CANADIAN MENTAL HEALTH ASSOCIATION, ONTARIO SUMMER 2008

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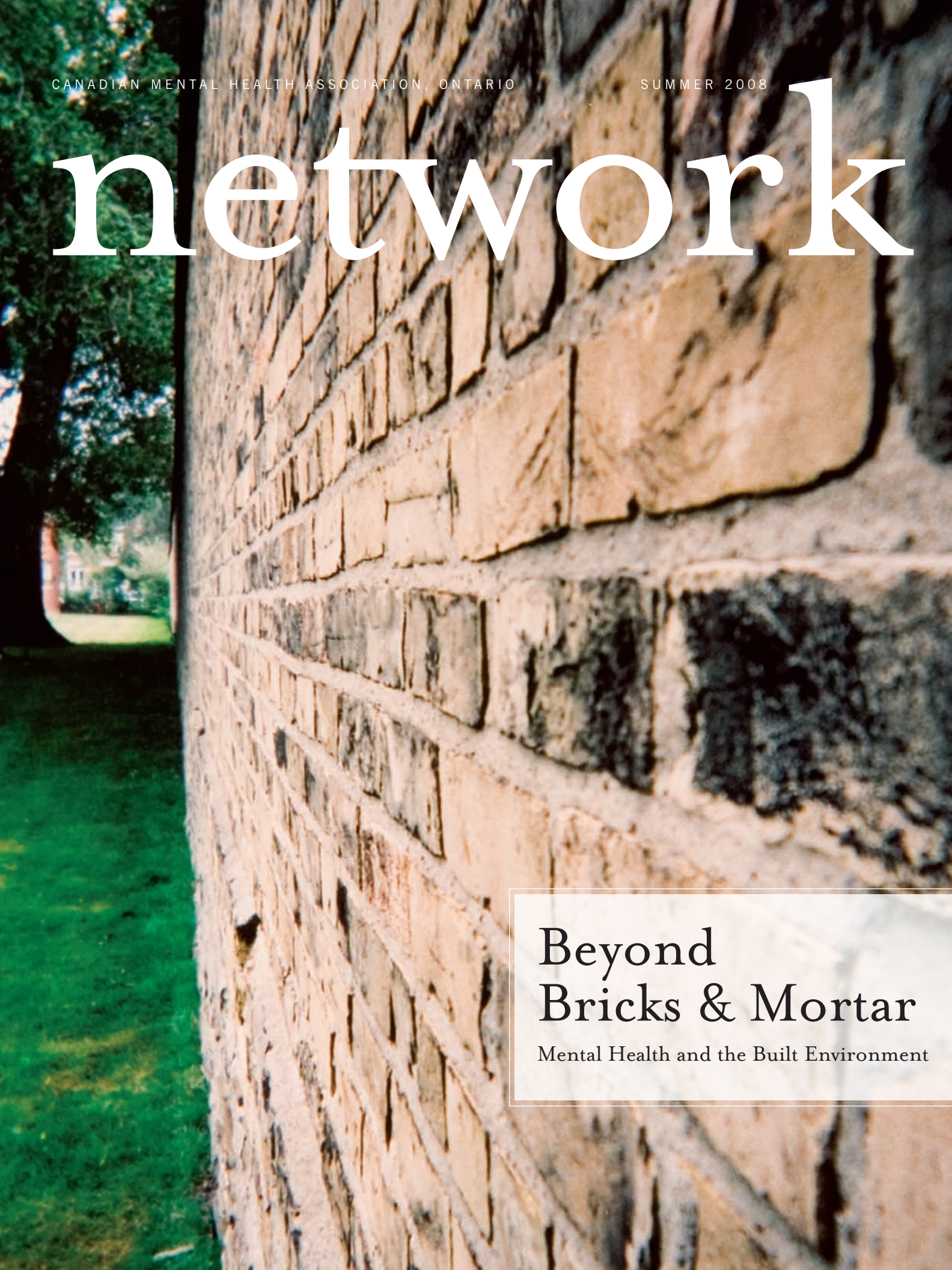

Beyond Bricks & Mortar

Mental Health and the Built Environment

network
Summer 2008
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contents

Re: Cover

Glenda Heathcote, *West Wall, Queen Street* (photograph).

Reproduced by permission. This work appeared in the Being Scene 2005 art exhibit at the Centre for Addiction and Mental Health in Toronto.

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OUR MISSION
Working on behalf of, and with our branches, CMHA Ontario promotes mental health and advances excellence in the delivery of mental health services through knowledge transfer, policy development, advocacy and the inclusion of consumers and family members in decision-making.

