



# Need and Demand Analysis

For Supportive Housing for Adults Living with  
Mental Illness in Richmond Hill, Ontario

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Prepared by:





## Table of Contents

1.0	Overview .....	1
1.1	Purpose .....	1
1.1	Background.....	1
1.2	Sources of Information .....	1
1.3	Definition of Supportive Housing.....	2
2.0	Demographic Analysis .....	3
2.1	Population Characteristics.....	3
2.1.1	Immigration Trends.....	3
2.2	Household Characteristics .....	4
2.3	Income and Economic Indicators.....	4
2.3.1	Household Income and Low Income .....	4
2.3.2	Participation Rates and Unemployment .....	5
2.4	Population of Individuals Living with Mental Health Issues .....	6
2.5	Demographic Analysis Summary.....	7
3.0	Current Housing Supply .....	8
3.1	Overview .....	8
3.2	Rental Housing.....	8
3.2.1	Market Rental Housing Supply.....	8
3.2.2	Affordability of Market Housing.....	10
3.3	Supportive and Social Housing Supply and Demand for Adults with Living with Mental Illness .....	11
3.3.1	Supportive Housing Supply .....	12
3.3.2	Custodial Housing .....	12
3.3.3	Waitlist for Rent-Geared-to-Income Housing and Home Support Services.....	13
3.4	Summary of Housing Supply and Demand.....	14
4.0	Improving Quality of Life of Adults Living with Mental Illness.....	15
4.1	Link Between Housing and Mental Wellness.....	15
4.2	Invisible Role of Family Caregivers .....	15
4.3	Current Housing Models .....	16
4.4	Supportive Housing as a Solution .....	16
4.5	Understanding the Local Need for Affordable and Supportive Housing .....	18
4.5.1	Focus Group with Local Caregivers.....	18
4.6	Summary of Quality of Life Indicators .....	21
5.0	Summary and Conclusions .....	23
	Bibliography.....	24

## List of Tables

Table 1: Population Trends in Richmond Hill, York Region, and Ontario, 2001-2011.....	3
Table 2: Household Trends, Richmond Hill, York Region, and Ontario, 2001 - 2006.....	4

## List of Figures

Figure 1: Population by Immigrant Status, Richmond Hill, 1996-2006 .....	3
Figure 2: Average and Median Household Income, Richmond Hill, York Region, and Ontario, 2005 .....	5
Figure 3: Housing Stock in Richmond Hill, 2006.....	8
Figure 4: Rental Housing Vacancy Rates by Unit Type, Richmond Hill, 2007-2011 .....	9
Figure 5: Trends in Average Rent by Unit Type, Richmond Hill*, 2007-2011....	10
Figure 6: Comparison of ODSP Maximum Shelter Allowance, OW Shelter Allowance, and Affordable Rent for Minimum Wage Earners to Average Market Rent (AMR) by Unit Size, Richmond Hill, 2011.....	11
Figure 7: Social Housing Waiting List, York Region, 2008-Jan 31, 2012 .....	14

## 1.0 Overview

### 1.1 Purpose

This report was prepared for the Home on the Hill Supportive Housing Board of Directors to determine the need for supportive and affordable housing for adults living with mental illness in Richmond Hill, Ontario.

The Need and Demand Analysis is developed in conjunction with the *Home on the Hill Supportive Housing Business Plan* as part of the work funded by the Canada Mortgage and Housing Corporation (CMHC) Seed Funding program.

### 1.1 Background

Home on the Hill Supportive Housing is a recently incorporated non-profit organization initiated to provide supportive housing opportunities for adults living with mental illness in Richmond Hill, Ontario. The organization also wants to provide affordable rental housing for the broader Richmond Hill community and surrounding area. The residence will be mixed and will be affordable for all tenants.

The mission of Home on the Hill is to provide a quality home environment for people living with mental illness in the community by changing the way people are supported. Home on the Hill intends to provide a wide range of supports to residents, such as life skills, mental health supports, and to also facilitate family support. The housing project will provide a stable living environment and support services based on individual needs, while focusing on individual development and integration with the community. The group envisions sharing facilities between the residence and local community spaces, such as a church.

### 1.2 Sources of Information

A number of sources of information were used to provide details on the current need and demand for housing and support services for adults with mental health issues. These include the following:

#### ***Housing Market Data***

Recent market housing data was obtained to analyze the current housing market in Richmond Hill. The Canada Mortgage and Housing Corporation annual Rental Market Reports provides information on the rental sector, and Royal LePage Survey of Canadian House Prices provides information on the homeownership sector.

#### ***Statistical Data***

Statistics Canada Census demographic data on historical population growth and household incomes was used to obtain data on current population, households, economic characteristics, and housing supply.

### **Local Policy, Research, and Statistical Documents**

Recent documents were analyzed to provide greater insight to the local status and need for affordable, supportive housing. Documents include research and data from the Central LHIN, Town of Richmond Hill studies, and York Region policy documents.

### **Local Caregiver Focus Group**

Home on the Hill Supportive Housing initiated and conducted a focus group with local caregivers and family members of those who are living with a mental illness. Participants provided their input on the need for supportive housing in Richmond Hill and their thoughts on what features could be included in the physical and supportive design of the project.

### **Research Articles**

A number of community-based and government research articles were obtained to provide a deeper understanding of the housing and service needs of adults living with mental illness. This includes research conducted by the Canadian Mental Health Association, Centre for Addiction and Mental Health, Wellesley Institute, the Canadian Senate, the Office of the Auditor General of Ontario, and Health Canada. A complete bibliography of resources that were used in the preparation of this report is included in the Appendix.

## **1.3 Definition of Supportive Housing**

Supportive housing provides a community based alternative to institutional settings and maximizes client independence and ability to actively participate in the community. Support services can include help with daily living activities such as personal support, life skills development, homemaking and 24 hour assistance availability. Services are flexible to need and the housing is usually affordable.

The Office of the Auditor General of Ontario offers the following definition of supportive housing for individuals with mental illness:

*“Supportive housing is a form of housing that offers individualized, flexible, and rehabilitation-oriented supports to help people with mental illness improve their community-living skills and maximize their independence, privacy, dignity, and decision-making abilities. Various types and levels of support services are provided within the residences, such as case management, social rehabilitation, assertive community treatment, and crisis intervention” (Office of the Auditor General of Ontario, 2008, p. 187).*

## 2.0 Demographic Analysis

The demographic analysis provides important insight to housing demands in the Richmond Hill community. The summary below highlights key population and household trends, economic indicators, and a population estimate of individuals living with mental health issues.

### 2.1 Population Characteristics

Richmond Hill is one of the fastest growing municipalities in Canada. The most recent Statistics Canada Census (2011) indicates that Richmond Hill has a population of 185,541, an increase of 40.5% since 2001. As a comparison, the province's growth rate was 12.6% during the same time period.

