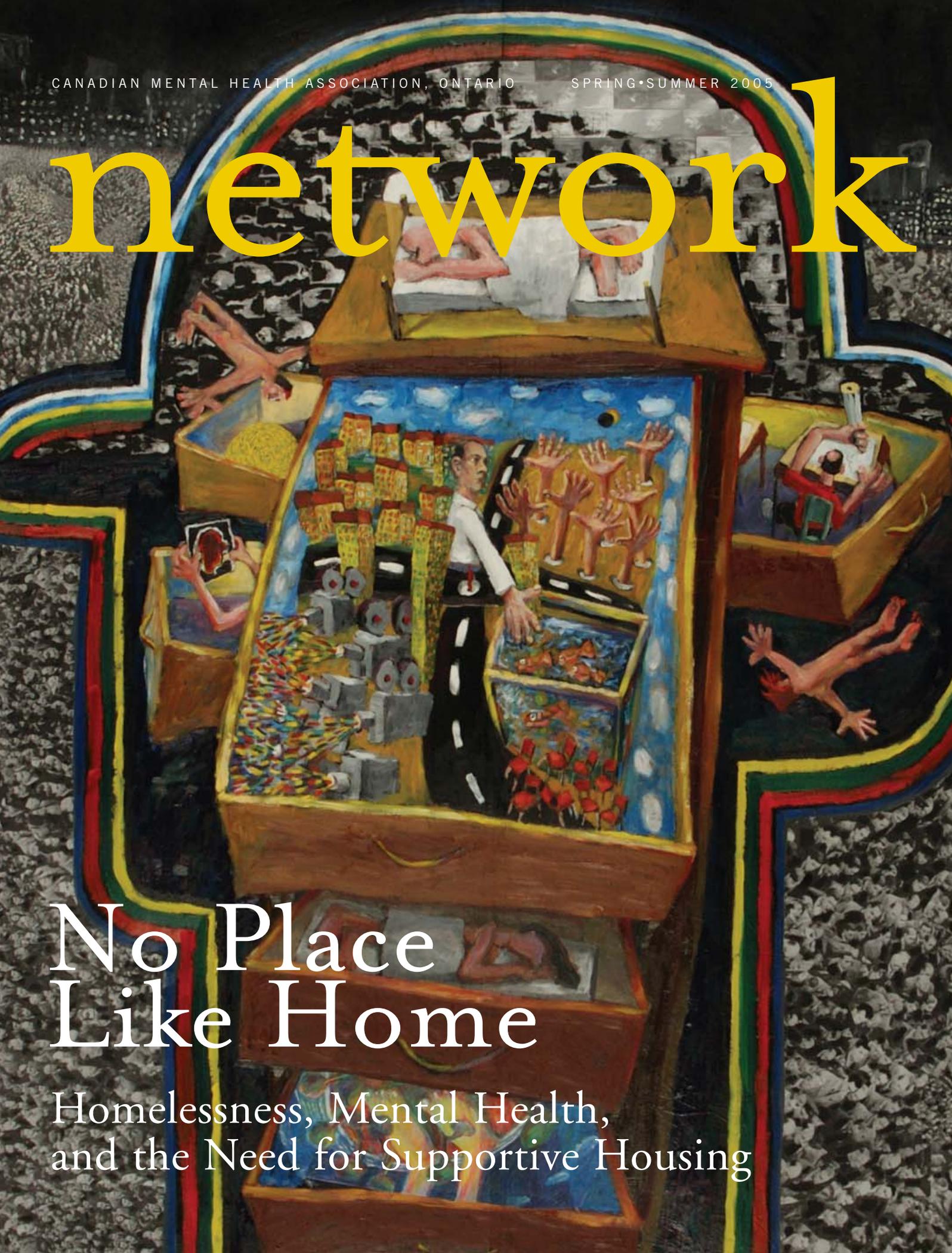


network



No Place Like Home

Homelessness, Mental Health,
and the Need for Supportive Housing



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POUR LA SANTÉ MENTALE, ONTARIO

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OUR MISSION

To provide leadership in advocacy and service delivery for people with mental disorders, and to enhance, maintain and promote the mental health of all individuals and communities in Ontario.

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Peter Smith, *Morpheus* (oil on board, 5' x 6'). Reproduced by permission. One of nine original paintings, by various artists, inspired by stories from Ovid's *Metamorphoses*. Commissioned by the Workman Theatre Project, in partnership with the Centre for Addiction and Mental Health, for the exhibition "From Myth to Muse." For details, see www.metamorphosisfestival.ca

Supportive Housing Changed My Life



Linda Chamberlain

I am honoured to be asked to write the guest editorial for this issue of *Network* on homelessness and supportive housing. Supportive housing is an important step on a person's journey to recovery. I know this from my personal experience. Many of you have heard my story of how supportive housing has changed my life. Here is a summary of what I say:

"For over 20 years, I lived with concurrent disorder, suffering from severe depression and finding myself in and out of hospital repeatedly. Believe me, it was no life. I felt like a zombie, and I was just going through the motions trying to survive with no sense of self-esteem, self-respect, dignity, purpose or hope.

Then my life changed when I became involved with Progress Place. One of the best things that ever happened to me was the opportunity they gave me to move into my own apartment. Having a real address changed my attitude dramatically, affecting all parts of my life. I was able to work several part-time jobs, and serve on boards and committees. I now recognize my rights as a person and as a tenant and advocate for myself and others."

In this issue of *Network*, you will read several articles by people like me who share their experiences of how housing and support have helped them live with their mental illness. You will also read about how difficult it is to find supportive housing (especially in rural areas) and the work of the HomeComing Community Choice Coalition in fighting to get supportive housing built in the city. Also in this issue are profiles of several housing programs and how they try to meet the complex needs of their members. This issue also challenges our preconceptions of who is homeless and illustrates through photography and artwork the importance of "home."

I am a member of The Dream Team. We tell our personal stories to demonstrate the life-altering benefits of supportive housing. We have spoken to over 10,000 people, including politicians and other groups, with the aim of increasing awareness of the need for supportive housing. However,

we also want action, and we recently launched a postcard campaign to get the current provincial government to keep their promise to increase the number of supportive housing units in Ontario by 6,600. The number we need is almost double that figure.

Research has demonstrated that with supportive housing, people with mental illness are much more likely to recover and lead productive, fulfilling lives. Supportive housing is also cheaper than hostels or hospitalization and reduces pressures on the health care system by reducing hospitalization and emergency room visits. It makes good economic sense, so why the inaction?

Michael Wilson, former federal finance minister and chair of one of the Mental Health Implementation Task Forces, has said, "Supportive housing is a cornerstone in the foundation to support recovery. Without it, the emergency wards, the jails and the streets become the default options."

I feel a great sense of being part of my community, free of stigma and discrimination, because we as tenants support each other. Our compassionate workers are there when we need them, to provide as much or as little support as we need. I have regained a healthy lifestyle, and I celebrate that fact every day.

Linda Chamberlain is a member of The Dream Team, an organization of psychiatric consumer/survivors who advocate for supportive housing for people living with mental illness by telling their personal stories. For more information, contact The Dream Team at 720 Spadina Avenue, Suite 316, Toronto, Ontario M5S 2T9, call 416-929-1919, or visit www.thedreamteam.ca.

Feeling

{ Unsafe

I'm Daniel Gray.

I'm 41 years old.

I've mainly come from a broken home,
a very violent broken home.

At about 18 years of age
I was put into a psychiatric facility
for no apparent reason.

They falsified me as schizophrenic.

I later discovered that
I was misdiagnosed.

I didn't need any of the treatments
that were given to me.

My family life was pretty traumatic. They determined that I had chronic post-traumatic stress disorder, not schizophrenia. My family struggled to gain any kind of stability. It reflected really badly upon me. So my personality is based on violence and anxiety-provoking situations.

Basically what happened was, after I was released from the psych hospital, my mother made it unbearable for me to live at home. I went to stay in a youth hostel, Covenant House, for kids under 21. From 18 until 21 I was in and out of there a great deal, just basically sleeping on the floor with 50 teens and feeling very unsafe.

At Covenant House, the guideline was that you go to school or you go to work or you don't stay there. I wasn't really stabilized from hospital, so I was struggling with that transition. I was working. I was making money and saving for an apartment. And I would have the same cycle over again. Get a new place, stay for three months or so, have a bad episode, lose my place and then go return.

For a little while, I was staying in an emergency shelter of the Salvation Army, with people who weren't able to look after themselves hygienically, people who were very desperate, very violent, people struggling with addiction. And once again I was looking for a level of safety in a place where there wasn't any.

After I had another hospital stay, the people who did aftercare got me set up in a group home. It was connected to Toronto East General Hospital at the time. I lived together with seven other people in this beautiful old three-floor home. It had minimal housing staff support. People would abide by their medication programs. I stayed for one year. I had developed problems with depression, anxiety, trying to cope with a lot of issues pertaining to my past, and I experienced a problem with overdosing. They saw this as a violation of the house. So I was asked to leave.

