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Housing and Mental Health Policy Framework

February 2022



CAMH Policy



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About CAMH

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 conducts groundbreaking research, provides expert training to healthcare professionals and scientists, develops innovative health promotion and prevention strategies and advocates on public policy issues with all levels of government.

CAMH's strategic plan for 2020-2023, *One CAMH*, re-affirms our commitment to promoting public policies that are responsive to the needs of people with

mental illness, including substance use disorders. As one of the three pillars of this plan, CAMH is committed to 'Inspire' by building a world where prejudice and discrimination that create barriers to belonging for people with mental health illness no longer exist – a world where Mental Health is Health. CAMH aims to be a champion for health equity, social justice and inclusion. To help achieve these goals, CAMH communicates evidence-based policy advice to stakeholders and policymakers.

About this document

This report is part of a series of policy framework documents that review evidence, summarize the current environment and propose evidence-informed principles to guide public policy in Ontario.ⁱ It updates CAMH's 2014 Housing Policy Framework to reflect and account for new evidence and recent policy developments. Its purpose is to provide a model for housing and mental health policies that effectively address the needs of people with mental illness, including those with substance use disorders.

i The other CAMH policy frameworks focus on alcohol, cannabis, criminal justice, prescription opioids, primary care and problem gambling. They can be found at <https://www.camh.ca/en/driving-change/influencing-public-policy>.

Executive Summary

Safe, affordable and good quality housing is important for health, wellbeing and inclusion and is a key component of recovery for people with serious mental illness. Evidence-informed supportive housing leads to improved personal, health and social outcomes for people with serious mental illness, including those who have long histories of hospitalizations, trauma and complex needs. Affordable and supportive housing benefits communities and contributes to long-term cost savings for governments. Despite these benefits, there is a critical lack of affordable and supportive housing in Canada, which has been exacerbated by the COVID-19 pandemic.

In this paper, we look at the various reasons for the mismatch between the housing and support needs, and housing opportunities for people with serious mental illness. Mental health stigma and discrimination plays a key role and contributes to further challenges. In addition to an overall shortage of affordable and supportive housing units, support services are not always available or appropriate. People with serious mental illness and complex needs have difficulties accessing the supportive housing programs that best meet their needs. Those with multiple marginalized identities, such as Indigenous, Black, racialized and 2SLGBTQ+ peoples, face further barriers to housing and supports, including systemic racism, discrimination and violence. People with serious mental illness also get 'stuck' in the supportive housing system and experience poor living conditions. Policy and planning problems contribute to the overall mismatch between housing and support needs and housing opportunities for this population.

Fortunately, good housing policy that is aligned and integrated with mental health policy can lay the groundwork for addressing the affordable and supportive housing crisis in Canada and improving the lives of people with serious mental illness. This paper offers governments and decision-makers recommendations for developing comprehensive housing and mental health policy and provides the following six principles as guidance:

- Housing must be recognized as a key determinant of health and a core component of recovery for people with serious mental illness.
- People with serious mental illness should have good quality, affordable and supportive housing of their choice.
- People with serious mental illness should have the supports they need to live successfully in the community.
- Equity, diversity and inclusion must be embedded in all affordable and supportive housing.
- Housing policy and practice should be coordinated, integrated and collaborative.
- Housing policy and practice should be based on evidence and research in the area supported.

How good housing policy contributes to mental health

Housing is a key social determinant of health.¹ Safe, affordable and good quality housing is imperative for good physical and mental health² and is a significant component of recovery and wellbeing for people with serious mental illness.^{ii,3} Conversely, when housing is not safe, affordable or good quality, people are more likely to experience negative health and wellbeing outcomes. Poor housing further exacerbates structural inequities based on income, gender, race and ethnicity. Good housing is the cornerstone of inclusive communities. When people have good quality, affordable housing that meets their needs they are more likely to engage with and contribute to their communities.⁴

Despite the importance of housing for health, wellbeing and inclusion, there is a critical lack of safe, affordable and good quality housing in Canada. People with serious mental illness are over-represented among those experiencing homelessness or housing instability.⁵ The recent COVID-19 pandemic magnified the affordableⁱⁱⁱ and supportive^{iv} housing crisis and highlighted the precarious living situations of people with serious mental illness that have persisted in Canada for years. People living in tent encampments – and being forcibly removed by police - have become the norm in our biggest cities. The dire lack of housing is straining our shelter system and other social services systems. It is also extremely costly for our governments. People who are under-housed or inadequately housed are more likely to rely on the healthcare system, which costs significantly more than providing safe, affordable and good quality housing.⁶

When housing policy is well-developed, well-implemented and well-funded, it can lay the groundwork for addressing the affordable and supportive housing crisis and improving the health of people who live in Canada. When it is aligned and integrated with mental health policy, it can contribute to the recovery of people with serious mental illness. Good housing policy also helps Canada fulfil its commitments under the United Nations Universal Declaration of Human Rights (25(1)) and United Nations Convention on the Rights of Persons with Disabilities.

