



THE EMPOWERMENT COUNCIL
A Voice for the Clients of the
Centre for Addiction and
Mental Health

Centre for Addiction and Mental Health & the Empowerment Council's

Joint Submission to

The Government of Canada on

Canada's National Housing Strategy

October 21, 2016

The Centre for Addiction and Mental Health (CAMH) and the Empowerment Council are pleased to offer this joint submission to the Government of Canada on Canada's National Housing Strategy (NHS).

CAMH is Canada's largest mental health and addictions academic health science centre. We combine clinical care, research, education, system building and public policy to transform the lives of people affected by mental health and addictions problems. The Empowerment Council is an organization that is composed of, and represents, people with current or past mental health and addictions problems. The Empowerment Council conducts systemic advocacy on behalf of this community.

CAMH and the Empowerment Council fully support the development of a NHS. A NHS is needed to guide and coordinate housing policy, planning and funding across provinces, territories and municipalities. A strong NHS will signal to Canadians that our federal government prioritizes safe, affordable and well-maintained housing, particularly for its most vulnerable citizens. Canadians with disabilities, including those with mental health and addictions problems, are in dire need of new affordable and supportive housing options. The recent federal budget saw substantial new investments in affordable housing across the country and we are optimistic that this will be the beginning of increased interest and investment in housing on the part of the Canadian government.

This submission focuses on the housing needs of people with mental health and addictions problems – a vulnerable and growing sector of the Canadian population who stand to benefit significantly from a NHS. The Mental Health Commission of Canada (MHCC) has repeatedly highlighted the need to increase access to affordable housing with supports for this group of individuals.¹ Aligning with the MHCC, our submission concentrates on the link between housing, health and social inclusion and offers 8 recommendations for the NHS that we believe will best meet the housing needs of people with mental health and addictions problems across the country.

¹ MHCC, 2012A ; MHCC, 2012B; MHCC, 2014

Housing and health

Housing is a key social determinant of health. Safe, affordable and well-maintained housing is imperative for good physical and mental health² and is a significant component of recovery and wellness for people with mental health and addictions problems.³ Conversely, when housing is not safe, affordable or well-maintained, people are more likely to experience negative health and wellbeing outcomes. People who live in substandard housing are more likely to have infectious diseases, chronic illnesses, respiratory infections, asthma and mental illness.⁴ Those who are homeless also have increased rates of infections, injuries and physical and mental illnesses.⁵ And it is not necessarily mental health and addictions problems that cause a person to become homeless, but it is homelessness – due to social or economic reasons - that is more likely to cause a person to develop mental health and addictions problems.⁶

People without good housing are more likely to use the healthcare system - including hospitals⁷ - which costs significantly more than safe, affordable and well-maintained housing.⁸ Given that the average daily per diems for affordable housing (\$38.50) and supportive housing (\$65.00) are significantly less expensive than that of an acute hospital bed (\$917.50) or psychiatric hospital bed (\$505.50)⁹, it also makes good economic sense to invest in housing.

Housing and inclusion

Housing is not just fundamental for good health it is also the cornerstone of inclusive communities. When people have good quality, affordable housing that meets their needs they are more likely to engage with their communities.¹⁰ Unfortunately, people with mental health and addictions problems are over-represented among the homeless and the inadequately housed.¹¹ These individuals are also more likely to have lower levels of education, lower incomes and are less likely to participate in the workforce.¹² Poverty further pushes these individuals to the margins of society.

For many people with mental health and addictions problems, having better access to sustainable, affordable and flexible housing options will assist them in re-engaging with their communities. There are other individuals with mental health and addiction problems who will need more than just a good place to live to participate fully in community life. For these individuals, mental health housing supports are crucial for social inclusion.

Recommendations for the National Housing Strategy

To improve health and promote social inclusion the NHS must address the needs of vulnerable Canadians, particularly those with mental health and addictions problems. To do so, CAMH and the Empowerment Council recommend that the NHS: focus on the link between housing and health; align with relevant government initiatives; commit to targeted funding for a range of supportive housing;

² MacKay & Wellner, 2013

³ MHCC, 2012B

⁴ Kreiger & Higgens, 2002; TPH, 2011

⁵ Khandor & Mason, 2007; Gaetz, 2014

⁶ Johnson & Chamberlain, 2013

⁷ MacKay & Wellner, 2013

⁸ MHCC, 2012B

⁹ Ibid

¹⁰ CAMH, 2012

¹¹ MHCC, 2012B

¹² OHRC, 2015

expand Housing First initiatives; increase funding to repair social housing; and encourage social housing providers to better meet the needs of vulnerable residents. We also recommend better integration of federal, provincial, territorial and municipal housing policies and programs. A more coherent housing system will benefit all Canadians, including those with mental health and addictions problems.