After that, I was in short-term housing, which was psychiatric survivor

run, through Houselink Community Homes. I lived there with about four other people. There were very violent people there at times, people using alcohol and drugs, interfering with your medication. I struggled finding my own stability. Most of the time I just felt I wanted to go off on my own and be alone, but when you're in a communal living place, it's not very acceptable. They determined I was too needy for that. The other residents voted me to leave.

I have a history of living in Metro housing. When we came to Toronto in 1966, my mother applied to live in Metro housing, which at that time was called Ontario housing. I grew up there from 1970 until 1979, basically through my high school years. And there was always something that was

I saved my neighbour's life. She had overdosed on heart pills. I was just too fearful of situations in this housing. Also, my behaviours to myself were not very good. I was involved with a lady who was schizophrenic who got pregnant and terminated the child. I felt more and more anxiety ridden. I went into almost a year of self-harm — I was overdosing, isolating myself, starving myself. Walking large distances and eating much of nothing. Struggling with all the physical problems that causes.

With the exception of the housing that I'm in today, I've had very, very chaotic, traumatic emotional times in most of the apartments where I've lived. Through experiences with trauma from the past, I've had anxieties that would affect me very badly. At times I would invite people in that I thought I knew,

“Being in intensive counselling helped me to get over some really bad pains, and then when I was able to do that it made my living situation better. Later I realized that I can't live with anybody. I'm just too difficult.”

violent about it. My sister's father was a very violent and drunken person who had addiction problems with drugs and alcohol, and then he inflicted his violence upon the family. I became more and more fearful from this behaviour. I started to isolate, started to find my own level of safety by dissociating.

Later, I applied to be in Metro housing, and I lived for five years in a one-bedroom apartment on my own. I found it very lonely. The building wasn't very upbeat. It was located near the stockyards and it smelt badly. The tenants in the building seemed to be mostly people with different forms of illness. There were terminally ill people there, and psychiatrically ill people, people with physical disabilities, all in one place.

It just wasn't very uplifting or encouraging. I had an experience when

and I would be violated or victimized by them in some way.

My whole level of peace and security in my home was affected. Until I basically got serious and did some counselling, these anxieties continued. It would reflect on how I cared for my apartment — everything in piles everywhere, just feeling less and less concerned about what the condition of it was and even myself. Just feeling more and more depressed. I found that I just didn't care about how I lived.

Being in intensive counselling helped me to get over some really bad pains, and then when I was able to do that it made my living situation better. Later I realized that I can't live with anybody. I'm just too difficult. I think in the past I would try to replace people that were erased from my life. I had to face



“I think it’s the level of support that makes a good place to live. It’s also the fact that you have your own independence.”

Daniel Gray

the time when my mother died really young, so I was trying to fill that need, when in fact I was just hurting.

Plus I was not really patient with my own level of instability, and then seeing other people’s inabilities would make me feel kind of ripped off. It’s like you keep replaying a movie all the time, and every time you replay it you feel something from that movie as a reminder of the things you can’t cope with.

I’m at a point now where my apartment is pretty stabilized. At Progress Place you have your own housing, and your level of support depends on how you are able to do in your apartment. Myself, I’m pretty independent and self-sufficient, so I need less support

than other people that struggle with illness and whatever limitations they have in their lives.

Progress Place got a financial subsidy to help people live in a regular rental apartment and have a rent supplement on top of that. I’m living in a furnished bachelor apartment. I have a housing worker and a support team. Basically I’m pretty linked in to the community, so I have those levels of security there. As of today, I’ve been at Progress Place about four and a half years.

I have a job now. I work in a four-star restaurant downtown. I’ve been there for about a year and two months. For me it’s probably been the best supported thing I’ve ever had. At first I went there explaining to the people that mattered the most, the head chef and the boss, that I was a disabled person but ready to work. Just being accepted as part of the team, part of their work family, made everything better for me. Also having a free meal after work. It’s very cool.

I still have some struggles with relationships, but I guess everybody does. Otherwise things are pretty comfortable for me. I also have a spiritual component in my life. I connect to church, and people are very supportive of me there too. So it all works for the good.

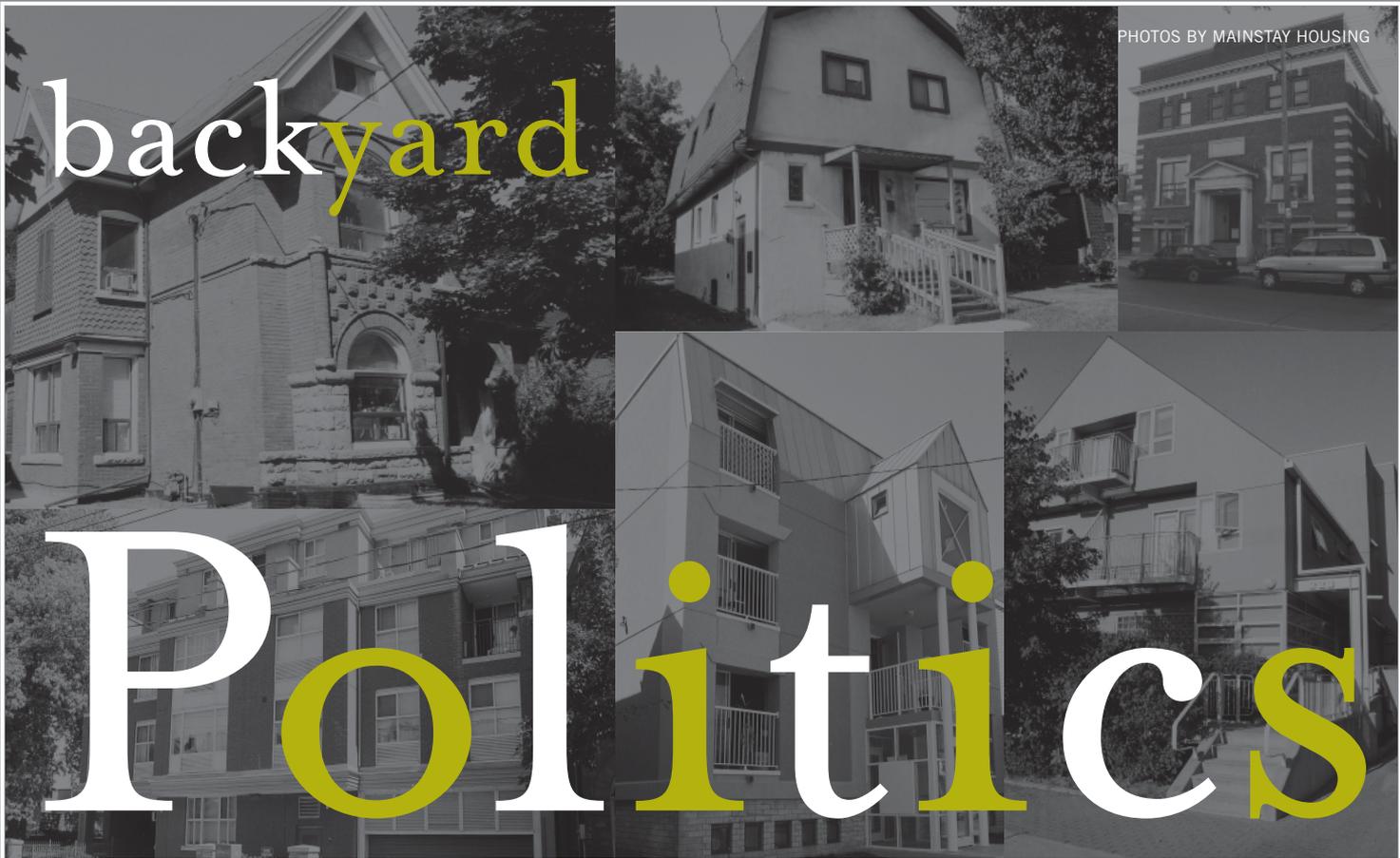
As for happiness, I don’t know if I could ever say that I’m ultimately happy. I can say for now that my anxieties are less, because I’ve made things

work for myself. It feels pretty good having less anxiety. I still have medication treatment but a very, very mild form. For the first time in my life I feel that things are stabilized.

I think it’s the level of support that makes a good place to live. It’s also the fact that you have your own independence. If people keep explaining the do’s and don’ts all the time, you’re going to become reluctant to observe that. The key factor in this housing is that they promote a lot of kindness. Plus the level of support is based on wanting to reduce your stress, take the edge off. They said to me, “You had enough stress before you got here, you don’t need any more.”

In the four and a half years I’ve lived here, I’ve never spoken to the on-site landlord. Progress Place advocates for me if I have repair needs. Even if I have annoying neighbours, they suggest I don’t confront them at all. They will. Sometimes on occasion I’ve had to call security, but instead of me talking directly to security, I would have my housing worker advocate to security. The building takes the complaints more seriously now. In fact, I gain more stability by knowing that.

For me, it’s ideal housing. And it doesn’t have any length of stay, as long as you pay your rent. As long as you’re able to look after yourself the way everybody does, you can stay until you grow dusty. That’s pretty well it.



backyard

Politics

The fate of the big willow tree behind the house on Delaware Avenue seemed to be the most pressing issue on people's minds at a recent community open house in Toronto. Held in the basement of a local public library, the meeting was called to invite public discussion of plans to convert the Delaware rooming house into supportive housing. A new addition would be required to accommodate a total of 10 self-contained units, and people were gathered with interest around the detailed architectural drawings.