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GUEST EDITORIAL

Psychiatric Patient Built Environments:
Liberating Our Past

Geoffrey Reaume (right)

A brick boundary wall. An oval playing field. A laundry and bakery now used as a museum. What do these places have in common? They were all part of the built environment of 19th century Ontario insane asylums, and they still exist today. Each was created through the unpaid labour of insane asylum inmates under the guise of "moral therapy." While in theory moral therapy was supposed to aid in the mental "restoration" of mad people, in practice it was also used to justify the exploitation of free labour of psychiatric patients in the running of mental institutions throughout the western world. Though administrators and architects have been given a great deal of credit in history books for the building of asylum structures, only in recent years have unpaid patient labourers started to be more widely recognized for the contributions they made to the world which they built, quite literally, with their own hands.

The built environment in psychiatric history has usually served to confine and restrict patients behind barriers of exclusion and surveillance. In Ontario, the oldest of these built environments still in existence are the brick boundary walls on the south side of the present day site of the Centre for Addiction and Mental Health, the former Asylum for the Insane, Toronto. The south boundary walls date to 1860 while the still existing east and west boundary walls on the site date from 1888-89. Bricks once used to confine are instead being used to liberate a past that has, for too long, been hidden away from most people. Now, this history of exploitation and exclusion, as represented by these walls, can liberate patients' past while also challenging prejudice today. The walls exclaim: "Look at these bricks! Think about who built them for no pay!" That such structures still exist well over a century after they were constructed speaks volumes about the abilities of the patients who built them. It also provides concrete evidence that people with a psychiatric history are very capable workers who deserve fair pay like anyone else.

As part of the effort to preserve these walls, last year CAMH clients were employed at union wages to help restore part of the west wall at Queen Street — physically taking ownership of their own history and preserving it for the future. A form of poetic justice, given this wall's past.

There are plenty of examples of psychiatric patient-built environments around Ontario. The oval playing field at present-day Humber College in Etobicoke, formerly Mimico Asylum, took male patient labourers two years to level in the 1890s to make it the smooth sporting ground it is today. And the museum of the present-day Fort Malden National Historic Site in Amherstburg, Ontario, was built as a laundry and bakery by Malden Asylum inmates in 1861. These are just two more locations among many where the creators of these built environments need to be memorialized for their work. In doing so, we remember with respect people who were ostracized and devalued during their own lifetimes, while also providing a positive example to challenge persistent discrimination about the abilities of psychiatric consumer/survivors today, prejudice which is older than the 19th century built environments at which asylum inmates toiled.

Geoffrey Reaume is associate professor at the School of Health Policy and Management, Faculty of Health, York University, where he teaches in the Critical Disability Studies Graduate Programme. He is author of *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: Oxford University Press Canada, 2000) and *Lyndhurst: Canada's First Rehabilitation Centre for People with Spinal Cord Injuries, 1945-1998* (Montreal: McGill-Queen's University Press, 2007).

PHOTO: GRAEME BACQUE (PSYCHIATRIC SURVIVOR ARCHIVES OF TORONTO, 2004)

By Christopher Hume

WE ARE WHERE WE LIVE

WANDERING AROUND THE COMMUNITIES WE HAVE BUILT FOR OURSELVES, ONE COULD EASILY CONCLUDE THEY WERE DESIGNED FOR EVERYTHING BUT THE PEOPLE WHO INHABIT THEM.

Whether we're talking about the alienating spaces of suburbia or the noisy density of a downtown core, it seems the man-made environment of today is bad for our health. Given that for the first time in the history of humankind, the majority of us now live in cites, this isn't good news for the species or the planet.

Although many studies have been undertaken in recent years to determine the connection between physical health and the places we live, less work has gone into unraveling the relationship between mental health and living conditions. Yet instinctively we understand that the two are inseparable. This may not be easy for scientists to measure, but who amongst us is unaware of the brutalizing and dehumanizing effects of post–World War II planning, not to mention modernist architecture?

"You are where you live," says a report prepared last year by the Ontario Professional Planners Institute titled "Healthy Communities: Sustainable Communities." The document discusses the connection between obesity and suburban sprawl, a much-discussed topic in recent years. Though the authors make it clear that the connection is "not necessarily a direct, causal one," they argue that in general terms we now live in a world where even that most basic and simple of human activities, walking, has become all but obsolete for growing numbers of North Americans. For example, we are told that until 40 years ago half of kids walked to school. Now that number has dropped to less than 15 percent.

"Healthy Communities" examines how sprawl — that is, low-density car-based suburbs — also compromises air quality, decreases access to "fresh, healthy and local food," and encourages vehicular dependency.

Given this, it hardly seems a stretch that living in such conditions could also have adverse psychological effects. Indeed, according to an information series prepared by the Ontario College of Family Physicians, "Sprawl impacts negatively on well-being by eroding social capital, robbing people of all ages of the opportunity to have a balanced, healthy lifestyle, degrading the natural environment, and increasing the stress of commuting, which not only impacts on mental health but also physical health."