Recommendation #1: The vision of the National Housing Strategy should be amended to include a statement linking housing to health. Health goals and outcomes should also be contained within the Strategy.

The proposed vision for the NHS is that “*All Canadians have access to housing that meets their needs and they can afford. Housing is the cornerstone of building sustainable, inclusive communities and a strong Canadian economy where we can prosper and thrive*”. This is a commendable vision, but misses an opportunity to highlight the crucial link between housing and health outcomes. Given the increasing demands on Canadian health care, the health benefits and costs savings of investing in safe, quality, and affordable housing should be a key message of the NHS and made explicit in its vision. People cannot achieve good mental health or recover from addiction without a place to live. Not investing in housing will cost society more in both financial and human costs. Therefore, the NHS must also be on the radar of the Health Ministry and the rest of the federal government, particularly as discussions begin on the renewal of the Health Accord.

Recommendation #2: The National Housing Strategy should inform and align with other relevant government policies and programs.

While housing is one of the most fundamental social determinants of health¹³, it should not be addressed in isolation. As noted, housing overlaps with income, education, employment, and the broader issue of poverty to impact the health of Canadians. Canadians with mental health and addictions problems are particularly vulnerable to the overlapping impact of poor housing, low income and unemployment.¹⁴ The NHS should recognize the intersection of these social determinants of health and link to other government policies and programs, such as poverty reduction, income security and accessible employment.

The NHS should also recognize the intersection of housing and human rights. Canada has ratified several international treaties that recognize the right to adequate housing, including the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of Persons with Disabilities, yet there is no formal commitment to the right to housing in Canadian legislation. The creation of a NHS in and of itself is a positive development in addressing the right to housing in Canada. Housing rights could be further strengthened by explicitly including a statement in the NHS that Section 7 of the Charter of Rights and Freedoms – which protects the right to life, liberty and security of the person – should be understood to include the right to adequate housing for all Canadians. Such recognition will help to address some of the housing problems experienced by people with mental health and addictions problems such as discrimination when applying for housing and requirements to comply with or refrain from religious observance in some publically funded housing programs.

¹³ Wellesley, 2010

¹⁴ MHCC, 2012A

Recommendation #3: The National Housing Strategy should commit more funding to developing affordable housing through the Investment in Affordable Housing initiative. A percentage of that funding should be reserved exclusively for new supportive housing units and rent supplements.

Recovery-focused supportive housing improves personal, health and social outcomes for people with mental health and addictions problems¹⁵, including those with mental health problems who have long histories of hospitalizations and challenging behaviours.¹⁶ Unfortunately, there is a crucial shortage of this housing across the country.

In 2012, the MHCC and CAMH predicted that 100,000 new units of supportive housing would be needed across the country over the next 10 years to just begin to address the housing needs of people with mental health and addictions problems.¹⁷ In Ontario, people with mental health and addictions problems can wait up to 6 years for one of the approximately 10,000 units of supportive housing¹⁸. In Toronto, there are over 10,000 people waiting on average 5 years for one of the city's 4400 units of mental health supportive housing.¹⁹ While waiting for supportive housing, people with mental health and addictions problems end up in shelters, hospitals and jails at significant cost to municipalities, provinces and territories.²⁰ At CAMH, 20% of our inpatients no longer need hospital services, but cannot be discharged because there is no appropriate supportive housing for them. Not only does this impede recovery and incur costs, but it also prevents others in need of mental health care from accessing our services.

To address the supportive housing shortage, the NHS must commit funding specifically for the creation of new supportive housing units and new rent supplements for supportive housing. While current affordable housing dollars through the Investment in Affordable Housing initiative may be used to develop supportive housing, there is no requirement that any or a portion of these dollars be used to do so. In consultation with stakeholders, the NHS should identify a percentage of affordable housing dollars that should be used for supportive housing.

Recommendation #4: The National Housing Strategy should recommend that new funding through the Investment in Affordable Housing initiative be used to develop a range of supportive housing options based on local need.

