



Housing, Health & Mental Health

This housing backgrounder was developed by the Canadian Mental Health Association's (CMHA) Citizens for Mental Health project: a two year project which came to a close in May 2004. The project goal was to enhance the capacity of the voluntary sector to engage in federal level policy initiatives related to mental health. Through a series of consultations with a range of voluntary sector organizations, housing was identified as a key determinant related to the mental health of every community. This backgrounder provides a tool in support of efforts to improve the mental health of all, including those with mental illness, by ensuring access to safe, affordable and appropriate housing as individual circumstances necessitate.

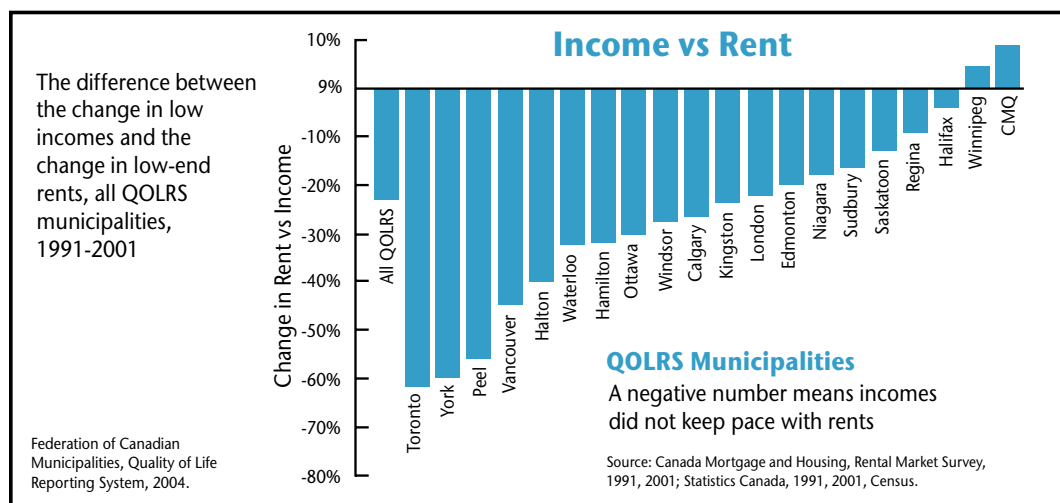
“Housing is a necessity of life. Yet, many households in Canada cannot afford acceptable shelter. In fact, at last count, roughly one in five Canadian households were considered to be in this situation. Even more troubling, ten years of economic expansion have barely put a dent in the problem. As Canadian households struggle to find shelter and still make ends meet, their plight is spawning a series of related social problems in communities all across the country making the shortage of affordable housing one of the nation's most pressing public policy issues today”.

TD Economics, Special Report, *Affordable Housing in Canada: In search of a New Paradigm*, June 17, 2003.

The Ottawa Charter for Health Promotion identifies shelter as a basic prerequisite for health. Further, the United Nations recognizes housing as a human right to be protected under international law and Canada has endorsed such rights guaranteeing “an adequate standard of living including adequate food, clothing and housing”.⁽¹⁾ In 1998, the UN's Committee on Economic, Social and Cultural Rights commented: “The Committee is gravely concerned that such a wealthy country as Canada has allowed the problem of homelessness and inadequate housing to grow to such proportions that the mayors of Canada's 10 largest cities have now declared homelessness a national disaster.”⁽¹⁾ The Committee recommended that Canada develop and implement a national strategy aimed at reducing homelessness and poverty. As of May 2004, Canada still lacks a comprehensive national housing strategy.

