

Strategies for Supporting Tenants with Mental Illness

Know Your Population

- According to CAMH, 1 in 5 Canadians lives with mental illness.
- By the time Canadians reach 40 years of age, 1 in 2 have—or have had—a mental illness.
- 1/3 of those individuals are actually in receipt of professional support.
- 21.6% of Canada's population met the criteria for a substance use disorder.
- That is close to 8 million people suffering from addiction in Canada.
- Approximately 6% of the population meet the criteria for Hoarding Disorder as identified in the DSM V.

What Behaviours Do We See?

- Lack of Motivation
- Overwhelm
 - Depression/anxiety
- Angry
- Isolating
- Avoidant
- High needs and demanding
- Life skill challenges
- Addiction issues
- Strangely... overly nice and compliant
- And many more!

Possible Shift in Language?

- We call them “problematic... challenging... angry... sick... difficult or resistant”
- But what if...?

What if...

- We look at this individual as doing the best they can with what they have.
 - Communication strategies
 - Drawing attention to struggles and difficulties
 - Approach/avoidance conflict
 - Discouraged
 - Defeated
 - Damaged worldview

How Might This Change Things for Us?

- Easier for us to reframe
 - Sick => struggling with managing her symptoms
 - More questions about supporting symptom management than dismissing as “sick”
- Permits specificity
 - Hoarder => over acquiring as a result of loss, grief, depression, anxiety, etc.
 - Knowing the root of the problem supports treatment
- Lowered stress response for us

What Do We Need to Get There?

- Patience
- Positive regard for the tenant
- Empathy
- Understanding
- Effective Listening

5 Points for You to Consider...

- Your accessibility
- Your “welcome”
- Genuine
- Respectful
- Integrity

Intervention Strategies

- Contracting for Accommodations
- Safety Planning
- Resourcing
- Collaborative case planning
- Peer support

What About Undiagnosed Mental Health?

- A person does not need to be diagnosed to be well supported as a tenant.
- Work where they are at.
- Look at the world through their eyes and then look back.

Mental Health Framework (TCHC)

- “Recovery is not about a cure, but about finding the capacity within oneself to be mentally well despite episodic or chronic recurrences of mental illness or struggle with addictions. The 3 pillars of recovery are:
 1. hope - the belief that recovery is possible
 2. self determination - the empowerment of the individual to break away from a sense of helplessness and dependence; and,
 3. connection - rejoining the social world through a variety of informal or formal supports.”

Core Strategies of Mental Health Framework

1. Early identification and crisis prevention – use everyday management practices to identify at-risk tenancies and establish supports before crises happen
2. Access to supports – help tenants who need and want support to get it
3. Someone to call in a crisis – ensure tenants and staff know whom to call when problems arise
4. Hope – inspire hope among tenants and staff that recovery from mental illness is possible
5. Self-determination – entrench opportunities for self-determination, as an applicant, tenant and tenant representative or leader
6. Connection – increase opportunities for connection among tenants, engaging the power of tenants to help each other and themselves

Providing Education

- “Some People report/find...”
- “Could it potentially be that...”
- “I wonder...”
- “I read something yesterday that made me think of you...”

Exploring Alternatives

- “How does _____ fit with what you want for yourself?”
- “Are there more effective ways to achieve what you want?”
- “How does _____ support your goals for the future?”
- “In what ways could _____ be potentially working against your values?”

Working With Highly Symptomatic Individuals

- Rapport building
- Relationship
- Coming alongside
- Roll with resistance
- De-escalation techniques
- Collaborative crisis prevention plans

Co-Existing Conditions

- Concurrent Disorders
- Dual Diagnosis
- Trifecta

Case Example



Hoarding Disorder

1. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
2. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
3. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties.
4. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
5. The hoarding is not attributable to another medical condition.
6. The hoarding is not better explained by the symptoms of another mental disorder.

Hoarding and Schizophrenia

- Delusion.
 - Some people with schizophrenia might hoard items connected with a particular delusion of theirs.
- Disorganized thought.
 - People with extremely disorganized thinking may not be able to take proper care of their possessions.
- Impulsive or compulsive behavior.
 - Schizophrenia has been linked to both impulsive behaviors, in which someone acts without thought, and compulsive behaviors, in which people are compelled to act in certain ways or else experience anxiety. A hoarding schizophrenic might buy items on impulse, and then be compelled to keep the items even if they have no value or purpose.

Hoarding and Depression

- Depression is the most commonly reported co-existing condition with Hoarding Disorder
- Chicken or the Egg debate...

Hoarding and Anxiety

- Generalized Anxiety Disorder is the second most commonly identified disorder attached to Hoarding Disorder.

Hoarding and Bipolar

- Excess shopping, acquiring, and theft during the manic stage.
- May dissociate.

Risk Factors for Hoarding Disorders

- Personality
 - Many people who have hoarding disorder have a temperament that includes indecisiveness.
- Family history
 - There is a strong association between having a family member who has hoarding disorder and having the disorder yourself.
- Stressful life events
 - Some people develop hoarding disorder after experiencing a stressful life event that they had difficulty coping with, such as the death of a loved one, divorce, eviction or losing possessions in a fire.

Discussing Your Concerns

- Avoid terms like “garbage”, “junk”, “crap”
- Be mindful of phrases such as, “throw away”
- Rephrase “treatment” to “Supportive Action Plan”
- Prepare for long term involvement
- Rapid clean-outs result in a 97% re-acquiring rate in 12 months

Wrap-Up!

- Working with tenants with identified or undiagnosed mental health conditions will come with its struggles.
- Your time and investment into building a foundation of a positive relationship may contribute to enhanced outcomes.
- Not every situation can be saved.
- Do what you can, with what you have and when you know more, you will do better.

Thank you!

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