T

hen someone asked to turn the open house into a sit-down meeting, and the discussion quickly deteriorated into a heated debate. Anonymous, fear-mongering flyers had been circulating in the community, and a few neighbours wanted to talk about the new tenants.

"It's happened many times before," says Peggy Birnberg, executive director of Houselink Community Homes, who organized the open house. "I wanted to be cooperative, so I agreed to the sit-down meeting. Of course, having done that, I fell into the trap of being asked questions about who was going to live there, and I found it extremely difficult to not answer those questions. It's one thing to believe in protecting the privacy of your tenants, but how do you practically tell people, 'I'm not discussing that,' without appearing as if you have something to hide?"

“There’s tremendous stigma around people living with mental illness and with poverty — it’s like a double whammy,” continues Birnberg. “Part of our mandate at Houselink is to educate about mental illness and about housing, but not at a time when people are so invested in their own needs that they aren’t able to hear. If we have minor variances that require us to go to the municipal committee of adjustment for approval, we hold a public meeting to provide information about those issues. That’s the case with the house on Delaware. But it became about the people, and it was very hateful. ‘We believe in integration,’ said the neighbours, ‘but in the final analysis, what assurances can you give us that these people aren’t murderers and pedophiles?’ They became extremely angry, and finally we called a halt to it.”

We all have a right to live in communities of our choice. At the same time, we don’t have the right to pick and choose who our next-door neighbours will be. Human rights legislation says we can’t discriminate against people we don’t like by keeping them out of our community. And yet, providers of supportive housing in Ontario regularly encounter hostile neighbours who go to great lengths to prevent the creation of new homes for people living with mental illness.

“Every municipality has rules about how developers can build, and if you follow those rules, you get your building,” explains Brigitte Witkowski, executive director of Mainstay Housing. Mainstay is the largest supportive housing provider in the province, with 41 properties across Toronto, including 864 units and over 1000 tenants. “What we found was that we were being put through extra processes. The community was not given any direction by city officials about what they could and couldn’t talk about. So the conversations were all about the ‘who’ and not the ‘what’ of planning. Planning is about ‘How high your building is going to be, and is that height permitted?’ It’s not about going to a bunch of neighbours and asking, ‘Who can move into your neighbourhood?’”

Appalled that such human rights violations were being allowed to interfere with the legal planning process, Witkowski and Birnberg decided it was time to advocate for change. They joined forces with other supportive housing providers to create the HomeComing Community Choice Coalition. Their first project was to publish *Yes, in My Back Yard*, a 28-page guidebook that contains practical information about the planning process in Ontario. It also offers sage advice about dealing with the top 10 “predictable objections” to supportive housing. The goal is to ensure that planning approvals go smoothly, while protecting the rights of people with mental illness.

The catalyst for HomeComing occurred in 1999, around the time that Houselink received \$5 million in funding from the provincial Homelessness Initiative to develop and operate new buildings. “We encountered tremendous community opposition,” recalls Birnberg, “particularly at one of our buildings in the east end.”

“We needed approval on minor variances, and so we had a community meeting. The president of our board at the time was a consumer/survivor of the mental health system, so he was able to stand side-by-side with me and talk about the issues for consumers. We gave assurances about how experienced we were, and some of our members even got up of their own volition to talk about how they live their lives.”

“It was totally ignored,” continues Birnberg. “Then everyone turned to the local councillor who was there and really dumped on him. We walked away thinking, ‘What else can we do?’ We did everything by the book, trying to work with the community, and in the end we realized we hadn’t changed one mind.”

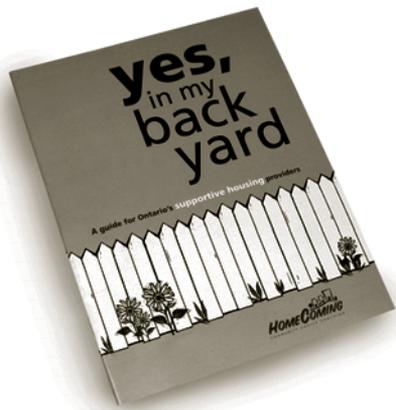
“It’s a misunderstanding of what mental illness is,” says Witkowski. “People believe that everyone who has a mental illness is a criminal. But we all know what the research data shows us — that a person with a mental illness is far more likely to be the victim of violent crime, as opposed to being the perpetrator. So that’s what we’ve run into. People demand police checks on our tenants. They demand that we disclose diagnoses. They say, ‘If you have nothing to hide, then you should let the neighbours sit on the interview committee.’ That’s outrageous. These are people’s homes.”

Yes, in My Back Yard is very clear in its advice to supportive housing providers: “Never compromise your tenants’ rights.” There have been too many cases, says Witkowski, where supportive housing groups have felt pressured to set up a working committee with the local community to screen applicants. “There’s a real temptation to give in as a goodwill gesture, as if to say, ‘See, you don’t really need to be afraid of our tenants. We’re going to tell you what their diagnosis is.’ Well, that’s nobody’s business.”

The response to *Yes, in My Back Yard* from supportive housing providers across Ontario has been very enthusiastic, says Birnberg, and HomeComing is now preparing a second edition. “It will be bigger and better. The 10 most commonly asked questions will be expanded greatly, based on our experience. There will be even more answers for people.”

HomeComing was recently awarded a three-year Atkinson Foundation grant “to continue to move our agenda forward on human rights and planning,” says Witkowski. “One of our goals is to identify a test case to take to the Supreme Court, to make it impossible for municipalities to legitimize requirements that make it difficult to build housing for people with mental illness.”

Witkowski describes HomeComing as “a very fluid coalition” of organizations and individuals who share their expertise as lawyers, planners, and other professionals with an interest in social housing issues. The steering committee includes Lana Frado of Sound Times and Joanne Campbell of the Centre for Addiction and Mental Health, among others. Two contributing organizations, the Centre for Equality Rights in Accommodation and the Advocacy Centre for Tenants Ontario, both bring an interest in test-case litigation.



Yes, in My Back Yard is very clear in its advice to supportive housing providers: “Never compromise your tenants’ rights.”

DELAWARE AVENUE ELEVATION DRAWING BY TAFLE RYLETT ARCHITECTS



“We’re looking for the appropriate test case to challenge some of the regulations in planning, like ‘distancing’ which says that group homes can’t be within a certain number of metres of each other. What is that all about? That’s about people zoning, that’s not about use. Even defining a group home in the way they do in planning language — as an accommodation for people based on their emotional, psychological, or physical disability — why is that necessary? And when a municipality says they will allow just a few of these ‘noxious’ uses in a residential community... Well, wait a minute! The fact that the folks who are living there may have a disability is irrelevant to the quality of life for that neighbourhood. So yes, we’re looking to challenge that.”

“The battle is around human rights and trying to awaken people who are always thinking about who belongs and who doesn’t,” says Witkowski. “With some supportive housing groups, it does get into a grey area, because they also want to say that this is an important part of the overall city plan to address the needs of low-income people, or people with a disability, or to keep diversity in our community. But the planning process is not the time to educate people about the realities of living with mental illness, or to talk about how effective you are as a supportive housing provider. Because the minute you engage in that, it’s like the door has been opened. It gives everybody consent to talk about all their fears, and it’s not going to go anywhere.”

“The biggest education comes after we’ve moved in,” says Birnberg. “The neighbours can see that the building is well maintained and the tenants who live there are people like you and I — they’re good people, they’re friendly, and they say hello to you just like everyone else does.”

Houselink owns 22 buildings throughout Toronto and houses over 300 adults with serious mental illness, along with over 60 children. The design for the building on Delaware Avenue includes several two-bedroom family units. “It’s a residential area, with a school, a community centre, and parks nearby, and we thought it would be a great set-

ting for families,” explains Birnberg. “We’re one of the few supportive housing providers that have been able to house families. Usually it’s a single mother with children, and we’re very excited because it’s a way to help keep families together. When a parent becomes ill, the child doesn’t necessarily have to go into care, and the family is able to keep their unit.”

“Every tenant who lives at Houselink has a housing worker for individual support. But we also do a lot of community development with our members, so people begin to reach out and support one another and to share. It’s a wonderful, cooperative model.”

Unfortunately, that cooperative spirit is often less evident in the surrounding community. At the committee of adjustment hearing for the Delaware Avenue project, which followed shortly after the open house, the same objections to supportive housing were raised by unhappy neighbours. The committee chair, however, managed to keep the focus on planning issues, and the Houselink proposal was accepted. The decision has been appealed to the Ontario Municipal Board (OMB) by someone who was unhappy with the outcome. A hearing date has not been set.

Looking forward, Birnberg is cautiously optimistic. “We’ve never lost a project due to community opposition, but other providers have had to pull out because they don’t have the resources or the heat is too great for them. NIMBY hurts on an emotional level, and it hurts on a practical level, because we end up spending more dollars to hire lawyers and planners to prepare our case.”

“Appealing the ruling, even on zoning grounds, is a way that people deal with their fear,” adds Witkowski. “But we’re talking about providing options for people with mental illness who want to live in the community, who want to have a secure, affordable place of their own so that they can get on with their own lives, and live the kind of life that all of us want.”

