Housing Policy Framework

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Purpose

The purpose of this framework is to:

- facilitate responses to emerging housing policy-related issues
- provide a model for the development and implementation of housing policies that most effectively address the needs of people with mental illness[1]
- share CAMH's perspective on housing policy
- encourage a convergence of research and practice within CAMH and across the system on housing policy issues.

[1] In this document, we use the term "mental illness" to refer to the entire spectrum of mental health issues, including addiction.

Why housing is important for recovery

Housing is a social determinant of health (Canadian Medical Association [CMA], 2013). Without secure, adequate, accessible and affordable housing, physical and mental health can be significantly compromised. The importance of housing for good mental health is specifically referenced in both Canada's and Ontario's mental health strategies (Mental Health Commission of Canada [MHCC], 2012a; Ministry of Health and Long-Term Care [MOHLTC], 2011). As people with mental illness recover and begin to find new hope and purpose in their lives, good housing, often with supports, is needed for successful community re-integration. With the right housing and supports, people with mental illness regain a sense of dignity, self-worth and hope for the future (Addictions and Mental Health Ontario [AMHO], 2013).

Despite the importance of housing for good mental health, as many as 520,700 Canadians with mental illness are inadequately housed, and among those, 119,800 are homeless (MHCC & CAMH, 2012). Widespread poverty among people with mental illness means that many need affordable housing.[2] But unfortunately, a significant shortage of affordable housing means people can wait a long time to get an affordable unit (Ontario Non-Profit Housing Association [ONPHA], 2013a). There is also a significant shortage of supportive housing[3] units for people who need daily or weekly support services, with only 25,367 supportive housing units for people with mental illness in Canada: in Toronto alone, the waiting list for supportive housing grew from 700 in 2009 (MHCC & CAMH, 2012) to 7,092 in 2013 (Trillo & Armstrong, 2013). In addition to a housing shortage, problems with housing supports, poor maintenance and upkeep, a lack of system flow, and policy, planning and co-ordination challenges also hinder the ability of people with mental illness to access and keep affordable and decent housing

In addition to being a social determinant of health, access to adequate housing is recognized internationally as a fundamental human right under Article 25(1) of the United Nations Universal Declaration of Human Rights. While Canada has ratified the UN Declaration, there is no explicit commitment to the right to housing in the Charter of Rights and Freedoms. Canada has also ratified the UN Convention on the Rights of Persons with Disabilities (2008), Article 19 of which states that people with disabilities have the right to "a range of in-home, residential and other community support services including personal assistance necessary to support living and inclusion in the community."

We must ensure the rights of people with mental illness and prioritize their recovery and health by ensuring access to secure, adequate, accessible and affordable housing. To address the housing needs of people with mental illness it is useful to take a social justice approach to public policy that focuses on improving access to and maintenance of housing that meets people's diverse needs.

[2] There are various definitions of affordable housing. For the purpose of this paper, housing is affordable if its cost does not compromise a person's ability to meet other basic needs (e.g., food, clothing)

[3] Supportive housing refers to housing that provides supports that are linked to the units where people with mental illness live. The type and intensity of support varies depending on the needs of the people being served. Most supportive housing is recovery focused.

What we know

Affordable housing that enables people with mental illness to be independent and exercise choice and control promotes recovery and well-being (CAMH, 2012a; Nelson et al., 1997). Stable and secure housing has the potential to improve long-term health and social functioning for people with serious mental illness who have histories of trauma and poor health (MHCC, 2012b).

Supportive housing improves social support, independent functioning, self-esteem and self-responsibility among people with mental illness (Nelson, et al., 1997). It also improves quality of life, while reducing hospital admissions, psychiatric symptoms and substance use (Nelson et al., 2010). People living in recovery-focused supportive housing report that this housing brings them a sense of freedom, privacy, dignity, safety and renewed meaning in their lives. Supportive housing also enables people to reconnect with family and friends and re-engage with employment, education and volunteer opportunities. It can also inspire people to give back to others (MHCC, 2011; MHCC, 2012c).