Focus On Affordability

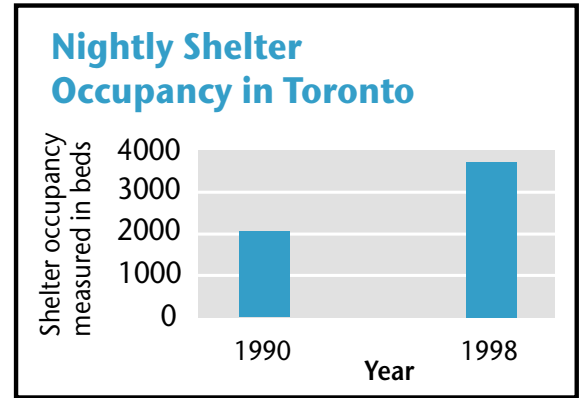
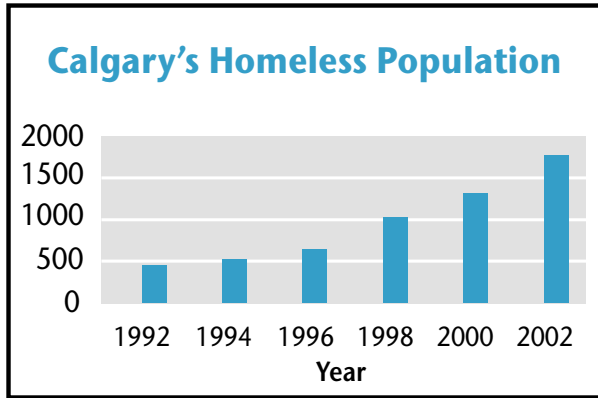
- As of 1996, 1.7 million households were in core housing need* due almost exclusively to problems of affordability; 68% of these households were renters; young adults, elderly women, female-headed lone parent families and off-reserve, non-farm native households were disproportionately in need of core housing.⁽²⁾
- Approximately one-third of Toronto's 80 emergency shelters are now devoted to single-parent or two-parent families; in Vancouver, less than 30% of shelters serve single men exclusively”.⁽³⁾
- In 2001, 34.6% of renter households spent 30% or more of gross income on shelter. While this proportion is lower than in 1996 (36.9%), it remains much higher than 1991 (30.8%).⁽⁴⁾
- Since low income households spend proportionately more of their income on housing, on average, 67% of renter households earning less than \$30,000 spent above the affordability benchmark in 2001.⁽⁴⁾



*Core housing need is a measure of need based on affordability, adequacy, and suitability. See page 8 for definitions of these and other housing terms.

Focus On Availability

- Between 1980 and 2000, the number of affordable housing units created by the federal government dropped from 24,000 to 940.
- Average wait time for subsidized housing in Ottawa is 5-8 years. There are approximately 13,500 households on this waiting list.⁽⁵⁾
- In Toronto, the waiting list for social housing in Toronto is at least 7 years long. Each month, 1400 new applications are added; between January 1999 and November 2000, only 348 households per month were housed. The result is that, during this time, the waiting list increased from 51,428 to 63,110.⁽⁶⁾



From N. Falvo, Gimme Shelter, 2003.

Source: The City of Calgary Community Strategies, *The 2002 Count of Homeless Persons* (Calgary: The City of Calgary Community Strategies, June 2002). Source: Stephen W. Hwang, "Homelessness and Health," *Canadian Medical Association Journal*, January 23, 2001: 229.

"The lack of affordable housing cuts significant numbers of Canadians off from supportive communities, access to employment and, indeed, from the exercise of their citizenship rights. Quite apart from the morality of the situation, this represents an enormous waste of human potential with serious consequences for the community at large."

J. David Hulchanski, Canadian Policy Research Networks news release, January 17, 2003.

The Federal Government's Retreat from Housing

The following dateline tracks some key milestones in Canada's recent housing history.⁽⁷⁾ The impact of the decline in the direct commitment to housing has been accompanied by changes in other public policy domains and jurisdictions that together have significantly set back the building of affordable housing in Canada.

