

CAMH Submission to the National Housing Council

Review Panel on the Lack of Accessible Housing in Canada

June 22, 2026

Introduction and Background

Thank you for the opportunity to make a submission to the National Housing Council's (NHC) Review Panel on the Lack of Accessible Housing in Canada.

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and one of the world's leading research centres in its field. CAMH is fully affiliated with the University of Toronto and is a Pan American Health Organization / World Health Organization Collaborating Centre.

With a dedicated staff of more than 4,500 physicians, clinicians, researchers, educators, and support staff, CAMH offers outstanding clinical care to more than 38,000 patients each year. The organization conducts groundbreaking research, provides expert training to healthcare professionals and scientists, and develops innovative health promotion and prevention strategies.

CAMH recognizes that safe, affordable and good quality housing is imperative for health and wellbeing.¹ For that reason, CAMH has long been a leader in pursuing affordable and supportive housing partnerships for our patients and others with mental illness and/or substance use disorders. We currently work with 18 community partners to facilitate access to 355 permanent and 75 transitional supportive housing units for our patients, many of whom have severe and complex mental illness and/or substance use disorders. At CAMH, we see on a daily basis how supportive housing benefits our patients and the community at large.

The benefits of supportive housing have been well recognized by experts for decades. Supportive housing is known to improve personal, health and social outcomes for people with serious mental illness and/or substance use disorders, including those who have long histories of hospitalizations, trauma and complex needs.² It improves their quality of life, while reducing hospital admissions, psychiatric symptoms and substance use.³ Research shows that supportive housing also improves social support, independent functioning and self-esteem among people with serious mental illness and/or substance use disorders.⁴ It gives them the opportunity to connect with family and friends, re-engage with employment, education and volunteer opportunities, and a chance to give back to their communities.⁵ Further, supportive housing has been shown in large clinical trials as the most essential factor in reducing homelessness and reliance on hospitals, emergency services, jails, and shelters.⁶

Given the role that supportive housing plays in enabling safe and independent living for people with serious mental illness and/or substance use disorders, it is CAMH's assertion that *supportive housing is accessible housing*. While accessible designs or adaptations are commonly understood to refer to the physical characteristics of a home, for many it means the health and social supports needed to help them live safely and independently. For people with serious mental illness and/or substance use disorders this means access to a range of supports and services offered at various levels of intensity, including: mental health and substance use supports; crisis interventions; case management and care coordination; assistance with daily living and life skills; social and community supports; housing supports; personal supports; education and employment supports; and/or health and wellness supports.

With that context in mind, CAMH's submission reflects on the NHC Review Panel's questions to address:

- The impact that a lack of accessible housing has on people with serious mental illness and/or substance use disorders in Canada;
- The system-wide gaps and government actions/inactions that contribute to this lack of accessible housing; and
- Potential solutions for addressing the lack of accessible housing for people with serious mental illness and/or substance use disorders in Canada.

How is the lack of accessible housing affecting people in Canada?

Like all types of accessible housing, there is a significant shortage of supportive housing for people with serious mental illness and/or substance use disorders. In Ontario, there are at least 36,378 people on waiting lists for mental health and substance use supportive housing, with average wait time of 4 years.⁷ In Toronto alone, there are about 1500 people with severe and complex mental illness and/or substance use disorders who are waiting for 24-hour, high support housing. The average wait time is 5 to 7 years.⁸

The most obvious impact of the lack of mental health and substance use supportive housing is seen on the streets and in our shelters. In Ontario, homelessness has increased by over 50% in the past eight years.⁹ In 2024, there were over 80,000 Ontarians experiencing homelessness – a 25% increase from 2022.¹⁰ In that same year, over 40,000 Ontarians experienced chronic homelessness, a clear sign of the lack of affordable and supportive housing in the province.¹¹

Homelessness has a significant impact on peoples' health. People who are homeless experience accelerated aging, have more co-morbid health conditions, and develop health conditions earlier than people who are housed.¹² They also live about 16-28 years less than the general population.¹³

Homelessness also has a significant impact on our health care systems and hospital capacity. A recent study from the Canadian Institute for Health Information (CIHI) found that in 2023, 30,000 people in Canada experiencing homelessness were hospitalized, and these patients stayed in hospital twice as long and at double the cost compared to the general population.¹⁴ These patients were also more likely to be designated as Alternative Level of Care (ALC) compared to the Canadian average.¹⁵

Patients are designated ALC when they no longer require acute inpatient hospital care, but cannot be discharged because there is nowhere for them to safely go in the community. At CAMH, we are all too familiar with this challenge. At any given time, 1 in 5 of our inpatient beds are occupied by a patient designated as ALC (between 85-105 patients). Most of these patients have severe and complex mental illness and/or substance use disorders, and many have histories of self-harm/suicide ideation and serious behavioural challenges. The majority of these ALC patients require 24-hour high support housing to live successfully in the community – a level of supportive housing that is extremely limited. Another group of CAMH's ALC patients require such intensive and specialized supportive housing (e.g. locked housing units) that there is literally nowhere for them to be discharged to in the community.