In Toronto, CAMH, community housing and support providers and the Local Health Integration Network (LHIN) created high support housing opportunities for people with serious mental illness and challenging behaviours who had been hospitalized for many years. People housed through these partnerships report improved recovery, freedom and independence, and connections with needed supports (CAMH, 2012b). Some people said that high support housing was a step toward more independent living, emphasizing that adjusting support levels in housing programs based on people's changing needs can enhance well-being and contribute to a more efficient housing system (MHCC, 2012b).

Secure, adequate, accessible and affordable housing also benefits communities and society as a whole. Although the community often opposes new housing developments for people with mental illness due to concern over crime and property values (Ontario Human Rights Commission [HRC], 2012), there is no evidence to suggest that supportive housing has a negative effect on neighbourhood property values or crime rates (Wellesley Institute, 2008). To the contrary, supportive housing is associated with social cohesion, less visible street homelessness and increased community pride (MHCC, 2012b). Supportive housing significantly reduces people's reliance on hospitals, emergency services, jails and shelters (Butterill et al., 2009; MHCC, 2012b; MHCC & CAMH, 2012; Tsemberis et al., 2004). Therefore, focusing on housing and related supports leads to a more effective and efficient use of public services and long-term cost savings (Gaetz et al., 2013; MHCC, 2012b).

Despite the clear benefits of secure, adequate, accessible and affordable housing, many people with mental illness are homeless or live in substandard accommodations often without appropriate support. The many reasons for this mismatch between housing need and availability include:

- an overall shortage of affordable and supportive housing
- challenges with housing supports
- barriers for people with complex needs
- maintenance issues and poor living conditions
- a lack of flow within the housing system

- policy and planning problems.

Overall shortage of affordable and supportive housing

Many people with mental illness have low incomes and rely on affordable housing typically provided through non-profit organizations and the co-op sector. But because of a serious shortage of this type of housing, many people are left homeless or precariously housed (MHCC & CAMH, 2012). In Ontario there are 158,445 households on the waiting list for rent-geared-to-income housing and wait times can be up to 10 years (ONPHA, 2013b). This situation is unlikely to improve any time soon as both the Canadian and Ontario government are reducing their funding for social housing over the next several years (Shelter Support and Housing Administration [SSAH], 2013). The federal government's Affordable Housing Program / Investment in Housing program will create 14,449 units of rental housing in Ontario; however, due to a lack of ongoing operating subsidies, rent for these units is not geared to income and is still unaffordable to many (ONPHA, 2013a).

Supportive housing for people with mental illness is also in short supply. Due to high demand, people can wait up to six years to be housed in one of the approximately 10,000 supportive housing units in Ontario (as cited in CAMH, 2012b). While waiting, many people with mental illness remain disconnected from the supports and services that they need, and end up getting readmitted to hospital or visiting emergency rooms, shelters, detox centres and jails (MHCC & CAMH, 2012). With emergency shelters costing 10 times more than supportive housing (MHCC & CAMH, 2012) and a hospital bed costing 13 times more than supportive housing (Sirohi et al., 2012), this is an inefficient use of money and resources.

While all people with mental illness are at risk due to lack of affordable and supportive housing, people with serious mental illness and complex needs are in a particularly precarious position. Across Ontario, there are long wait lists and lack of units for people with multiple needs (Ontario Human Rights Commission [OHRC], 2012): in Toronto, only 11 per cent of supportive housing units are considered high support (Coordinated Access to Supportive Housing [CASH], 2013). There is also a significant lack of housing for people with serious mental illness who also have a developmental disability. In Ontario, 12,000 people with developmental disabilities are currently waiting for housing (Housing Study Group, 2013), approximately 2,500 of whom have a dual diagnosis.

From 2008 to 2013, MHCC's At Home / Chez Soi project successfully implemented Housing First[4] by providing rent supplements and individualized support to more than 1,000 homeless people with serious mental illness in five cities across Canada. Ontario has committed to continuing to fund the initiative, which will now be dependent on provincial government support.