- **1990:** the federal government cuts the amount of new money promised for low-cost housing by \$51 million over two years.
- **1992:** the federal government terminates the federal co-operative housing program. Over its lifetime, the program built nearly 60,000 homes for low- and moderate-income Canadians.
- **1993:** the federal government announces that it will not provide funds for new social housing.
- **1995:** federal budget proposes a 6% or \$128-million decline in CHMC's spending by fiscal year 1997-1998.
- **1998:** the mayors of the largest Canadian cities declare homelessness a national disaster.
- **1999:** Prime Minister Jean Chrétien appoints Minister of Labour Claudette Bradshaw to coordinate the Government of Canada's activities related to Canada's homeless.

"Housing affordability does not occur in a vacuum. Policy decisions in income support combine with those related directly to housing to contribute to housing insecurity and increased stress, morbidity, mortality, social exclusion, illness and disease."⁽¹⁰⁾

The Basics of Housing and Ways of Thinking About it

The Dimensions of Homelessness

While the term “homelessness” is used in this backgrounder, J. David Hulchanski, Director of the Centre of Community and Urban Studies, University of Toronto, drawing upon work of the United Nations Centre for Human Settlements, distinguishes “homelessness” from “houselessness”.

While all homeless people lack housing, homelessness is not just a housing problem.

The following discussion of homelessness is taken from J. David Hulchanski, Question and Answer, Homelessness in Canada: www.raisingtheroof.org/lrn-home-QandA-index.cfm

Homeless or “houseless people” fall into three very clear categories: the absolute houseless, the concealed houseless and those at risk of becoming houseless.

Absolute houselessness: Houseless persons are defined as people “sleeping rough” or using public or private shelters. People sleeping rough, which means in the street, in public places or in any other place not meant for human habitation are those forming the core population of the “homeless”.

Concealed houselessness: Under this category fall all people living with family members or friends because they cannot afford any shelter for themselves. Without this privately offered housing opportunity, they would be living in the street or be sheltered by an institution of the welfare system. This phenomenon is extremely difficult to enumerate.

At Risk of Houselessness and the Inadequately Housed

Another group living under the threat of “houselessness” are those facing the risk of losing their shelter either by eviction or the expiry of the lease, with no other possibility of shelter in view. Prisoners or people living in other institutions facing their release and having no place to go are considered to be part of this population.

Finally, there are many who are inadequately housed. While being inadequately housed is not the same as being houseless, it can lead to being at risk of houselessness. Most of the people who become houseless started off being inadequately housed.

Households with a meager and perhaps insecure income are likely to live in substandard housing units and might also experience houselessness because of economic difficulties. Their situation is somehow comparable with those without shelter, as they are all deprived of the human right of a housing situation without health hazards, allowing the full development of the individuals’ capacities. Therefore, the population living in substandard houses should be included in the study of houselessness as the population which feeds mostly the group of houseless, but which is also likely to receive them when they attempt to escape the situation.

“The year after the federal freeze on social housing, the federal government introduced a bill that represented an unprecedented attack on the right to adequate housing in Canada. Without any public consultation or warning, [they] revoked the Canada Assistance Plan Act (CAP) as of April 1, 1996. CAP had been a central pillar of the right to an adequate standard of living, ensuring that those in need received enough financial assistance to cover the cost of necessities such as housing.”

B. Porter, The Right to Adequate Housing in Canada, *Research Bulletin #14*, Centre for Urban and Community Studies, University of Toronto, April 2003.

Without a Place to Call Home

Having no fixed address means being excluded from all that is associated with having a home, a surrounding neighbourhood and a set of established community networks. Having no fixed address means being exiled from the mainstream patterns of day-to-day life.

Without a physical place to call “home” in the social, psychological and emotional sense, the hour-to-hour struggle for physical survival replaces all other possible activities. This social exclusion also increasingly means physical exclusion from many locations and neighbourhoods by municipal ordinances and police harassment.

People with no place to live - those who have no physical and psychological place of their own to call home - are the most completely excluded group of people in society.