The report also states that, "One particularly harmful impact of urban sprawl is its negative effect on social integrity and mental health."

Put simply, the physicians argue that sprawl leads to feelings of dislocation, disconnection and isolation. This shouldn't be surprising given that the basis of suburban planning has always been separation of uses. In other words, one area is designated for residential development, others for commercial, retail, industrial and institutional purposes. This flies in the face of several millennia of city-planning in which diversity, variety, compactness and coherence were valued. Of course, in the pre-automobile world, being able to get where one needed by walking was a considerable advantage. Those who couldn't were in trouble. All this changed with the advent of the internal combustion engine, though as it turns out, not for the better.

Underlining the irony of sprawl is the fact that for many, especially those with families, it represents an escape from the city, which in the mythologies of both Canada and the U.S., is seen as dirty, diseased, dissolute and dangerous. According to this point-of-view, the suburbs bring us closer to nature, which is uplifting, ennobling and eternal.

The only problem with this is that it isn't true; since the end of World War II, the growth of suburbia has necessitated the destruction of countless millions of hectares of nature, or at least farmers' fields.

In tandem with this, commuting has become the shrill subtext of suburban life, one that grows louder and angrier every year.

"Commuting," the physicians declare, "is associated with more back pain, cardiovascular disease, arthritis, asthma, headaches and self-reported stress. Research also shows that high impedance commuting [when some unpredictable external factor increases travel time] has adverse effects on blood pressure, mood, frustration, tolerance, illness occasions, work absences and overall life satisfaction."

Cities have their drawbacks, too. A survey of existing scientific literature by Gary Evans of Cornell University says unequivocally that "[t]he built environment has direct and indirect effects on mental health." Evans focuses on the

"Although many studies have been undertaken in recent years to determine the connection between physical health and the places we live, less work has gone into unraveling the relationship between mental health and living conditions. Yet instinctively we understand that the two are inseparable."

WHAT IS THE "BUILT ENVIRONMENT"?

The built environment refers to all buildings, spaces and products that have been made or modified by people, and can be contrasted with the natural environment. It also incorporates how activities are arranged and how land is used within communities, and how these things are all physically connected.

According to the Heart and Stroke Foundation of Canada, the built environment includes:

Community Design: the design of communities and their physical elements (such as streets, parks, or sidewalks), including both their arrangement and appearance.

Land Use: the distribution of activities across space, including the location and density of housing, workplaces, schools, green space, commercial and industrial uses.

Transportation System: the physical infrastructure for roads, bridges, sidewalks, bike paths, railroad tracks and public transportation (buses, subways, light rail).

Human Activity Patterns: physical activity like walking or biking within the physical environment or use of cars, trucks and public transportation.

(Source: Position Statement on the Built Environment, Physical Activity, Heart Disease and Stroke, 2007, www.heartandstroke.ca)

BICYCLE-FRIENDLY BUSES IN OTTAWA ENCOURAGE HEALTHY ALTERNATIVES TO THE CAR.

TRAFFIC CONGESTION ALONG HIGHWAY 401.

PHOTOS: ONTARIO GROWTH SECRETARIAT, MINISTRY OF PUBLIC INFRASTRUCTURE RENEWAL

impact of high-rise residential buildings and substandard housing, both of which, he writes, increase psychological distress. "Low-income housing areas in London with less access to private gardens have a higher prevalence of depression," he asserts, "and public housing residents living adjacent to natural outdoor areas report better adjustment to their living environment, feel safer, and have more positive affect than others from the same housing development living near outdoor spaces devoid of nature."

Perhaps that's why the idea, if not the reality, of a house in the country, a cottage, villa or get-away has been a fixture of urban life since ancient Rome, if not before.

"More than half a century after the advent of modern planning, we are starting to question its influence on mental health. Though enormous damage has been wrought, changes are being made. One of the biggest tasks ahead will be to remake suburbia in the image of a healthy community."

In the modern city, however, fed by mass media, fear of crime has reached epidemic proportions. Although crime rates in Canada are in decline, urban dwellers are more sensitive to the presence of danger than ever. On the other hand, some would agree with the late Jane Jacobs that we feel safer in the city because of the "eyes upon the street." As she argues in her seminal volume, *The Death and Life of Great American Cities*, these eyes belong to the residents, shop-owners, customers and various regulars who frequent neighbourhoods in successful cities. Of course, bad things happen in good cities, but perception is as important a factor as reality in determining attitudes.