Turning the Key (MHCC & CAMH, 2012) highlights several innovative supportive housing projects demonstrating the variation in housing support and funding models across Canada and the success of these models in addressing the needs of people with complex mental illness. Some supportive housing providers have even explored social financing options with private and philanthropic organizations and government support to increase housing stock. But these efforts are still not enough. MHCC predicts that 100,000 new units of supportive housing, with varying levels of support, are required across Canada in the next 10 years to just begin to address the housing need (MHCC & CAMH, 2012).

[4] Housing First is an evidence-based housing model where people with mental illness who are homeless are provided with permanent housing and individualized supports without being required to get treatment first.

Challenges with housing support

While most people with mental illness are able to use their own resources to live successfully in the community, others need housing supports to maintain their tenancy. Unfortunately, this support is not always available, appropriate or sensitive to gender or cultural norms (MHCC & CAMH, 2012).

Fifteen per cent of Toronto Community Housing households have at least one member with a mental illness (Toronto Community Housing, 2013), and social housing providers across Ontario are growing increasingly concerned about the number of their tenants whose mental illnesses and unmet support needs are putting their tenancies in jeopardy (ONPHA, 2013c). Lack of resources and poor collaboration between the mental health and housing systems are believed to be exacerbating this problem.

People living in supportive housing can also struggle to get the right type of support. Without standard definitions for ”low,” ”medium” and “high” support (Trillo & Armstrong, 2013) or a standardized tool for accurately determining a person’s housing support needs and preferences (MHCC & CAMH, 2012), people do not always receive the most appropriate services. Even when they do receive the right support, they risk losing it if they move as support services are often tied to a specific housing provider rather than to the person receiving the support (MHCC & CAMH, 2012).

Some people with mental illness need housing supports that further recognize their lived experiences. Women with mental illness can be particularly vulnerable: without housing and supports that address their unique needs, these women—and often their children—can be at risk of further exploitation and marginalization (Kidd et al., 2013). A lack of culturally appropriate housing supports, notably for Aboriginal people, can negatively affect housing success (MHCC & CAMH, 2012). People with mental illness who use substances need housing that offers a range of supports based on their recovery goals. Popular Housing First models do not provide the abstinence focus that some people need (Pleace, 2011).

Barriers for people with complex needs

With the right housing and supports, many people with serious mental illness and complex needs (e.g., legal involvement, concurrent disorders, dual diagnosis, older adults) live successfully in their communities. Some people, however, require a level of support that existing housing staff and funding models are unable to provide (ONPHA, 2013c; Trillo & Armstrong, 2013) and are vulnerable to being rejected from supportive housing and long-term care facilities because they are considered too difficult (OHRC, 2012). Because of this, people with mental illness and complex needs often remain in hospital longer than necessary, or are housed in non-recovery focused board and care homes.[5]

People who are in hospital longer than they need to be are identified as requiring an alternate level of care (ALC). Patients identified as “ALC” are likely to have schizophrenia, a dual diagnosis and/or co-occurring physical illnesses along with behavioural problems. Many have also been involved with the legal system (Butterill et al., 2009). At CAMH, about one-fifth of inpatients are ALC and most are waiting for high support housing (41 per cent), long-term care (25 per cent) or housing for people with a dual diagnosis (13 per cent). Because of the complexities of their

[5] Board and care homes (also known as custodial housing models) take a deficits-based approach to providing housing and services to people with mental illness. Meals and medications are provided by household staff who do not typically have training in the mental health or addiction field. Residents have little choice over roommates and their daily activities.

needs and the fact that many have spent years in the hospital, transitioning to housing can be challenging. Even those who successfully transition can become ill and deteriorate quickly in the community without specialized clinical care. A lack of ongoing connection or continuum of care between hospital and community makes maintaining high support housing particularly challenging for people with complex needs.

To address barriers to housing for people with complex needs in Toronto, CAMH has, over the last several years, embarked on creative partnerships with private landlords, municipally-funded housing providers and existing high support housing and service providers to create housing for more than 156 ALC patients and others with complex needs. Specific attention was given to building relationships between CAMH clinicians and housing support staff to ease patients' transition to the community and provide them with quick access to acute clinical care when needed. These partnerships have been successful in helping people with serious mental illness and complex needs find and maintain housing, but the scope of the project still does not match the needs in Toronto and across the province.

