

Toronto Community Housing's Mental Health Framework

Executive Summary

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Toronto Community Housing's Mental Health Framework

When Toronto Community Housing's staff and tenants were asked for their recommendations for the 2008-2010 Community Management Plan, mental health was a top priority.

It still is. In the dozens of interviews, conversations and meetings leading to this Mental Health Framework, every tenant and staff member had at least one story about TCH tenants unable to fulfill their basic tenancy obligations because of a mental illness or addiction.

This Mental Health Framework is designed to define Toronto Community Housing's role, grounded firmly in its core function as a landlord. It also includes a three-year plan to leverage TCHC's considerable strengths, and to collaborate with tenants and community partners to address systemic service gaps.

The Mental Health Framework is part of the 2008-2010 Community Management Plan's Social Inclusion Strategy. It also supports – and is supported by over fifteen CMP outcomes, particularly the Seniors Strategy, Partnership Framework and Community Standards. (The framework's linkages with other CMP strategies are described in Appendix A.)

This framework is informed by interviews with 27 TCH managers and front-line staff; a review of TCH policies, protocols, and other corporate documents; interviews with 14 key informants from Canada and the US; and a literature review that identified over 200 pertinent publications from the US, Canada, UK, Australia and World Health Organization.

The framework is also informed by:

- The Mental Health and Homelessness and Mental Health and Seniors Pilot Projects. These pilot projects were both led by tenant/staff advisory groups and engaged over 60 tenants and front-line staff
- Forums and meetings with TCH staff, the Anti-Ablism Committee, Housing Connections, consumer/survivor initiatives; supportive housing providers, and potential crisis intervention partners
- An analysis of TCH operations data.

The focus of the work

The concept of “mental health” is exceedingly broad. According to the World Health Organization, mental health is “a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.”

The Community Management Plan already contains many initiatives that promote mental health. This framework is designed to fill a specific gap. It focuses on:

tenants whose mental health is impaired in a way that affects them as *tenants and neighbours*. This impairment could be caused by either a mental illness or an addiction.

Toronto Community Housing's Mental Health Role

My advice to TCH is "BE a landlord." Then talk to agencies like ours about providing supports."

Support agency

The Mental Health Commission of Canada has named stable housing as one of the social determinants of mental health. It is also the cornerstone of any mental health effort, without which any other mental health intervention will fail. In other words, Toronto Community Housing can make a major contribution to the mental health sector, and the health of its tenants, simply by being a good landlord.

Therefore, the recommended mental health role for Toronto Community Housing is firmly rooted in its mandate *as a social housing landlord*: to provide affordable housing to low and moderate income households and to create community conditions that minimize risk and promote resiliency. It includes three functions:

- To accommodate people with mental illness – a legal obligation under the *Ontario Human Rights Code*.
- To support successful tenancies, as defined by the *Residential Tenancies Act*
- To foster an environment that promotes recovery and health.

These three functions are consistent with the funding Toronto Community Housing receives as a social housing provider, the capacity of its staff, and the expectations of its tenants. They are also the functions that no other organization can provide on Toronto Community Housing's behalf.

