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Mental Health Commission of Canada
Commission de la santé mentale du Canada

COVID-19, Mental Wellness, and the Homelessness Workforce

Policy Brief

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The Mental Health Commission of Canada operates primarily on the unceded traditional Territory of the Anishinabe Algonquin Nation whose presence here reaches back to time immemorial. The Algonquin people have lived on this land as keepers and defenders of the Ottawa River Watershed and its tributaries. We are privileged to benefit from their long history of welcoming many Nations to this beautiful territory. We also recognize the traditional lands across what is known as Canada on which our staff and stakeholders reside.

Our policy research work uses an intersectional Sex and Gender-Based Plus lens to identify, articulate, and address health and social inequities through policy action. In this respect, our work is guided by engagement with diverse lived experiences and other forms of expertise to shape our knowledge synthesis and policy recommendations. We are committed to continuous learning and welcome feedback.

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Summary of Recommendations

1. Build on the prioritization of homelessness during the coronavirus (COVID-19) pandemic to address funding, resources, and policy gaps at the federal, provincial, and municipal levels.
2. Prioritize workers for personal protective equipment (PPE), vaccine distribution, and other resources as the pandemic continues.
3. Extend improvements made during COVID-19 to pay and benefits, including hazard pay and sick leave, as part of broader efforts to change the culture of invisibility for workers who are part of Canada's care economy.
4. Increase workers' access to mental health and substance use services and supports, including employment-based benefits, during and following the pandemic.
5. Build capacity for the homelessness workforce to respond to the mental wellness needs of self and others through ongoing training and supervision.
6. Strengthen support networks within and across organizations working to address homelessness, including through community support, support from managers, and peer support from co-workers and people with lived or living experience.

Introduction

Purpose

This brief analyzes the impacts and policy considerations of the pandemic for people providing services to individuals who experience homelessness or precarious housing. It is intended for policy makers and organizations working across the mental health, substance use, and homelessness sectors — since throughout the pandemic success across various sets of systems (including housing, mental health, and substance use) relies on coordination. We are all living in and being supported by the same sets of systems, where the faltering of one sector harms us all.

The brief also provides the preliminary findings from an ongoing national mixed-methods study conducted by CAMH researchers Nick Kerman and Sean Kidd. The study recruited service providers for people experiencing homelessness in three community settings: (1) homeless services, (2) supportive housing, and (3) harm reduction services. Data were collected beginning in November 2020, using an online survey of 427 direct service providers. This phase was followed by qualitative interviews with direct service providers and service directors.

Background

COVID-19 has had an overwhelming impact on people who experience homelessness and precarious housing.[1] It has brought to light and exacerbated existing gaps in housing policy and long-standing underfunding across the sector, which have in turn led to higher rates in both areas.[2-4] While innovations spurred by the pandemic's public health response and the need for physical isolation have created some additional capacity through the use of hotels and the repurposing of shelters, these emergency

measures are not keeping pace with the increased demand. For shelters and community organizations providing essential services, COVID-19 has strained their ability to meet this demand while maintaining public health guidelines.[5,6]

Key considerations and preliminary findings

Homelessness, substance use, and mental health

COVID-19 has magnified the close links between mental health, substance use, and housing policy. Experiences of trauma, mental health problems and illnesses, and substance use are already considerably higher for people who experience homelessness or precarious housing than for the general population;[7] and while the type of use varies among people who are homeless and use substances, it is repeatedly associated with poorer mental health status.[8] Addressing such complex health and wellness challenges alongside efforts to prevent the spread of COVID-19 has placed even more pressure on already limited services.[9-11] Still, the complications and inequities being experienced across the mental health, substance use, and homelessness sectors pose a challenge to public health, both during and beyond the pandemic.[12]

Social determinants

The social determinants of health are felt more acutely in the homeless services workforce in Canada. The employment conditions are much more precarious, and the workforce is made up mainly of women, visible minorities, and Indigenous people. Data from the 2016 census found that "three out of four homelessness support sector workers (76.5 per cent) were female, exceeding the 48.2 per cent share females held among all workers in all occupations."[13] The census also found that "one in five homelessness support sector workers (19.6 per cent) reported being visible minorities."[14] Further, one in ten were low-income, more likely to work part-time, and had lower than average median earnings.[15] These characteristics highlight the greater precarity in the care economy.

Impact on service providers

Across the country, non-profit community organizations bear the primary responsibility for delivering services to people who experience homelessness and precarious housing.[16] Community workers and volunteers in these settings are providing essential services while responding to an unprecedented public health emergency for which there was little preparedness.[17] These people are part of a largely under-recognized front-line workforce who are shouldering much of the burden from the increasing rates of COVID-19 among those who experience homelessness and precarious housing, as well as their complex health, wellness, and housing needs.[18,19]

In addition to the challenge of providing essential services to individuals with some of the most complex health and well-being needs in our mental health, substance use, and housing systems, a small but significant proportion of these providers have lived experience of mental health challenges and substance use. While bringing strengths that come with lived experience, this may also create risks of re-

traumatization, discrimination, and inequity — which all compound the health and social impacts of the pandemic.