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- ii Serious mental illness refers to a mental, behavioral, or emotional disorder that results in serious functional impairment and substantially interferes with or limits one or more major life activities. For the purposes of this paper, serious mental illness includes a range of illnesses, including substance use disorder.
 - iii Affordable housing refers to housing that costs less than 30% of a household's before-tax income thus allowing low and moderate- income households to afford other basic needs. For the purposes of this paper, affordable housing refers to affordable rental housing which is typically subsidized by the government.
 - iv Supportive housing refers to affordable housing with wrap-around supports for people who have difficulties living independently or maintaining their housing. Supports are available on-site and/or off-site, in individual apartments, dedicated buildings or shared houses. In Ontario, funding for supportive housing comes through various programs and different Ministries. In this paper, supportive housing refers to the range of housing and associated supports for people with serious mental illness, including designated mental health supportive housing and Housing First, an evidence-based model of supportive housing for people experiencing homelessness.

What we know

It is well-recognized that when people with serious mental illness have stable, affordable housing with flexible supports, health and wellbeing are enhanced.⁷ Recovery-focused supportive housing improves personal, health and social outcomes for people with serious mental illness, including those who have long histories of hospitalizations, trauma and complex needs.⁸ Supportive housing improves social support, independent functioning and self-esteem among people with serious mental illness.⁹ It also improves quality of life, while reducing hospital admissions, psychiatric symptoms and substance use.¹⁰ With the right housing and associated supports people with serious mental illness gain a sense of dignity, self-worth and hope for the future.¹¹ Supportive housing also gives people with serious mental illness 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.¹²

Safe, affordable and good quality housing with supports also benefits communities and society as a whole. Supportive housing is associated with social cohesion, reducing visible street homelessness, and increasing community pride.¹³ There is no evidence that supportive housing has a negative effect on property values or crime rates in a neighbourhood.¹⁴ In addition, housing with supports significantly reduces people with mental illness' reliance on hospitals, emergency services, jails, and shelters¹⁵ and is a more effective and efficient use of public services, leading to long-term cost savings.¹⁶

Despite the clear benefits of affordable and supportive housing, many people with mental illness are homeless or inadequately housed and do not receive the amount and types of support they need to live successfully in the community. We know that there are many reasons for the substantial gap between the housing and support needs and housing opportunities for people with serious mental illness. At the core is mental health-related stigma and discrimination whereby housing and supports for people with serious mental illness are not a priority for governments and communities. This contributes to other problems, including:

- an overall shortage of affordable and supportive housing;
- challenges with support;
- barriers to access;
- lack of flow within the housing system;
- maintenance issues and poor living conditions; and
- policy and planning problems.

Overall shortage of affordable and supportive housing

Many people with serious mental illness live on low incomes and require affordable housing to live in their communities. Affordable housing is typically provided in buildings supported by non-profit organizations and the co-op sector, or through rent supplements to access market rent housing in the community. There is a severe shortage of affordable housing in Canada. The most recent review of waiting list data in Ontario found that there were 186,000 households, representing 481,000 people, waiting for affordable housing in the province.¹⁷ The number of households on the waiting list increased by 36% from 2003 to 2016.¹⁸ During this time, wait times ranged from almost 2 years to over 9 years depending on the region of the province, and only about 5% of people were housed each year.¹⁹ In 2020, the Ontario Non-Profit Housing Association estimated that approximately 69,000 new units of affordable housing would be needed over the next 10 years to meet the growing demand.²⁰ They also noted that Ontario required 22,000 new Indigenous-owned and operated affordable housing units over the coming decade.²¹

There is also a significant shortage of supportive housing for people with serious mental illness requiring some level of assistance to live successfully in the community. Ontario has about 23,000 units of supportive housing for people with serious mental illness and/or those experiencing chronic homelessness, including 12,700 designated mental health supportive housing units funded by the Ministry of Health.²² The demand for supportive housing in the province far exceeds supply, and experts have repeatedly highlighted the immediate need for 30,000 new supportive housing units across

Ontario.²³ In Toronto, over a two-year period, 4,000 new people with serious mental illness applied for designated mental health supportive housing, while only 600 were housed during that time.²⁴ Almost 60% of people waited 2 or more years for housing, and 10% waited 4.5 years or more.²⁵ People with serious mental illness and complex needs who need 24-hour high support housing can wait up to 5 years.²⁶ The majority of applicants for mental health supportive housing in Toronto would prefer to live in an independent self-contained apartment.²⁷ Current wait times for these units are up to 3 years for an applicant who meets homeless criteria and up to 7 years for someone who is currently (though, likely inadequately) housed.²⁸ While designated mental health supportive housing is in high demand in Toronto, experts note that people with serious mental illness often prefer to live in supportive housing where they have their own affordable housing unit and receive off-site supports from a separate service provider – but this type of supportive housing is rare.



Wait times for designated mental health housing (over a two-year period)

There is a clear and growing need for more affordable and supportive housing for people with serious mental illness. While governments at all levels have committed to investments in affordable and supportive housing,²⁹ a critical shortage remains and many people with serious mental illness continue to live in shelters, hospitals and jails³⁰ at a significant cost to the system³¹ and to their health.

