

Submission to the Ontario Select Committee on Mental Health and Addictions

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September 2009



The Dream Team would like to praise Minister David Caplan, the Minister's Advisory Group and the all party committee on mental health and addictions for their creative leadership on issues that are of extreme importance to us as an organization, led by psychiatric survivors, and to all Ontarians who suffer from mental health and addictions issues.

The Dream Team is a group of psychiatric consumer survivors who conduct public education, research and advocacy on issues related to mental health and addictions. We advocate for supportive housing as the most cost effective and socially efficient strategy to deal with the problem of homelessness among those who suffer from chronic mental health and addiction issues. It is the lived experience of all members of the Dream Team that properly supported housing is the key to mental health recovery. It is because of supportive housing that we rose from homelessness to become engaged citizens who educate the public about the value of supportive housing and consumer rights.

A few of our members have been following the development the Ten Year Strategy on Mental Health and Addictions. We have participated in two of the theme groups that led to the creation of the document "*Every Door is the Right Door*" and we also participated in the provincial summit/consultation conducted this past summer.

While we support the spirit and the ideas represented in the Every Door is the Right Door (EDRD) document, as they are consistent with the hopes and interests of Dream Team members, we have several insights pertaining to the understanding and envisioned roles of supportive housing and consumer involvement.

Supportive Housing:

We support the statement that "there is no health without mental health;" however, we would like to suggest that for many people who suffer from chronic homelessness **there is no mental health without a home**. For us Dream Team members, living in stable housing has done more than provide hope and mental wellness – it has also opened the otherwise locked doors of employment, education, social assistance, dental care, and other vital services such as long-term in-house drug treatment.

We are all too familiar with how homelessness entrenches a sense of isolation and prevents access to supports. When we consulted our members about the role housing played in their recovery from mental illness they responded with telling personal reflections.

- *“When I was living on the streets, I was told to go places to get help of some sort, but I was hungry and exhausted, I had no money for transportation, I had no shoes; how was I supposed to get my life in order?”*
- *“For years, I couldn’t get into to the Drug Treatment Court because I didn’t have an address. But then I began living in a run-down hostel and finally got into the program – It literally saved my life. I just wish I could have accessed it sooner.”*
- *“I was homeless for 17 years. I couldn’t get welfare because I had no ID. Finally I got welfare and received only a ‘street allowance’ which was ironically far less than what anyone with a home got. But the worst part was that I couldn’t get long term in-house drug treatment, because residential treatment requires a home contact.”*
- *“I couldn’t get stable jobs without an address; while I was homeless, I was forced to do casual labour like mowing lawns, even though I had a university degree and was willing and able to work.”*
- *“I couldn’t find a low-paying job or even a general practitioner because I had bad teeth and really looked like I’d come from the streets; and I couldn’t get my teeth fixed because basic welfare only covered extraction. I couldn’t get off welfare because I couldn’t find work, and without an address I couldn’t get the help I needed for my mental health and addiction issues. It was only when I got supportive housing that I was finally able to begin my recovery.”*
- *“There are tons of excellent and caring social workers who want to help homeless folks, but the fact is, no one really wants to approach a guy from the streets or hostels who smells horrible and has lice. It took stable housing to get me to the point where I could get the help I needed.”*
- *“After having to leave university due to my mental health issues, the Gerstein Centre offered me help with re-enrolling in my program. But I was not able to take them up on the offer, because you can’t register without having an address.”*

Our experience demonstrates that **without housing, individuals cannot adequately access services or make adequate use of the services in which society invests**. There is a growing body of research that suggest that building supportive housing is also a cost saving strategy for

the health care system in general¹. People who live in supportive housing report lower incidence of hospitalizations, use of emergency services, and the use of hospital beds. Although most of the evidence comes from studies conducted in the United States, we are following carefully a national research project on the *Housing First* approach currently led by the Mental Health Commission of Canada. We are hoping that the results of this project will provide local scientific data to demonstrate what we have been arguing for over ten years that housing is the key to recovery.

In its brief mention of supportive housing, the EDRD document affirms that “people with mental illnesses and addictions need access to affordable housing in well-maintained buildings as well as supports to help them find and keep their housing.”

The document, however, should acknowledge that **in order to house those with severe mental health and addictions more units of supportive housing need to be created and barriers to the creation of more supportive housing need to be tackled by all who have a vested interest in the mental and physical wellbeing of Ontarians.**

The following is a list of the realities behind the creation of supportive housing:

- Ontario faces an extreme shortage of available supportive housing units. In the city of Toronto alone, a report by the Wellesley institute estimates that 2000 units are needed every year to keep the demand².
- We have found in smaller communities through the province a great need for supportive housing, yet many people have not even heard of the benefits of supportive housing³;
- A great deal of Not-In-My-Back-Yard stigmatization surrounds the building of supportive housing facilities and leads potential neighbours to fear lowered property values and increased crime – in spite of evidence to the contrary⁴;

¹ In 2008, the Corporation for Supportive Housing found that living in supportive housing results in a reduction of more than 50% in tenants' emergency room visits and hospital inpatient days as well as decreases in tenants' use of emergency detoxification services by more than 80%. (The Lewin Group. *A Dollars and Sense Strategy to Reducing Frequent Use of Hospital Services*, Oct. 21, 2008.)

² Blueprint to End Homelessness in Toronto, The Wellesley Institute, 2006.