Table 1: Population Trends in Richmond Hill, York Region, and Ontario, 2001-2011

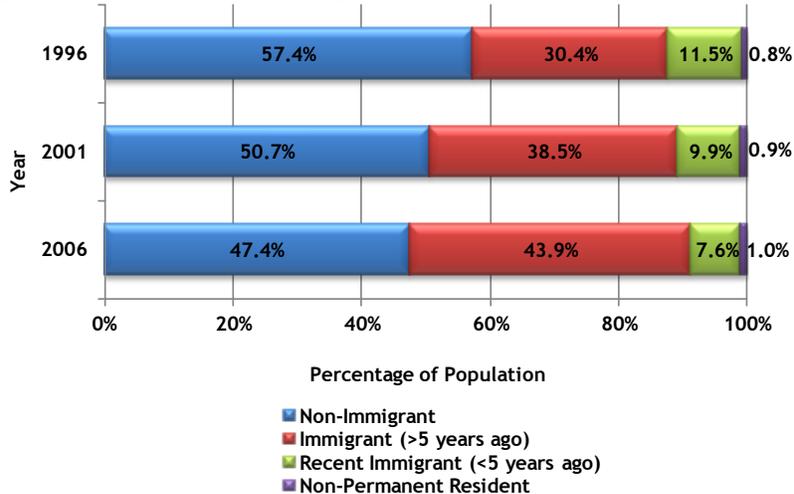
Location	Population			% Change	
	2001	2006	2011	2001 - 2006	2001 - 2011
Richmond Hill	132,030	162,704	185,541	23.2%	40.5%
York Region	729,254	892,712	1,032,524	22.4%	41.6%
Ontario	11,410,046	12,160,282	12,851,821	6.6%	12.6%

Source: Statistics Canada, Census, 2001-2011

#### 2.1.1 Immigration Trends

In 2006, the percentage of immigrants surpassed the percentage of non-immigrants. The proportion of the population in Richmond Hill who immigrated to Canada more than five years ago increased during the period 1996 to 2006, while the proportion of recent immigrants has been decreasing in recent years.

Figure 1: Population by Immigrant Status, Richmond Hill, 1996-2006



Source: Statistics Canada Census 1996, 2001, 2006 accessed from Socio-Economic Study for the Town of Richmond Hill by SHS Consulting

## 2.2 Household Characteristics

Similar to the population trends, Richmond Hill has seen an increase in the number of households with growth rate of 23.4% between 2001 and 2006. As a comparison, Ontario had a household growth rate of only 8% over the same time period. As of 2006, Richmond Hill has 51,000 households.

Table 2: Household Trends, Richmond Hill, York Region, and Ontario, 2001 - 2006

Location	Households		% Change
	2001	2006	2001 - 2006
Richmond Hill	41,345	51,000	23.4%
York Region	223,185	275,680	23.5%
Ontario	4,219,410	4,555,025	8.0%

Source: Statistics Canada, Census, 2001-2011

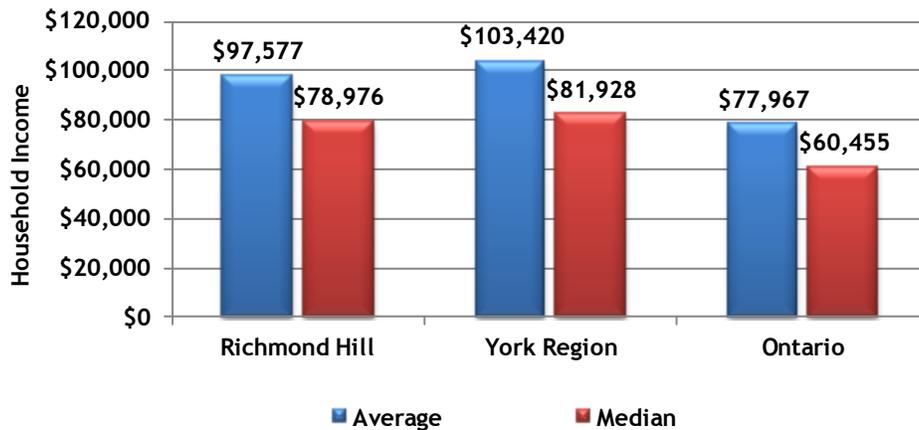
Richmond Hill has an average household size of 3.2 persons per household as of 2006 and this number has remained stable at 3.2 since 2001. The number of persons per household in Richmond Hill is higher than the provincial average of 2.6 persons per household, a decrease from 2.7 in 2001. As of 2006, the number of households with one or two persons was 36.6% (decline from 37.6% in 2001), three person households comprise 20.9% (increase from 19.8% in 2001), and four or more person households comprise 42.9% of households (slight increase from 42.7% in 2001) in Richmond Hill.

## 2.3 Income and Economic Indicators

### 2.3.1 Household Income and Low Income

As of 2006, the average household income in Richmond Hill was \$97,577 while the median household income was \$78,976. Both income figures are lower in Richmond Hill than in York Region as a whole, however the average and median household income figures are higher in Richmond Hill than Ontario as shown in Figure 2.

Figure 2: Average and Median Household Income, Richmond Hill, York Region, and Ontario, 2005



Source: Statistics Canada Census, 2006 accessed from the Socio-Economic Study for the Town of Richmond Hill by SHS Consulting

As of 2006, 15.8% of households in Richmond Hill were living in low income, as defined by Statistics Canada. The incidence of households living in low income increased between 2001 and 2006 by 3.2%. One-third (33.6%) of single individuals in Richmond Hill are living in low income, while 14.8% of families are living in low income. The incidence of low income was higher in Richmond Hill in 2006 than both York Region (12.9%) and Ontario (14.7%) (Statistics Canada Census, 2006 as cited in the Socio-Economic Study for the Town of Richmond Hill by SHS Consulting).

### 2.3.2 Participation Rates and Unemployment

Labour force participation rates, which include the proportion of the population employed or actively seeking work, were at a rate of 69.4% in 2006. The proportion remained fairly stable from 2001 where the labour force participation rates reached 69.9%. Furthermore, unemployment rates were at 5.4% in Richmond Hill as of 2006 (Statistics Canada Census, 2006).

It is important to consider that these statistics are from a time period before the global economic recession, and labour participation and unemployment rates for Richmond Hill may be higher than statistics show in 2006. For instance, the unemployment rate for the economic region of Toronto (including the City of Toronto, York Region, Peel Region, Halton Region, and part of Durham Region) is at 8.6% for the period of January 8 to February 4, 2012 (Human Resources and Skills Development Canada, 2012).

## 2.4 Population of Individuals Living with Mental Health Issues

It has been estimated that approximately one in five Canadians will personally experience mental illness in their lifetime (Health Canada, 2002). If this proportion is translated to the population of Richmond Hill, it could be suggested that mental illness affects approximately 37,000 individuals in Richmond Hill. Among Ontarians that are living with a mental illness, approximately 2.5% will experience serious mental illness (Office of the Auditor General of Ontario, 2008). This could be translated to approximately 925 individuals in Richmond Hill. In general, the most recent Statistics Canada Health Profile (2011) indicates that 73.9% of individuals in York Region perceive their mental health as very good or excellent, which is slightly lower than the Ontario average at 74.3%.