“A home is a place of peace, rest, and love. The largest reason for pain and loneliness is not having a place to call your own. To have a home is to say, in effect, someone or something cares, because a home is a gift of life, a gift of security, a gift of pride, a place to make a new start, a place to collect your small treasures, a place of our own freedom and peace, a place where you can choose your friends and what you eat, a place you can choose your own music, movies, and stories of friendship, love and excitement. Is it ever nice going out and coming home. You feel secure. This is my place and nobody else can get in. What a difference a home makes.”

Written by a person who has been homeless from time to time.

The Dimensions of Housing

Housing as a Health Determinant

While adequate housing is an obvious prerequisite for health, including mental health, the ways in which housing represents a socio-economic determinant is complex and is a reminder that homelessness is about more than just housing. It has been suggested that “housing is a medium through which socio-economic status is expressed and through which health determinants operate”.⁽⁸⁾ Dunn and colleagues have developed a framework that provides a useful conceptualization of the complexities of housing and its impacts. According to Dunn, “these dimensions...that have the potential to generate social inequalities, and either directly or indirectly, health consequences...may combine with other types of social disadvantage and vulnerability among several population sub-groups to undermine health and development. The model implicitly poses the question, ‘Are some groups in society more vulnerable to health effects of socio-economic dimensions of housing and domestic life?’” (pg 2)

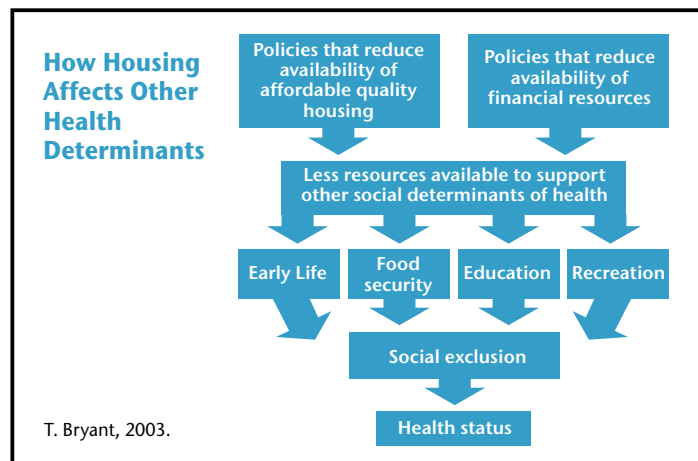
Housing Dimension	Socio-economic Categories
Physical hazards	Owners/renters
Physical design	Different income levels
Psychological benefits	Family/household status
Social benefits	(Dis)ability
Political dimensions	Mental illness
Financial dimensions	Life stage (particularly children & seniors)
Location	Gender
	Ethnicity/immigration
	Aboriginal

J.R. Dunn, 2003.

A set of consultations guided by this model concluded with the suggestion to add a “cultural dimension” to the original seven, noting particular housing challenges faced by both First Nations and new immigrant populations.

While the interactive effects of these housing dimensions are in themselves complex, they are also part of a larger interplay of health determinants. Bryant⁽⁹⁾ has proposed a pathway through which the effects of housing on other determinants and outcomes.

By definition, the social determinants of health require intervention by all three levels of government, but particularly by senior governments that have the revenues to support action.⁽¹⁰⁾



“People suffering from pathological conditions require treatment. People without housing do not require medical treatment or rehabilitation due to their lack of housing. They require housing. Any pathology they may have can then be treated with some hope of success.”

J. David Hulchanski, Question and Answer, Homelessness in Canada: www.raisingtheroof.org/In-home-QandA-index.cfm

Mental Illness, Health and Housing

People with serious mental illness are at increased risk of living in core housing need and of facing homelessness. Like other vulnerable groups – which include aboriginals, immigrants and refugees, and sole support mothers - those with serious mental illness are more likely than the general population to live in conditions of poverty. For those with mental illness, the challenge presented by conditions of poverty is compounded by the challenge of the illness itself.