³ The Dream Team conducted interviews and workshops pertaining to supportive housing bylaws and consumer rights in five cities across Ontario and discovered that very few consumers living outside Toronto have heard of supportive housing.

⁴ *We Are Neighbours: The Impact of Supportive Housing on Community, Social, Economic and Attitude Changes* (May 2008, primary research conducted by by Dream Team members)

- Discrimination has prevented the creation of funded supportive housing buildings, such as a proposed AIS, a community housing provider, building in west Toronto that failed in 2007 due to pressure from local residents.
- Municipal zoning bylaws often delay or prevent the creation of much needed supportive housing buildings, even when funding is available.

Barriers to mental health recovery are much more pervasive than just a lack of proper housing. Many residents of supportive housing facilities who receive disability benefits are ready to secure meaningful employment but are prevented to do so by strict rules and regulations of these support systems. For instance, individuals on ODSP who find employment are often burdened by a complex income reporting system that leaves them without much of the money they have earned and with higher rents to pay to their housing providers. In many cases individuals who are able to find employment are removed from ODSP and housing assistance after a period of time, leaving them on their own again with limited access to supports and with the burden of a disability that may just take over their lives at any time. These counterproductive systemic practices, not only discourage work, but remove the safety net that is so necessary for people with severe mental health issues and addictions.

It is our hope that this strategy on mental health and addictions will look at some of the main determinants of health, including housing, income, education and social support, and integrate resources from different government departments in order to harness the most effective way of serving those who suffer from mental health and addictions.

The Dream Team is, therefore, concerned that the Ministry's admirable intention of ensuring housing and healthcare for people with serious mental illnesses and addictions risks being thwarted by failing a) to identify how vital supportive housing is to the success of recovery by those who suffer from chronic mental health and addiction issues, b) to recognize the many obstacles to building supportive housing, and c) to commit to addressing some of these obstacles.

Consumer Involvement:

The Dream Team is encouraged by how frequently the EDRD document champions the inclusion of People with Lived Experience in decision-making processes; PLEs should indeed “become partners in governing, planning, delivering and evaluating services.” However, **we are left wondering how the Ministry of Health and Long Term Care is going to ensure the equal participation of those with *complex* mental health issues.** The EDRD proposal, itself, draws a distinction between people with mild mental health issues (whom we would call ‘service users’) and those who struggle with more complex mental health issues (including consumers such as ourselves on the Dream Team).

Our experience in the process of developing the EDRD document is that the Ministry of Health strived to have a strong representation of people with lived experience – individuals who have managed to obtain high levels of education, high-level jobs, social status, and economic stability; however **we noted a dearth of consumer representatives who have experienced long-term hospital stays, homelessness, and other crippling effects of severe mental illness. In order to ensure a well-informed system based on equal opportunity, it is vital that the voices of people with serious mental health issues are heard.**

Members of the Dream Team participated in the Consumer Partnerships and Healthy Communities theme groups, as well as the subsequent Summit, and we were surprised to find that we were the only consumers with serious mental health issues participating in our focus groups. We wish to suggest to the advisory group that simple processes can facilitate the reduction of barriers to consumer participation. For example, **it is important for consumers to attend meetings in at least pairs (if not groups of three or four) in order to dilute the effects of power imbalance** between those who are familiar with systemic practices and those whose illnesses have prevented them from experiencing that aspect of the health care system. And **it is also important for committee attendees to reduce the use of acronyms and medical-speak that non-specialists are not familiar with.** We do appreciate that the theme groups did eventually welcome us into the discussions. In future, we hope that this committee and the minister’s advisory group seek out the insights and invaluable knowledge offered by those who have lived experience by contacting organized consumer support groups and by accommodating the specific needs of people with lived experience.

In Summary:

The Dream Team commends the Ministry of Health and Long-Term Care for initiating the 10-year strategy to improve the lives of those with mental health issues. We are looking forward to a final policy on mental health and addictions that will truly represent the aspirations of people with lived experience in Ontario. In the meantime, we ask that you keep in mind the following recommendations:

- That there is no mental health without a home, and that without housing, individuals are hard-pressed to access services or make adequate use of the services in which society invests.
- Like all bodies with a vested interest in the mental and physical wellbeing of Ontarians, the Ministry of Health and Long-Term Care should contribute to the destruction of barriers to supportive housing, and should commit to the creation of more supportive housing units.
- The Ministry of Health and Long-Term Care and its committees should ensure the equal participation of those with complex mental health issues who have experienced long-term hospital stays, homelessness, and other crippling effects of severe mental illness.
- Barriers to consumers' equal participation on committees should be minimized by inviting consumers in pairs, by reducing use of acronyms in discussions, and by speaking in plain-language as much as possible.
- In order to ensure meaningful involvement of people with lived experiences in policy and decision making processes, a mental health and addictions policy should contain a clear strategy for consumer involvement in the mental health delivery system. Involvement should integrate service use, peer support strategies, and active participation in the governance of related programs and institutions.

Thank you for your attention to the Dream Team's submission, and we look forward to contributing to upcoming committees and processes as outlined in the Every Door is the Right Door document. The Dream Team has prepared this submission for the Ontario Legislature's Select Committee on Mental Health and Addictions, and we are available to provide any further information the Committee requires. For further inquiries you may contact our coordinator Pedro Cabezas at 1678 Bloor Street West, Toronto, ON, M6P 1A9, (415)516-1422 ext. 263, coordinator@thedreamteam.ca.