Richmond Hill falls under the Central Local Health Integration Network (Central LHIN), that includes the north part of Toronto, the majority of York Region, and the southern area of Simcoe County. The Central LHIN coordinates and funds health services in the catchment area, which includes Richmond Hill. As of 2008, there are approximately 23,071 adults who are living with serious mental illness in the Central LHIN (KPMG, 2008). In addition, approximately 54% of individuals with one mental illness have another co-existing mental illness or substance abuse disorder (Health System Intelligence Project, 2008). In 2008, there were 19,791 individuals who received services through LHIN-funded community mental health and addictions services, 10,231 were served in the Emergency department, and 3,961 were served as inpatients in the Central LHIN (KPMG, 2008).

The data may be underestimating the population of individuals living with mental health issues, where it has been estimated that anywhere from 40% to 80% of individuals with mental health issues do not receive treatment (Health System Intelligence Project, 2008). Further, approximately 39,000 to 56,000 individuals who require mental health services were not receiving community mental health services in the Central LHIN (KPM, 2008).

It is difficult to determine a completely accurate depiction of the prevalence rate of individuals living with mental health issues in Richmond Hill, though the evidence from the Statistics Canada Health Profile and the Central LHIN show that mental health is an issue that affects a considerable proportion of the population.

## 2.5 Demographic Analysis Summary

The Town of Richmond Hill is growing at an incredibly fast rate with a population growth of over 40% in the past ten years. This is partially due to a high immigration rate with over half of the population of Richmond Hill comprised of immigrants. Similarly, Richmond Hill has 51,000 households and has seen an increase in the number of households with over one-third of the households having one or two persons.

The average and median household incomes in the Town are lower than York Region and higher than the province. However, the incidence of households living with a low income is on average higher than both York Region and Ontario. Furthermore, one-third of all single individual households are living with a low income in Richmond Hill.

The population of individuals living with mental illness is difficult to measure. However based on health statistics, it is possible that there are thousands living in Richmond Hill who are affected by mental illness, many of whom may not be currently receiving services for their mental health conditions.

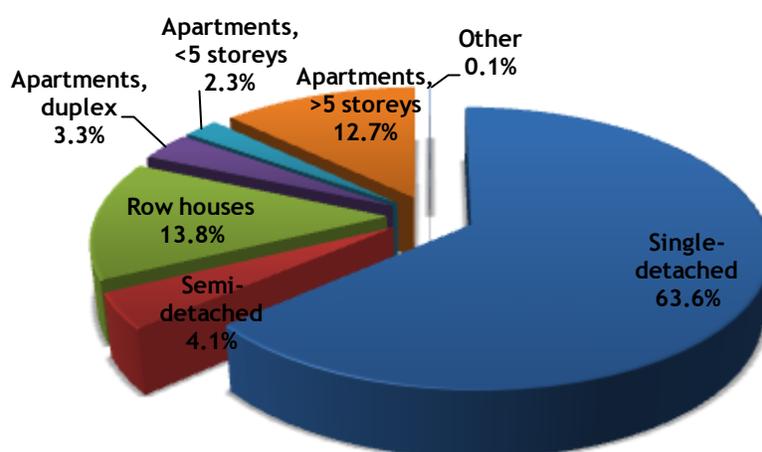
## 3.0 Current Housing Supply

### 3.1 Overview

This section provides an overview of the current private market housing supply and social and supportive housing in Richmond Hill. Overall, Richmond Hill has a high proportion of homeowners and a high number of single-detached homes. In Richmond Hill, only 13.7% of households are renters, compared to 28.8% throughout Ontario. Similarly, 86.6% of households are homeowners in Richmond Hill, compared to 71.1% in Ontario.

As shown in the figure below, housing stock in Richmond Hill is concentrated heavily on single-detached households, which comprise 63.6% of the stock in the town. Less than 20% of housing stock in Richmond Hill is apartments; comparatively almost 30% of Ontario housing stock is apartments. The low proportion of renters and apartments in Richmond Hill suggests the need for more affordable types of rental housing in the town.

Figure 3: Housing Stock in Richmond Hill, 2006



Source: Statistics Canada Community Profiles, 2006

### 3.2 Rental Housing

#### 3.2.1 Market Rental Housing Supply

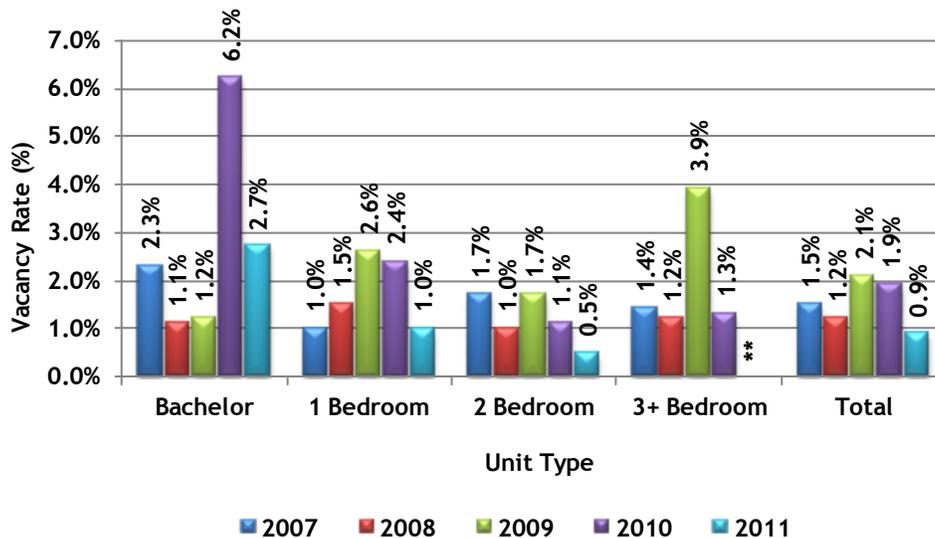
Canada Mortgage and Housing Corporation collects rental market data for the Town of Richmond Hill and this is illustrated in the following figure. Figure 4 shows vacancy rates in Richmond Hill over time by unit type. Vacancy rates are one of the important measures of the health of the rental market. According to CMHC a vacancy rate of at least 3% (three units for everyone one hundred) is necessary for adequate competition and real housing options for accommodation seekers.

The Ontario Non Profit Housing Association 2011 *Where's Home* report identified that that York Region has one of the lowest vacancy rates and

highest rent rates in the province, as well as a very low rate of new rental housing being produced.

The vacancy rate in Richmond Hill for rental apartments for all unit sizes is incredibly low at a rate of 0.9%. Furthermore, the vacancy rate has been decreasing and has declined sharply over the course of one year from 1.9% in 2010. Two bedroom apartments have an especially low vacancy rate of only 0.5%. The low vacancy rate indicates a very tight rental market and few choices for renters.