Yes, in My Back Yard is available online from the Ontario Non-Profit Housing Association at www.onpha.on.ca.

My

Catholic Worker Community

By Michael Armstrong

I have lived with bipolar affective disorder for 34 years. I have had a number of housing arrangements, but none can match my present situation with a community known as the Toronto Catholic Worker.

In early 1993, I was exploring various possibilities of community, including with a group known as Covenant Circles. This was a group of gay, male Catholics trying to learn to pray together, and thus enhance relationship and fellowship. I was in recovery from a huge psychotic episode stretching over many months. I was unemployed and on welfare. Most of the men in Covenant Circles were professionals. There was no indication anyone was much interested in me. Fortunately, I kept returning to their meetings long enough to meet William.

William talked to me about the philosophy of his Catholic Worker home. He also, more importantly, invited me to visit their house in downtown Toronto. He helped run the house with two friends, Dan and James. All three of them had been in formation to become Catholic priests but had left, not finding vocation there.

The Catholic Worker movement got started during the 1930s in the Depression in New York City. Peter Maurin, a French Catholic labourer and “philosopher of the people,” had met another radical social justice activist, Dorothy Day. Peter once described their mission as trying to make it easier for people to be good. They provided food, lodging and companionship for various persons in need, castoffs, in society.

Today there are about 180 varieties of Catholic Worker communities in Europe and North America. I knew almost nothing about the movement, but William’s invitation was all I needed to start visiting. I would attend a simple liturgy and soup event each Wednesday. Any labels attached to me as a “person living with a mental illness on welfare” were put aside as they tried to get to know me as another “son of God.” Everyone who came to the liturgy was welcomed, but everyone was also expected to help in the set-up and clean-

up around the serving of food. It was about breaking down roles and models of charity.

In 1998, I asked if I could move in. The community had relocated to a series of neighbouring houses owned by a single institution in Parkdale. People have tried to live up to ideals of various religions and spiritualities for millennia. The direction to love one's neighbour as oneself, including the amazing "love your enemy," is all easier said than done.

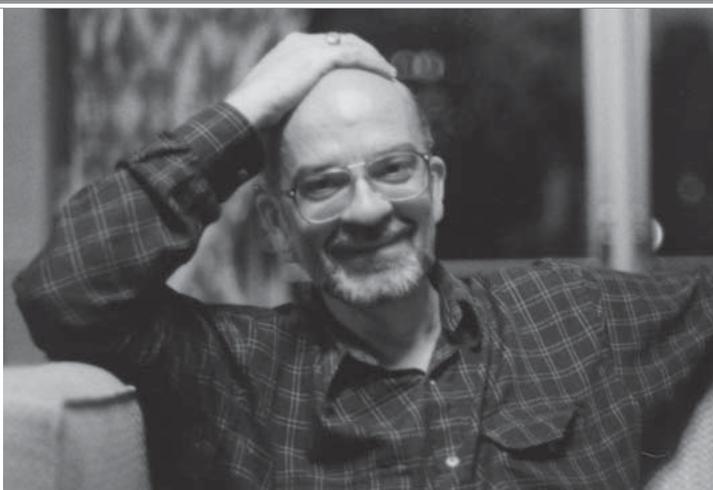
Twice a year, the Workers who were what were called "intentional members" would go away on retreat together to try to hammer out a philosophy for living together. Everyone had a voice. We tried to have consensus decision-making — this can be agony. But that's not all. At one retreat, each person's gifts to the community and to life were named in turn by every other person in attendance. It was humbling and moving beyond words to hear people who had had the experience of living with you long enough to back up their insights using words of love and affirmation.

But, had I put them to the test of living with a bipolar person when that person was in crisis? Try August 2001. I was in deep psychosis. Circumstances had it that I was alone in my house overnight. Two community members slept on the floor to keep tuned to my doings during the night. About 3 a.m., Alayna heard me active in the kitchen. She gently engaged me in conversation, and when I expressed a wish to go to hospital, she went along in the ambulance.

I would wait 33 hours for a hospital bed. During the waiting, everyone in the community arranged their lives to make sure someone was with me at all times until admission. I have told this story at public mental health gatherings, and someone once pointed out that this example of the Catholic Worker exercising neighbourliness is hard to copy. Neighbours, if they "interfered" with a neighbour in crisis, could be sued, she thought. What a sad commentary on the possibility of community!

In the Catholic Worker, supportive housing is not enough if it means rigid rolekeeping between caregiver and client. I have a small room in one of the houses, but I am not living with people who hardly know me or, more to the point, don't really want to get to know me. I am not warehoused. Regarding the current mantra in mental health about "a job, a home and a friend," I have all three, with special emphasis on "home."

Twice a week the main hospitality house holds dinners opened to the neighbourhood. Whoever walks through the door is welcomed. Beyond the existential loneliness of each of us, I do not fear abandonment as I grow older. As Dan put it to me recently, "We shall look after each other as the years unfold." As renters we are vulnerable to losing our housing. Hopefully, we can manage to remain reasonably together. Some of our dinner visitors show signs of deep loneliness. But Dorothy Day's autobiography is called, after all, *The Long Loneliness*.



REGARDING THE CURRENT MANTRA IN MENTAL HEALTH ABOUT "A JOB, A HOME AND A FRIEND," I HAVE ALL THREE, WITH SPECIAL EMPHASIS ON "HOME." — MICHAEL ARMSTRONG

Our culture does not allow mental patients to slip in and out of employment very easily. Our incomes always hover on the edge of impossibility. I am at high risk, theoretically, for a dismal old age. I have faith and trust that I need not worry about this. That is what living in the Toronto Catholic Worker community has done for me.

Michael Armstrong, BA, LLB, is a writer and public educator. He is the author of *Stable in Bedlam: A Journey to Jesus through Insanity* (Balliol Press, 2002).

Mental Health matters to everyone

**One in 5 people in Canada
will experience a mental illness
in their lifetime.**

The rest know and care about someone who does.

Mental illness can damage lives, hurt families and costs our economy billions in disability claims and lost productivity each year.

Yet, with treatment and support, people with mental illness can recover and resume healthy, happy and productive lives.

The Canadian Mental Health Association, Ontario is dedicated to promoting the mental health of all individuals, families, workplaces and communities in Ontario.

Your support is needed today.

Call 416-977-5580 or visit www.ontario.cmha.ca to find out how you can make a difference.



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h i d d e n

At

first glance, the “Christmas” ad for Covenant House, Canada’s largest youth shelter located in downtown Toronto, shows the classic advertising image of a teenager playing with her brand new computer. Then as you are drawn into the image more closely, you realize with shock that the happy face of the teenager is only a picture on the side of a cardboard box — empty and overturned, it now serves as the makeshift “bed” for a street kid. The caption reads: “Not all kids want the same thing for Christmas.”

“It’s the juxtaposition of the image that evokes the emotional reaction,” explains Zak Mroueh, creative director for TAXI Canada, the advertising agency that created the ad campaign for free. “Computer Girl,” along with a second ad created for the same campaign, has run for two seasons now, both in magazines and as a subway poster. The primary goals are to raise awareness and to encourage people to financially support the many services that Covenant House offers street kids. Responses to the Covenant House campaign have been positive.

The ad works so well, says Mroueh, because “it takes the ‘homeless person sleeping in a box’ cliché and twists it.” For the viewer, there is a “bit of surprise and a delayed reaction” to the sight of the homeless youth.

Working or living in downtown Toronto, as in many other urban centres across Ontario and Canada, means walking by people every day who are homeless and who are living on the street. The reality is that most urban dwellers “just tend

to look the other way,” says Mroueh. The Christmas ads for Covenant House catch our attention and have the effect of “creating a little bit of understanding.” They help us recognize the humanity of the kids on the street.

Josie Do Rego, director of development and communications at Covenant House, agrees that the ads have a powerful effect on the viewer. “You think you know what you’re looking at, and then you realize it’s not what you think.”

Covenant House works with homeless youth, ages 16-21. In addition to providing a safe shelter to 120 kids every night, Covenant House offers a wide range of services to help youth turn their lives around. This could include continuing their education, finding work, or connecting them with mental health services. Covenant House also works to challenge our perceptions of homeless youth.

“Dispelling the myths of why kids are on the street,” says Do Rego, is a key strategy in their Christmas ad campaign. One of the most common myths is that “kids are on the

street because it's easier than following the rules at home." The reality is that "70 percent of the kids on the street are there because of abuse or neglect at home."

Overcoming public misconceptions about people and families who are homeless is a goal shared by Raising the Roof, a national charity dedicated to finding long-term solutions to homelessness. In 2004, Raising the Roof developed the "Hidden Homeless" campaign, including a series of 15-second television ads, print ads for magazines, and websites with background information in both French and English.

The "Hidden Homeless" public education campaign is specifically designed to address the misconception that all homeless people live on the street. In fact, according to their website, "four out of five homeless Canadians don't live on the street." Instead they live in cars, sleep in temporary beds in church basements or abandoned buildings, or crash on somebody's couch.

