

A Doorway to Success: Housing and Supports



**Ontario Federation of Community
Mental Health and Addiction Programs**

Sharing Resources, Exploring Common Issues

Introduction

Housing is a fundamental right that all persons are entitled to and that is protected under the Ontario Human Rights Code (Ontario Human Rights Commission, 2010). It is also a right under the UN Convention on the Rights of the Disabled which Canada ratified in March 2010. Yet even with this right, many people with mental health and addiction issues across the province continue to lack access to housing, especially supportive housing.

Housing with supports is critical for the recovery of people living with mental health and addictions issues. Safety, security, and improvement in overall physical and mental health are well known benefits. Most importantly, it can improve quality of life. Clients in supportive housing report better overall health and greater optimism and self-confidence than those living in other settings (Wellesley Institute, 2009). Notably, many people that go through high needs support housing eventually move onto a more independent environment (Centre for Addiction and Mental Health, 2009).

Good housing is also vital to the operation of the mental health and addictions system. Ontario has determined that too many hospital beds are being occupied by people who do not need to be there. High support housing is the solution to this problem. Research shows that the existence of supportive housing and community mental health services reduces hospitalization by anywhere from 60 to 89 per cent (Frontenac Community Mental Health Services, 2004; Waterloo Regional Homes for Mental Health, 2004; Canadian Mental Health Association- Toronto, 2004; Centre for Addiction and Mental Health, 2006). Furthermore, more than 20 people can be maintained in supportive housing for the cost of one psychiatric hospital stay.

Supportive housing also reduces pressures on the justice system. Currently, people living with mental illness are overrepresented in prisons across Canada; a study of inmates in an Edmonton prison found that the prevalence of schizophrenia and histories of manic episodes was as high as five times that of the general population (Bland, 2000). Across Ontario, there are currently 8,395 people in prisons at an average yearly cost of \$65,689 per person, which equates to more than \$550 million spent per year (Howlett, 2011). Research on *Streets to Homes* (City of Toronto, 2009) found a 68% reduction in jail admittances once people were placed in housing.

Since 2003, the Government of Ontario has made investments into supportive housing including:

- More than 35,000 rent supplements to help low-income Ontarians, and built and repaired over 270,000 units
- More than 2.5 billion for repairs, new construction and rent supplements (Ministry of Municipal Affairs and Housing, 2010)

However, much more support is needed for consumers and their families. Intensive case management (ICM) and assertive community treatment (ACT) are the support services that are often conceptualized as being needed by consumers, but “support” must be thought of

in a broader context. Access to good housing with support is the foundation that allows these other services to have maximum impact.

The following numbers show that more needs to be done:

- As of January 2011, 152,077 households were on waiting lists for assisted housing in Ontario – a 7.4% increase from 2010 (ONPHA, 2011)
- Wait lists in Toronto have increased from 700 people to over 3,000 in only 1.5 years (CASH, 2010)
- In 2007, over 9,500 people in Ontario receiving addictions treatment reported no fixed address (CMHA, 2010)
- Over 50% of inpatients classified as ALC (meaning they can live outside of hospital if high support housing exists) have mental health diagnoses.

The Government of Ontario must make a commitment to increase access to supportive housing for people with mental health and addictions issues in order to alleviate the rising waiting lists across the province.

Housing is a right, which must extend to housing with supports. Until the government increases access, and recognizes supportive housing as a right, people with mental health and addictions issues will continue to face homelessness, instability, and insecurity. By working together with mental health and addiction services, the Government of Ontario can improve the lives of people with mental health and addiction issues and more cost-effectively provide supports to the people of Ontario.

The Ontario Federation of Community Mental Health and Addiction Programs believes that housing with supports is crucial for recovery from mental health and addictions issues. Housing and Supportive Housing is the cost effective solution that will improve the quality of life for many.

OFCMHAP is calling on all parties and the next Government of Ontario to:

1. Increase the availability of high support housing to ensure a smoother transition back into the community and a better quality of life for persons in recovery.
2. Guarantee a bank of rent supplements across Ontario to better support transitions to independent housing, increasing access to supportive housing for people who need it.
3. Increase the number of purpose-built housing units to provide better access to long-term supportive housing and to decrease housing wait lists for people with mental health and addiction issues in Ontario.

High Support Housing:

Increase the availability of resources for high support housing to ensure a smoother transition back into the community and a better quality of life for persons in recovery.

The Ontario Human Rights Commission recognizes safe, accessible and affordable housing as a human right (2010). This right must include all forms of housing, particularly high support housing.

High support housing provides around the clock support, with ongoing access to services and assistance with daily tasks. This form of housing is crucial for people who have experienced prolonged periods of hospitalization, homelessness, or incarceration, and those with dual diagnosis. High support housing is essential to ensure a smooth transition back into the community, and to promote quality of life, independent living, and recovery. People report a better quality of life in high support housing than during hospital inpatient stays. Families of clients also express a preference for this form of housing.