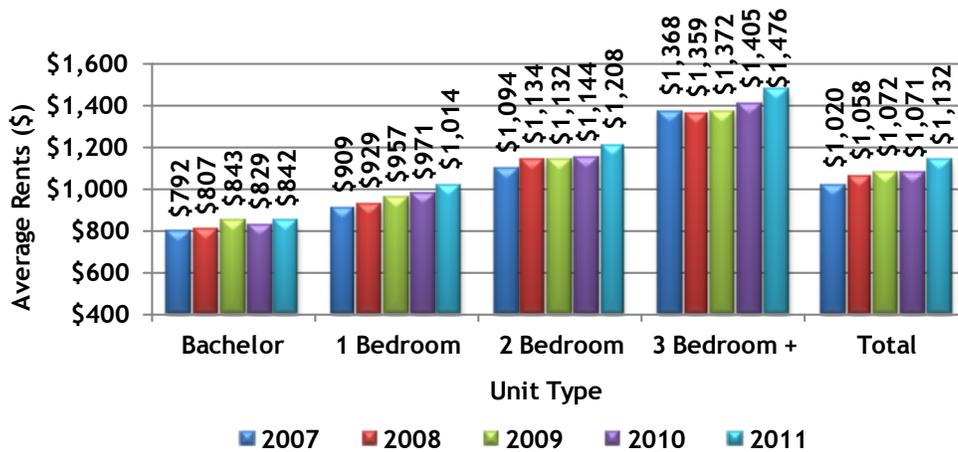
Figure 4: Rental Housing Vacancy Rates by Unit Type, Richmond Hill, 2007-2011



Source: CMHC Rental Market Reports, 2007-2011  
 \*Data combines Richmond Hill, Vaughan, and King  
 \*\* No data available

Figure 5 identifies average rents in Richmond Hill over time. Average rents continue to increase, and have increased from 2007 to 2011 by 11.0% to an average of \$1,132 for all unit types. One bedroom apartments saw the largest rental increase of 11% over the past four years. Rent for a one bedroom apartment is an average of \$1,014 as of 2011. Rent for a two bedroom apartment has jumped 5.6% from 2010 to 2011 and costs an average of \$1,208 per month. This increase among already high rental costs may indicate that there is greater demand for rental housing units in Richmond Hill.

Figure 5: Trends in Average Rent by Unit Type, Richmond Hill\*, 2007-2011



Source: CMHC Rental Market Reports, 2007-2011  
 \*Data combines Richmond Hill, Vaughan, and King

### 3.2.2 Affordability of Market Housing

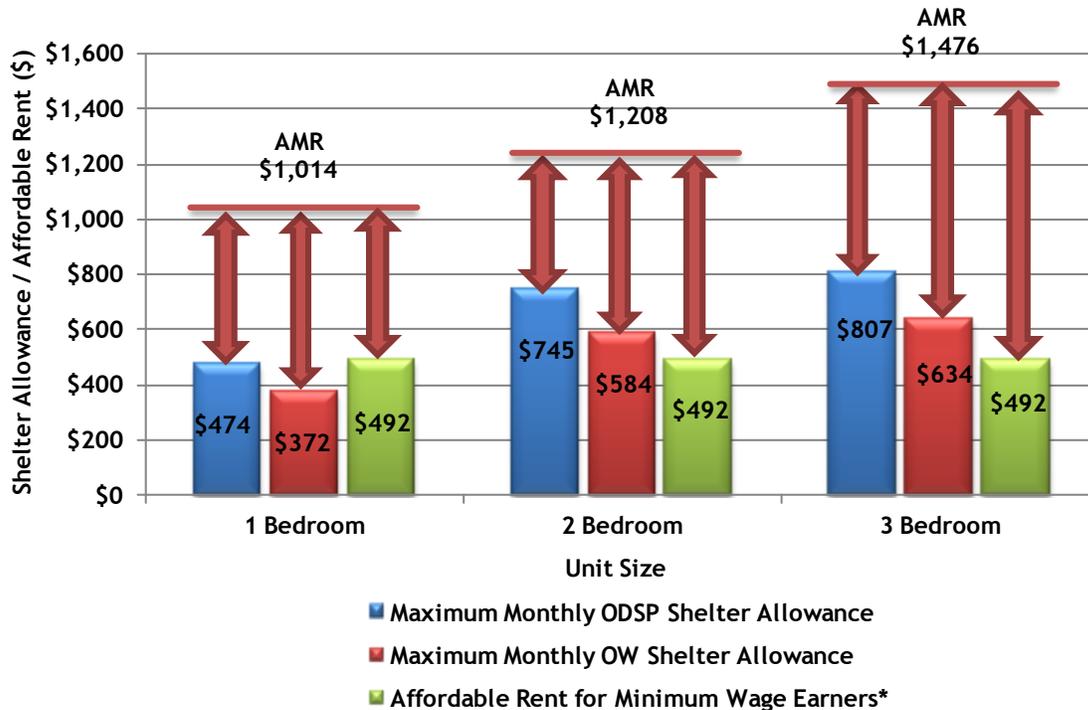
Affordability of shelter costs is generally calculated at 30% of gross income. Based on affordability of rent equaling 30% of gross income and the average market rents discussed in the previous section, a one bedroom apartment in Richmond Hill is affordable for an income of \$40,560, a two bedroom is affordable at a household income of \$48,320, and a three bedroom is affordable at a household income of \$59,040. Similarly, homeownership is quite unattainable for many households in Richmond Hill. The most recent Royal LePage *Survey of Canadian House Prices* shows that a standard condominium apartment costs \$310,500 in Richmond Hill and household income of \$83,756 is needed to afford a standard condo.

Figure 6 shows the affordability gap between the maximum monthly shelter allowance provided under the Ontario Disability Support Program (ODSP), Ontario Works (OW), affordable rent for full-time minimum wage earners, and the average market rent in Richmond Hill. This analysis is provided as many individuals who have a mental health illness receive ODSP as their primary income, or some may receive Ontario Works. Also, there may be a number of individuals relying on a minimum wage in Richmond Hill.

The amount of allowance provided for housing costs and affordable shelter costs for minimum wage earners does not nearly reach the average market rent costs in Richmond Hill for all unit sizes. For instance, recipients of ODSP shelter allowance are given a maximum of \$474 per month for housing for a one bedroom apartment and OW recipients receive a maximum of \$372 per month, while the average market rent for a one bedroom apartment is well over double at \$1,014. It would be very challenging for social assistance recipients to find affordable rental housing if they are unable to supplement their income

or obtain rental assistance beyond the shelter allowance. Similarly, individuals who work full-time earning minimum wage can afford to pay \$492 towards shelter expenses. This amount is not nearly enough to afford rent in Richmond Hill, where average market rent of a one bedroom is double the affordable rent amount and triple the affordable rent amount for a three bedroom apartment for full-time minimum wage earners.