Challenges with support

While some people with serious mental illness require support to maintain a successful tenancy, it is not

always available or appropriate.³² Most affordable housing providers function as landlords and are not funded to provide support services to their tenants. This means that there are people with serious mental illness living in affordable housing units who may not be receiving the supports they need, putting themselves and others at risk.³³ In 2013, community-based affordable housing providers across Ontario identified a growing number of vulnerable tenants, including people with mental illness, whose unmet support needs were putting their tenancies in jeopardy.³⁴ In Toronto Community Housing (TCH) – the largest social housing provider in Canada – 23% of residents live with a mental illness.³⁵ While TCH has developed partnerships with community mental health agencies to provide support to tenants in some buildings³⁶ and implemented wellness checks during the COVID-19 pandemic³⁷, such services may not always meet the needs of people with more serious mental illnesses. If these individuals require intensive case management or an assertive community treatment team to help them live in the community, they can wait about 8 months to 1 year for support³⁸ – if they are on the waitlist at all. Experts have noted that increased funding is needed for a variety of evidence-informed case management services to reduce the risk of people with serious mental illness in affordable housing experiencing deteriorating mental health and/or eviction.³⁹

People with serious mental illness living in supportive housing can also have difficulties getting the supports that they need. No standard definitions for ‘low’, ‘medium’ and ‘high’ support, as well as no commonly used tool for assessing a person’s housing support needs and preferences, means that people do not always receive the most appropriate services.⁴⁰ Some people move into the first available vacancy⁴¹ and/or remain in a supportive housing unit even when the supports do not match their needs just so they have a place to live. Others are refused vacancies because supportive housing providers deem their needs to be too high.⁴² A lack of standardized initial and ongoing assessment of people’s support needs overlooks the fact that these needs can fluctuate over time. People experiencing acute challenges may need a temporary increase in support to maintain their housing while they stabilize, while others transitioning into, within or out of supportive housing may need additional short-term, transitional support.

Experts have called for better system coordination to standardize definitions of support levels and create a common assessment tool to assure people with serious mental illness living in or requiring supportive housing that they get the supports they need.⁴³ Recent evidence indicates racial and gender bias in a popular assessment tool, therefore any common tool that is used must be able to serve diverse communities equitably.⁴⁴ Ensuring that housing and support providers are funded to provide temporary supports to people with serious mental illness who are struggling in their current living situation, as well as transitional supports for those moving into supportive housing from hospital and the corrections system, is also crucial.⁴⁵

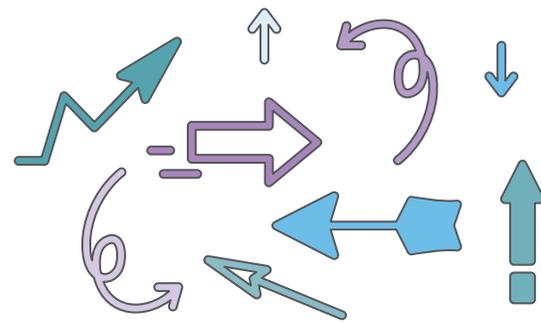
Barriers to access

Some people with serious mental illness have difficulty accessing the broader affordable and supportive housing systems, as well as housing supports that recognize their lived experiences.

People with complex needs

People with serious mental illness who have been involved with the criminal justice system can find their affordable housing options limited due to court decisions that restrict where and with whom they can live. These challenges occur alongside discriminatory housing policies that allow landlords to get criminal record checks, and stigma within the affordable and supportive housing systems.⁴⁶ People with serious mental illness who have been involved with the criminal justice system can have complex histories of problematic substance use and homelessness and are more likely to be turned down by supportive housing providers than other applicants because their support needs are considered too high.⁴⁷ While there are some supportive housing programs that explicitly target this population, they have longer wait times than other programs.⁴⁸ Creating more supportive housing specifically for people with serious mental illness who have complex histories of criminal justice involvement has been recommended, as well as enhancing housing providers' capacity to meet the unique needs of this population.⁴⁹

Housing First is an evidence-informed supportive housing program for people with serious mental illness experiencing homelessness that has proved to be successful at providing stable housing for people with complex histories of mental illness and



No standard definitions for levels of support; lack of common assessment tools make access difficult.

problematic substance use. Housing first provides immediate access to permanent housing through rent supplements along with flexible, individualized supports. The program focuses on choice, self-determination, recovery (including harm reduction), and social and community integration.⁵⁰ 'At Home/ Chez Soi', the world's largest trial of Housing First was implemented in cities across Canada and demonstrated long-term positive outcomes for participants and cost-effectiveness for the system.⁵¹ The federal government has committed to scaling the Housing First model across the country,⁵² but the recent focus has been on rapid housing initiatives that have rolled out during the COVID-19 pandemic and offer limited supports.⁵³ While providing much-needed housing for people with serious mental illness experiencing homelessness, including those who have complex histories of mental illness and problematic substance use, fidelity to the Housing First model is important for successful outcomes⁵⁴ and these new programs are not without their challenges (see Box 1 on COVID-19). Importantly, affordable and supportive housing for people with serious mental illness with complex histories of problematic substance use must have clear harm reduction policies and offer a range of supports based on individual recovery goals.⁵⁵

Another group of people with serious mental illness and complex needs who have difficulty accessing the housing that they need is those who are in hospital and designated Alternate Level of Care (ALC). ALC patients are those who no longer benefit from hospital care but cannot be discharged because there is nowhere for them to go in the community. Not only does this impact patients' health and recovery, but it can also lead to delays for others in need of acute mental health care.