Currently, only 7% of supportive housing stock in Toronto is high support housing (The High Support Housing Consortium, 2009). The dearth in high support housing stock has tremendous impacts on alternative level of care (ALC) clients (i.e., hospital patients who no longer require hospitalization but remain in hospital until suitable housing can be found). With ALC clients, a considerable amount of inpatient resources are wasted due to the lack of community housing options, especially high support housing. A study by researchers at the Centre for Addiction and Mental Health noted that there would be significant cost savings on the use of hospital beds if ALC clients had access to high support housing upon their release from hospital (Butterhill, Lin, Durbin, Lunskey, Urbanoski, & Soberman, 2009). The study found that 43% of long-term psychiatric ALC clients in Ontario were re-admitted to hospital within 30 days of discharge.

A new study by Lin, Diaz-Granados, Stewart, and Bierman (2011) further highlights the importance of transition planning with clients leaving the hospital. Findings showed that 25% of Ontarians hospitalized for depression were either readmitted or visited an ER within 30 days of discharge. A more integrated and coordinated system of care could save the healthcare systems upwards of \$8 million and 14,000 hospital days (Lin et al., 2011). Having sufficient high support housing stock creates an important step-down option, as many people who spend time in high support housing eventually move on to live in more independent environments (Butterhill et al., 2009). High support housing as part of a full continuum of housing options is crucial for the recovery of Ontarians.

Many people with mental health and addictions issues do not have access to high support housing. Inadequate funding has resulted in long wait lists. People waiting for this housing continue to utilize more expensive and less effective services. Clients' needs change over time, and a full range of housing alternatives is necessary to accommodate individuals at different stages in the recovery process (Centre for Addiction and Mental Health, 2009). The Government of Ontario must substantially increase the amount of funding for high

support housing to improve overall access and to support the recovery of people living with mental health and addiction issues.

Bank of Rent Supplements:

Guarantee a bank of rent supplements across Ontario to better support transitions to independent housing. Helping people to live independently will increase access to supportive housing for people that need it.

Housing that is affordable, safe and secure is critical for people with mental health and addiction issues to move towards recovery. Without adequate supports and incentives to move to independent housing, people wanting to make this transition will be forced to stay in supportive housing indefinitely.

Moving from supportive to independent housing can be overwhelming for people with mental health and addiction issues. The transition is a difficult step for vulnerable people, but if they are ready it is a key step to recovery. In making the transition, however, they come face to face with a more basic problem – paying the rent. Disability benefits are not adequate to cover the cost of independent housing. The Ontario Disability Support Program offers a single person a maximum of \$469 in shelter allowance per month, which is far below the market rent (Ministry of Community and Social Services, 2008).

The government of Ontario must take responsibility for people that are transitioning from supportive housing to independent living. Housing is a human right, and people with mental health and addictions issues require secure, affordable, accessible and safe housing. Creating a bank of rent supplements for people who are ready to transition to independent housing ensures a safety net so individuals can complete their recovery. Furthermore, it facilitates greater access to supportive housing for those who need it most.

Purpose-Built Housing:

Increase the number of purpose-built housing units to provide better access to long-term supportive housing and to decrease wait lists for people with mental health and addiction issues in Ontario.

The demand for new purpose-built housing is conservatively estimated at 10,000 homes per year for the next decade – an increase of more than 6,000 homes per year over the average needed during the past ten years (ONPHA, 2010). With more than 21% of people with a disability living in poverty, addressing the housing and support needs of individuals with mental health and addiction issues is crucial. In its 2008 annual report, the Ontario Auditor General identified a need for 23,000 supportive housing units for this population. Currently, there are only 8,500 supportive housing units for people with mental health and addictions issues in Ontario (CASH, 2010). With wait lists ranging anywhere from 1 to 6 years, there is a clear need for a substantial increase in the number of units (footnote).

Purpose-built housing is crucial to increase access to supportive housing units. By increasing the number of purpose-built housing units across Ontario, the government will be able to directly address long wait lists. This will not be an immediate solution, as the construction process may take several years. However, purpose-built housing is critical to support people with mental health and addictions issues in their recovery.

A study by the Mental Health Commission identifies that as many as 520,700 people living with mental health and addiction issues are inadequately housed across the country, and 119,800 are homeless. The report will be recommending a target of 100,000 units to be developed over the next 10 years as a starting point.

To decrease wait lists and provide greater access to supportive housing, the government must commit to financing 30,000 units of supportive housing in Ontario. Without this commitment, wait lists will continue to grow.

Conclusion

A three part strategy, as recommended in this document, is needed to address the complex needs of people living with addiction and mental health issues. Ontario has developed the housing models that are needed and the base of organizations to operate them. Addiction and mental health providers are ready to collaborate to ensure that the right housing options are available to all Ontarians. The next step is a full commitment by all potential parties and the next government of Ontario to meet the needs of all Ontarians with mental health and addictions issues