**Figure 6: Comparison of ODSP Maximum Shelter Allowance, OW Shelter Allowance, and Affordable Rent for Minimum Wage Earners to Average Market Rent (AMR) by Unit Size, Richmond Hill, 2011**



Source: Ontario Disability Support Program Act, 1997; Ontario Works Act, 1997; Ontario Ministry of Labour, 2012; CMHC Rental Market Report, 2011

\*Note: Based on a minimum wage of \$10.25/hour as of March 31, 2010 and a 40 hour work week. Affordability of shelter calculated as 30% of gross income

### 3.3 Supportive and Social Housing Supply and Demand for Adults with Living with Mental Illness

Supportive housing is a type of housing that is offered for individuals in many different situations, including those living with mental illness. It typically includes a self-contained unit that comes with appropriate support services for the individual or household. It is typically offered to those who would need support services for a long term period and can be designated for those who have low to high support needs whom would be able to live independently with these supports.

The following section describes the supply and demand of supportive housing for adults living with mental illness in Richmond Hill.

### **3.3.1 Supportive Housing Supply**

Throughout Ontario as of 2008, there were approximately 3,300 dedicated supportive housing units (Office of the Auditor General of Ontario, 2008). As of 2012, there are a total of ten supportive housing units for adults living with mental illness in Richmond Hill. LOFT Community Services /Crosslinks Housing and Support Services provides services to two individuals in one shared living space to adults at Springbrook Gardens, Housing York Inc. LOFT/Crosslinks also provides supportive housing services to two two-bedroom apartments and one four-bedroom home (also shared living) in Richmond Hill. A range of case management services are provided, and clients are assisted in making the changes in their lives through the provision of individualized assessment, skills teaching, linking to resources, advocacy and monitoring. Individualized as well as group support may be provided. These programs offer up to 16 hours of care per day and the level of care is dependent on individual needs.

There are two main organizations that provide supports within housing in Richmond Hill: LOFT/Crosslinks Community Services and the Canadian Mental Health Association (CMHA) York Region Branch.

Further programs with LOFT/CrossLinks Community Services assist adults ages 16 to 64 with serious mental illness and addiction challenges. The LOFT/Crosslinks program worked with a total of 181 individuals across York Region in 2011. Crosslinks helps clients find housing and provides case management and a range of support services, including needs assessments, crisis prevention and intervention, advocacy, and teaching life skills.

CMHA offers a range of mental health services in York Region. One of the treatment programs includes Assertive Community Treatment (ACT) Teams. ACT Teams are multi-disciplinary health teams that provide community-based services and rehabilitation support for individuals with serious mental illness. Services are provided in the client's home or any other location of the client's choice.

Other service providers for adults living with mental illness in Richmond Hill include the Krasman Centre, York Support Services Network, and the mental health programs at York Central Hospital. These programs do not currently provide in-home supports but do provide valuable services to many members of the Richmond Hill community.

### **3.3.2 Custodial Housing**

York Region has custodial housing programs known as Domiciliary Hostels/Lodging Houses and Homes for Special Care (HSC). The homes have a

license as either a “Lodging House” under the York Region Lodging House By-law or as a “Home for Special Care” under the Ministry of Health and Long-Term Care. (York Region, 2012). Individuals living with mental illness often reside in domiciliary hostels or more often, homes for special care. The homes are privately operated, and some homes for special care are overseen by the Centre for Addiction and Mental Health. Residents have their own room or often share a room, and have supervision and some support, including assistance with daily living, meals, laundry, and housekeeping (CAMH, 2012; Community Support and Research Unit, CAMH & Canadian Council on Social Development, 2011). As of 2008, York Region has a total capacity of 423 beds under the Homes for Special Care program (including homes under CAMH) and a capacity of 249 beds under the domiciliary hostels program (York Region, 2008). The domiciliary hostels and homes for special care are located throughout York Region, though most are located in the northern areas of the Region.

### **3.3.3 Waitlist for Rent-Geared-to-Income Housing and Home Support Services**

Wait lists are an important indicator of demand for housing. As shown in the previous section, it can be a challenge for a proportion of Richmond Hill households to be able to afford the cost of housing in the town. As such, there is a demand for rent-geared-to-income housing in Richmond Hill and throughout York Region. As described above, it is likely that some individuals with a serious or chronic mental illness may have a fixed or lower income and thus would benefit from residing in rent-geared-to-income housing.

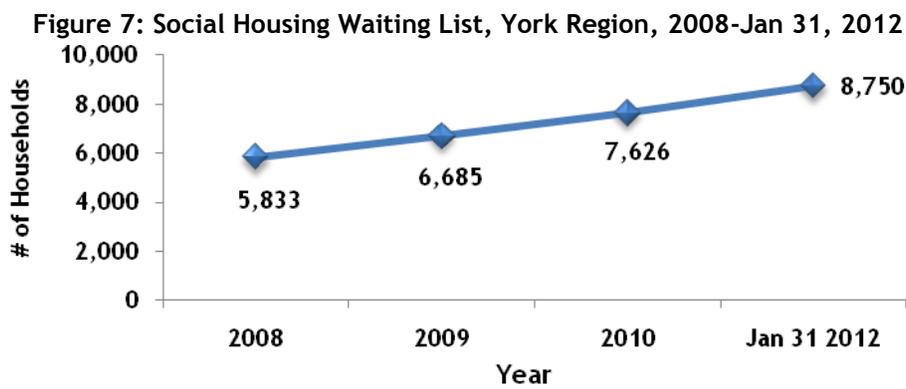
York Region uses a Streamlined Access to Case Management Services approach to accessing support services through the York Support Services Network (YSSN). The waiting list for case management services as described above for both LOFT/Crosslinks and CMHA is funneled through the YSSN streamlined waiting list. As of March 2012, there are 138 individuals waiting for case management services in York Region. Of that number, 27 have Richmond Hill addresses and 10 have Thornhill addresses.

Beyond York Region, the City of Toronto has a centralized waiting list for individuals living with mental health issues through the Toronto Mental Health Housing and Support Network. As of 2011, the waiting list is over 4,500, which has grown drastically from 700 in 2009 (Community Support and Research Unit, CAMH, 2011).

As of January 31, 2012, there were 8,750 households on the social housing waiting list for York Region. Seniors comprise 50% of the waiting list, families comprised 29%, and singles and couples comprised 21%.

This data can be broken down further to the households on the waiting list who are waiting for affordable housing units within Richmond Hill specifically. Of the 8,750 households, 6,351 are waiting for affordable units within Richmond Hill. This translates into 73% of the households. This is a significant portion of the waiting list and further promotes the needs for more affordable housing units within the Town of Richmond Hill. Seniors, again, were that largest percentage of these households which comprised of 44% on the waiting list. Furthermore, families comprised of 34% of the households while 44% was comprised of singles and couples.

The following table shows trends of the social housing waiting list for York Region:



Source: Region of York Community and Health Services Committee, Regional Council Meeting 2011 & Regional Municipality of York Housing Access Unit, 2012

While waitlists are an important indicator of demand, the number of individuals who could benefit from living in supportive housing may go underreported. Individuals that may want or need these services may not add their name to the waitlist because of the discouragement regarding the low turnover of units and limited vacancy rate.