Supportive housing is a not a one size fits all model. There are people with serious mental health problems and complex behaviours who benefit from 'high-support' housing that offers 24 hour on-site staffing and range of daily supports.²¹ Others benefit from 'supported housing' models where housing and support are de-linked and there is choice and control over supports and living arrangements. Individuals can maintain greater stability over time if they are able to access different levels of support as their support needs change (and not risk losing their housing if their needs do not align with specific program supports).²² Some supportive housing programs hire peer support workers whose lived

¹⁵ Nelson et al, 1997; Nelson et al, 2010; MHCC, 2014

¹⁶ CAMH 2014

¹⁷ MHCC, 2012B

¹⁸ CMHA Ontario, 2008

¹⁹ TAP, 2016

²⁰ MHCC, 2012B

²¹ Zaheer, 2014

²² Parkinson et al, 1999

experience and a shared understanding of mental health and addictions problems can greatly assist people as they re-engage with their communities.

Other people with mental health and addictions problems would benefit from supportive housing that better recognize their lived experiences. Women (particularly those with children)²³, Indigenous peoples²⁴, and people who prefer housing with a focus on abstinence from substance use²⁵ need housing that supports their lifestyle, culture and goals. Members of racialized communities, LGBT peoples and older adults with mental health and addictions problems also have unique housing needs that should be addressed.

As new units of supportive housing are created, it will be crucial to ensure that a range of options are available to meet people's unique and evolving needs. The NHS should provide guidance and recommendations on the variety of supportive housing that is needed across the country. The NHS could also advocate for more mental health and addiction funding within the renewed Health Accord to provide the housing supports that many people require.

Recommendation #5: The National Housing Strategy should commit more funding for Housing First Initiatives through the Homelessness Partnering Strategy. Housing First Initiatives should use an expanded definition of homelessness as part of their inclusion criteria.

'Housing First' is an evidence-based housing and support model that has proven to be a successful and cost-effective strategy for housing people with mental health and addictions problems who are homeless.²⁶ The recent federal budget pledged \$111.8 million over two years for homelessness initiatives, including Housing First projects allowing current residents to maintain their housing. But there are many more people with mental health and addictions problems who are homeless and could benefit from the opportunity to live in Housing First settings²⁷. This includes people who do not meet a strict definition of homeless. The majority of Canadians housed through the At Home/Chez Soi Housing First initiatives were living in shelters or on the streets²⁸ however homelessness can and should include those who are at risk of homelessness, the hidden homeless and those transitioning from government institutions with no fixed address.²⁹

Given the success of Housing First and the growing number of Canadians with mental health and addictions problems who are homeless, the NHS should commit to increased funding for these initiatives. The NHS should also recommend that Housing First initiatives expand their inclusion criteria so that those who are at risk of homelessness, the hidden homeless and those transitioning from government institutions with no fixed address also have the opportunity to benefit from these initiatives.

²³ Kidd et al, 2013

²⁴ MHCC, 2012B

²⁵ Pleace, 2011

²⁶ MHCC, 2014

²⁷ MHCC, 2012B

²⁸ MHCC, 2014

²⁹ MMAH, 2015

Recommendation #6: *The National Housing Strategy should commit more Social Infrastructure funding for social housing retrofit and repair.*

An increasing number of people with mental health and addiction problems are living in social housing³⁰ where rent-geared-to-income units make living more affordable. Unfortunately, much of the social housing stock is deteriorating and a lack of upkeep and maintenance is negatively impacting people's physical and mental health.³¹ The 2016 Federal Budget committed \$574 million over the next 2 years for retrofit and repairs of social housing across the country, but this investment falls short of what is actually needed. Toronto alone requires a matched federal investment of \$864 million over the next 10 years to address the backlog of repairs in the city's social housing sector.³² Without this investment, 90% of Toronto Community Housing (TCH) buildings will fail to meet basic living standards by 2023.³³ The NHS should address this impending crisis by committing increased and sustained Social Infrastructure funding to social housing retrofit and repair, including matched funding for TCH.

The NHS should also commit more Social Infrastructure funding to modify existing housing to accommodate people with disabilities. Structural changes, such as improving sound insulation between units, can assist people with mental health and addiction problems to maintain their housing.

Recommendation #7: *The National Housing Strategy should recommend that social housing providers collaborate with other services to better meet the needs of tenants with mental health and addiction problems.*

Social housing was initially designed for people who can live independently without formal support services. Now, there are a growing number of vulnerable tenants, including people with mental health and addiction problems whose unmet support needs are putting their tenancies in jeopardy.³⁴ To address this issue in Toronto, TCH has collaborated with local partners to focus on the unmet support needs of people with mental health and addiction problems in their most troubled buildings. These pilot projects brought primary care and social service providers together on-site to offer a range of services to tenants. Initial reports indicate that tenants with mental health and addiction problems are improving and the building communities are stabilizing. This type of intervention, however, will not meet the needs of some residents who need more individualized and intensive supports. Partnerships between social housing providers and mental health agencies could help connect these individuals to case management services.