Some people with serious mental illness end up living in board and care homes (also known as custodial housing) because of the 24-hour care and supervision provided and the willingness of these homes to take people with complex needs. Private operators (usually licensed homeowners rather than mental health professionals) provide board and care in homes of various sizes throughout Ontario. Most rooms are shared by at least two people. This type of housing does not recognize individuals' strengths and provides a one-size-fits-all model of care. Custodial housing can have a negative effect on recovery and quality of life and is associated with a loss of social supports, independence and work opportunities (CAMH, 2012a). In New York state, it is now illegal for people with mental illness to be "warehoused," as Secret (2013) described it, in these types of settings and they must be given the option to move to supportive or supported housing[6] instead.

Innovative pilot projects within the developmental and mental health housing sector are beginning to transform some traditional custodial housing into individualized, recovery-focused environments. However, it will be difficult to change assumptions held by many in the custodial housing sector, namely that people with serious mental illness and complex needs cannot recover and will need to be taken care of for the rest of their lives. Change will be especially difficult where legislative restraints, such as the Homes for Special Care Act, exist, which impose strict operating guidelines for licensed homes. These guidelines limit the ability of operators to provide recovery-focused care; for example, they have rules restricting residents' use of the kitchen, thus preventing them from learning to cook.

Maintenance issues and poor living conditions

Even when people with mental illness have found affordable housing with appropriate levels of support, other housing challenges can arise. Lack of funding for affordable and supportive housing has made it difficult to maintain and repair units and has resulted in aging and deteriorated housing stock that has been described as "dire" (MHCC & CAMH, 2012). Residents have reported conditions such as bedbug infestations, mould, fire hazards, heating problems and units in general disrepair (OHRC, 2012). Such poor living conditions can make people feel vulnerable and fearful for their safety, which ultimately has a negative effect on their physical and

[6] Supported housing is similar to supportive housing, except that supports are not linked to the units where people with mental illness live. Housing is recovery focused and supports are individualized. If people move from their housing unit, their supports will remain with them.

mental health (MHCC & CAMH, 2012; OHRC, 2012). People may also be wary of complaining about poor conditions for fear of being evicted and losing the only housing that they can afford (OHRC, 2012).

The poor living conditions of people with mental illness are magnified in the Aboriginal community, particularly among those who live on reserves, and who are already dealing with inadequate water and sewage systems and overcrowding (MHCC & CAMH, 2012).

Lack of flow within the housing system

Once in supportive housing, it is difficult for people to move within and out of the system even when their housing and support needs change. Much of this stagnation is due to the overall lack of affordable and supportive housing, but other factors also affect flow within the housing system, such as the priority given to people who are homeless or at risk of homelessness to fill vacancies. Although it is important that these people access supportive housing, it means that other tenants cannot move within the housing system and may remain in housing that does not adequately match their needs.

The way that support needs are assessed and how these supports are provided also affect housing system flow. A lack of standardized housing support levels and assessments makes it difficult to determine who will benefit from moving to housing with greater or lesser supports (MHCC & CAMH, 2012; Trillo & Armstrong, 2013). People who have the option to move may choose not to for fear of losing support services that are tied to their current housing provider (MHCC & CAMH, 2012). Others who are ready to move from high to lower support housing often turn down the opportunity because high support units tend to be independent (vs. shared) and better maintained. People may also be unaware that moving within the supportive housing system is an option. A group of tenants living in Toronto supportive housing said that they did not know that they could move to other programs and expressed interest in hearing about their options (Hopkins, 2012).