### 3.4 Summary of Housing Supply and Demand

The demand for affordable rental housing in Richmond Hill is significantly higher than the available supply. The vacancy rate is incredibly low at a rate of 0.9% and rents continue to increase to a rate that is unaffordable for many households, especially for households on a fixed income or minimum wage. Furthermore, there is very little supportive housing for individuals living with mental illness available in Richmond Hill and there are long wait times for rent-geared-to-income housing in York Region. It is clear that Richmond Hill is in need of more affordable housing options for its residents.

## 4.0 Improving Quality of Life of Adults Living with Mental Illness

### 4.1 Link Between Housing and Mental Wellness

Poverty and mental health often go hand in hand, where individuals living with mental illness often have greater financial inequality and challenges with daily functioning, while at the same time, mental health often deteriorates under stressful financial and living circumstances.

A vast quantity of studies have found that safe, stable, and adequate housing is essential for the health and well-being of individuals with mental illness (Canadian Mental Health Association, 2009; Minister's Advisory Group on the 10-Year Mental Health and Addictions Strategy, 2010; Community Support and Research Unit, CAMH, 2011; The Standing Senate Committee on Social Affairs, Science and Technology, 2006). At the same time, many individuals with mental health issues live in substandard or inadequate housing (de Wolff, 2008; Office of the Auditor General of Ontario, 2008; Community Support and Research Unit, CAMH, 2011). In fact, the Office of the Auditor General of Ontario (2008) found that approximately one-third of individuals with serious mental illness are homeless and over 70% are unemployed.

Individuals with mental health issues find it difficult to obtain safe and adequate housing because of stigma, vulnerability, challenges with daily functioning, and financial barriers (Canadian Mental Health Association, 2009; de Wolff, 2008). Individuals who are living with mental illness sometimes have periods where symptoms may make it challenging to work, and those who are on ODSP or other fixed incomes or assistance do not have adequate income to afford housing in Richmond Hill.

### 4.2 Invisible Role of Family Caregivers

Family caregivers should be considered when assessing the current living situation, and financial, social and emotional support of individuals living with mental illness. Families and friends are the

*“Housing is key – for prevention and as part of care and support for people with mental illness and/or addictions... Housing with supports – including health services, income support, social support, and help maintaining housing and finding employment – is one of the most effective interventions for people with mental health and/or addictions problems”*

- (Minister's Advisory Group on the 10-Year Mental Health and Addictions Strategy, 2010 p. 24)

*“Promoting mental health and recovery from mental illness requires interventions that address the social determinants of health – in particular those related to income, adequate housing and employment, and participation in social networks”*

- (The Standing Senate Committee on Social Affairs, Science and Technology, 2006, p. 57)

*“Without accessible housing and support, successful community living and recovery are difficult”*

- (Office of the Auditor General of Ontario, 2008, p. 187)

largest group of caregivers for individuals living with mental illness, though their role is often unrecognized and underappreciated (Trainor, Pomeroy, & Pape, 2004; Family Mental Health Alliance, 2006).

Families have a variety of roles within the lives of their relative such as providing housing, acting as informal case managers, advocating on behalf of their relative, providing crisis intervention, maintaining medical records, and assisting with activities of daily living (Family Mental Health Alliance, 2006). Families receive almost no financial resources even though they provide most of the support through the health care system (Trainor et al., 2004). The significant role of family caregivers should be addressed as a part of understanding and providing solutions to bettering the quality of life for individuals living with mental illness.

### 4.3 Current Housing Models

Many adults living with mental illness reside in custodial housing settings as identified previously, such as homes for special care and domiciliary hostels. However, these homes are not considered best practices.

The “Turning the Key” report conducted through the Mental Health Commission of Canada by CAMH and the Canadian Council on Social Development describes custodial housing as models that “date from the phase of deinstitutionalization when longer term clients were seen as needing to be taken care of, rather than as dynamic individuals interacting with their environments and support in a process of recovery” (p. 3). The report indicates that the approach to care is “one-size-fits-all” as the services are provided based on per-diem funding rather than if the services are needed by the client (p. 20). It is identified that recovery-oriented approaches that provides housing supports, health-care supports, and peer supports are “integral” to individuals that are living with mental illness (p. 21).

### 4.4 Supportive Housing as a Solution

The benefits to connecting adequate housing with appropriate supports in the form of supportive housing for persons with mental illness has also shown to be a very effective form of care (Minister’s Advisory Group on the 10-Year Mental Health and Addictions Strategy, 2010; Community Support and Research Unit, CAMH, 2011; Office of the Auditor General of Ontario, 2008).

A number of benefits to supportive housing have been documented, including individual, family, and community benefits.

Supportive housing for individuals living with mental illness has found to foster increased well-being to individuals living with mental illness. The Senate

Report discusses benefits to the supportive housing model, such as promoting recovery and independence, safety, and flexibility. The Office of the Auditor General report found that when individuals with mental illness have more control over housing, “they are more likely to report increased well-being, psychological stability, and independent functioning” (p. 187).

Providing an alternative housing option for individuals living with mental illness will assist family members through easing financial, social, and mental stressors as family members often provide housing in their personal home for their relative as well as other supports and resources (Family Mental Health Alliance, 2006).

Supportive housing acts as a cost-effective alternative to institutional settings. For instance, the cost of supporting an individual in supportive housing is approximately one-tenth the cost of supporting the same person in institutional settings and emergency shelters (Community Support and Research Unit, CAMH & Canadian Council on Social Development, 2011). An intensive Case Management program in Ottawa reported that it costs about \$68 per day to provide community-based services to a person with a mental illness (CAMH, CMHA, OMHF, & Ontario Ministry of Health and Long Term Care, 2004). As a comparison, the *Turning the Key* (2011) report indicated that:

- A psychiatric hospital bed costs between \$330-681 per day
- A hospital acute care bed costs between \$720-1115 per day
- The cost of a visit to the emergency room is between \$212-820
- The cost of a person residing in a jail is \$143-457 per day (p. 11)

Furthermore, a report conducted by the Ontario Federation of Community Mental Health and Addiction Programs (2003) found that a number of mental health organizations in Ontario report a reduction of approximately 60 to 89% in the average amount of time people spent in hospitals before and after becoming involved in supportive housing programs.

In addition, supportive housing can actually have positive benefits on the surrounding community. Research conducted by de Wolff through the Wellesley Institute (2008) found that supportive housing does not negatively impact property values or crime, neighbours of supportive housing buildings did not feel that the housing had a negative impact, and that supportive housing residents are good neighbours through their contributions to local businesses and neighbourhood character.

The Office of the Auditor General of Ontario found in the 2008 Annual Report that there is a critical shortage of supportive housing units for persons with mental illness in Ontario and that wait times range from one to six years. The Auditor General of Ontario report indicated that Ontario needs an additional 23,000 supportive housing units for individuals living with mental illness. Further, the *Out of the Shadows at Last* Senate Report (2006) indicates that a

minimum of 56,500 supportive housing units/rent subsidies are needed throughout Canada. The report did not reflect other populations such as hidden homeless or aging parents who are caregivers, and thus the Community Support and Research Unit, CAMH report, *Turning the Key*, recommends that a minimum of 100,000 supportive housing units are needed in Canada.