- As many as 30% of people without housing live with a mental illness.
- An estimated 75% of homeless single women live with a mental illness.
- Those with mental illness who are housed often live in substandard conditions without supports.⁽¹¹⁾

“A lot of people live under bridges or in doorways because they don’t know how to get other housing and when they do find it, landlords say, “We can’t take a chance on people like you.” It’s like you have a great big label across the front. They don’t see us as being normal. It’s like we have purple heads. We’re different. And they think maybe we’ll do something bad. That’s the first thing I say when people ask me about mental illness, “I don’t want to be labeled.” I’m Diane. I have epilepsy. I have a disability and some medical problems, but I can do things just like everybody else. I just need a little bit of help.”

Consumer of psychiatric services

Dimensions of Housing for Persons with Serious Mental Illness

People with serious mental illness may require additional supports in order to stay well in their own homes and live as independently as possible. Research on best practices indicates that “supported” housing is the preferred model: while “supportive housing” represents contexts where services are tied to the facility (e.g. group homes), “supported housing” effectively delinks support services from the housing itself.⁽¹³⁾

Key Dimensions	Type of Housing		
	CUSTODIAL	SUPPORTIVE	SUPPORTED
UNDERLYING VALUES	Custodial Care	Rehabilitation	Community Integration
TYPICAL SETTINGS	Homes for Special Care Lower Level Lodging Homes	Small Group Homes	Cooperatives Apartments
NATURE OF SUPPORT	Assistance with activities of daily living	Transitional support to promote more independent living	Flexible, individualized support
ROLE OF CONSUMER	Patient/Client	Resident	Tenant
ROLE OF STAFF	Care Provider	Rehabilitation Agent	Facilitator

From Hamilton District Health Council (2001).⁽¹²⁾

Sources: Parkinson, S., Nelson, G. and Horgan, S. (1999). From Housing to Homes: A Review of the Literature on Housing Approaches for Psychiatric consumer/Survivors. Canadian Journal of Communications, 18 (1, Spring), 146. Approaches for Psychiatric consumer/Survivors. Canadian Journal of Communications, 18 (1, Spring), 146.

Best Practices in Housing for those with Mental Illness

- There is a need for a range of housing and service delivery options but a shift of resources should be directed towards supported housing as the preferred model.
- Most persons with serious mental illness prefer to live in supported housing.
- Living in supported housing has been shown to lead to reductions in hospitalization rates.
- Supported housing programs may increase residents’ mental health stability, thus reducing the risk of homelessness.

From Hamilton District Health Council (2001).⁽¹²⁾

Source: P. Goering, *Best Practices in Mental Health Reform*. Health Canada, Ottawa, 1997.

Ideas in Action: Examples of Success

CMHA Ottawa Branch has been running a Direct Services Program to prevent and reverse homelessness among persons with serious mental illness using outreach and intensive case management (ICM) strategies. Early findings suggest the program is a success: Housing outreach services successfully house people who are homeless and mentally ill (91% were in permanent housing at nine months), and ICM appears to build on that success: people experience fewer symptoms, lower rates of drug abuse, and better overall functioning, even in early stages of treatment. Also, there is evidence that ICM is a specific, valid, and effective service, and a measure has been developed that will help it to be reproduced in other communities, where needed. www.cmhaottawa.ca/research.htm

CMHA Calgary used funds from Raising the Roof to pilot an Independent Living Support Services Peer Options Program through which individuals who have experienced mental illness learn to support and mentor others during difficult transitions – times when they are most susceptible to losing their jobs, their friends, their families and their homes. www.raisingtheroof.org/lrn-stories-index.cfm?story=story6

Perspectives on Housing and the Federal Role

“The federal government has abandoned its responsibilities with regards to housing problems. The housing crisis is growing at an alarming rate and the government sits there and does nothing; it refuses to apply the urgent measures that are required to reverse this deteriorating situation...the lack of affordable housing contributes to and accelerates the cycle of poverty, which is reprehensible in a society as rich as ours...The federal government’s role would be that of a partner working with other levels of government, and private and public housing groups. But leadership must come from one source; and a national vision requires some national direction.”