"Homeless people may not be who you think they are," according to Jennifer Parnell, executive director of Raising the Roof. The campaign points out that children account for one in seven homeless shelter users across Canada. Many young people, immigrants and refugees are often "one paycheck away from eviction." Seniors living on fixed incomes are also vulnerable, due to increasing rents and taxes.

The "Hidden Homeless" campaign reveals another surprising fact: "Even with full-time jobs, many Canadians are still homeless." The television spots show everyday encounters with a school bus driver, a waitress serving a coffee, a young woman working in a daycare – people we would not typically assume to be homeless. The ads show us that in our day-to-day life we talk and work with people whose homelessness may be "hidden" to us because of our misconceptions.

The "Hidden Homeless" campaign was created pro bono by Grey Worldwide, an international advertising agency, and supported by Direct Energy and ecentricarts, a website devel-

opment company. Media time was donated for the television ads by Global Television, CBC, and other major networks. *Flare*, *Time*, and *Toronto Life*, as well as a variety of French-language magazines, donated space for the print ads.

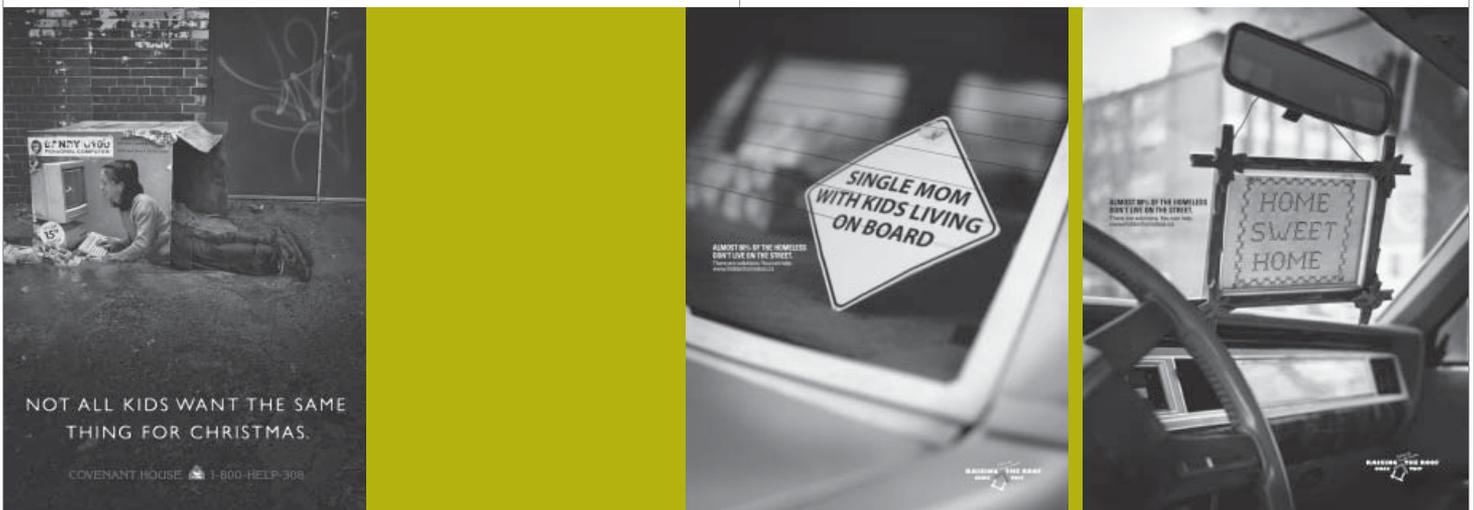
Media campaigns about homelessness, in addition to educating us and raising our awareness, can inspire us to action. Parnell received responses from people who said that the ads "really got my attention, made me stop and think." They also said they "made me want to do something, to get involved."

Detailed information can't be conveyed in a 30-second television spot or magazine ad, but viewers can be encouraged to find out more online. The "Hidden Homeless" website, for example, links back to the main Raising the Roof site, where visitors will find a list of "10 things you can do to help." Suggestions include volunteering for a local charity or community group to assist the homeless, advocating for affordable housing initiatives, or starting a local rent bank. The main message is that "there are solutions."

To help individuals and groups connect, Raising the Roof has published an online directory of more than 600 organizations that work to reduce and prevent homelessness in communities across Canada. The directory is part of the Shared Learnings website, a bilingual, one-stop information hub offering practical tools, news, and profiles of homelessness initiatives.

These public education campaigns are the first steps for making a change. Raising the Roof's Parnell says that when people learn more about the real face of homelessness, "a light goes on that leads to a real desire to get involved."

For more information about Covenant House, visit www.covenanthouse.on.ca. The "Hidden Homeless" television and print ads are available online at www.hiddenhomeless.ca. Visit www.raisingtheroof.org and www.sharedlearnings.org for more information about homelessness.



COVENANT HOUSE WORKED WITH AD FIRM TAXI CANADA TO CREATE A CHRISTMAS AD CAMPAIGN THAT CHALLENGES OUR PRECONCEPTIONS ABOUT HOMELESS YOUTH.

MAGAZINE ADS CREATED BY GREY WORLDWIDE FOR RAISING THE ROOF'S "HIDDEN HOMELESS" CAMPAIGN BRING HOME THE MESSAGE THAT ALMOST 80 PERCENT OF THE HOMELESS DON'T LIVE ON THE STREET.



lilactime

EVERY SPRING, ALL SAINTS' KINGSWAY HOLDS AN END-OF-SEASON ART SALE. THE WORKS ARE CREATED BY HOMELESS MEN AND WOMEN WHO COME ON FRIDAY NIGHTS DURING THE WINTER FOR A HOT MEAL, A VIDEO AND A PLACE TO SLEEP IF THEY NEED IT. THE ART PROGRAM WAS STARTED SIX YEARS AGO BY VOLUNTEER ELISABETH GIBSON, AND THE ART SALE HAS RUN FOR THE LAST FOUR.

Located in Toronto's west end, All Saints' Kingsway is one of more than 60 synagogues, churches, and other organizations around the city that open their doors one night a week, from November to April, in a coordinated effort called Out of the Cold. "Normally we feed between 60 and 80 people at All Saints," says Gibson, "and we have beds for 20." Out of the Cold is volunteer run and entirely funded by donations, including the money for art supplies.

"The doors open at six. By seven, people have eaten, the meal is cleaned up, and the video starts," says Gibson, explaining the weekly routine. "At the other end of the room, away from the video, we push two of the longer tables together. They have two hours to paint before the lights go out at nine."

Among the core group of seven or eight artists who share space around the table is a former welder named Tony. "He was so gifted from the very first time he came and picked up a felt pen," says Gibson, "I

assumed he had been a graphic artist. His sense of design is unbelievable, and his colour sense is amazing."

Tony and his mother emigrated to Canada when he was two years old. "He must be 60 now," says Gibson, "but he hasn't lost his English accent — it says to me he didn't mix a lot. His mother died when he was 15. He moved in with an aunt and went to school to become a welder."

"He's extremely quiet," she continues, "but occasionally he bursts through the shyness and breaks into song. He has a very good voice. And he just loves going through his portfolio, pulling things out and saying, 'Oh, I didn't finish that, I've got to do more.'"

"They all have their own particular gifts," says Gibson. "It has changed the whole way I look at teaching. I believe the answers are within each of us, and all it takes is a few minutes of looking at the painting until they come to that knowledge. So I don't ever tell them what to do next. I just admire what they're

doing, and they come to the next conclusion. When they've finished, it's entirely their own work. You can see the change in them. They just carry themselves differently, because they know they're good."

At year-end, the artwork is priced for sale at \$25 apiece, unframed. This year, 98 of 120 pieces were sold. All the money goes back to the artists.

"When I gave out the money this year," says Gibson, "a man named Jordan came by, who hadn't been here for a long time. 'I ended up selling one of your paintings,' I said, 'and I have the money for you.' When I gave him his envelope with \$25, he said, 'Somebody came in here and saw my painting and bought it? What are they going to do with it?' 'I don't know,' I said. 'Maybe they'll hang it up in their house. Something must have spoken to them.' He was flabbergasted. He couldn't believe such a thing would be possible."

For more information about Out of the Cold programs, call 416-699-6682.

TONY, *LILAC TIME* (MARKER AND WATERCOLOUR ON PAPER, 9" X 12")

Inoplacelike home

The Canadian Mental Health Association provides community-based mental health support services across Ontario through a network of 33 local branches. Following are only a few examples of the many CMHA programs that help people who are homeless or have a mental illness to find stable housing and connect with other community resources.

Building Relationships

When “Steven” arrived in Sarnia in the fall of 2004, all he had was a place to stay. But soon after his arrival, it became clear he wouldn’t even have that for long. His living situation was not working out. “Here’s a person from four provinces away who came with nothing, to a community he’s never been to before,” explains Amy Churchman, team leader for crisis and short-term services at the Canadian Mental Health Association, Lambton County Branch. “And there’s so much involved in setting up a home when you have nothing.”

Fortunately, Steven did have Chuck Lutz, the branch’s outreach and team support worker. Chuck conducts the assertive outreach housing program, part of the branch’s crisis and short-term services department. The outreach program complements the rent supplement program, which helps CMHA clients bridge the gap between what they can afford to pay for rent and the rent itself. “Chuck helped Steven manoeuvre through a community he’d

never been to before,” says Amy. “He will help people get clothing, furniture, whatever they need.”