On the other hand, for people who live in small towns, the big city is scary and anonymous. Accustomed to an environment where pretty well everyone knows everyone, the prospect of being nameless and faceless seems threatening. At the same time, however, to the cosmopolite, anonymity's just another word for freedom, one of the most cherished qualities of urban existence.

For these reasons and others, more than half a century after the advent of modern planning, we are starting to question its influence on mental health. Though enormous damage has been wrought, changes are being made. One of the biggest tasks ahead will be to remake suburbia in the image of a healthy community. This process has already started; Mississauga, Ontario, for example, long known as Sprawl City, has drawn up a ground-breaking planning regime that will bring new layers of density to that city, the sixth-largest in Canada. Further east, Markham is reinventing itself as a series of downtown hubs connected by public transit.

The benefits of creating healthy communities seem obvious. Yet as we all know, common sense is anything but common.

"Beyond the more obvious adverse direct effects of poor quality housing and noise on mental health," says Michelle Gold, CMHA Ontario's senior director of policy and programs, "research is also investigating the indirect links. As a neighbourhood's physical environment declines due to dilapidated housing, vandalism and litter, anti-social behaviour often increases in a community, heightening residents' fear of crime. People are likely to report poor mental health.

"Vulnerability, due to a compromised sense of safety within one's own neighbourhood, in turn lessens the likelihood that residents will go outside and use public spaces, thereby limiting their physical activity," states Gold. "Is it any wonder that some people are caught in a web of deteriorating neighbourhoods, poor mental health and increasing chronic conditions? This is both an urban planning issue and an urgent public health matter."

"We shape our buildings," said Winston Churchill, "thereafter, they shape us." The same could be said of our cities and communities. But unlike a building, cities can't be simply torn down and rebuilt. The damage they do lives on long after the buildings they include have gone.

Christopher Hume is Urban Issues Columnist for the Toronto Star.

the roots of recovery

By Barbara Neuwelt

THE FALL IS A BUSY TIME AT PEACE RANCH, A THERAPEUTIC FARM FOR ADULTS WITH SERIOUS MENTAL ILLNESSES. PARTICIPANTS ARE INVOLVED IN AS MANY AS FOUR FALL FAIRS IN THE AREA AROUND CALEDON, ONTARIO, WHERE THE FARM IS LOCATED. THE PEACE RANCH IS "QUITE A FORCE" AT THE FAIRS, SAYS PROGRAM COORDINATOR HEIDI TORREITER, WITH PARTICIPANTS ENTERING THEIR FLOWERS AND VEGETABLES INTO MANY CONTESTS. THE FARM IS ALSO WELL KNOWN FOR THE PETTING ZOOS IT OFFERS AT THE FAIRS. PARTICIPANTS SPEND THE SPRING AND SUMMER RAISING THE GOATS AND SHEEP BY HAND, BOTTLE-FEEDING THEM AND TRAINING THEM TO BE CHILD-FRIENDLY.

Established in 1990 and funded by the Ontario Ministry of Health, Peace Ranch provides supportive housing on-site for 10 people living with schizophrenia and offers a day program that is open to anyone with a serious mental illness. It's the only residential therapeutic farm in Canada, offering residents and other people with serious mental illness living in the community an opportunity to develop self-reliance through participation in a farm community.

"When you have a mental illness you end up giving up all sorts of power," says Torreiter. "Growing your own food or taking care of a flower or developing a relationship with an animal [is] a way of regaining some of that. You have your own garden plot and you're in charge of it and those plants count on you to stay alive.

"And in the end there's a huge reward," continues Torreiter, "not to mention the social benefits of having something in common with the person that you're working alongside and developing a community with."

Green Spaces, a day program offered two days a week at the farm, allows people living in nearby communities to be involved in a variety of farm activities depending on the season, from maple syrup making in the spring to apple cider making in the fall. Participants are responsible for a communal garden that grows food for the farm and everyone has the option to have their own garden plot to grow flowers and food for themselves. They also care for the animals and the barn and train goats, mini-horses and a donkey to pull a traditional racing cart called a "sulky." One afternoon a week, therapeutic horseback riding is offered, and on another morning an art program brings in local artists to work with interested participants.

"People are here because they're looking to improve their mental health, but it's not all about illness," says Torreiter. "In this program it's all about the things that need to get done today, and being out in the garden developing a relationship with each other and with the animals. It's not centred around their illness. I think the bigger the place that your illness takes in your life the heavier it feels."

The farm environment offers plenty of opportunities for rural recreation activities such as wagon rides, and the physical exercise of gardening, caring for the animals and chores is supplemented by hikes on the Bruce Trail, swimming at the local conservation area, and skating and skiing in the winter.

