, Jesse A. (2017) *Definition of Indigenous Homelessness in Canada*. Canadian Observatory on Homelessness Press.
- ⁵ City of Ottawa. (2013) *A Plan for Everyone*.
- ⁶ Alliance to End Homelessness Ottawa (June 2018). *Homelessness in Ottawa: A Roadmap for Change*. Progress report review 2014-2017.
- ⁷ City of Ottawa (June 2019). *Ten-Year Housing and Homelessness Plan 2018 Progress Report*.
- ⁸ Nanos Research, *The Ottawa Mission*. (November 14, 2019) Survey Results.
- ⁹ City of Ottawa Council motion, December 11, 2019. The Mission strongly supported this motion and Councillor McKenney's Housing Emergency campaign, noting that "the urgency and magnitude of this situation highlights the immediate need for collaborative action to find safe, accessible and supportive housing for thousands who need it in Ottawa. The Ottawa Mission urges the municipal, provincial and federal governments to work together now to provide practical, accessible and timely solutions to meet the needs of the most vulnerable in our community." *The Ottawa Mission. Statement on Motion to Declare an Emergency Regarding Homelessness in Ottawa, December 12, 2019*.
- ¹⁰ City of Ottawa Council motion, January 29, 2020.
- ¹¹ With the declaration of COVID-19 a pandemic in March 2020, life for those who are homeless became more difficult. Many public spaces were closed, leaving those who were homeless with very few options. In response to Covid19, The Ottawa Mission adjusted its operating procedures to ensure that the risk to shelter guests and others remained as low as possible. The Mission also supported the City of Ottawa and Ottawa Inner City Health to quickly establish the Routhier Centre to support the self-isolation of homeless individuals with presumptive cases of COVID-19, as well as the City's opening of the Jim Durrell and Dempsey Centres to house homeless men, thereby reducing overcapacity within our shelter and others and supporting social distancing efforts to lessen the risk of COVID-19 within the shelter system.
- ¹² City of Ottawa. (2020) *10-Year Housing and Homelessness Plan 2020 – 2030*.
- ¹³ City of Ottawa. (2020) *Community and Family Shelter Data 2014 – 2019, Progress Report, 2019*.
- ¹⁴ Ibid.
- ¹⁵ In contrast to these increases, total shelter nights for single males (The Ottawa Mission's client group) in any shelter decreased from 3,301 in 2018 to 3,234 in 2019 (less than 2%). Ibid.
- ¹⁶ Barriers can include general living conditions (income, housing, nutrition); lack of social support; past negative experiences with care providers and discrimination by these providers; financial barrier such as money for transportation to and from appointments; as well as other issues. Campbell, David T. et al. (2015) Primary healthcare needs and barriers to care among Calgary's homeless populations. *BMC Family Practice 16* Article number: 139.
- ¹⁷ Gaetz, S. (2012) *The Real Cost of Homelessness: Can We Save Money by Doing the Right Thing?* The Homeless Hub.
- ¹⁸ Hwang, S. W. (2001). Homelessness and health. *Canadian Medical Association Journal, 164(2)*, 229–233.
- ¹⁹ Public Health Agency of Canada (2006). *The human face of mental health and mental illness in Canada 2006*. Ottawa: Minister of Public Works and Government Services Canada.
- ²⁰ Canadian Mental Health Association. (No date) *Fast Facts about Mental Illness*.
- ²¹ Frankish, C. J., Hwang, S. W., & Quantz, D. (2005). Homelessness and health in Canada: Research lessons and priorities. *Canadian Journal of Public Health, 96(Suppl. 2)*, 23–29.
- ²² The Standing Senate Committee on Social Affairs, Science and Technology. (May 2006) *OUT OF THE SHADOWS AT LAST Transforming Mental Health, Mental Illness and Addiction Services in Canada*. Final Report, p. 174.
- ²³ Canadian Mental Health Association – Ontario. (March 2014) *Housing and Mental Health (Background)*.
- ²⁴ Centre for Addiction and Mental Health (2003). *Current issues in addictions and mental health*. Toronto, Ontario.
- ²⁵ Gaetz (2012), op.cit.
- ²⁶ Office of the Auditor General of Ontario (2016). *Annual Report 2016*. More than half of the homeless and vulnerably housed adults in Vancouver, Toronto and Ottawa in 2010 reported a past diagnosis of a mental health problem.
- ²⁷ Gaetz (2012), op.cit.
- ²⁸ Canadian Centre for Addictions. (February 27, 2020) *Addiction in The Homeless Population*.
- ²⁹ CBC News (March 21, 2019) "B.C. coroner's report shows 140% increase in homeless deaths in 1 year." British Columbia declared state of emergency concerning the opioid crisis in that province in 2016. 175 homeless people died between 2015 and 2016, a 140 per cent increase over 73 deaths in 2015.
- ³⁰ Public Health Agency of Canada (September 2020) *Opioid-related harms in Canada*.
- ³¹ See note 28.
- ³² Public Health Ontario. (June 2019) *Opioid Mortality Surveillance Report Analysis of Opioid-Related Deaths in Ontario, July 2017–June 2018*. Surveillance Report.
- ³³ Zhang, Linda, et al. (April 25, 2018) *Concurrent Disorders and Health Care Utilization Among Homeless and Vulnerably Housed Persons in Canada*. *Journal of Dual Diagnosis, 14* (1).
- ³⁴ Canadian Observatory on Homelessness. (January 26, 2015) *Concurrent Disorders*.
- ³⁵ Laura Munn-Rivard. Library of Parliament. (February 14, 2014) *Current Issues in Mental Health in Canada: Homelessness and Access to Housing*.
- ³⁶ Canadian Mental Health Association. (No date) *Concurrent Disorders*.
- ³⁷ *Concurrent Disorders*, op.cit.
- ³⁸ Demographic information is not available as the SPDAT tool does not include demographic questions.
- ³⁹ A subset of SPDAT questions are reviewed and discussed in this report.
- ⁴⁰ Gaetz et al. *The State of Homelessness in Canada*. The Homelessness Hub, 2016.
- ⁴¹ This represents 48% of individuals in the program, including those currently receiving support.