The Toronto Central LHIN's ALC strategy recognized the lack of system flow, and—in addition to creating high support housing opportunities—also developed a co-ordinated system response that created 15 "step-down" units where tenants who were interested in moving from high support housing could move into medium support units, thus freeing up existing high support units into which patients identified as ALC could move. Although this initiative helped create some flow within the system, it is only a small-scale, localized project. A similar initiative in the dual diagnosis sector supports the discharge of patients identified as ALC from hospital into transitional treatment beds in the community. However, 23 out of 29 of these transitional beds are currently blocked due to a lack of permanent step-down units appropriate for these patients (Toronto Community Network of Specialized Care, 2014)

While experts in the field recognize that the problem of housing system flow needs to be addressed, they want to ensure that any enhanced flexibility does not come at the expense of people's right to remain in the housing of their choice. Most people in supportive housing are tenants with legal rights who should not have to move if they don't want to or are not ready to, and should have their decisions respected. Within the Toronto supportive housing sector, there is an emphasis on "tenant directed moves" that are flexible and non-invasive (CASH, 2013).

Policy and planning problems

The myriad of housing challenges experienced by people with mental illness are influenced by broader policy and planning problems. Canada is one of the few countries in the world that does not have a national housing strategy recognizing the government's commitment to, and plan for, housing its most vulnerable citizens. Several attempts have been made to lay the groundwork for the development of a national housing strategy in Canada; these include the most recent Bill C-400 (An Act to ensure secure, adequate, accessible and affordable housing for Canadians), which was defeated in Parliament in 2013.

Without a national housing strategy, proactive housing planning is a challenge. Instead, planners and policy makers are reactive and crisis focused as they attempt to address the ever-growing need for affordable and supportive housing across the country (MHCC & CAMH, 2012). Housing is thus developed in a vacuum without a clear understanding of the specific housing and support needs of people with mental illness (CAMH, 2002; MHCC & CAMH, 2012).

Various municipal, provincial and federal housing policy activities exist across Canada, but without an overall housing strategy or proper planning, there is a disconnect between these activities. Funding, program and legislative differences across regions, provinces and territories have led to initiatives that are disorganized and unco-ordinated (MHCC & CAMH, 2012). The Policy Research Initiative of Canada notes that the failure to connect housing policy initiatives with broader social policy activities is also an issue that "can reduce the effectiveness of individual housing policies, miss opportunities to address broader socio-economic priorities, and complicate efforts to increase coordination or determine appropriate investments in this policy area" (as cited in MHCC & CAMH, 2012, p. 65).

Disconnect between policy-makers, funders, housing providers and service providers within the housing and mental health systems makes it extremely difficult to develop an effective and appropriate housing and support system for people with mental illness (MHCC & CAMH, 2012). This disconnect also makes it difficult to establish measurement and accountability mechanisms that are beneficial to all stakeholders (ONPHA, 2013c; Trillo & Armstrong, 2013). In addition, the lack of co-ordination between housing programs and other social programs can be stressful and inconvenient for people with mental illness. The competing requirements for housing and social assistance programs can keep many people in poverty even while they try to raise their income through employment (OHRC, 2012). In some circumstances, the lack of co-ordination between these programs can lead to a loss of housing.

Principles for a comprehensive Canadian approach to housing for people with mental illness

1.
People with mental illness should have secure, adequate, accessible and affordable housing.

Examples of action that results from this principle:

- Housing is recognized as a human right, a social determinant of health and a fundamental component of recovery.
- People with mental illness are protected from discriminatory housing practices and are recognized as full tenants.
- People with mental illness live in housing that is well built and well maintained.
- Housing accommodates people's various needs and meets AODA [Accessibility for Ontarians with Disabilities Act] standards.
- There are a range of affordable housing options (e.g., rent supplements, housing benefits, social housing, co-op housing).
- There is investment in new affordable housing.

2.
People with mental illness should have a range of recovery-based housing and support options that meet their diverse needs.

Examples of action that results from this principle:

- People with mental illness have choice about the housing that they live in and the support that they receive.
- There is a range of housing and support options (e.g., scattered units,[7] congregate living,[8] gender-specific residences, culturally appropriate programs, supportive and supported housing, permanent housing, transitional housing, Housing First models.
- There is a continuum of supportive housing, including low, medium, high, and very high support. Support levels are standardized and clearly defined.
- Housing support staff are knowledgeable, well trained and work in partnership with clinical support providers.
- Housing support is person-directed, flexible and accommodating of people's changing needs.
- There is integration and collaboration between housing and mental health services. A continuum of care exists between housing and hospital inpatient services for people with mental illness who have complex needs.
- There is investment in new housing and support options.