Chuck’s role is more complicated than simply helping people meet their basic needs. All of the program’s clients have been diagnosed with a serious mental illness, or there is reason to believe that mental illness is a major factor in their situation. But the outreach emergency housing response is geared to people who are otherwise not involved with the mental health system, generally because the symptoms of their illness make it difficult for them to go through the traditional intake process. Chuck will try to encourage them to get support from other CMHA services, such as case management, when their housing situation is stabilized. With a stable housing situation, Steven, who is diagnosed with schizophrenia, was able to begin to address his mental health.

Chuck’s role is about “making linkages.” He connects with landlords, caseworkers for Ontario Works (OW)

and the Ontario Disability Support Program (ODSP), community agencies, hospital staff and many others. His ability to develop and nurture his relationships with these contacts pays off for his clients.

Education and outreach to the landlords is a key component of the work, and the landlords, in return, will call CMHA to let them know if they have a unit available, or if they see that someone might be experiencing a crisis.

Most important to the program are the relationships Chuck fosters with his clients. As Amy explains, “Sometimes he’s the only person from the mental health system that the consumers are accessing, so it’s important to take care of that relationship, particularly if he’s assessing capacity and trying to decide if hospitalization is necessary, if that person poses a risk to themselves or the community, or if their housing needs stem from an inability to care for themselves.”

Chuck can support his clients and earn their trust in ways that are unique to a program like this one. “When an

individual's being discharged from hospital, the hospital can help them apply for OW and look for housing options, but they can't physically go with them. Chuck can do that. He'll take them around and show them what apartments are available. He can connect with people before they're discharged."

Chuck spends a great deal of time with clients, showing them around the neighbourhood. He knows what's available to rent in the community and which neighbourhoods are safe. He shows them where the food bank is and where they can cash a cheque. He makes sure that apartments are clean and in good condition. Basically, he's working to ensure that an individual is stable and receiving everything they need to allow them to begin to address their mental health needs.

The program has its challenges. For many in the community with a mental illness, there are few options because there is no emergency shelter or residential mental health facility. Another challenge is the program's capacity. Chuck is the only staff member, and outreach does not make up his full-time position. "He has to wear several hats," says Amy. "He helps the case managers to find housing for their clients, does referrals to our single point of access, and covers the crisis line regularly. We could use six more of him in our department."

Services Across the Recovery Spectrum

When "Margaret" first came into contact with CMHA Sudbury's housing programs, her mental and physical illness had almost entirely confined her to bed. She wasn't able to take care of her apartment or her own physical needs. She was completely isolated and struggled with discrimination from her neighbours.

"She had no supports in her building and had deteriorated to such a point that she couldn't take care of herself and had no idea how to get resources to help her do that," says Jane Pagnutti, a community mental health worker in CMHA Sudbury's housing department. "We got her a rent supplement, got the Community Care Access Centre in, we hooked her up with a doctor to get her pain management and a diagnosis, and now she's in case management."

Margaret still struggles with anger and depression, but her living situation has greatly improved and her housing is stabilized. "When we can attach our rent supplement program, the case manager can start working on the many different issues," adds Nick Mancini, team leader for housing.

CMHA Sudbury's housing services provide supports across a whole spec-

trum of needs, with the rent supplement program at the most independent end of the continuum. Funded through the provincial Homelessness Initiative Phase 2, rent supplements help individuals and families in 84 different units across the city pay their rent each month. While many who receive the supplement have experienced a mental illness, it is not a requirement to qualify for the program.

The next step towards more intensive support is the branch's supportive housing program, which includes a 24-unit building as well as units throughout the community. The support is provided mostly on a monthly or weekly basis, and each individual is connected to a case manager.

Then there is the shared living home, an eight-bedroom building with daily staff support in activities including cooking and housekeeping, attending doctor's appointments and case management. Both the supportive housing and shared living home hold regular tenants' meetings which are attended by staff but facilitated by tenants. The meetings allow clients to express concerns, organize social events, and share successes. Plus, the skills the consumers learn by running the meetings themselves support their recovery.

Consumers decide which level of support would work best for them,

A Voice for the Voiceless

Tetteh Kofi Hadjor understands the interior life of the homeless person, and he shares his insight through poetry and photographs. "My story focuses on the inner issues of the homeless person as they deal with sudden dislocation and emotional turbulence," he explains. Kofi recently participated in a 10-week art program for tenants of the Homes First Society in Toronto, led by visual artist Janis Gillan and photographer Stella Fukiyesi. Many of the artworks created in the workshop were auctioned at the annual Coldest Night fundraising event in January.

"At least once a week," says Gillan, "Kofi takes a massive walk, following a particular route through ravines and parks and

other areas. When he was taking the photographs, he was trying to capture the oases of peace within the city — the places, in a hustling, bustling, chaotic city, where you find these little pools of tranquility."

Kofi will be telling his personal story, "Three Thousand Days in the Wilderness: A Spiritual Journey through Homelessness," at the first Canadian Conference on Homelessness, which takes place in Toronto on May 17-20, 2005. His new life mission, Kofi explains, is to be "a voice for the voiceless."

For more about the conference, visit www.homelessconference.ca. For information about Homes First, visit www.homesfirst.on.ca.

and their application is reviewed by a selection committee made up of representatives from CMHA's various community partnerships. The committee serves as the entry point for all three types of housing program CMHA Sudbury offers.

A recovery philosophy is what guides all the components of the housing program. According to Nicole King, acting team leader of property management, "Recovery is a process that endures a personal challenge on a path to self-actualization." As part of that journey, those in supportive housing are encouraged to take part in the Wellness Recovery Action Plan program through the branch's rehabilitation department. "We want to ensure that people are working towards wellness and taking responsibility for that goal," says Jane. "We want to ensure that there's a big picture in place and the case manager helps them along the road towards recovery."

Two other important components of the housing department are the housing outreach program, which is funded by the City of Sudbury, and the landlord outreach program. The housing outreach program provides short-term support and links to affordable housing for people who are homeless or at risk of becoming homeless. The landlord outreach program works

to create partnerships with landlords both in Sudbury and on Manitoulin Island, where the branch has two staff working out of a local medical clinic. Landlords involved in the program will inform the branch of available units and connect with CMHA staff if a tenant is experiencing a crisis. The branch provides regular education sessions and open houses. According to Patty MacDonald, manager of operations at the branch, "A lot of the landlords have had exposure to mental health issues in their buildings, and some have had the experience in their own families."

Nicole says, "You just have connections with the landlords that go beyond what's expected. They'll call the case manager and say, 'I haven't seen this person lately,' or 'This person's behaviour has changed.' Landlords can become a key part of the circle of care."

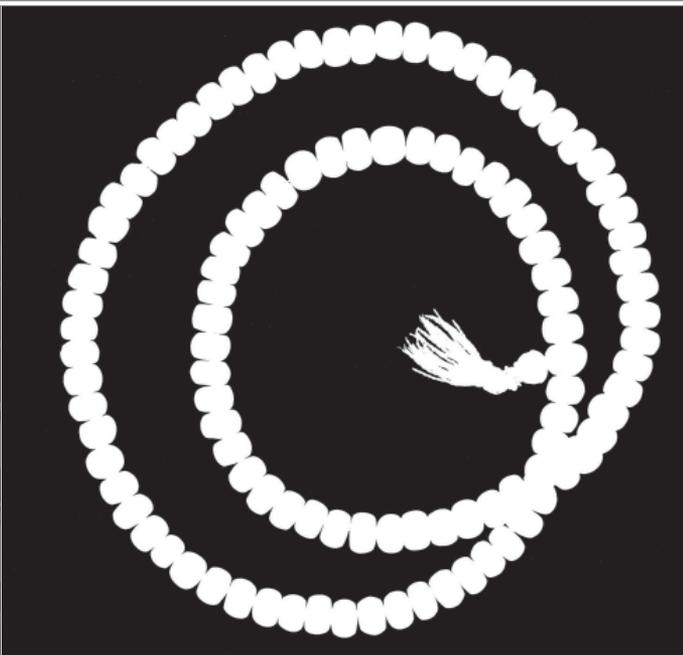
Each staff member working in the housing department realizes that housing means more than simply having a roof over your head. Margaret's story is an example of the importance of reaching beyond the individual's basic needs. "We're looking at what's important in her life and going from there," Nick explains. "We're working together with her to find a place that's good for her mentally, physically and emotionally."

Complex Needs, Complex Systems

"John" has cerebral palsy, which has affected his cognitive development. He has also been diagnosed with a mental illness, and is bereaved by the recent loss of a parent. It doesn't surprise Colleen Ashmore that John's behaviour has recently changed for the worse. Colleen is the program manager for case management services, dual diagnosis and mental health, at CMHA Peterborough Branch.

However, it's hard to be certain about the root of John's problem. "Is it behavioural, due to his grieving, or is it psychosis, or is it neurological and related to the developmental disability? You have to constantly try to figure out what's going on," says Colleen, who also runs the branch's dual diagnosis housing program.