COVID-19, housing and homelessness

The COVID-19 pandemic both intensified and added to the significant challenges experienced by people who are homeless or precariously housed, many of whom have serious mental illness. As the virus took hold, people living in shelters and congregate living settings feared for their health and safety and fled to city parks.⁵⁶ Tent encampments sprung up around cities like Toronto, making the homelessness crisis harder for the public and politicians to ignore. The federal government responded by launching the Rapid Housing Initiative with the aim of quickly developing more than 4,500 new affordable housing units in cities across the country.⁵⁷ In Toronto, 300 affordable housing units were created during Phase 1 of the initiative and another 450 units are planned for development in 2021.⁵⁸ While some units are in once-empty hotel rooms, others are in newly constructed modular housing.⁵⁹ Such rapid housing initiatives are welcome and much appreciated by many people living and working in homelessness, but they have not met the needs of all people experiencing homelessness, particularly those with serious mental illness. Some experts have pointed out that support levels in the new affordable housing units are not high enough for people who still need to build their daily living skills (e.g. cooking, cleaning). Others have noted that moving people from congregate settings such as encampments to individual units can break up community and social connections and leave people isolated.⁶⁰ There are concerns that the social isolation of already vulnerable people may have been one of the contributors to the significant increase in opioid overdoses and fatalities during the pandemic.⁶¹ The other major concern is that some people were forcibly removed from the tent encampments by police, effectively criminalizing a public health issue and leading to calls for a more compassionate and rights-based approach to housing.⁶²

On any given day, about 1/5 of CAMH's inpatients are ALC. ALC patients are more likely than other CAMH patients to have significant behavioural challenges, cognitive impairments, co-occurring medical complexities, substance use disorders, difficulties with activities of daily living, medication non-compliance and limited insight into their medical or mental illnesses. Many ALC patients were homeless upon admission into hospital and had limited community supports, and a number of them are part of the forensic mental health system. The vast majority of ALC patients are in need of high support housing, which is in short supply. In Toronto, there are only 375 units of high support housing that are able to provide the level of care these patients need to transition successfully into the community. A CAMH projection analysis that was completed prior to the COVID-19 pandemic found that 66-80 new high support housing units will be needed over the next 5 years just to house CAMH ALC patients.⁶³ It is likely that the number of units needed has increased since that time. Further, the projection analysis did not take into account the other 900 or so people with serious mental illness and complex needs who are waiting for high support housing in the community.

CAMH and its partners have been working on a system response to the ALC crisis since 2012 and

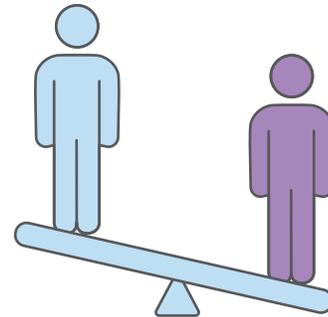
have successfully transitioned over 150 complex ALC patients into permanent high support housing through the ALC High Support Housing Initiative. With funding from the provincial government, the initiative includes high support housing, 'step-up' housing (for people in high support housing who are ready to move to lower support), a specialized clinical team to assist with the transition, and a flex fund to develop individual care plans. ALC patients who have moved into high support housing are much less likely to be readmitted to hospital than those who have been discharged to other destinations, such as board and care homes. It is also more cost-effective to support patients with serious mental illness and complex needs in high support housing than in the hospital.⁶⁴ CAMH has also worked with LOFT Community Services to develop 30 transitional Reintegration Units to support older ALC patients as they move from hospital into permanent high support housing or long-term care.⁶⁵ Despite the success of these programs, they are relatively small in scale and do not adequately address the growing ALC crisis or the long waiting list of people with serious mental illness in the community who need high support housing. It is clear that additional funding for the expansion of such initiatives is required.

People with multiple marginalized identities

While data is limited, it is well-recognized that Indigenous, Black and racialized people with serious mental illness have difficulty accessing the housing and supports they need to live successfully in their communities. Indigenous, Black and racialized people are significantly over-represented amongst those experiencing homelessness in Toronto, but under-represented in supportive housing in the city.⁶⁶ Indigenous and Black people with mental illness are also more likely to experience violence at the hands of police,⁶⁷ making homelessness even more perilous for these individuals. There are undoubtedly many, interconnected barriers to housing and supports for these individuals, but systemic racism and the historical and ongoing effects of colonialism are key factors. A group of supportive housing providers in Toronto have come together to tackle the issue by calling for the collection of standardized data on race and socio-demographics to identify gaps in housing access and success amongst Indigenous, Black and racialized people in Toronto.⁶⁸ They hope to use this data to develop outreach strategies for these populations, make changes to the waitlist and placement processes, and look at ways to allocate equitable proportions of supportive housing to Indigenous, Black and racialized people across the city's supportive housing sector (much of which serves people with serious mental illness).⁶⁹ Similar strategies would be beneficial across the province and country as a whole. And while the federal government has committed to working with Indigenous populations to co-develop housing strategies,⁷⁰ and Ontario has signed on to a bilateral agreement to ensure ongoing funding for Indigenous housing providers in the province, many Indigenous people across the country remain homeless or inadequately housed.⁷¹ Further, a lack of culturally appropriate housing supports can negatively impact housing success for Indigenous people with serious mental illness.⁷² There is a clear need for cultural adaptations of supportive housing models and the inclusion of Indigenous and Black organizations in the development and implementation of such models. The Ontario government recently initiated this process with Indigenous housing services.⁷³