#### 4.5 Understanding the Local Need for Affordable and Supportive Housing

Limited research has been conducted on the need for affordable and supportive housing in Richmond Hill specifically, though there are a few studies in York Region that identify the local need for affordable and supportive housing.

A social audit conducted in York Region by ISARC found that the cost of housing, crowding, and a lack of adequate housing options in the region is a huge issue. It found that there is not enough social housing in York Region to meet the needs, and market housing at the lower end is extremely inadequate (Pearson and Kelly, 2010).

Some participants in the audit who have a low income also suffered from mental health issues, and often their symptoms were worsened by the stressful financial situation. Similarly, the York Region *Alliance to End Homelessness* (2010) report found that many individuals who are homeless or at risk of homelessness in York Region have mental health conditions. In this study, the most common reason for service providers to send a client who is homeless or at risk of homelessness to the emergency room was for a mental health problem (York Region Alliance to End Homelessness, 2010).

Focus groups conducted for the KPMG *Central LHIN Health Service Needs Assessment and Gap Analysis* report identified a significant need for supportive housing for individuals with mental illness in the Central LHIN. Further, York Region has made it a priority to address affordable housing and the supply of supportive housing, as identified in the Community Plan to Address Homelessness (2008). The plan identified an action to increase the number of supportive housing units for individuals who are living with mental health and/or substance abuse issues, and includes a target of 42 new housing units.

##### 4.5.1 Focus Group with Local Caregivers

Since there is limited information on the circumstances of adults living with mental illness in Richmond Hill, Home on the Hill Supportive Housing held a focus group for caregivers and relatives of adults with mental illness living in the area. It was felt that primary caregivers and family members would provide a comprehensive picture of the current situation of their relative since they are an integral part of the care and support that is provided.

## Demographics

There were fourteen participants in attendance at the focus group. Most of the participants were parents of adult children. Ages of their loved ones ranged from 21 to 48 years (includes ages only for those who volunteered this information). The majority of adult children are in their early to mid-twenties. For parents who mentioned the gender of their child or loved one, nine are male and five are female.

The majority of participants indicated that their adult child currently resides with them. A few others are in a group home, and one is an inpatient at a centre for mental health.

The participants described current conditions that their son/daughter has been diagnosed with or suffers from, such as schizophrenia (5), drug abuse (3), bipolar (2), depression (2), Crohn's disease (2), head/brain injury, and anxiety. Many participants indicated that their son/daughter suffers from fatigue due to medications and/or symptoms from the illness.

## Supporting Adults with Mental Illness Living Independently

Participants indicated factors that are important to the overall health or wellness of their son/daughter:

- Healthy sense of self and self esteem
- Living in a safe environment
- Having supports for daily living and motivation to move forward - having a mentor or staff
- Taking medication
- Supports that fit with the capacity of the person

Participants generally described that it would be very important for their son/daughter to have a wide range of support services to help them live independently. Supports that would be useful ranged from direct mental health supports, assistance with daily living and life skills development, and social activities. Many mentioned having support workers on site to provide emotional and social support and guidance to residents would be beneficial. It was also very clear that supports and services would be more beneficial and well utilized if they were provided directly in the building rather than out in the community.

Some of the supports mentioned that would assist the participants' son/daughter to live independently are:

- Mental health supports
- Medication reminders and supervision
- Teaching life skills (hygiene, etc)
- Cooking (and cooking safety)

- Recovery programs
- Budgeting
- Nutrition
- Mentoring system /peer support
- Group counselling
- Socialization with peers
- Exercise
- Programs that provide a sense of empowerment and promote positive self-esteem
- Meaningful activities, such as gardening, woodworking etc
- Overall focus on wellness

### Type of Housing and Housing Features

Participants generally indicated that their son/daughter would like an independent unit, though participants felt it would be important to have some method of checking in and ensuring that the units met a determined health and safety standard. Frequent scheduled inspections of the units could be conducted. There was an emphasis among participants that the building would be different from a group home. This would involve having staff on site frequently that focus on the wellness and well-being of the residents.

A building that one participant resides in is 52 units and she indicated that less units would be preferable. It was also felt that if the building had at least 10 to 15 residents, there could be more organized supports provided.

Some participants felt that congregate dining would be beneficial but that it would be important for residents to have the ability to prepare food in their own unit. Participants also envisioned having common spaces for programming, groups, one-on-one, and activity space, for the services and programming as described above.

There was a sense among participants that the supportive housing units should be integrated with

Here is some of what the participants had to say in their own words:

*“Our daughter who was diagnosed with bipolar is living with us. We are concerned that we can’t guarantee our presence here forever, what are we going to do after we’re dead?”*

*“My son would love to move out but he has no money and he can’t get a job and can’t go to school.”*

*“If anything happens to me, I’m concerned about where he’s going to go. I’m trying to get him as independent as possible. He needs structure and direction.”*

*“They need to be involved in something meaningful, an activity that they can feel good about.”*

*“My son needs a social worker or someone that can teach people life skills”*

*“Don’t make the building look anything like a hospital. Make it something that looks like home.”*

*“We have to design something that makes programs available at hand that brings programs to them so they can connect with others and with the system, right now there’s a huge disconnect.”*

*“Families can only do so much for so long, we have to give ourselves credit. If we’re looking after someone 24/7, we have an expertise that no one else knows.”*

other affordable rental units, so that the building is not comprised of only individuals with mental health issues. Some participants picture the building as interacting with the community where programming for various members of the community would be located in or near the building. Art, music, exercise programs could come into the building.

### **Family Members and Caregivers Involvement**

Family members stated that they would want to be involved in their son/daughter's lives. Parents very strongly demonstrated their dedication and love for their son/daughter. Families have a certain expertise on their son/daughter that no one else has. Parents shared experiences of feeling isolated within the current medical system. Participants also mentioned the delicate balance between independence and intrusion of privacy.

Participants brainstormed roles they may play in their son/daughter's lives if they were to live independently, and ways in which they could be supported:

- A parent support group connected with the residence would be a way of dealing with the isolation in the medical system
- A support group that is a combined family/consumer group
- A parents council that is a representative sample of parents could monitor and support the residents
- Some families could reside in the building
- Support if family member was evicted
- Family members would like to be able to have information about their son/daughter's illness when possible
- Some household and building responsibilities could be taken on by family members

Overall, participants felt it would be important to build a sense of community within the residence, and that it could help with residents attending programs, socialization, and accountability.

### **4.6 Summary of Quality of Life Indicators**

Through local to national literature and firsthand accounts of individuals who have experience with mental illness, it is clear that housing is a key factor to ensuring a positive quality of life for individuals living with mental illness. One method of providing adequate and safe housing is through supportive housing. There is a serious shortage of supportive housing in Richmond Hill where there currently are very few supportive housing units, as well as a shortage in units province and country-wide.