The pandemic's impact on front-line workers who provide services to people who experience homelessness and precarious housing has been immense. These workers already deal with Canada's ongoing affordable housing crisis, a rapidly worsening overdose crisis, and an insufficient supply of mental health and substance use supports for themselves and their clients.[20,21] They also work in demanding jobs, with heightened health risks, low wages, and limited resources — while witnessing tremendous suffering among some of our most marginalized people[22-25] — and are at risk of compassion fatigue, burnout, vicarious trauma, and other mental health and substance use challenges.[26-29] But the pandemic has exacerbated these challenges, as they must now face fears related to contracting COVID-19, increased stress, and isolation.[30,31]

While providing essential services that have an impact in some of the most challenging contexts, it is in fact inevitable that service providers will experience some form of burnout, vicarious trauma, and compassion fatigue that could affect their ability to provide quality care across the health and social services sector. This ongoing threat underscores the importance of attending to the worklife of service providers (as a part of the foundation of a system of care that is effective and efficient for all people in Canada) who care for members of our population in the most acute need.[32]

VOICES OF DIRECT SERVICE PROVIDERS

- *In the sector, [the work] is heavy. It is heavy with vicarious trauma.*
- *Working with a population that a lot of other people, at least locally, see as problematic, difficult, and that stigma I think gets transferred to the team. So, we feel very isolated in town.*
- *It's stressful. We have high caseloads and people with a lot of issues and stuff to work on . . . it's a lot, right? You know people need the help and support but you're only one person and you're spread quite thin . . . the workload is unmanageable.*
- *We're high risk every day. You're dealing with situations that are sometimes life and death, and so you need to feel supported.*
- *We have $400 a year for mental health support. That's nothing. That's three sessions. And, for a job that requires continual exposure to vicarious trauma, we should be getting a lot more than that.*

Preliminary survey results

A total of 427 service providers working in three community service settings in Canada — homeless services, supportive housing, and harm reduction services — completed an online survey beginning in November 2020. The survey gathered data on providers' mental health, substance use, and experiences and impacts of the pandemic. Initial results are shown in Table 1.*

* Final results will be made available later in 2021.

Table 1: Preliminary Findings From 427 Service Providers Across Canada, November 2020

1. Approximately one in five (18.0 per cent) of respondents do not have paid sick days or private health insurance.
2. The pandemic caused moderate or extreme financial problems for almost a third (27.6 per cent) of respondents.
3. Most participants (59.7 per cent) reported experiencing moderate levels of burnout, and more than half of respondents (53.4 per cent) felt less effective in their jobs during the pandemic.
4. Approximately one in five (18.0 per cent) of respondents noted that they needed mental health or substance use services in the past year but were unable to access them.
5. Four in five respondents (80 per cent) reported that their mental health has declined during the pandemic, and more than one in three (33.3 per cent)reported increased substance use, primarily alcohol and/or cannabis.
6. Most respondents (56.4 per cent) were less able to access social support during the pandemic, but a larger proportion (75.9 per cent) felt well supported by their co-workers.

Policy responses

Since the onset of the pandemic, federal, provincial, and municipal governments have provided emergency relief to shelters and social service organizations, as well as more transitional shelter spaces to mitigate disruptions in services.[33-36] However, more sustained action is needed across the sector to address the housing and homelessness crisis and prevent further strain on the system.[37]

During the first stage of the pandemic, all levels of government attempted to prioritize the health-care and social service sectors for personal protective equipment (PPE), as well as communication around public health and infection control measures. Yet staff and organizations across the homelessness sector still report (1) a lack of timely and ongoing communication around public health measures, (2) difficulties in maintaining adequate infection control, and (3) a lack of access to PPE.[38]

As the pandemic continues, homeless-sector workers need to be prioritized for vaccines, along with people who are experiencing homelessness and precarious housing.[39] Some cities (e.g., Toronto and Montreal) have reported that city officials began vaccinating people experiencing homelessness and service providers in January 2021.[40,41]

Finally, it is important to note that the impacts of the pandemic on the homelessness, mental health, and substance use sectors can be delayed and complex, and are expected to be long-lasting post-pandemic. There is some evidence to suggest that the effects of the pandemic on the homelessness sector will take up to five years to be fully realized, with many unknowns and varying impacts across Canada.[42] Accordingly, there is a need to build on the pandemic investments in these sectors to address funding, resource, and policy gaps at the federal, provincial, and municipal levels.

Conclusion

Continued investment in the homelessness sector needs to be a national priority, building on Canada's Homelessness Strategy as well as provincial and municipal commitments.[43,44] Housing is more than just physical shelter: it is a human right that is foundational to safety, public health, and mental well-being.[45] Much like the pandemic, homelessness impacts every community and costs much less to fix than it does to ignore.[46] As the MHCC's *At Home/Chez Soi Final Report*[47] shows, implementing a Housing First model and providing community wrap-around interventions can reduce chronic homelessness and improve well-being. Continuing to make investments to address the needs of people who are experiencing homelessness and precarious housing is critical for system transformation during the post-pandemic recovery and beyond.

All too often the weight of the homelessness crisis falls on non-profit community organizations and a workforce that is female-led, under-recognized, and fatigued. At the same time, the pandemic has resulted in negative impacts on their mental health and substance use, for which some have not been able to get support. There is a need to prioritize access to mental health and substance use supports for this workforce, including through the expansion of employment-based benefits. An opportunity also exists to strengthen workforce support networks and build capacity for responding to the mental wellness needs of self and others through the provision of ongoing training and supervision. The precarious and under-recognized care economy is bearing the majority of the pandemic's dual health and economic crises, leading to the need for increased policy attention and response.

To be effective in combating the pandemic while meeting the needs of those experiencing homelessness and precarious housing across Canada, front-line service providers in the homelessness sector need to be prioritized for PPE, vaccine distribution, and other public health resources. Many workers across the sector have suffered financially as a result of the pandemic and are underpaid, with little or no sick leave. It is imperative that improvements to pandemic pay and benefits, including hazard pay and sick leave, be extended as part of broader efforts to address the under-recognition of the homelessness workforce.

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