2SLGBTQ+ individuals with serious mental illness also experience difficulties accessing safe and inclusive

housing and supports that meet their needs. 2SLGBTQ+ individuals, including those with serious mental illness, are overrepresented among those at risk of, and experiencing, homelessness.⁷⁴ For example, almost 30% of the homeless youth population in Canada identifies as 2SLGBTQ+. ⁷⁵ Widespread discrimination and violence make it difficult for 2SLGBTQ+ individuals to access housing and support services. There is also a significant lack of population-specific housing and mental health supports available to 2SLGBTQ+ individuals in Canada, making it especially difficult to secure safe, accessible, and inclusive supportive housing.⁷⁶ There is an urgent need for 2SLGBTQ+ specialized housing and related supports. Efforts are also needed to ensure that all supportive programs are 2SLGBTQ+ inclusive and affirming by training and educating all staff on the lived realities and needs of 2SLGBTQ+ individuals. In addition, a standardized model of care and service delivery that ensures that supportive housing paperwork has inclusive questions regarding gender identity, chosen name, and pronouns, and that services are equipped with 2SLGBTQ+ inclusive resources and



People with multiple marginalized identities face additional challenges securing housing

all-gender washrooms, is urgently needed.⁷⁷ Young people (ages 13-24) make up approximately 20% of the homeless population in Canada,⁷⁸ and many have serious mental illness. A national survey of homeless young people found that 85% were experiencing a mental health crisis, 42% reported at least one suicide attempt and 35% had at least one drug overdose requiring hospitalization.⁷⁹ Those who experienced the most severe mental health problems included 2SLGBTQ+ youth, Indigenous youth

and young women.⁸⁰ 2SLGBTQ+ and Indigenous youth are also more likely to attempt suicide and have longer histories of homelessness.⁸¹ Young people with serious mental illness who are experiencing homelessness often struggle to find services that are equipped to support their lived experiences of mental illness, substance use, homelessness and trauma.⁸² Long wait times for supportive housing and uncoordinated systems (e.g. education, health, social supports) can be especially problematic for young people with serious mental illness who are experiencing homelessness.⁸³ Experts have called for investments in youth-centric programs that focus on the prevention of youth homelessness (e.g. family re-connection) and rapid exit into housing (e.g. Housing First For Youth), as well as better service and systems integration.⁸⁴ A recent multi-component, multidisciplinary pilot program that successfully supported young people transitioning out of homelessness demonstrates the importance of multisector approaches for housing highly marginalized youth.⁸⁵

Finally, women with serious mental illness can find it difficult to access housing and supports that meet their needs. Male-focused supportive housing services can be alienating and sometimes risky for women with serious mental illness, particularly those who are Indigenous or racialized.⁸⁶ This can put women with serious mental illness (and often their children) at risk of further exploitation and marginalization.⁸⁷ A better understanding of how these inequities play out in the supportive housing system would be useful, as well as creating housing programs that are safe, welcoming and reflect the lived experiences, needs and preferences of women⁸⁸.

Lack of flow within the housing system

Once in supportive housing, people with serious mental illness can get 'stuck' as it is difficult to move within and out of the system when housing and support needs change. Much of this stagnation is due to the overall lack of affordable and supportive housing, but other factors within the supportive housing system also affect flow.

In Toronto's supportive housing system, people on the waiting list who are homeless or at risk of homelessness have priority access to certain vacancies. While it is

imperative that these individuals have rapid access to supportive housing, it means that current tenants have difficulty moving within the system and may remain in housing that does not adequately match their needs. As previously noted, there are no standard definitions of support levels or common assessment tools of people's support needs making it difficult to determine who would benefit from housing changes and curtailing flow within the system.⁸⁹ Tenants who do have the option to move may choose not to for fear of losing supports that are tied to their current supportive housing unit/provider and are not transferable to new housing.⁹⁰ Others who are ready to move from high support housing to lower support housing may turn down the opportunity because high support units tend to be independent (vs. shared) and better maintained. Tenants may also be unaware that moving within the supportive housing system is an option.⁹¹

Various strategies can assist in improving system flow. A group of supportive housing providers in Toronto, for example, has committed to creating and using a common assessment tool to monitor and respond to tenants' changing needs.⁹² The 'step-up' housing program created by CAMH and its housing system partners as part of the ALC Housing Initiative provides tenants who are ready to move from high support housing the opportunity to move to medium or low support housing, thus freeing up high support housing units for ALC patients. These are both small-scale, localized projects, however, and other solutions are needed. Supportive housing providers have called on the government to fund more rent subsidies and housing allowances so that people with serious mental illness who no longer need on-site support can move into independent, affordable housing and receive support only when they need it,⁹³ similar to the Housing First supportive housing model for people experiencing homelessness.