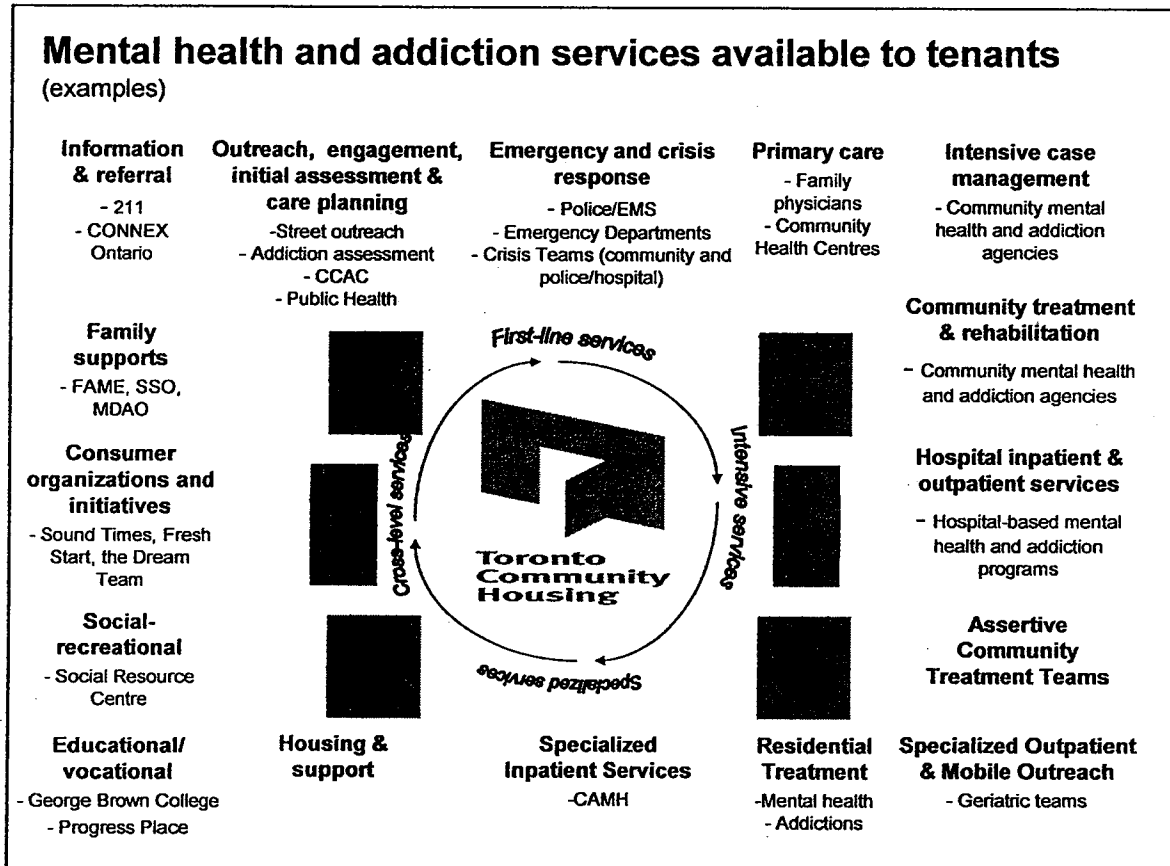
However, there are many essential services that other organizations *can* provide. The diagram on the following page provides a high-level overview of the mental health and addictions sectors and the services and supports Toronto Community Housing and its tenants should expect to receive. These services are all publicly-funded to serve Toronto residents. Admittedly, accessing these services can be challenging; they are fragmented and not funded to a level that allows them to meet what is a very significant demand. However there are opportunities to improve TCH tenants' access to them. This framework includes a number of recommendations to make the most of the available services and to enhance these services.

Equally important are the informal networks tenants bring with them: family, friends, neighbours, and other social connections within and outside their buildings. For many tenants these supports will be as, or more, important than mental health services.

We also cannot ignore the many organizations that may have no formal mental health mandate, but can be crucial to well-being. These can include workplaces, faith groups, social and recreation programs, clubs, drop-ins, public libraries, coffee shops – in fact, any place people can find friendship, purpose or fun.

Enhancing social connections within Toronto Community Housing's buildings is a crucial part of the Mental Health framework. The framework also recommends some ways to enhance linkages with family, friends and neighbourhood organizations.

Overview of the mental health and addictions sectors and example of their services



Toronto Community Housing's Mental Health Challenge

Toronto Community Housing is home to more people with serious mental illness than any other organization in Ontario. Based on prevalence rates, adjusted for the low socio-economic groups TCH houses, seven per cent of TCH tenants – **8,900 adults** – have a mental illness serious enough to make them eligible for supportive housing.¹

That is twice as many as live in all Toronto supportive housing combined and 1.3 times as many as live in all Toronto's supportive and alternative housing. To give a sense of scale, it is also more than double last year's inpatient admissions to the Centre for Addiction and Mental Health; almost half the number of individuals who visited one of

¹ Including concurrent disorders; based on prevalence rates for serious mental illness in low income adult populations (20 years+).

seven downtown emergency rooms because of a mental health or addiction-related need; and more than 20 times the people who received case management support from CMHA-Toronto last year.