Paul Martin, official Opposition critic for Housing and Urban Affairs and Joe Fontana, Associate critic, May 14, 1990, announcing release of *Finding Room: Housing Solutions for the Future*, final report of the Liberal Task Force Report on Housing. The full Report is available at www.housingagain.web.net/pmartin.html

Federal Steps Forward

1999: Federal government announces the National Homelessness Initiative (NHI). \$753 million is allocated over a three-year period for development of services and temporary shelter. This multi-pronged Initiative includes SCPI and RRAP (descriptions follow) as key components.

2001: Federal-provincial Affordable Housing Framework (AHF) agreement premised on bilateral agreements and matching funds is established in order to stimulate production of affordable housing. The federal government provides \$680 million over five years. The 2003 federal budget includes an additional \$320 million over five years. Funds should create at least 32,000 units of affordable housing.

2003: Supporting Communities Partnership Initiative (SCPI), the centerpiece of NHI, receives \$135 million per year over three-years. Along with providing financial support to communities, SCPI encourages local groups to work together with provincial, territorial and municipal governments and the private and voluntary sectors to strengthen existing capacity and develop new responses to homelessness. Communities identify local housing priorities, and plan appropriate solutions across a continuum of services and supports.

2003: Renewed funding (\$128 million per year over three years) for the rehabilitation of substandard housing through the Residential Rehabilitation Assistance Program (RRAP). RRAP targets improving the conditions of rental housing for low-income renters by converting non-residential buildings into affordable housing, developing affordable rental accommodations and bringing existing housing stock up to health and safety standards.

More Positive Practices

Carew Lodge was the first project approved in St. John’s, Newfoundland under the National Homelessness Initiative. Using SCPI, RRAP and funding through other federal partners and the city of St. John’s, Carew Lodge was transformed in 2001 from a run-down, private rooming house to 14 units of safe, affordable housing with on-site support services to low-income individuals with high needs, including mental health problems and/or a history of incarceration.

Visit www.raisingtheroof.org for more housing success stories and learnings.

2 Steps Back

- Housing advocates argue that \$2 billion federal dollars matched by \$2 billion from the provinces/territories is the minimum required annually to meet the national housing crisis and end homelessness. This is known as the “1% Solution”: if all governments increase their spending on housing by 1% of overall spending, homelessness could be eliminated in 5 years.⁽⁹⁾
- Under the AHF, the definition of affordability is not set at 30% of pre-tax income. Rather, it is defined as average market rents. This new criterion would seem to exclude the very people that the AHF was intended to help.
- Provinces have not been following through on their agreements as the table on page 7 illustrates.

Paul Martin’s Pre-Election Promise

On Feb. 23, 2004: Martin said that the Liberal election platform would contain a written 5-year housing commitment with sums increasing every year for “social housing”. During the meeting it was reported that the Prime Minister insisted on using the words “social housing” rather than “affordable housing,” saying affordable housing meant nothing and was often too expensive.

Ontario Non-Profit Housing Association website

Affordable Housing Framework Agreement

Province/Territory	Date Signed AHF	Units Funded	Units Built/ Committed 2002	Units Built/ Committed 2003
Newfoundland & Labrador	May 27, 2003	600	none	none
Prince Edward Island	May 23, 2003	140	none	7
New Brunswick	April 14, 2003	700	none	none
Yukon	October 3, 2002	400	–	–
Manitoba	September 20, 2002	2,500	none	50
Nova Scotia	September 13, 2002	1,500	none	15
Saskatchewan	June 28, 2002	1,000	100	73
Alberta	June 24, 2002	2,700	none	241
Ontario	May 30, 2002	10,500	none	287
Nunavut	February 6, 2002	200	–	–
North West Territories	February 5, 2002	900	–	–
Quebec	December 21, 2001	6,500	3,250	3,250
British Columbia	December 18, 2001	3,550	50	331

Source: NHHN Housing Report Card, November 2003. Territorial information was not available.

