

2024.01 Increase Supported Housing for Individuals Experiencing Homelessness with Mental Health and Mental Illness Issues

Resolved, that national council of The Catholic Women’s League of Canada in 104th national annual meeting of members assembled, urges the federal government to increase funding for and promotion of more supported housing models for individuals experiencing homelessness with mental health and mental illness issues.

Brief: Increase Supported Housing for Individuals Experiencing Homelessness with Mental Health and Mental Illness Issues

The Canadian Medical Association and the Mental Health Commission of Canada (MHCC) report that housing is a crucial social determinant of mental health (Dorvil et al.). “Individuals with mental health problems or mental illnesses are predisposed to experiencing housing insecurity and homelessness, and poor mental health can be caused, triggered or aggravated by homelessness or housing that does not meet a certain standard of adequacy, affordability and suitability” (Munn-Rivard 1). The MHCC has found that “520,700 Canadians with mental illness do not have access to adequate housing and reports that up to 119,800 of them are homeless” (Dorvil and Tousignant-Groulx; Mental 2). In Canada and other parts of the world, there has been success with cost-effective housing models with social support for individuals experiencing homelessness with mental illness (Latimer et al.). An increase in supported housing can happen with improved legislation and government strategies for funding and promotion.

Residents in long-term custodial housing models are cared for by non-professional staff. Supportive housing is often in large facilities and non-rehabilitative focused. The supported housing model uses existing housing complexes with integrated community partners as well as health and social services. This model is setup and tailored to the specific and unique needs of the user and often referred to as assisted living. It promotes autonomy, support and supervision. This includes group homes and supported community housing, which can offer homecare and counselling (Dorvil and Tousignant-Groulx; “Housing Mental Health”; Trainer et al.).

Many people with mental illness require social assistance and lack affordable housing (“Housing Mental Health”), “which limits their ability to recover and to be independent” (Dorvil and Tousignant-Groulx 1). Homelessness has a detrimental effect on mental health (Padgett). In Canada, homelessness costs healthcare, judicial and social services systems \$1.4 billion yearly (“Housing Mental Health”). Two million Canadians have a mental disability (“Housing Vulnerabilities”) and an estimated 25-50% of whom are homeless (“Housing Mental Health”). This highlights the importance of suitable housing for this vulnerable population.

Deinstitutionalization of persons with mental illness has increased homelessness over the past three to five decades due to a lack of suitable housing in communities across Canada (Dorvil and Tousignant-Groulx; Trainor et al.). This has resulted in a higher rate of rehospitalizations, also called “the revolving door phenomenon.” This is a cyclical pattern of short-term readmissions to healthcare centres (Bravo et al.). Mental illness hospitalizations are 5.5 times more prevalent in areas of lower income status (Public). Supported housing has been found to reduce the costs of homelessness per person by approximately two-thirds (“Housing-First”; Latimer et al.).

Community-based and long-term supported housing help alleviate homelessness. The goal of supported housing is to enhance overall quality of life. “Improvements in quality of life [are] more strongly associated with improvements in mental health and other aspects of social well-being than housing alone” (O’Connell et al. 49). Despite the current Canadian housing strategy (Canada), The Catholic Women’s League of Canada urges the federal government to increase funding and assistance for more supported community-based and long-term housing.

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Action Plan: Increase Supported Housing for Individuals Experiencing Homelessness with Mental Health and Mental Illness Issues

1. Invite guest speakers, and have workshops around topics on homelessness, mental health and mental illness, and alternative housing programs.
2. Engage in activities with community-based long-term supported housing programs.
3. Write letters to the prime minister, minister of health and minister of housing, infrastructure and communities to increase funding for and the promotion of alternative housing models, such as community-based supported housing models.
4. Write letters to the premier and provincial/territorial minister responsible for housing to increase funding for and the promotion of alternative housing models, such as community-based supported housing models.
5. Monitor the federal government's response to this issue.