The term "dual diagnosis" is applied when someone has both an intellectual disability and a mental illness or serious mental health issues. The dually diagnosed are a population whose complex needs are often overlooked. Conservatively, approximately 30 to 40 percent of adults with intellectual disabilities experience dual diagnosis. CMHA Peterborough has 37 clients in the program. Five live in a multiplex residence with access to support 24



PHOTOS BY
T. KOFI HADJOR

hours a day, seven days a week. The other clients live in the community, with regular access to supports. Because of the unique needs of the people in the program, this support goes beyond traditional mental health care to include more personal attention and medical help.

“The program is unique,” says Colleen, “and it has shown that there’s a need for an ‘in-between,’ between living totally independently and a group home. Those are two extremes, and there’s a need to provide some support before you say, ‘Okay, it’s time for a nursing home, or it’s time for a group home.’”

The program can’t meet the needs of every individual. When behavioural issues become very demanding, more intense support is required. However, many group homes for people with developmental disabilities lack resources to address the mental health issues, and most mental health programs do not have the expertise to provide the complex personal or life skills support needed by people with intellectual disabilities.

“Our program had a client whose considerable behavioural issues meant that we could no longer support him,” says Colleen. “He was on the waiting list for a group home but there was no space to match his needs. He was evicted from a nursing home because of behavioural issues.”

“He’s been in a hospital psychiatric ward since the end of October 2004. He’s stuck in a system that doesn’t have the resources to support him.” And he’s not alone. According to Colleen, “Many people are in hospital because they have no place else to go to get the support they need.”

Colleen feels that many of these gaps are caused by the complexity of responding to two bureaucracies, the Ministry of Community and Social Services (MCSS) and the Ministry of Health and Long-Term Care, who have demonstrated no real effort to work collaboratively to plan for and fund resources to support this population. “When you’ve got two separate funders,” says Colleen, “never the twain shall meet.”

Colleen also has concerns about how the development of the Ministry of Health’s Local Health Integration Networks will affect her program’s services. “A significant piece of the Central East region for developmental services under MCSS does not overlap with the Ministry of Health’s Central East region. When you’re talking about specialized care, how do you ensure that the resource planning is minimizing duplication when the regions don’t even match?”

The CMHA program is connected to a committee of professionals from both sectors who are “wonderful people, willing to meet the challenges, but have yet to see the policy or support to make it happen,” says Colleen. “We have clients in the program who were told they could never live independently, and they are. But this population puts the most pressure on the system, and we’re really struggling.”

For more information about supportive housing and other services offered by CMHA branches in Ontario, visit www.ontario.cmha.ca/branches.



benchmarking homelessness

According to the first annual “Report Card on Homelessness in Ottawa,” 8,664 people were homeless and stayed in a shelter at some point in 2004. That figure represents single men and women, youth, and families, including 1,092 children. While the nation’s capital has 22,400 social housing units, there are 10,500 people on the waiting list. The number of supportive housing units is 500.

Published by the Alliance to End Homelessness, a coalition of community stakeholders, the report card creates a profile of the current situation by drawing together a variety of figures: vacancy rate, average rents, Ontario Works and Ontario Disability Support Program benefits, availability of housing and support services, eviction data, and a demographic portrait of the people who are homeless. These indicators, say the authors, will be used as a benchmark to measure “future progress or lack of progress in Ottawa.”

“Shelter is the first but not the only need,” continues the report. Chronic health problems, including mental illness, often accompany long periods of homelessness. One of several organizations providing care for the homeless population is the Canadian Mental Health Association, Ottawa Branch. In addition to offering long-term case management through community support workers, CMHA Ottawa helps people with severe and persistent mental illness to access and maintain suitable accommodation, including integrated housing situations in the community.

For more information, see “Experiencing Homelessness: The First Report Card on Homelessness in Ottawa, 2005,” at www.unitedwayottawa.ca.

POSTER PRODUCED BY
THE CANADIAN MENTAL HEALTH ASSOCIATION, OTTAWA BRANCH.

“a house in the country”

HOMELESSNESS IS NOT JUST A PROBLEM IN BIG CITIES. IN FACT, STUDIES HAVE SHOWN THAT A SIMILAR PERCENTAGE OF THE POPULATION IN RURAL COMMUNITIES EXPERIENCE HOMELESSNESS AS IN MAJOR URBAN CENTRES, ACCORDING TO LES VOAKES, EXECUTIVE DIRECTOR OF TOWN YOUTH PARTICIPATION STRATEGIES (TYPS) IN SMITH FALLS, ONTARIO.

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ural and urban homelessness are connected, says Voakes, by the fact that over half of the people who end up homeless in big cities came there from a small town or rural community. But for those in rural areas who find themselves without a place to call home, there are many unique challenges.

In the Lanark County region of eastern Ontario, where Smith Falls, Carleton Place, Perth, and many smaller communities are located, there is “a profound lack of resources at all levels,” says Voakes. “Almost zero emergency housing or transitional housing or long-term accommodations.” Whatever limited services are available are spread out across a vast geography. “Between Ottawa and Kingston, there is virtually nothing in the way of supports for homeless people.”

Surviving as a homeless person can mean having to connect with a variety of services. In rural areas, each of these services may be located in a different community, with limited or no public transportation between them. “The food bank is 18 kilometres one way,” says Voakes. Poor transportation, combined with lack of services, means that “just getting to the line-up to be put on the waiting list for the service” is a challenge in rural areas.

Voakes describes a common scenario where a young person who is homeless may have appointments with the welfare office in one town, a probation officer in another, and mental health services in a third. The youth is unlikely to have their own car, and there’s not even Greyhound service between towns, much less public transport.

Young people in Lanark County who had experienced homelessness came together with service providers to study the issue of youth homelessness. In 2003 they produced a participatory action research report called “Transitions.” Young researchers interviewed 99 peers about their experiences, finding that 63 percent of them were 15 years old when they were first homeless, 39 percent of them were unemployed, and almost half (46 percent) of them had seriously contemplated suicide.

“Homeless people in rural areas are just as homeless as in the city,” says Les Voakes, executive director of Town Youth Participation Strategies. In Muskoka-Parry Sound, as in Lanark County and elsewhere in rural and small-town Ontario, getting champions on board and being creative are necessary strategies to help address the reality of homelessness.

“Transitions” got a lot of attention, says Voakes, who helped lead the project. Municipal officials were particularly affected. Finding out that there were young people in their communities living in abandoned cars “hit a couple of them pretty hard,” he says. In response, they became “champions” of the youths’ proposal to develop transitional housing. The Transitions Committee is currently seeking funding to turn the youths’ vision into reality.

Valerie Douglas, housing coordinator for the Muskoka-Parry Sound Community Mental Health Service, agrees that finding a place to call home poses a particular challenge in rural areas. People seek shelter in abandoned cottages or

trailers, live in tents, or sleep in cars, and the issue of homelessness often remains “hidden” from public view.

As in many rural areas, rental costs in Muskoka-Parry Sound are high, due to the short supply of available apartments. Many of the rental units in the region don’t include the cost of heating, according to Douglas, which makes it appear at first glance that the rent is lower than the provincial average.

Funding for new supportive and low-income housing is a major challenge in Muskoka-Parry Sound. Douglas has sought out funding from federal and provincial sources to provide rent supplements and provide new units, but the bureaucracy involved is a huge, complicated barrier.

The agency’s supportive housing program currently offers 36 safe and affordable supportive housing rental units for individuals with serious mental illness who are homeless or at risk of becoming homeless. Thirty of these are provided with rent supplements, and the other six units are in an agency-owned property. The agency has adopted a recovery model of supportive housing — whenever possible, tenants sign rental agreements with landlords and are responsible for paying their own rent. The agency subsidizes the tenant, so that they can live in market-rent units they choose.

Tenants are offered individualized, flexible crisis and community supports from the agency, also following the recovery model. Douglas says that the region “doesn’t have enough funding for other key services, such as employment support, transportation, recreation.” One source of support affiliated with the agency is the Council of Consumer/Survivor and Family Initiatives of Muskoka-Parry Sound, a peer-support organization that runs groups and opportunities for social connections.

“We’re creative in our own environment,” says Douglas. As the sole housing worker, her job involves a great deal of multitasking — coordinating between landlords and tenants, teaching landlords about the *Tenant Protection Act*. She “keeps good relationships with the landlords,” an especially important task in a small town where people know each other well. “And if they don’t know you,” adds Douglas, “they know about you!”

The Muskoka-Parry Sound Community Mental Health Service has also provided a lot of education to the town council in Bracebridge. Elected officials often share some of the popular misconceptions about low-income and supportive housing, says Douglas. Having a member of the town council on a housing advisory committee has helped the agency overcome some of the resistance to the issue of housing and the discrimination associated with mental illness.

“Homeless people in rural areas are just as homeless as in the city,” says Voakes. In Muskoka-Parry Sound, as in Lanark County and elsewhere in rural and small-town Ontario, getting champions on board and being creative are necessary strategies to help address the reality of homelessness.

The complete “Transitions” report is available at www.typts.com. For more information about Muskoka-Parry Sound Community Mental Health Service, visit www.mpscmhs.on.ca.



elizabeth's garden

For a year, I was living in shelters. Some people have accepted that way of life, which is really sad. You've always heard of the woman, the bag lady, who won't succumb to the system — well, a lot of that has to do with how hard it is to be in shelters. There's a lot of theft that goes on. Survival is all that you have on your mind, survival in terms of money, in terms of self-esteem. You could say it's like a jail mentality.