Torreiter grew up on a farm and was drawn to the idea that not only the connection with nature, but specifically a rural environment, can be beneficial for mental health in general. "I lament the build-up of the urban population," says Torreiter, who connects urbanization with the high levels of stress people commonly report. "I think anyone can benefit from reconnecting with the natural world specifically through farming," she continues. "So people that have specific issues with their mental health...what better way of embarking on recovery than to connect with the natural world."

PHOTOS: COURTESY OF PEACE RANCH

Shannon Hardie, a resident at Peace Ranch, agrees. Hardie lived in Toronto before coming to Peace Ranch last fall to make a new beginning after 10 years of living in a variety of boarding homes and supported housing. "I feel that the country has healed me," says Hardie, "by taking walks in nature, by interacting with plants and animals. All of this has had an overwhelming effect on my performance.

"My thoughts are more lucid," continues Hardie. "I attribute it to the relaxing nature of the Peace Ranch and to the fact that there's not a lot of stress and there's not a lot of distractions and there's not a lot of noise and there is this lull that the house makes — it's nurturing. There's something to do with the fresh air and the spring water...and when you pick up the straw, the straw is fresh and it just excites my senses."

Those who come to Peace Ranch are supported towards the ultimate goal of living independently back in the community. Weekly participation in PAR North, a Canadian Mental Health Association, Peel Branch clubhouse program located in the nearby larger centre of Brampton, helps prepare residents of Peace Ranch for eventual employment in the community through participation in non-farm work through the clubhouse's café and clerical unit. It also allows people to stay connected to an urban setting and interact with a larger group of people.

In turn, other members of PAR North have the opportunity to spend the occasional day at Peace Ranch. "The members love going to Peace Ranch," says PAR North manager Ron Hesas, "because a lot of them have never had a chance to be in that kind of peaceful sort of farm community so they have a chance to do some things that they've never had a chance to do like feeding the animals, horseback riding, gardening... Some of our members experience those things for the first time."

In fact, Peace Ranch gets many visits from urban mental health programs. These visits give the core group of Green Spaces participants an opportunity to move into leadership roles, says Peace Ranch executive director Eric Tripp-McKay. "Instead of coming and being a client, now they're actually helping to run activities and play host to the guests that come for the day."

Horticultural Therapy

Horticultural therapy involves engaging people in growing and using plants as part of their healing process. Horticultural programs have been developed for a wide variety of addiction and mental health problems. The interaction between the client and the plant world promotes healing in a variety of ways:

- the setting of the garden provides an environment of safety;
- the physical activity and the vitamin D from the sun help with mood and healing;
- the scents of certain plants work directly on the brain to lower anxiety and stress and to stabilize mood.

Working with the plants provides hope and meaning and is not just "busy work," says Mitchell Hewson, a registered horticultural therapist and the manager of horticultural therapy at Homewood Health Centre in Guelph. People learn to nurture their inner and outer body as they learn to grow plants for food, learn about nutrition and the healing power of herbs, and create creams and spritzers to soothe the body. The skills gained build confidence and promote self-esteem and provide participants with tools they can use at home for their own healing.

For more information about horticultural therapy and workshops for those who work in the mental health field, visit Hewson's website at **www.horticultureastherapy.com**.

"When you have a mental illness you end up giving up all sorts of power... Growing your own food or taking care of a flower or developing a relationship with an animal [is] a way of regaining some of that. You have your own garden plot and you're in charge of it and those plants count on you to stay alive... And in the end there's a huge reward, not to mention the social benefits of having something in common with the person that you're working alongside and developing a community with."

Heidi Torreiter, Program Director, Peace Ranch

People with mental illnesses living in a more "built" environment can also find ways to connect with nature as an aspect of recovery. A community garden in the heart of downtown Ottawa tended by members of CMHA Ottawa Branch is doing just that. Gardeners meet in the spring to plan the garden together.

There is no schedule for tending the garden; people come to the plot on their own time whenever the consumer-leader responsible for opening the garden is there. When the food is ripe people can take what they like but always leave something for others. The CMHA garden plot is just one of many plots in the garden tended by individuals and families who live in the area. The group meets in the garden once a month to participate in activities using materials from and around the garden, such as creating herbed oils or making wind chimes.

Most of the participants live in apartments and don't have the opportunity to be outside in a natural environment, explains Paivi Kattilakoski, one of the project founders. In addition to the benefits of growing real food and seeing it come up out of the earth, the garden also provides CMHA Ottawa members with connections to some of the other plot-owners. "Seeing people interact with each other in an environment that's so normal was really amazing to see," says Kattilakoski. "What I see a lot with my clients is that sometimes the activities that they participate in involve other people who also have a mental illness [which is great but] it's also really amazing when the participation can happen in the community at large."