While experts recognize that housing system flow must be addressed, they also want to ensure that any enhanced flexibility does not come at the expense of people with serious mental illness' right to remain in the housing of their choice. Most people in supportive housing are tenants with legal rights, and those who do not want to/are not ready to move should have their decisions respected. Therefore, experts have called for an emphasis on 'tenant directed moves' that are flexible and non-invasive.⁹⁴ Again, investments in affordable housing and flexible mental health

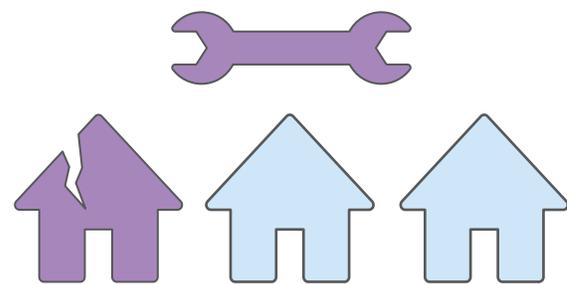
supports like the Housing First supportive housing model would help address this concern by allowing tenants to remain in the housing of their choice even while their support needs fluctuate, thus putting less pressure on providers to move people ‘through’ the supportive housing system.

Maintenance issues and poor living conditions

Even when people with serious 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 ageing and deteriorated housing stock that has been described as ‘dire’.⁹⁵ Residents have reported conditions such as bedbug infestations, mold, fire hazards, heating problems and a general disrepair of units.⁹⁶ Poor living conditions can make people with serious mental illness feel vulnerable and fearful for their safety, and can negatively affect their physical and mental health.⁹⁷ People with serious mental illness may also be wary of complaining about poor conditions for fear of being evicted and losing the only housing that they can afford.⁹⁸ Poor living conditions are particularly pervasive for Indigenous people with serious mental illness living both on and off-reserve.⁹⁹ Those who live on reserves also have to deal with inadequate water and sewage systems, and overcrowding.¹⁰⁰

In Ontario, about 1/3 of affordable housing is at risk of being lost because of poor maintenance and upkeep.¹⁰¹ At the end of 2016, there were 6,300 social housing units in the province that were vacant and could not be offered to prospective tenants because they did not meet the minimum health and safety standards – a situation expected to worsen as social housing ages.¹⁰² In 2015, Toronto required a matched federal investment of \$864 million over 10 years to address the backlog of repairs in the city’s social housing sector.¹⁰³ Without that investment, it was predicted that 90% of TCH buildings would fail to meet basic living standards by 2023.¹⁰⁴ Given that repairs to infrastructure cost only 4% of what it would cost to replace units, advocates have argued that it makes good fiscal sense for governments to invest in social housing repairs.¹⁰⁵

As part of the National Housing Strategy, the federal and Ontario governments signed a bilateral agreement to invest \$4.2 billion in protecting, renewing and expanding social and community housing.¹⁰⁶ It is important that a portion of these funds are specifically targeted for social housing repairs across the province, including for cities like Toronto, which has committed to fixing 58,500 units of TCH by 2030.¹⁰⁷ While the federal and Ontario governments have also promised to address Indigenous housing and infrastructure needs,¹⁰⁸ there continues to be little real change on the ground. Immediate action



1/3 of affordable housing is at risk of being lost because of poor maintenance and upkeep

is needed in this area.

Policy and planning problems

In CAMH’s 2014 version of the Housing Policy Framework, it was noted that Canada was one of few countries in the world that did not have a national housing strategy, and this created a haphazard approach to housing policy and planning across the country. CAMH added our voice to the chorus of experts calling on the federal government to develop and fund a national housing strategy. In 2017, Canada’s National Housing Strategy: A place to call home was introduced. The National Housing Strategy (NHS) is a 10 year, \$40 billion plan that includes funds to create and repair affordable and supportive housing. It also includes funding for evidence-based housing data, research and demonstration projects. The NHS takes a rights-based approach to housing and its primary focus is meeting the needs of vulnerable populations, including people with serious mental illness.¹⁰⁹

Climate change, housing and homelessness

The impact of climate change on housing and homelessness is evident and growing. In Canada, people living outside are at the mercy of our sweltering summers and freezing winters. These increasingly extreme conditions, along with the growing number of major weather events, are putting already vulnerable people, like those with serious mental illness, at increased risk of injury, illness and death.¹¹⁰ Climate change related problems like extreme weather, rising sea-levels, and increasing energy and water costs are also putting those who are marginally housed at risk of losing their housing.¹¹¹ Our responses to date have been reactive, such as opening emergency warming and cooling centres, but long-term solutions are needed.¹¹² Climate change reinforces the need to invest in good quality affordable and supportive housing and ensure that existing housing is climate-resilient and in a good state of repair. Housing policy and planning at all levels would benefit from alignment with climate change strategies to address a problem that is projected to become much more pronounced in years to come.

The NHS introduced much-needed structure to policy and planning in the housing sector and provided matched funding opportunities to the provinces to address the lack of affordable housing and the crumbling infrastructure of social housing. But there remain opportunities for improvement. The NHS does not make explicit the critical link between housing and health outcomes. Given the increasing demands on Canadian health care, the NHS could benefit from highlighting the physical and mental health benefits and cost savings of investing in safe, quality, and affordable housing. This would provide more opportunity for alignment between the NHS and health policy, and could provide rationale for earmarking funds for supportive housing specifically for vulnerable people with health concerns, such as those with serious mental illness.

