

# TURNING THE KEY

## Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses

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### ABSTRACT

#### Objective

The *Turning the Key* project is designed to inform the Mental Health Commission of Canada of the current housing and community support needs for people living with mental illness in Canada. The project, which was carried out by researchers at the Centre for Addiction and Mental Health and the Canadian Council on Social Development, provides a comprehensive national scan along a number of different dimensions. The result is designed to support planning and policy work in housing and related supports regionally, provincially/territorially, and nationally.

#### Method

Multiple approaches to gathering information were employed; the eight main methods included: (1) development of provincial/territorial and national reference groups; (2) interviews with key system stakeholders; (3) hosting of webinar consultations; (4) development and distribution of surveys; (5) creation of provincial and territorial 'maps' of the existing housing and related supports; (6) comprehensive literature search and review; (7) site visits; and (8) interviews with international key informants.

#### Results

Over half a million people living with mental illness in the country are either inadequately housed or homeless. The cost of living is rising and the lack of affordable housing is leaving people with mental illness behind. A roof over your head is only part of the solution; adequate supports are needed to further recovery. For housing and service providers, aging housing stock is a major concern given the constant struggle they experience to find funds for maintenance and upkeep. Overall, the level of need for supportive housing across Canada is far greater than the stock that currently exists.

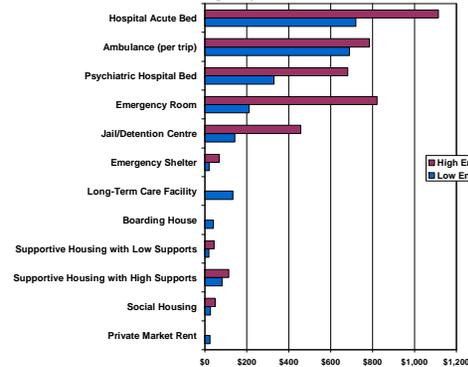
#### Conclusions

Housing is a health issue. Spiraling health care costs are creating a crisis, but strategic investments to address the real causes are in short supply. Initiatives exist across Canada in which planning and assessment for housing and related supports have been undertaken (e.g., *Making it Happen* in Ontario). The housing strategies, poverty reduction strategies, and other relevant initiatives that are already in place make the challenge one of influencing current actions and shaping new ones. We do not need to start from scratch.

As many as **520,700** people living with mental illness are inadequately housed in Canada and among them as many as **119,800** are homeless.

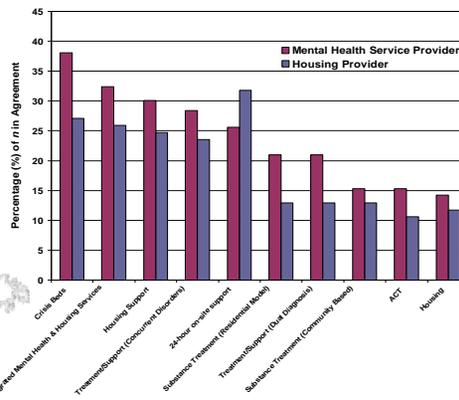
- Recent research suggests that the percentage of people without housing who live with a mental illness may be higher than 50%.<sup>1</sup>
- There are currently 152,077 households on waiting lists across Ontario while rents have increased every year in Canada since 1992.<sup>2</sup>
- 68% of consumers ( $n = 330$ ) agreed that there is a lack of affordable housing while 45% were concerned with the lack of quality housing.
- Income supports was cited most frequently (68%) by consumers as one of the most important factors that should be offered by housing programs. Family members of people living with mental illness ( $n = 183$ ) were in agreement and deemed it the most important (69%).
- Consumers emphasized the value in peer support with 73% of survey respondents ( $n = 330$ ) noting the need for access to peer support.

### Daily or Per Use Costs of Housing, Institutional, and Emergency Services<sup>4, 5</sup>



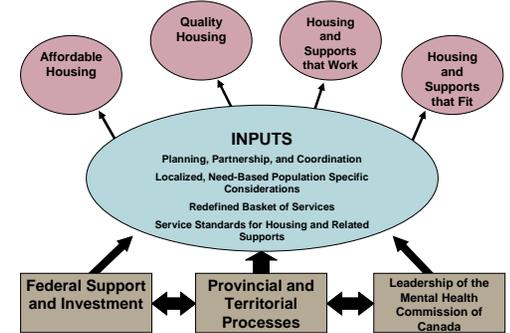
On the topic of supports:  
 "There's a rotating door effect. Every time you get a little better, you lose support and it drags you back down."  
 – webinar participant, consumer

The Ten Most Important Support Needs Not Being Met Among the Clients of Mental Health Service Providers and Housing Providers



### MAPPING OF HOUSING AND SUPPORTS IN CANADA

- The project's mapping determined that there are 25,367 housing units dedicated to people living with mental illness in Canada.
- Challenges observed in the mapping process include:
  - a lack of affordable housing stock
  - housing stock is aging and budgets for maintenance are insufficient to cover repair costs
  - lack of a range of housing and support options
  - differentiating between "clinical" supports and "housing" supports
  - "custodial" housing, which often have a one-size-fits-all model, is not conducive to recovery



### WHAT NEEDS TO BE DONE?

- There is a dire need for an investment in affordable housing stock across Canada. In addition, annual targets to repair aging housing are required.
- Consumers have varying levels of need. Strategies that address housing and supports need to include a range of options, from transitional housing, to independent scattered models, to 24-hour high support housing.
- The basket of services desired by people living with mental illness includes a range of housing supports, health care supports, and peer supports.
- Initiatives with planning and assessment for housing and related supports have been undertaken in many provinces and territories across Canada (e.g., *Making it Happen* in Ontario, *Housing Matters BC*). The challenge is how to influence current actions and shape new ones.
- Action is needed on the national and provincial/territorial fronts for:
  - the development of **partnerships**
  - points of **leadership**
  - identification of housing stock **targets**
  - involvement of the **right players** (i.e., government, housing providers, consumers and their families, mental health service providers)

This project has been made possible through funding from the Mental Health Commission of Canada. The work of the Mental Health Commission of Canada is supported by a grant from Health Canada.

- There is a huge cost to society resulting from inadequately housed people living with mental illness re-circulating through a range of emergency and institutional services (e.g., emergency rooms, hospital beds, emergency shelters, detox centres, jails).
- 1 in 4 people who are vulnerably housed or homeless have been hospitalized overnight at least once in the past year. People with serious mental illness are over-represented by a factor of roughly five in Canadian jails.<sup>1</sup>
- Alternate level of care (ALC) is used to describe hospital patients who no longer require hospitalization but remain in hospital until discharge to a more appropriate level of service (e.g., high support housing). In Ontario, more than 50% of ALC clients are in psychiatric settings, consuming a significant portion of inpatient resources.<sup>3</sup>
- A Toronto-based program, *Streets to Homes*, demonstrates that once individuals are housed, they use fewer emergency services and begin accessing more appropriate ongoing health and community services.<sup>4</sup>
- While there can be a wide variation in costing housing and support models, estimates of **the cost of supportive housing is about ten times less than the cost of institutional care.**