Yet Toronto Community Housing does not have – and can never have – individualized supports for tenants who want and need it. At Toronto Community Housing the staff:tenant ratios are:

- One Health Promotion Officer for every 2,166 units
- One Tenant Service Co-ordinator for every 650 units
- One Customer Service Facilitator for every 4,875 units
- One Superintendent or Senior Superintendent for every 222 units.

Supportive housing providers, in contrast, typically have one support staff person – usually a person with a social work degree – for every 20 to 30 tenants. To achieve similar staff:tenant ratios, Toronto Community Housing would require 300 additional staff for the estimated 8,900 tenants with mental illness at a cost of approximately \$18 million per year. There is no realistic prospect that Toronto Community Housing could raise funding for this staff, or that the Ministry of Health and Long-Term Care would recognize Toronto Community Housing as a supportive housing provider.

Nor does Toronto Community Housing have the partnerships with support agencies needed to support all tenants who need and want support – although many tenants do receive formal and informal supports through mental health or community agencies, and many TCH staff have developed informal relationships with local agencies.

The lack of support has not meant that tenants with mental illness are losing their homes. In 2008, the TCH eviction rate for cause (non-arrears) was 0.13%. In 2007, it was 0.14%. This rate is the same or lower than other landlords, including supportive housing landlords.

It has meant substantial costs to tenants with mental illness, their neighbours, to staff, and to TCH. Many tenants with mental health issues are enjoying successful tenancies, getting along well with their neighbours and fulfilling all the obligations under the lease.

However, the consultations leading to this report also revealed real suffering for individual tenants and their neighbours. During our consultations we heard about tenants living with no or inadequate support: isolated, ignored and shunned by their neighbours and staff; tenants who had committed suicide, who lived in squalour, or whose mental illness prevented them from treating physical ailments; and vulnerable tenants whose units had been taken over by drug dealers and pimps, or became crowded by homeless people. We heard about tenants who disturbed and sometimes frightened their neighbours, whose units had become a health or fire hazard, who threw furniture off balconies or harassed people entering the building. And we heard about tenant reps whose mental health issues prevented them from upholding the code of conduct. Many believed that things were getting worse.

These incidents are taking a toll on staff. During our consultations we heard from a superintendent struggling with his own trauma after witnessing a tenant leap from his balcony to his death; TSCs and HPOs who were afraid of being swallowed up by the needs of tenants with serious mental health issues; and the receptionists and assistants

who feel helpless to address the problems of the tenants who arrive at their desk. We heard from staff who had been abused by tenants, in person, over the phone and via email. We also heard from many staff who want to “do the right thing,” but feel they are floundering – uncertain how to begin or what to do.

As a corporation, Toronto Community Housing is also bearing the costs of unsupported tenants with mental health issues. For example:

- Between January 2006 to August 2009 there were 29 incidents clearly caused by tenants with mental health issues leading to over \$1 million in damage – over \$700,000 unrecoverable through insurance.
- Unit inspections in 2008 identified 3,297 units with serious housekeeping problems – many apparently linked to hoarding or other mental health issue; 1,135 of these had a cockroach infestation.
- The Community Safety Unit responded to 484 mental health-related calls in the first 6 months of 2009.
- Disability, and particularly mental illness, has become an increasingly common ground for a complaint to TCH’s Human Rights and Equity Office.

The mental health challenge has also damaged Toronto Community Housing’s reputation. Since mid-2007, in the *Toronto Star* alone, TCHC has been the subject of at least 17 negative news stories. These stories featured headlines such as, “Public housing, private hell,” “Apartment reeked of dying,” and “Doing nothing is doing harm.” The *Toronto Star* series also formed the basis for a W-Five program aired on CTV entitled, “Housing Hell: Our most vulnerable living in deplorable conditions.” Clips from this program continue to be available online. These negative media reports harm TCHC’s ability to deliver on its mandate. They can reduce goodwill in the community, curtail opportunities for enhanced funding and partnerships, and demoralize staff. In many cases, negative media also stigmatizes tenants, profiling them in ways that don’t match reality.

A recommended approach

Based on the results of our literature review, external scan and interviews with Toronto Community Housing staff and tenants, we recommend the following principles to underpin TCHC’s response to its “mental health challenge.”