The garden also provides a recreational activity in the community for people who are extremely isolated. Kattilakoski tells a story about one person's recovery through the garden: "One individual was coming to the garden quite often and he was quite isolated prior to that. And what the staff noticed, and other people noticed, was that at the beginning of the gardening period he would come in and not make much eye contact and not really have much conversation with people. But by the end of the gardening he would be making eye contact with people...initiating conversation, smiling a lot more. So really you could see that his self-esteem was increasing through the process. I really think that the community garden played a big role in that."

For the past few summers Green Spaces has taken on a new challenge – running a market garden and growing some vegetables for sale to several big customers in the area. Green Spaces participants were invited to apply for paid positions that are responsible for growing, harvesting and delivering the crop. This summer they hope to expand the program to increase the customer base and provide employment for more people.

Living and working on a farm "gets you back in tune with the life cycle," says Green Spaces and property manager Jim Hotson. "People with a mental illness will dwell in the past or the present but being here forces you to think of the future because you sow in the spring and in the fall you preserve it for use in the winter.

"It gets [people] to look ahead," explains Hotson, "and it gets to all of our basic needs...having food to eat and the pleasure you get from growing your food and the reaping."

"The duties that we have here of doing chores every day has made me feel more responsible," says Hardie. "I appreciate the routine of getting work done at 9:30 in the morning. It gives me a routine...a grounding place."

Visit Peace Ranch online at www.peaceranch.com.

Barbara Neuwelt is a policy analyst at CMHA Ontario.

PHOTO: COURTESY OF PEACE RANCH

Toronto versus the Peace Ranch

The Peace Ranch is a marvelous place where opportunities abound. People here are friendly and responsive. There are things to do. As a city dweller for most of my life, I've yet to encounter a warm place so full of ways of applying oneself as I have at the Peace Ranch. One suffering of the psychiatric survivor is idleness and limited access to activity. The Peace Ranch changes this. It is a hubbub of action. But we also have down time or time alone.

The Peace Ranch gives inclusion and action to the life of the consumer/survivor. There is an arts program, a recreation program, barn duty, dinner prep, daily house chores and consultation. This in turn prepares one for independent living. People are not bound to boarding homes for the rest of their lives and can see themselves as functioning, active citizens. There is a day program at an employment outreach centre and a mall outing once a week. We are active and social participants who interact with other clients in group programs and the community at large on outings.

Today is the day of the client-centred, client-driven model and the Peace Ranch is an official representative of this practice. The Peace Ranch offers activity, support, encouragement and respect. The Peace Ranch allows people to dream, and backs up those dreams with the support and services needed to realize them.

Shannon Hardie, Peace Ranch resident.

ENVIRONMENTS of exclusion

By Michael Slechta

With the onset of deinstitutionalization in the 1960s, many people with mental illness left large in-patient psychiatric hospitals and began filtering into community and family-based care settings.

The residential care facilities that existed at the time were generally located in downtown urban areas, close to the hospitals that were formerly home and that continued to provide outpatient services. In the southwestern Ontario city of Hamilton, such housing is still largely clustered in the downtown core around two large hospital facilities.

"There are still at least 10 homes in the downtown core," says Margaret Foley, housing director for Canadian Mental Health Association, Hamilton Branch, "and another large pocket in the city's east end." But now, she says, many CMHA clients are requesting to move elsewhere, especially the "mountain" area of Hamilton, the southern half of the city located atop the Niagara escarpment. She explains that some clients, particularly those with serious addiction issues, want to get away from the downtown core because they would find it easier to avoid unsafe places and situations.

But personal choice is often limited by the built environment — the way a city and surrounding area is laid out. Although some people have moved away to smaller centres on the periphery of Hamilton, such as Mount Hope or Waterdown, says Foley, these can be much more challenging environments, often lacking accessible transportation, affordable housing, community centres and social services. So she tries to encourage clients to stay more central and locate in areas close to transit and amenities.

The range of housing choices for people with mental illness is also significantly affected by stigma and discrimination, which remain major barriers. "One difficulty is that landlords are sometimes reluctant to offer housing to our clients. They anticipate difficulties by virtue of their association with our organization," says Foley. "Hamilton has fairly high vacancy rates, so there are a lot of units, but the landlords often have reservations of renting to people who need 'help' to find a place." Although CMHA staff do not disclose any personal details about their clients, landlords will still express concerns.

According to Dr. Robert Wilton, the "systemic barriers to inclusive living for persons with mental illness are very similar to those issues faced 30 years ago." Wilton is an associate professor of geography at McMaster University in Hamilton with a research interest in disability, exclusion and the social geography of cities.