On an immediate and practical level, a challenge with the NHS is that it has had serious implementation delays. A recent analysis found that over the first three years of the NHS less than half the funds allocated for its two key initiatives went unspent.¹¹³ There are likely many reasons for the implementation delays – the COVID-19 pandemic, for one – but this needs rectified immediately to address the housing crisis and to ensure that vulnerable people, such as those with serious mental illness, can rapidly access the affordable and supportive housing that they need.

In addition to challenges rolling out the NHS, there remain other policy and planning problems at the provincial and local levels. Ontario does not currently

have a supportive housing policy or strategy - though one has been in development for some time. Without such a framework, there are no standards to follow or indicators to measure making it difficult to know if people with serious mental illness in the province are actually receiving good quality, supportive housing.¹¹⁴ Further, there is no requirement for regions to have a centralized supportive housing waiting list, so the province cannot accurately determine demand and plan accordingly.¹¹⁵ Lack of coordinated waiting lists is also confusing and burdensome to people with serious mental illness trying to access supportive housing. Experts have noted that even in Toronto, which has a coordinated access point for designated mental health supportive housing, there are programs not included on the list (for example, new housing programs, municipally funded housing programs). Further, the broader lack of coordination between housing programs and other health and social programs can be stressful and inconvenient for people with serious mental illness. In the case of housing and social assistance programs, the competing requirements can keep many people in poverty even while they try to raise their income through employment.¹¹⁶ In some circumstances, the lack of coordination between these programs can even lead to a loss of housing.

A further challenge is the disconnect between levels of government and within ministries when it comes to funding announcements/availability – funds for new housing units are made available at different times from support dollars (and vice versa), making it difficult to coordinate the development of new

supportive housing projects.¹¹⁷ Other policy and planning challenges include rent supplement allocations that have not kept up with increasing rents, particularly in cities like Toronto, and have forced some supportive housing providers to lose units, and inadequate support dollars for high support housing, meaning that supportive housing providers are unable to serve this vulnerable population (and causing much-needed housing to go unfilled). Fortunately, in Toronto, a group of supportive housing

providers have come together as a collective to address these and other issues at the local level and develop new ways of engaging with governments at all levels¹¹⁸ While in its infancy, this initiative has the potential to fundamentally change housing policy and planning in the city and could serve as a model for supportive housing providers across the province.

What we can do

There is a housing and homelessness crisis in Canada. Despite the clear health and inclusion benefits of affordable and supportive housing, many people with serious mental illness do not have good quality, affordable housing with supports. In this Housing Policy Framework, CAMH has highlighted some of the major challenges that people with serious mental illness experience in the affordable and supportive housing systems. Addressing these challenges must be a priority for governments and decision-makers. CAMH offers six principles to guide the development of comprehensive policy in this area.

Principles for a comprehensive approach to housing and mental health

1. Housing must be recognized as a key determinant of health and a core component of recovery for people with serious mental illness.

CAMH recommendations that result from this principle include:

- The National Housing Strategy is amended to acknowledge and address the critical link between housing and health outcomes.
- Evidence-informed supportive housing is prioritized for funding through all National Housing Strategy programs.
- The Canadian Mental Health Transfer includes additional dollars for evidence-informed supportive housing for people with serious mental illness.
- Ontario has a supportive housing strategy that prioritizes funding for evidence-informed

supportive housing for people with serious mental illness.

- Toronto and other municipalities ensure that a portion of their supportive housing units are dedicated to people with serious mental illness.
- Housing policy at all levels of government is explicitly linked to mental health policy and vice versa.
- Housing policy and planning takes into account the impact of climate change on housing and health.
- Homelessness is understood to be a public health crisis, not a criminal justice one, and all levels of government respond accordingly.
- Governments at all levels recognize that homelessness prevention includes a well-funded mental health care system.

A COMPREHENSIVE APPROACH TO HOUSING AND MENTAL HEALTH



2. People with serious mental illness should have good quality, affordable and supportive housing of their choice.

CAMH recommendations that result from this principle include:

- Implementation delays of the National Housing Strategy are addressed immediately and all available funds flow to the provinces/territories. Provinces/territories commit to cost matching.
- A portion of National Housing Strategy funds are used exclusively for the repair of existing social housing units.
- The federal government adheres to its platform promise to increase funding to develop housing for vulnerable communities, including people with disabilities.
- The federal government continues to fund the Rapid Housing Initiative. This initiative is based on the Housing First model and includes sufficient dollars to provide high quality, flexible mental health supports.
- The Ontario government commits to funding the development of 30,000 new supportive housing units and accompanying high quality mental health supports for people with serious mental illness over the next 10 years. There is an emphasis on developing individual, self-contained units.
- The Ontario government commits to aligning existing rent supplements with actual housing costs and investing in net new rent supplements along with high quality mental health supports.
- Toronto fulfils its promise to create 18,000 supportive housing units by 2030.
- Governments at all levels invest in innovative solutions to preserve existing rental stock and make under-used and vacant land available for affordable and supportive housing development.