The needs of social housing tenants are changing and social housing must evolve to better address these needs and promote inclusion and well-being. The NHS should highlight the needs of vulnerable social housing tenants, including those with mental health and addiction problems, and recommend better collaboration between social housing, local services and the mental health system to help these individuals maintain their housing. Again, emphasizing the need for more mental health and addiction funding within the renewed Health Accord to provide housing supports would be beneficial.

³⁰ TCH, 2013; ONPHA, 2013

³¹ MHCC, 2012B; OHRC, 2012

³² CCEA, 2015

³³ Ibid

³⁴ ONPHA, 2013

Recommendation #8: The National Housing Strategy should enhance the capacity of the Canadian Mortgage and Housing Corporation to integrate, guide and support Canada’s housing system. CMHC’s mandate should include supportive and social housing.

Affordable and supportive housing in Canada has typically been developed by provinces, territories and municipalities in isolation. There is a disconnection between policy-makers, funders, housing providers and service providers making it extremely difficult to develop a cohesive housing system.³⁵ It also makes it difficult to establish measurement and accountability mechanisms.³⁶ A NHS is a good first step in providing an overall vision, direction and funding to provinces, territories and municipalities to align their policies and programs, but the Canadian’s housing system would also benefit from ongoing guidance and support. Housing system players would benefit from sharing and receiving information on innovative housing programs across the country. Research and evaluation would also help to develop evidence-based Canadian approaches to affordable and supportive housing.

To better align Canada’s housing policies and programs, the NHS should enhance the capacity and expand the mandate of CMHC to lead the development of a more integrated housing system. CMHC should be responsible for providing guidance and support to provinces, territories and municipalities through data collection, analysis and dissemination as well as research and evaluation. Funding coordination will also be crucial. Supportive housing and social housing should be added to CMHC’s mandate and should be a key focus of integration strategies.

Final Thoughts

Safe, affordable and well-maintained housing is imperative for health and social inclusion. Supportive housing is crucial for recovery for people with mental health and addictions problems. We know that the federal government, through the NHS, is committed to ensuring that all Canadians have access to housing that meets their needs and that they can afford. CAMH and Empowerment Council believe that our recommendations will assist in achieving that goal.

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³⁵ MHCC, 2012B

³⁶ OHPHA, 2013; Trillo & Armstrong (2013)

References

- Canadian Centre for Economic Analysis (CCEA). (2015). *Socio-Economic Analysis: Value of Toronto Community Housing's 10-year Capital Investment Plan and Revitalization*. Retrieved from: <http://www.toronto.ca/legdocs/mmis/2015/ah/bgrd/backgroundfile-79525.pdf>
- Canadian Mental Health Association – Ontario (CMHA Ontario). (2008). *Housing and Mental Illness*. Retrieved from: http://ontario.cmha.ca/public_policy/housing-and-mental-illness/#.WDMlQm-2M5
- Centre for Addiction and Mental Health (CAMH). (2012). *Road to recovery: Client experiences in supportive housing*. Retrieved from: http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/Road_to_Recovery-Client_Experiences_in_Supportive_Housing.pdf
- Centre for Addiction and Mental Health (CAMH). (2014). *Housing Policy Framework*. Retrieved from: http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/HousingPolicyFramework_FINAL2014.pdf
- Johnson, G. & Chamberlain, C. (2013). Pathways into adult homelessness. *Journal of Sociology*, 49(1), 60-77.
- Khandor, E. & Mason, K. (2007). *The Street Health Report 2007*. Toronto: Street Health. Retrieved from: <http://www.streethealth.ca/downloads/the-street-health-report-2007.pdf>
- Kidd, S.A., Gursharan, V., Krupa, T., Burnham, D., Hemingway, D., Margolin, I., Patterson, M. & Zabkiewicz, D. (2013). The role of gender in housing for individuals with severe mental illness: a qualitative study of the Canadian service context. *BMJ Open*, 3(e002914).
- Krieger, J. & Higgins, D.L. (2002). Housing and health: Time again for public health action. *American Journal of Public Health*, 92(5), 758-768.
- Gaetz, S. (2014). *Coming of Age: Reimagining the Response to Youth Homelessness in Canada*. Toronto: The Canadian Homelessness Research Network Press. Retrieved from: http://www.homelesshub.ca/sites/default/files/ComingOfAgeHH_0.pdf
- MacKay, K. & Wellner, J. (2013). Housing and health: OMA calls for urgent government action, housing-supportive policies to improve health outcomes of vulnerable populations. *Ontario Medical Review*, 80(7), 10-12.
- Mental Health Commission of Canada (MHCC). (2012A). *Changing Directions, changing Lives: The mental health strategy for Canada*. Retrieved from: <http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>
- Mental Health Commission of Canada (MHCC). (2012B). *Turning the key. Assessing housing and related supports for persons living with mental health problems and illnesses*. Retrieved from:

http://www.mentalhealthcommission.ca/sites/default/files/PrimaryCare_Turning_the_Key_Summary_ENG_0_1.pdf

Mental Health Commission of Canada (MHCC). (2014). *National Final Report: Cross-Site At Home/ Chez Soi Project*. Retrieved from: http://www.mentalhealthcommission.ca/sites/default/files/mhcc_at_home_report_national_cross-site_eng_2_0.pdf

Ministry of Municipal Affairs and Housing (MMAH). (2015). *A place to call home. Report of the Expert Advisory Panel on Homelessness*. Retrieved from: <http://www.mah.gov.on.ca/AssetFactory.aspx?did=11038>

Nelson, G., Hall, G.B. & Walsh-Bowers, R. (1997). A comparative evaluation of supportive apartments, group homes, and board and care homes for psychiatric consumer/survivors. *Journal of Community Psychology*, 25(2), 167-188.

Nelson, G., Aubry, T. & Hutchison, J. (2010). Housing and mental health. *International Encyclopedia of Rehabilitation*. Buffalo, NY: Center for International Rehabilitation Research Information and Exchange.

Ontario Human Rights Commission (OHRC) (2012). *Minds that Matter: Report on the consultation on human rights, mental health and addictions*. Retrieved from: http://www.ohrc.on.ca/sites/default/files/Minds%20that%20matter_Report%20on%20the%20consultation%20on%20human%20rights%2C%20mental%20health%20and%20addictions.pdf

Ontario Human Rights Commission (OHRC). (2015). *By the numbers: A statistical profile of people with mental health and addiction disabilities in Ontario*. Retrieved from: <http://www.ohrc.on.ca/en/numbers-statistical-profile-people-mental-health-and-addiction-disabilities-ontario>

Ontario Non-Profit Housing Association (ONPHA). (2013). *focusON: LHINs and the housing system*. Retrieved from: http://www.onpha.on.ca/onpha/Content/PolicyAndResearch/focusONs/LHINs_and_the_housing_system.aspx

Parkinson, S., Nelson, G. & Horgan, S. (1999). From housing to homes: A review of the literature on housing approaches for psychiatric consumer/survivors. *Canadian Journal of Community Mental Health*, 18(1), 145-164.

Pleace, N. (2011). The ambiguities, limits and risks of Housing First from a European Perspective. *European Journal of Homelessness*, 5(2), 113-127.

The Access Point. (TAP). (2016). *The Access Point: Our Data July 2013-March 2016*. Retrieved from: <http://theaccesspoint.ca/wp-content/uploads/2016/06/TAP-data-2013-2016-updated.pdf>

Toronto Community Housing (TCH) (2013). 2012 Annual Report: Providing affordable housing that makes our city a better place to live. Retrieved from:
<https://www.torontohousing.ca/about/Documents/Annual%20Report%20May%202013.pdf>

Toronto Public Health (TPH). (2011). *Healthy Toronto by Design*. Retrieved from:
https://www1.toronto.ca/city_of_toronto/toronto_public_health/healthy_public_policy/hphe/files/pdf/healthytoronto_oct04_11.pdf

Trillo, S. & Armstrong, R.R. (2013). *Toronto Mental Health and Addictions Supportive Housing Sector Environmental Scan 2013*. Vision Management Services.

Wellesley Institute. (2010). *Precarious Housing in Canada*. Retrieved from:
http://www.wellesleyinstitute.com/wp-content/uploads/2010/08/Precarious_Housing_In_Canada.pdf

Zaheer, J. (2014). *Qualitative evaluation of high support housing for ALC patients with severe behaviours*. Toronto, ON: Centre for Addiction and Mental Health (CAMH).