What's Needed? What's Next?

The National Housing and Homelessness Network (NHHN), in its November 2003 housing report card lists three key demands:

1. More money – to achieve the One Percent Solution, which is the minimum required to confront the housing crisis. The federal government has committed only 10% of this target; provinces and territories have failed to match even this.

2. More accountability – to ensure that monies are actually spent on housing and not caught up in jurisdictional disputes.

3. Emergency Summit – to convene federal, provincial, territorial housing ministers to agree on a specific plan that can break the jurisdictional logjam in order to get the already committed dollars into housing; and to develop a plan to activate the additional dollars needed to achieve the One Percent Solution.

Frameworks for the Future

The One Percent Solution consists of 5 key elements⁽¹⁴⁾:

- **Supply** (new social housing supply),
- **Affordability** (rent supplements for low-income households in new and existing social units),
- **Supports** (additional supportive housing units),
- **Rehabilitation** (acquisition and conversion of substandard units to social housing), and
- **Emergency relief** (double annual spending on services and shelter for the homeless).

There is broad agreement about the key elements of a new national housing program. For instance, the Federation of Canadian Municipalities has the following recommendations⁽¹³⁾:

- 20,000 units** of new housing, 10,000 units of rehabilitated housing,
- \$300 million** to ramp up the Affordable Housing Framework Agreement,
- \$150 million** for homelessness initiatives,
- \$500 million** over five years for a new housing rehabilitation fund.

All homeless people have one thing in common – a lack of housing. Though we can debate what has caused the dramatic increase in the number of people without housing, access to housing is still the first step in dealing with the problem.

There are three components to the solution:

1. All homeless Canadians require adequate, affordable housing;
2. All need enough money to live on (job, job training, adequate social assistance or pension); and
3. Some need support services (for health, mental health, addictions, or simply to help recover from a long period of being houseless).

J. David Hulchanski, Question and Answer, Homelessness in Canada: www.raisingtheroof.org/lrn-home-QandA-index.cfm

Some Definitions

Affordable housing: Housing costs (including utilities and necessary municipal services) do not exceed 30% of before-tax household income.*

Adequate housing: Housing is adequate in condition and does not require major repair.*

Suitable housing: Housing space is sufficiently large, with enough bedrooms, to appropriately accommodate the household.*

Core housing need: A household is in “core housing need” if its housing falls below at least one of these standards **and** it would have to spend 30% or more of its pre-tax income to find an acceptable alternative that meets all three standards.*

Social housing: All forms of publicly assisted/funded housing (public, non-profit and co-operative housing). This includes payment of on-going subsidies by government to supplement tenants’ rent payments.

Supportive housing: Broadly, housing + the supports people need to stay in their homes. People typically need support when they are: chronically homeless and hard-to-house, frail elderly, physically disabled, developmentally disabled, seriously mentally ill, victims of violence, living with HIV/AIDS, youth or have substance abuse problems. (Ontario Non-profit Housing Association web site). More specifically, “supportive” housing may be distinguished from “supported” housing with the latter signifying a delinking of housing from the services themselves.

*Canada Mortgage and Housing Corporation, Socio-Economic Series, 55-1.