Everyone has a tough exterior so they don't get screwed with. You have to be very selective who you decide to be friends with, because you don't know their history. Everyone's there for a reason, and a lot of it has to do with what society calls working class or impoverished, or disabled, or even criminal. Or abused women. Everyone there is in crisis.

There are times when you self-medicate with marijuana or Tylenol. I'm not saying everyone does, but it's very common. For me it's not a good place to be, because I'm taking antipsychotics. You don't think about that when you're just living day to day. You're not thinking about the future. You're just hoping you don't lose what you already have. You're horrified, even if you take all precautions for it not to happen, you're still horrified you might end up on the streets, in some park, sleeping on a bench. My biggest fear was being a bag lady, and I came really close.

My mother was schizophrenic. Paranoid schizophrenic. But she was untreated, as far as I know. She died in 1997 of a brain tumour. She was never a bag lady, but my aunt for a short period was. It seems like the women in our family get the genes, become mentally ill. My brother's just fine. He never had a breakdown, per se, or heard voices. But my mother was victimized at a very young age and she passed that on to me.

I was lucky when I was younger. Actually, it wasn't luck — I was singing, modelling, very attractive, I had that confidence, that “go-get 'em.” Of course, that's a magnet for people. People want to be around people that are happy, confident, and outgoing.

I used to apply to live in shared accommodation a lot. I didn't need my own stuff because they already had furniture. I didn't accumulate anything. I was always lucky enough to

live in really nice places, and they were usually big places. So I'm kind of feeling reality now, living in a bachelor apartment. When I was young, outgoing, and attractive, things were much easier. Then I got older, and I was never warned that it may become more difficult to build a foundation. No one told me.

When I got connected with supportive housing, it was a rare occasion. Normally there would be a two-year waiting list, but I got in in two weeks. I was homeless and in shelters, so I was a top priority. I felt really lucky, especially after being shuffled around in hostels. I've been here almost five years, but it's only in the last six months that I've made it my place.

It was really tough the first couple of years. Because of who I am, how I'm viewed by the public — you know, the stigma — living here I wasn't rid of breakdowns. I would still become suicidal because the whole neighbourhood knows us, and knows us for being so-called crazy. It's very important for me to have neighbours, so it took a lot of work, but I know my neighbours now. We're not best buddies or anything, but I do consider my neighbourhood my neighbourhood now.

It's not your average building, it's supportive. We get occupational therapists here twice a week. It's helped me when I didn't want to go anywhere. It was right in the building, so I didn't hibernate and isolate. I always look forward to them coming.

“I'm not staying here for the rest of my life, but it's a good place for me to start living because I've been running away from my life ever since I can remember.”

One of the conditions for moving into this particular building is to take a case manager for six months. We're still seeing each other after five years now, so I guess it's going good. I call him my professional friend. He laughs, because I haven't had a lot of long-term friendships, to put it mildly. I kind of cross the boundaries sometimes with professionals. I want to be friends with them, and we've had to work through that. I've tried to fire him four times! A lot of it stems from paranoia, but I've learned finally to trust him and know that he's looking out for me.

He's a very conservative guy. He's someone I wouldn't talk to about men that I'm interested in or anything sexual or intimate. I wouldn't get into depth with him about my delusions because he's not a psychotherapist. But we do talk. Sometimes we go out for coffee, just kind of casual. But he's there in crisis too, he's my emergency contact. He's said things to me like, “If you're ever going to attempt suicide, or if you've taken pills, then call me” — of course, Monday to Friday, 9 to 5 — “and I'll be there for you.”

He's someone who knows me, day-in and day-out. Someone who sees me in my home environment. He knows that I'm a decent person, that I try to be moral and fair. Him knowing me in this setting definitely gives me security. We've had our falling outs, you know, but I trust him because he means what he says, and he does what he means. Not a lot of people do, professionals included.

Where I live is a bachelor. It's quite small but it's livable. I've painted it a new colour — it went from lavender to sherbet green. Very frosty green. I waxed the floors, and put my pictures up of my brother and my mom. The family, you know. I've got pictures, slides, of when I modelled when I was younger. I'm going to get one blown up to 8" x 10". I have never, ever had pictures up of anyone. If I had them, I always seemed to lose pictures. I've lost a lot of my life moving around. Tapes and books and clothing. I've lost my identity, and I used to console myself, “Well, that's how a spy would live.” No attachments, nothing to say who you are.

I'm going to be 40 this year. It's like I'm starting from now. This time I'm not going to lose everything, I'm not going to throw it away, I'm not going to give up. I realize to live in this world and get by you have to compete. Giving up has a lot to do with my upbringing. Just when I thought I was going to get what I needed, it didn't happen.

When I was a child my mother would take the rent money and renovate the place, with or without the landlord's consent. She'd renovate everything, and sometimes we'd have to move because she spent the rent money. During my childhood, we would fix the place, move, fix the place, move. I didn't get to keep in touch with my childhood friends.

The one thing about this housing is, I've learned over the years, you can screw up and you'll still have a place. Like when I took off and didn't pay the rent for two months, and of course they were going to evict me, but we agreed on a tribunal. In the tribunal, we agreed upon a payment plan for the extra months. And I just finished paying that, over six months. If it was a regular landlord, you'd be gone, you'd be out.

I've never lived somewhere for five years, in the same place. Isn't that weird? I'm not staying here for the rest of my life, but it's a good place for me to start living because I've been running away from my life ever since I can remember. It's too scary. But I've learned how to put some things in place and stop doing more risky, or more shameful things. So now, it's just a question of “stick-to-it-ness.”

We have a gardening project this year, so I'll be heading that up. I'm treating it as my baby, my garden. I was supposed to do it last year but then I left. But this year I want to jump start it, and get everything growing early. I know what has to be done. I've never done it before, but it's very simple. There's not a lot to gardening — you dig up the soil, you take the weeds out, you put manure, peat moss and more soil, and plant, right? Perennials and bulbs, flowers you buy every year. We're not using pesticides, so it's all organic. All I have to do is learn what to prune.

CALENDAR

May 17-20, 2005

Canadian Conference on Homelessness: Stories, Research, Solutions. York University, Toronto, Ontario. 416-736-2100 ext. 40025, cch@edu.yorku.ca, www.homelessconference.ca.

May 27-29, 2005

Reaching Out to People with Anxiety Disorders: Making a Difference That Matters. Anxiety Disorders Association of Canada Multidisciplinary Symposium. Markham, Ontario. 1-888-223-2252, contactus@anxietycanada.ca, www.anxietycanada.ca.

June 6-8, 2005

New Horizons. 2005 Annual Addictions Conference. Toronto, Ontario. 1-800-965-3307 ext. 224, shelly@highonlife.org, www.addictionsontario.ca.

June 10-12, 2005

Sixth National Conference on Shared Mental Health Care. Ottawa, Ontario. 613-722-6521 ext. 6811, clefebvr@uottawa.ca, www.shared-care.ca.

June 15-17, 2005

Persistent Offending: Development, Identification and Intervention. 19th Annual Forensic Conference. Midland, Ontario. 705-549-3181 ext. 2201, confor@mhcp.on.ca, www.mhcv.on.ca/forensic.

July 11-13, 2005

International Mental Health Promotion Summer Institute. Centre for Addiction and Mental Health, Toronto, Ontario. katherine_lo@camh.net, www.camh.net/ISI2005.

September 11-14, 2005

International Conference on Special Needs Offenders. Ottawa, Ontario. www.specialneedsoffenders.org.

September 21-24, 2005

Make Mental Health Matter. National conference of the Canadian Mental Health Association and the Edmonton Schizophrenia Conference Committee. Edmonton, Alberta. 780-414-1663, marketwhys@compusmart.ab.ca, www.cmha-edmonton.ab.ca.

October 23-26, 2005

Making Gains in Mental Health and Addictions: Transformation — Challenges and Opportunities. Third annual joint conference of Addictions Ontario, Canadian Mental Health Association, Ontario, Centre for Addiction and Mental Health, and Ontario Federation of Community Mental Health and Addiction Programs. London, Ontario. 705-454-8107, rachel@haliburtonhighlands.com, www.makinggains.ca.

November 3-6, 2005

Ontario Non-Profit Housing Association 2005 Conference and Trade Show. Niagara Falls, Ontario. 1-800-297-6660, www.onpha.on.ca.

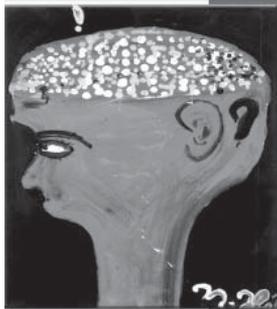
Let's paint the new face of mental health together.

Share **YOUR** thoughts on how to improve the Canadian Mental Health and Addiction System.

Participate in the Senate's e-consultation on Mental Health, Mental Illness and Addiction.

April 11 to June 6, 2005

www.parl.gc.ca/mentalhealth



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- Accommodation strategies for employees with mental health challenges
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- Agreements that address procedures for future issues

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