Make recovery the foundation of the mental health framework. The recovery movement has become a guiding force within the mental health sector throughout North America and beyond, informed by a substantial literature. Although there are many different formulations of “the recovery concept,” some important elements are:

- *Hope*: the confidence that recovery from mental health is possible.
- *Self-determination*: enabling the individual to break away from a sense of helplessness and dependence, to make choices and accept the consequences of their choices
- *Connection* – rejoining the social world through friendships, through work, and through helping others living with mental illness.

Use proven approaches to promoting successful tenancies. There is a growing body of evidence about the most effective ways to promote housing stability among people with mental illness, addictions, or an inability to stay housed in the past. The elements include:

- The ability to choose one's own housing, de-linked from support
- Flexible and intensive supports, based on trusting and respectful relationships (this support includes regular visits within the home, and the availability of evening and weekend support)
- Collaborations among agencies, particularly between housing and service providers
- Connections with community services, to help participants get involved in community activities and be able to contribute to the community
- Social activities, including communal meals
- Stable funding
- Consistent and non-judgmental interactions with housing staff.

Mobilize the power of peer support, by engaging tenants to help each other and themselves.

Adopt an inclusive approach. The principles of recovery, peer support and eviction prevention benefit people regardless of diagnosis, race, ethnicity, culture or age. However, the way these principles are interpreted and practiced will vary among individuals and groups.

Leverage Toronto Community Housing's assets, including many of the initiatives already launched in the Community Management Plan, the availability of vacant, self-contained units, and under-used common rooms and commercial spaces; a public profile and the capacity to attract the attention of the City and the media; stable, core funding and the ability to continue multi-year programs.

Use a wide array of approaches to equip staff to carry out their roles, including protocols; core training for front-line staff; role clarification; toolkits, team building and peer support; joint staff/tenant education and problem-solving; and hiring practices.

Mental Health Framework

The Mental Health Framework is designed to be:

- Consistent with Toronto Community Housing's mandate and other Community Management Plan priorities, and built on the existing staffing structure
- Rooted in the key principles of recovery – hope, self-determination and connection
- Affordable, designed to pay for its direct costs by reducing operating costs.

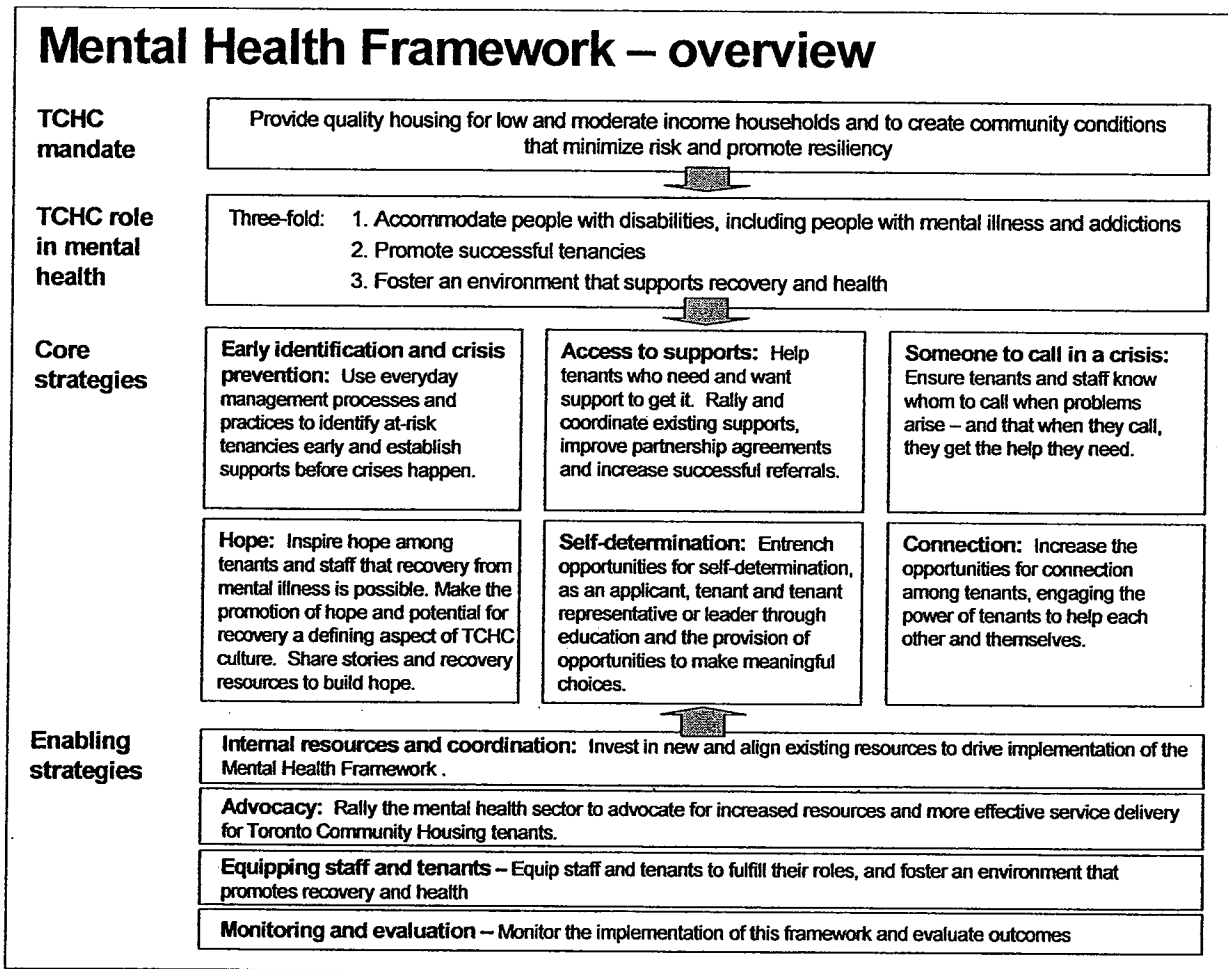
The Framework recognizes that within TCH's mandate and its role in mental health, there are six conditions that support recovery. Three involve new systems:

- To identify problems and intervene before they become crises,

- Increase access to supports, and
- Ensure there is someone to call in a crisis.

Three require new ways to promote the key elements of recovery – hope, self-determination and connection -- within TCH's existing work.

These six conditions are in turn supported by key enabling strategies to co-ordinate and fund the implementation of the framework; join with mental health partners to advocate for additional resources and better services; equip staff and tenants to fulfill their roles, and monitor the implementation and evaluate its outcomes.



Recommended strategies

The Framework is supported by 10 recommended strategies – six core strategies and four enabling strategies. All of the strategies are designed to advance the framework, and are consistent with the framework and each other. However, they do not depend on each other to be effective. Each of them, undertaken individually, can contribute to successful tenancies and healthy communities.

Core strategies

Strategy 1: Early identification and crisis prevention - use everyday management practices to identify at-risk tenancies and establish supports before crises happen.

Toronto Community Housing's staff often have the opportunity to spot emerging problems, simply by carrying out their ordinary property management duties. The following actions are designed to use these property management routines -- showing the unit to a prospective applicant; the lease-signing meeting; annual rent reviews and regular unit inspections; an emergency call, and issuing a notice to evict -- to identify problems, offer support, and help prevent small problems from growing into big ones.

Recommended actions:

- 1.1 Develop and implement a protocol to identify problems and intervene before they become crises, including obtaining emergency contact information, protocols for lease-signing, rent review, unit inspection, eviction prevention, crisis and post-crisis intervention.
- 1.2 Form front-line teams to address difficult situations, and increase TCHC staff's connection to peers outside TCHC.
- 1.3 Create a resource bank and staff training program to increase the capacity of front-line staff to carry out the protocol.
- 1.4 Review and revise standard forms, letters, data collection and retrieval systems to support the protocol. Implement system changes to permit easier access to emergency contact information.
- 1.5 Fast-track the development of the Eviction Prevention Policy for Non-Arrears, based on principles and practices developed in the protocol.
- 1.6 Develop a "recovery checklist" and "language tool" to apply to new TCHC policies, standard forms and letters.

Strategy 2: Access to supports – help tenants who need and want support to get it

Toronto Community Housing does not provide mental health supports, nor are front-line staff qualified to make mental health referrals. However, Toronto Community Housing *can* rally mental health and addictions partners to support buildings that have become unhealthy because of a high concentration of tenants with mental health issues. And it can work with mental health case managers to ensure individual tenants have the supports they need to maintain successful tenancies.