[7] Supportive and supported housing units are "scattered" when they are dispersed within and across buildings that are not specifically dedicated to people who need assistance with housing, including those with mental illness.
[8] Congregate living refers to supportive housing situations where people with mental illness live together in one building or house.

3.
The supportive housing system should be flexible and designed to meet changing needs and priorities.

Examples of action that results from this principle:

- Supportive housing wait lists prioritize those most in need of housing.
- Standardized tools and assessments are used to ensure that new and current supportive housing tenants receive the appropriate level of housing support based on their needs and preferences.
- People already in the supportive housing system are provided with the opportunity to move to housing that offers different levels of support based on their recovery goals.
- Flexible funds are available to provide transitional support to people moving into and/or within the housing system.
- People who no longer need supportive housing are able to move into the affordable housing sector without losing access to support services.

4.
Governments at all levels should demonstrate their commitment to housing for people with mental illness through laws, policies and programs.

Examples of action that results from this principle:

- Canada develops a national housing strategy with a clear vision and measurable targets for providing affordable and supportive housing. Funding is provided to meet these targets.
- Each province, territory and municipality has an immediate, short-term and long-term affordable and supportive housing plan with measurable targets. Funding is provided to meet these targets.
- Housing plans include dedicated funding to create new, and maintain existing, affordable and supportive housing stock.
- Housing plans include innovative strategies to develop or enhance supportive housing stock to better meet the needs of people with mental illness (e.g., social financing, technological "smart houses[9]").
- Funding is provided only to recovery-focused housing providers.
- Municipalities have inclusionary zoning measures and offer incentives to developers building affordable and/or supportive housing for people with mental illness.

[9] "Smart house" refers to the use of technology to help people who need assistance in their homes to become more independent. Smart houses have been identified as a potential new opportunity within the developmental services sector.

5.
Laws, policies and programs should encourage cross-governmental and cross-sectoral collaboration to co-ordinate and streamline housing and related services for people with mental illness.

Examples of action that results from this principle:

- Canada develops a national housing strategy with input from all levels of government and experts in the field.
- Provincial affordable and supportive housing plans are developed with input from various Ministries (e.g., housing, health, social services).
- Provincial and municipal affordable and supportive housing plans are developed with input from government, housing providers, support providers, hospitals and health care providers, and people with mental illness and their families.
- National, provincial and municipal housing plans have consistent objectives, targets and methods for data collection and analysis.
- Affordable and supportive housing are part of other national and provincial strategies, polices and frameworks.
- Housing and support systems—along with their waitlists—are co-ordinated.
- Housing providers (non-profit and private), support providers, hospitals and health care providers work together to create housing for people with mental illness and complex needs.
- Housing and social assistance programs are co-ordinated to ensure people with mental illness do not lose their housing or experience unnecessary risks or stress due to incompatible requirements.

6.
Government decisions and legislation should be based on evidence and best practices, and research in the area should be supported.

Examples of action that results from this principle:

- Government decisions are grounded in a thorough understanding of the importance of secure, adequate, accessible and affordable housing for good mental health.
- Government decisions are informed by best evidence on positive and negative impacts of different approaches to housing for people with mental illness (e.g., recovery-oriented housing versus custodial housing).
- All housing policy and programs are subject to rigorous and transparent evaluation.
- Government provides support and funding for research and evaluation on Canadian-based approaches to housing for people with mental illness.

Conclusion

Secure, adequate, accessible and affordable housing is necessary for good mental health. People with mental illness have a right to housing and supports that promote health and recovery. A social justice approach that focuses on improving access to, and maintenance of, housing that meets peoples' needs can help ensure that there are a range of well maintained housing and support options; a flexible housing system that adapts to people's changing needs; and policies and programs that are collaborative, co-ordinated and accountable. All levels of government need to co-operate to meet the housing needs of Canada's citizens.

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