Locally, there are adults living with mental illness who would benefit from a supportive housing residence in Richmond Hill. The building would have independent units but could contain shared amenities such as shared dining,

common space for socializing and programming, and space for other services. A wide range of formal and informal supports would be provided based on the individual's care plan. Families and caregivers would play a role in the care of the individual.

## 5.0 Summary and Conclusions

The information gathered on the housing need of the general population of Richmond Hill and, in particular, adults living with mental illness, supports the need for additional supportive housing units in Richmond Hill.

### **More housing stock and tenure options are required to meet the needs of Richmond Hill's growing population**

Richmond Hill's population continues to grow at a rapid rate of 40.5% in the past ten years, and a variety of housing options are needed to keep up with the pace. There are currently few rental housing options in Richmond Hill and vacancy rates in rental apartments are incredibly low at only 0.9%. There is also limited diversity in housing stock where the vast majority of houses are single-detached homes and there are few apartment buildings. Richmond Hill needs to diversify housing stock and tenure options to meet the needs of the high population growth.

### **Affordable housing is needed for all households in Richmond Hill**

With over 7,600 households on the waiting list for social housing, it is clear that housing affordability is a serious issue in Richmond Hill and York Region. Over 15% of households in Richmond Hill are living with a low income, and based on the high rental costs, many cannot afford the cost to rent any type of housing in Richmond Hill. In addition, for those who are on a fixed income such as ODSP, the cost of housing is unattainable unless subsidies are available. It is imperative that affordable housing options are available to households in the town.

### **Need for supportive housing for adults living with mental illness in Richmond Hill**

Even though there are an estimated number of 37,000 individuals affected by mental illness in Richmond Hill, there are incredibly limited supportive housing options in the town. The discussion from the caregivers focus group and analysis of data shows clearly that housing that is affordable and provides supports is needed for adults living with mental illness. Adequate support services in conjunction with affordable housing provide a safe living environment that supports independently living and promotes a healthy quality of life.

In conclusion, the results of the Need and Demand Analysis show that there is support for the development of an affordable, supportive housing project with a range of approximately 80 to 150 units in Richmond Hill.

## Bibliography

- Canada Mortgage and Housing Corporation. (2007-2011). *Rental Market Report - Greater Toronto Area*.
- Canadian Mental Health Association. (2009). *Poverty Reduction: A Necessary Component of the Federal Government's Mental Health Strategy for Canadians*.
- Centre for Addiction and Mental Health, Canadian Mental Health Association, Ontario Mental Health Foundation, and Ontario Ministry of Health and Long-Term Care. (2004). *Making a Difference: Ontario's Community Mental Health Evaluation Initiative*.
- Centre for Addiction and Mental Health. (2012). Long term housing and residential services. Accessed from:  
[http://www.camh.net/path\\_home/housing\\_options/long\\_term\\_residential.html](http://www.camh.net/path_home/housing_options/long_term_residential.html)
- ConnexOntario Database. (2012). Organizations in the MHH Database that Offer Support Within Housing Services in the County of York.
- Community Support and Research Unit, Centre for Addiction and Mental Health & Canadian Council on Social Development. (2011). *Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses*.
- de Wolff, A. (2008). We are Neighbours: The impact of supportive housing on community, social, economic, and attitude changes. *Wellesley Institute*.
- Family Mental Health Alliance. (2006). Caring together: Families as partners in the mental health and addiction system. *Centre for Addiction and Mental Health, Canadian Mental Health Association Ontario, and Ontario Federation of Community Mental Health and Addiction Programs*.
- Health Canada. (2002). A report on mental illnesses in Canada. *Ottawa, Canada*.
- Health System Intelligence Project. (2008). *Mental Health and Addictions in Ontario LHINs*.
- Human Resources and Skills Development Canada. (2012). *EI Economic Region of Toronto Unemployment Rate & Benefits Table*. Accessed from:  
<http://srv129.services.gc.ca/rbin/eng/toronto.aspx?rates=1&period=278>

KPMG. (2008). *Central LHIN Health Service Needs Assessment and Gap Analysis Appendix M: Mental Health and Addictions Supplemental Analysis*. November 2008.

Minister's Advisory Group on the 10-Year Mental Health and Addictions Strategy. (2010). *Respect, Recovery, Resilience: Recommendations for Ontario's Mental Health and Addictions Strategy. Report to the Minister of Health and Long-Term Care*.

Office of the Auditor General of Ontario. (2008). *2008 Annual Report of the Office of the Auditor General of Ontario. Chapter 3: Community Mental Health*.

Ontario Non-Profit Housing Association. (2011). *Where's Home? The Need for Affordable Rental Housing in Ontario*.

Ontario Disability Support Program Act. (1997). Ontario Regulation 222/98

Ontario Federation of Community Mental Health and Addiction Programs. (2003). *Outcomes and effectiveness: The success of community mental health and addiction programs. Toronto, Ontario*.

Ontario Ministry of Labour. (2012). *Minimum wage*. Accessed from: <http://www.labour.gov.on.ca/english/es/pubs/guide/minwage.php>

Ontario Works Act. (1997). Ontario Regulation 134/98

Pearson, T. & Kelly, Y. (2010). "Behind the Masks": Testimonials from those marginalized by income. *A Report on the Interfaith Social Assistance Reform Coalition (ISARC) Social Audit in York Region on April 20, 2010*.

Royal LePage. (2011). *Survey of Canadian House Prices: Fourth Quarter 2011*.

SHS Consulting. (2008). *Socio-Economic Study for the Town of Richmond Hill*.

The Standing Senate Committee on Social Affairs, Science and Technology. (2006). *Out of the shadows at last: Transforming mental health, mental illness, and addiction services in Canada. The Senate, Canada*.

Statistics Canada. (2002). *2001 Census of Canada*.

Statistics Canada. (2007). *2006 Census of Canada*.

Statistics Canada. (2012). *2011 Census of Canada*.

Statistics Canada (2011). Health Profile Catalogue No. 82-288-XWE. *Ottawa. Released October 25, 2011.*

Trainor, J., Pomeroy, E., & Pape, B. (2004). A framework for support. Third Edition, *Canadian Mental Health Association.*

York Region. (2008). *The York Region Community Plan to Address Homelessness.*

York Region. (2012). *Domiciliary Hostels and Lodging Homes.* Accessed from: [http://www.york.ca/Departments/Community+Services+and+Housing/Family+and+Children+Services/domiciliary\\_hostels\\_partners.htm](http://www.york.ca/Departments/Community+Services+and+Housing/Family+and+Children+Services/domiciliary_hostels_partners.htm)

York Region Alliance to End Homelessness. (2010). *Homelessness and Health: Social Determinants of Health in York Region.*

York Region Council (2011). Social Housing Waiting List 2010 Annual Activity Update. *Report #4 of the Community and Health Services Committee Regional Council Meeting of April 21, 2011.*