"Many persons with mental illness are disproportionately living in poverty, have employment problems and are faced with stigmatization on a daily basis," observes Dr. Wilton. Poverty is an ongoing threat to people's quality of life. As well, research continues to point to a shortage of appropriate housing for people living with mental illness. Those in lodging homes rely on a monthly Personal Needs Allowance of $119, says Wilton, which leaves them with few resources for even basic items such as toiletries and clothes. For people who move out of lodging homes, high rents

eat away at monthly Ontario Disability Support Program (ODSP) income.

Dr. Wilton says that issues of affordability and access to mental health care have created what he and other researchers call service ghettos: "the concentration of certain people in specific areas because of the access to high levels of services." The creation of service ghettos, he says, can lead to a self-reinforcing cycle whereby persons with serious mental illness are only found in specific locations.

Exclusionary elements in many communities, such as discriminatory zoning bylaws, community opposition, large distances and inaccessible transportation, are a big part of how service ghettos are created in the first place. When residents resist the creation of new supportive housing in their neighbourhood, by complaining about decreased property values or reciting the myth that persons with mental illness are dangerous, they influence municipal planning to keep people out. This results in the centralized location of services and housing in the downtown core or around psychiatric hospitals, according to Dr. Wilton, so "the groups of people who have significant mental illness have to gravitate from other areas of the city to access health services."

> "Personal choice is often limited by the built environment — the way a city and surrounding area is laid out."

Yet if a range of accessible resources were available in outlying areas, people's choices of where to live would be much broader. Dr. Wilton believes that the creation of multiple service hubs would help the situation and would "fight against the tendency to concentrate certain people in certain areas." Community-based service hubs would provide information, referrals and an integrated array of services and supports, such as health and child care, food banks, skills training and educational opportunities. Distributed across neighbourhoods and jurisdictions, service hubs would foster positive relationships between persons with mental illness and other members of the community. An integrated municipal planning process that considered the physical location of community resources, therefore, could prevent some of the systemic exclusion and isolation of persons with mental illness.

Looking to the future, the implementation of service hubs might provide a long-term solution to the ghettoization of community resources and people. In the meantime, service providers are finding creative ways to maximize client choice and improve housing conditions despite existing barriers.

Since 1999, the Ontario government-funded HOMES program run by the Good Shepherd Centre in Hamilton has provided housing for people with serious mental illness who are homeless or at risk of homelessness. With about 250 units that provide housing and related supports, the cornerstone of the program is its use of mobile support services. While four buildings provide more traditional on-site supportive housing arrangements, the program also places clients in 150 privately owned apartment units scattered throughout 20 different buildings. Tenants meet weekly with staff from a mobile support team, either at home or in the community, receiving support where they live.

One of the most important considerations is client choice, says Heidi Billyard, director of tenant and housing services for Good Shepherd. When the program first started, the majority of the units were in the downtown area, says Billyard, but as it grew, people started requesting to relocate to other areas of the city. "People would say, 'I'd really like to live in the east end' or 'on the mountain.'" Billyard also considers other things when looking for housing for a client, such as access to public transit, and amenities like grocery stores, pharmacies and community centres.

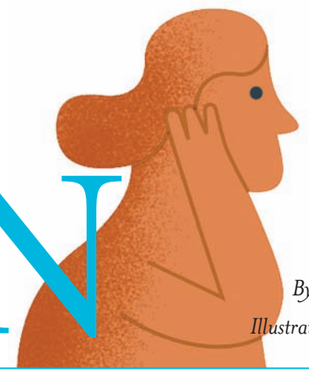
Supporting client choice is also important for Margaret Foley. The housing units managed by CMHA Hamilton Branch are generally spread out across the city, and people's preferences are accommodated as much as possible. But Foley and Billyard agree that many of their clients remain clustered in certain areas of the city, often because they don't want to be cut off from existing support systems and social networks, and because many community resources, such as the library, drop-in centres and food banks, are within walking distance. Individual choice is restricted by where things are located in the city.

While programs like those offered by Good Shepherd and CMHA can help improve housing conditions and promote greater choice, Billyard and Foley agree that their resources are already fully tapped. So, many people living with mental illness in Hamilton and the surrounding area must rely on lodging homes and other non-profit or for-profit care residences that may not provide the same kind of flexible supports or access to community resources.

Over the past few years things have improved, says Marilyn Jewell, executive director of CMHA Hamilton, because of programs such as the Mental Health Homelessness Initiative. This Ministry of Health and Long-Term Care program provides subsidies to cover rent for clients of local agencies that provide community support services. Hopefully, such initiatives, along with the work of local advocacy organizations and researchers like Dr. Wilton, will continue to draw attention to the issues and provide solutions that promote fairly distributed resources, greater choice and better living conditions in all communities.

Michael Slechta is a graduate of York University's master's program in Critical Disability Studies.