ALC patients are essentially stuck in hospital – often for years – while they wait for the appropriate accessible housing that accommodates their needs. Not only does this impact their recovery and wellbeing, it also strains the healthcare system. People in need of acute mental health care are unable to access it when and where they need because inpatient beds are occupied by people who cannot be discharged. This is also an inefficient use of public dollars considering that the average cost of an inpatient bed in a psychiatric hospital is \$31,000/month, while supportive housing ranges from \$2000-\$5000/month depending on levels of support.¹⁶

Therefore, the lack of accessible/supportive housing for people with serious mental illness and/or substance use disorders not only impacts that population directly, but ultimately affects all Canadians who rely on our healthcare system.

What system-wide gaps, and what government actions and inactions, are getting in the way of Canada's progress on the right to housing and the rights of persons with disabilities?

Despite the widespread benefits of supportive housing, there remains a severe lack of this type of housing across the country. As noted above, wait times for mental health and substance use supportive housing in Ontario are extremely lengthy, and it is estimated that at least 36,000 new units are needed across the province in the next 10 years.¹⁷

The reasons behind the dearth of mental health and substance use supportive housing are complex and multifaceted, but one key system and policy gap stands out – the disconnect between housing and health. This disconnect makes it difficult to develop mental health and substance use supportive housing because funding and accountability for this type of housing are split between housing and health systems¹⁸ - housing funding is required for bricks and mortar, and healthcare dollars are needed for residential and clinical supports.

The misalignment between housing and health policy starts at the top. Canada's National Housing Strategy (NHS) does not make explicit the critical link between safe, quality and affordable housing and positive health outcomes. Without this recognition, federal housing policy has progressed without taking into consideration the complexities of healthcare funding and delivery. Federal housing programs treat supportive housing through a typical housing framework, routing funding through housing channels (e.g. the Ministry of Municipal Affairs and Housing (MMAH) in Ontario) and overlooking the fact that mental health and substance use supports are delivered through provincial/territorial health ministries.¹⁹ In Ontario, this means that MMAH funding for new housing units are often made available separately from Ministry of Health (MOH) support dollars (when MOH funding for supportive housing is available at all), making it difficult to coordinate the development of new supportive housing projects.

The mismatch between funding channels and service delivery pathways leads to waste and inefficiencies, and is the primary reason for the lack of mental health and substance use supportive housing in Canada²⁰ - and a key reason that people with mental illness and/or substance use disorders are unable to rightfully access housing that meets their needs.

What actions and solutions should governments and communities lead to make better progress on the right to accessible housing for people with disabilities in Canada?

As noted above, the disconnect between housing and health policy – which is a key contributor to the lack of supportive housing for people with serious mental illness and/or substance use disorders in Canada – begins at the top. That is why when the NHS is renewed this year, it should include an explicit statement on the health benefits of safe, quality and affordable housing for all Canadians, and the crucial role supportive housing plays in recovery and wellbeing for people with disabilities.²¹ With this framing in place, CAMH recommends that the federal government earmark funds for supportive housing. Specifically, the federal government should establish a Supportive Housing Health Envelope within the Canada Health Transfer.²² Designed in collaboration with Health Canada, this envelope should explicitly fund the delivery of provincial/territorial healthcare supports in a way that facilitates the

development/maintenance of supportive housing for people with serious mental illness and/or substance use disorders, and people with disabilities more broadly.²³

In addition to action at the federal level, action is also needed at the provincial/territorial level to facilitate distribution of the Supportive Housing Health Envelope and improve co-ordination between healthcare and housing funding channels. In Ontario, advocates have called for the creation of a cross-Ministerial Provincial Supportive Housing Secretariat where MOH, MMAH and other Ministries involved in the funding and delivery of supportive housing can work together to centralize decision-making, reduce duplication and allow for focused accountability to develop supportive housing in communities across the province.²⁴ CAMH supports this recommendation, including ensuring that supportive housing advocates, providers and those with lived experience are included as advisors to the Secretariat.

Thank you again for the opportunity to make a submission to the NHC Review Panel on the Lack of Accessible Housing in Canada. We would be happy to answer any further questions or discuss our response in more detail.

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