

# Supportive housing for Ontario

## GOAL

**To end chronic homelessness and ensure that people with mental health issues can live in stable housing as part of the community.**

## Ontario needs more supportive housing, to end chronic homelessness

Ontario has set a goal of ending chronic homelessness. A significant proportion of those who are homeless either have mental health problems, are youth or are Indigenous. Ending chronic homelessness requires action on these groups. This policy brief focuses on the 2 to 3 percent of the population that lives with a severe mental illness or addiction. This group will benefit from increasing housing affordability but also from access to supportive housing. Across the political spectrum, supportive housing is recognized as a key to ending chronic homelessness.

Supportive housing provides a stable foundation for people with mental illness or addictions. This can take various forms, from Housing First with optional supports, to dedicated high-support apartment buildings.

Ontario needs at least twice as much supportive housing as it has. Ontario's Mental Health and Addictions Leadership Advisory Council has prepared a supportive housing strategy, including a target of 3,000 additional units each year. The strategy reflects a consensus of the minimum that is needed. It builds on the track record of community-based providers, and on Ontario's steps to fund additional units in recent years. The next step needed is an action plan with adequate funding.

## What is supportive housing, and what is being done now?

Good supportive housing provides affordable rents and secure tenure, with the services people need. For people who live with mental health issues or addictions, or experience chronic homelessness, supportive housing fosters better mental and physical health. A support worker ensures that personal needs are met, tenancy obligations are fulfilled, crises are averted, and links are made to specialized services. Supports can be flexible to meet individual needs.

The Ministry of Health and Long Term Care, Ministry of Housing, and municipalities all fund some supportive housing for mental health, addictions, or chronic homelessness – usually run by community agencies. Other types of supportive housing serve people with other needs, such as developmental disabilities or age-related needs.

## Supportive housing fosters good health and reduces homelessness

Housing is a key social determinant of health – the conditions of life that lead to better or worse health and well-being. Housing in poor condition results in a higher incidence of injuries and respiratory problems. Housing that is unaffordable can lead to relying on food banks, and stress and upheaval due to arrears or eviction. Housing problems can lead to worse health outcomes for people with disabilities, including mental illness. Shortfalls in supportive housing in Ontario are linked to higher service use, more hospitalization, adverse health outcomes, more homelessness, and lower life expectancy. Homelessness leads to poor mental and physical health.

Supportive housing provides an anchor for stability in life. It enables persons with disabilities or chronic conditions to live an independent life as part of the community, and engage in education, work, volunteering, and better social relationships. Supportive housing improves outcomes even when mental illness or addictions are severe.

Supportive housing results in reduced health care use and other service demands by the person living with mental illness or homelessness: fewer emergency visits, hospital stays, and ambulance calls; and less pressure on emergency shelters, police calls, and the courts. This frees up resources that governments and service providers can



redirect to meet the many other needs that exist in our communities.

Supportive housing is a vital part of solutions to chronic homelessness. When mental health or drug and alcohol challenges are involved, supportive housing helps people move from the streets and shelters to stable housing. Chronic homelessness affects not only the individual, but also quality of life in the broader community.

## Ontario's action plan can build on existing roles and expertise

The experience that exists in Ontario, and the research evidence, tells us what is needed. The required step is to expand the scale of activity, making it a larger part of programs dealing with mental health and homelessness.

- Most of the housing and supports is provided by community agencies with specialized expertise. Most people do not require daily, on-site support or supervision. Some people need time-limited, transitional support as they move out of homelessness, or deal with a mental health crisis.
- Supportive housing takes various forms. “Housing First” involves rent supplement in private rental, with priority access, few preconditions, and flexible supports. In other cases, a community agency owns and operates the housing. Building new supportive housing is essential in local areas where rental housing is costly or scarce.
- Additional provincial funding is needed to provide affordable rents and pay for support services. Enhanced federal funding under the National Housing Strategy and the Health Accord can help. For the Ministry of Health and Long-Term Care, there will be offsetting savings in health care costs for people in supportive housing.
- The action plan can build on the existing roles of provincial ministries, municipalities, and community agencies. The Ministry of Health and Long-Term Care is in the lead on mental health and addictions, while the Ministry of Housing and municipalities play key roles in housing for people experiencing chronic homelessness. Collaboration and joint strategies at the local level are essential, to meet the needs of each community.

In these ways, Ontario can move toward the target 3,000 supportive housing units annually, recommended by the Mental Health and Addictions Leadership Advisory Council.

## Conclusion

Supportive housing is essential to meet the goal of ending chronic homelessness. It is shown to be effective in achieving better mental health, and reducing use of health and emergency services. Ontario can move toward the recommended target of 3,000 more units each year, as a central part of its mental health strategy.

P. Goering et al. (2014), National At Home/Chez Soi Final Report (Mental Health Commission of Canada).

[homelesshub.ca/sites/default/files/mhcc\\_at\\_home\\_report\\_national\\_cross-site\\_eng\\_2.pdf](http://homelesshub.ca/sites/default/files/mhcc_at_home_report_national_cross-site_eng_2.pdf)

G. Suttor (2017), Supportive Housing in Ontario: Estimating the Need (Toronto: Wellesley Institute) [www.wellesleyinstitute.com/wp-content/uploads/2017/01/Supportive-Housing-Estimating-the-Need.pdf](http://www.wellesleyinstitute.com/wp-content/uploads/2017/01/Supportive-Housing-Estimating-the-Need.pdf)

J. Trainor et al. (2012), Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness (Ottawa: Mental Health Commission of Canada). [www.mentalhealthcommission.ca/sites/default/files/PrimaryCare\\_Turning\\_the\\_Key\\_Full\\_ENG\\_O\\_1.pdf](http://www.mentalhealthcommission.ca/sites/default/files/PrimaryCare_Turning_the_Key_Full_ENG_O_1.pdf)