3. People with serious mental illness should have the supports they need to live successfully in the community.

CAMH recommendations that result from this principle include:

- Ontario has standard definitions for what constitutes low, medium and high support housing for people with serious mental illness.
- Ontario implements an unbiased common assessment tool to determine support needs. All supportive housing providers are required to complete the tool at intake and at regular, predetermined intervals throughout a person's tenancy.
- Ontario reserves a portion of the 30,000 new units of supportive housing for high support housing for people with serious mental illness and complex needs. Support dollars are sufficient and staff have the capacity and skills to provide 24/7 support.
- The Ontario government invests in a supportive housing flex fund to provide temporary and/or transitional support to people with serious mental illness in short-term need of enhanced housing support.
- Ontario has performance standards and quality of care indicators for all supportive housing that serves people with serious mental illness. Support services are person-directed and based on recovery principles.
- The Ontario government funds a variety of evidence-informed case management services to support people with serious mental illness living in affordable housing, including intensive case management, assertive community treatment, and critical time intervention services.
- The City of Toronto continues to build partnerships with community mental health providers to support residents of TCH who have a serious mental illness.
- Governments at all levels ensure that affordable and supportive housing providers align with harm reduction principles. All affordable and supportive housing providers/sites have harm reduction policies and supplies.

4. Equity, diversity and inclusion must be embedded in all affordable and supportive housing

CAMH recommendations that result from this principle include:

- The federal government adheres to its platform promise to co-develop a new Indigenous Urban, Rural, and Northern Housing Strategy with Indigenous partners and organizations that will be supported by a \$300 million initial investment.
- The federal and Ontario governments fulfil their bi-lateral agreement to provide ongoing funding for Indigenous housing providers in the province.
- The Ontario government requires all affordable and supportive housing providers to collect standardized race and sociodemographic data. This data is used to identify and address service gaps for these populations.
- Data is used to allocate equitable portions of affordable and supportive housing to Indigenous, Black and racialized people. Opportunities for community-led/ community-owned and culturally adapted models of affordable and supportive housing are encouraged.
- All affordable and supportive housing providers explicitly commit to anti-racism and anti-oppression principles and ensure safe and welcoming environments for all tenants. Staff receive anti-racism and anti-oppression training.
- Trauma-informed, culturally appropriate supports are offered in all supportive housing.
- All affordable and supportive housing providers train and educate staff on the lived realities and needs of 2SLGBTQ+ individuals.
- There are trauma-informed population-specific supportive housing programs for 2SLGBTQ+ individuals.
- There are trauma-informed population-specific supportive housing programs for women.
- Governments at all levels commit to funding programs that prevent youth homelessness and support rapid exit into youth-centric supportive housing.

- The Ontario government commits to examining the record check process so that people with serious mental illness who have criminal records do not face barriers to affordable and supportive housing.

5. Housing policy and practice should be coordinated, integrated and collaborative

CAMH recommendations that result from this principle include:

- Governments at all levels and across Ministries work together to align funding announcements for housing and support dollars.
- Ontario's Ministry of Health and Ministry of Children, Community and Social Services work together to ensure that housing and social programs complement each other and do not put anyone in jeopardy of losing their housing. These Ministries also work collaboratively to create targeted housing initiatives for people with a dual diagnosis of mental illness and a developmental disability – a complex and specialized population.
- Ontario's affordable and supportive housing strategies align with the National Housing Strategy and have consistent objectives and targets.
- Municipal affordable and supportive housing strategies align with Ontario's housing strategies and the National Housing Strategy and have consistent objectives and targets.
- Housing policy at all levels aligns with health and social policies (e.g. social assistance, poverty reduction, mental health).
- The Ontario government requires and supports each region in the province to have a consolidated supportive housing waiting list.
- Waiting list data is used to determine demand, identify people for priority placement and inform planning.
- Ontario has standardized policies and practices for all supportive housing programs including: standard definitions of support levels, common assessment tools, consistent performance and quality of care indicators and coordinated data collection.

- Governments at all levels support collaborative, community-led system efforts to expand and improve supportive housing (e.g. Toronto Supportive Housing Growth Plan; CAMH and partners' ALC High Support Housing Initiative).

6. Housing policy and practice should be based on evidence and research in the area supported

CAMH recommendations that result from this principle include:

- Governments at all levels collect, analyze, and use standardized data to monitor and improve affordable and supportive housing, and to inform policy and planning.
- Governments at all levels are held to account for their affordable and supportive housing policies and funding commitments.
- Funding is only provided to affordable and supportive housing providers whose models adhere to evidence and best-practice (e.g. Housing First Model, recovery-focused supportive housing, harm reduction).
- Governments support and fund research and evaluation of Canadian-based approaches to housing for people with serious mental illness.
- Research on supportive housing models for Indigenous, Black, and racialized peoples, 2SLGBTQ+ populations, women and youth are prioritized.

Conclusion

Safe, affordable and good quality housing is crucial for good health and a significant component of recovery for people with serious mental illness. Recovery-focused supportive housing can further contribute to wellbeing and quality of life for those with serious mental illness, including those with complex needs. Affordable and supportive housing is also beneficial to communities and society as a whole. Despite these

benefits, many people with serious mental illness are homeless or under-housed. Well-developed, well-implemented and well-funded housing policy is needed to address this problem. We hope that the six principles and examples of action provided in the paper will guide governments and decision-makers in the right direction. Just as mental health is health, housing is health.

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