Housing Links

Note: many of these sites provide extensive links to other excellent resources

Canada Mortgage and Housing Corporation, programs, eg:
Residential Rehabilitation Assistance Program (RRAP)
www.cmhc-schl.gc.ca/en/prfias/

Canadian Housing and Renewal Association
www.chra-achru.ca

Housing and Health
www.housingandhealth.ca

Housing Again
www.housingagain.web.net

National Homelessness Initiative
www.homelessness.gc.ca

Raising the Roof
www.raisingtheroof.org

Supporting Communities Partnership Initiative
www.21.hrdc-drhc.gc.ca/initiative/scpi_e.asp

Some Recent Documents of Interest (in addition to those referenced in text boxes and below)

A Review of Best Practices Activities in Mental Health Housing in BC, Final Report, December 2001.

www.bchousing.org/files/Collatoral_Material/Mental_health_housing_report.PDF

A Needs, Gaps and Opportunities Assessment for Research: Housing as a socio-economic determinant of health, March 2003.

www.chra-achru.ca

BC Mental Health Journal, *Visions*, Housing Issue, Spring/Summer 2000
www.cmha-bc.org/content/resources/visions/issues/10.pdf

Health and Housing: A Call to Action, October 2003.

www.chra-achru.ca

Making Room: The human face of housing affordability in BC's Capital Region. Community Social Planning Council, October 2003.

www.communitycouncil.ca/resources.php

Women Need Safe, Stable, Affordable Housing: A study of social, private and co-op housing in Winnipeg. Prairie Women's Health Centre of Excellence, February 2004. www.pwhce.ca/

References

(1) United Nations, Committee on Economic, Social and Cultural Rights, concluding observations of December 10, 1998, cited in An Act to provide adequate, accessible & affordable housing for Canadians, 2001, www.housingagain.web.net

(2) Canada Mortgage and Housing Corporation, Special Studies on 1996 Data: Canadian Housing Conditions, *Socio-economic Series*, Issue 55-1.

(3) Federation of Canadian Municipalities (2004). *Quality of Life Reporting System: Highlights Report 2004*. www.fcm.ca

(4) Canada Mortgage and Housing Corporation (September, 2003). 2001 Census Housing Series Issue 1: Housing Affordability Improves. *Socio-Economic Series*, 03-017.

(5) Child and Youth Health Network for Eastern Ontario (2003). *Adequate and affordable housing: A child health issue. An overview of research linking children's health status to poor housing*. www.child-youth-health.net/page10_e.html

(6) Falvo, N. (2003). *Gimme shelter!* Centre for Social Justice Foundation for Research and Education, Toronto. www.socialjustice.org

(7) Casavant, Political and Social Affairs Division, Parliamentary Research Branch, January 1999 (revised March 2001)
www.parl.gc.ca/information/library/PRBpubs/prb991-e.htm

(8) Dunn, J.R. (June, 2003). Housing as a socio-economic determinant of health: Assessing research needs. *Research Bulletin #15*, Centre for Urban and Community Studies, University of Toronto. www.urbancentre.utoronto.ca/researchbulletin.html

(9) Bryant, T. (March, 2003). The current state of housing in Canada as a social determinant of health. *Policy Options*. www.irpp.org/po/

(10) *Housing as a Social Determinant* (2004) Summary based on papers and presentations prepared by Toba Bryant, Sharon Chisolm and Cathy Crowe for the Social Determinants of Health Across the Life-Span Conference, Toronto, November 2002.
www.hc-sc.gc.ca/hppb/phdd/overview_implications/09_housing.html

(11) The Dream Team (2004). *Fact Sheet on Housing and Mental Health*. www.thedreamteam.ca/facts.htm

(12) Hamilton District Health Council (October 2001). *Brief report: Housing and support requirements for persons with serious mental illness*.

(13) Centre for Addiction and Mental Health. (Spring, 2002). *Housing Discussion Paper*. www.camh.net/public_policy/publicpolicy_housing2002.html

(14) Toronto Disaster Relief website: www.tdrc.net

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The views expressed herein do not necessarily represent the official policies of Health Canada.

Canadian Mental Health Association, May 2004. www.cmha.ca