When the Workplace BREAKS YOU DOWN



By Donna Hardaker

Illustrations by Doug Ross

It's my first day back from sick leave. I feel good. The new medication is working and my mood is stable. I woke up with positive thoughts about the day, and although I'm feeling somewhat anxious, I am happy to be returning to work and I feel confident that I can do my job again. I've met with my supervisor and we've got a plan to ease me back in with accommodations around changing some of my tasks and having flexible hours. I feel so lucky to be working with people who care about helping me get back to work.

Employment is a social determinant of health and is a key factor in the recovery process for people who have a mental illness. Working gives us identity, routine, purpose and a sense of belonging. The physical act of "going to work" — getting up, washing, dressing, commuting to the workplace — instills a recovery mindset in an employee who has been home on sick leave or disability. Home is where people are unwell. Work is where people are functioning and participating in meaningful interaction, often with a high degree of social involvement.

PROBLEM
FLICKERING LIGHT

SOLUTION
- Install full-spectrum lights or place filters over fluorescent lighting to simulate natural light.
- Adjust all computer monitors to over 60 Hz refresh rate to reduce visible flicker.

PROBLEM
NO ACCESS TO NATURAL LIGHT

SOLUTION
- Increase access to windows by leaving space between office walls that line the perimeter of the floor.
- Consider windows to be a priority and an accessibility issue when considering the cost of space.

I do deep breathing to overcome anxiety while riding in the elevator to the 18th floor. How can people so easily trust that this little box will safely get us hundreds of feet up in the air? I'm sweating and shaking a little by the time I get to my floor.

Anxiety is a common symptom not only for anxiety disorders, but also for many other mental illnesses. When someone is in recovery, it is more easily triggered than when a person is well. People who have high levels of anxiety may be less able to trust that mechanical devices, such as elevators, will function safely. Anxiety makes people feel fearful of things that others take for granted.

When I enter the office, I walk towards my cubicle. People greet me warmly and welcome me back. It's so good to be here! I sit at my desk and read a stack of reports. My manager and I decided that this would be a good way for me to get caught up. After about twenty minutes, I notice I seem to be straining to read. The fluorescent lights are bright. I stop reading and rub my forehead between my eyes where it hurts.

Fluorescent bulbs produce short-wave light through a rapid on-off sequence. This flickering is not supposed to be detectable by the human eye. However, studies have shown that some people seem to "sense" the flickering and experience negative physical effects (see sidebar). Other research into the effects of short-wave light has shown that it has a negative effect on the neurotransmitters in the human brain responsible for regulating sleep, mood and appetite — the same neurotransmitters that are already out of balance in people who have a mental illness.

I hear the loud hiss of the ventilation system. I can hear the different sounds within it: a high whine, a jagged rattling and a low vibrating rumble. I try to ignore it, but the sound is so irritating. There's a breeze from the vent that blows cool air onto the back of my head. It's uncomfortable. The back of my head hurts.

When Noxious Light is an Accessibility Barrier

Fluorescent lighting is cheap and efficient and is the most common form of lighting found in public spaces, including offices, schools, stores and hospitals. It produces short-wave light that is different from full-spectrum natural light created by the sun. Studies have shown that extended exposure to short-wave light decreases positive mood status and workplace performance. Studies have also found that fluorescent lights trigger seizures, headaches and fatigue.

Many workplaces are "cubicle cities" lit with fluorescent bulbs, with most workers located away from natural light because walled offices (generally inhabited by people higher up in the hierarchy) line the windowed perimeter, blocking off natural light. People who work on higher floors with greater access to natural full-spectrum light experience fewer health effects related to fluorescent lights than people who work on lower floors with less natural light. Employers may enjoy the low cost and efficiency of fluorescent light to the detriment of the health of employees and others who are exposed to it for long periods of time.

Ramps, widened doorways and accessible washrooms are now understood as necessary in every workplace to ensure accessibility. Perhaps in the future, employers may be required to replace fluorescent lighting, not just as an accommodation for individuals, but as a proactive and preventative measure.

Ventilation systems are not designed for the comfort and ease of individuals in the workplace, but rather for the larger movement of air through a communal space. Placing physical barriers, such as buffers, into vents can cause interruption in the flow of air, affecting temperature and the freshness of air moving through a large space. The noise created by ventilation systems is usually not addressed unless it breaks health and safety guidelines for dangerous levels that may harm the human ear. Ambient white noise and rattling of vents most likely does not contravene the guidelines, yet can cause great distress among people who have sensory sensitivities.

PROBLEM
PERSISTENT SOUNDS

SOLUTION
- Experiment with filters for air vents to decrease white noise.
- Since filters can interfere with air flow, consult with building maintenance to get them onside in creating a comfortable workspace. Make this part of your rental contract.

Then I smell a strong burning odour. Someone has made toast in the staff kitchen and the smell is overpowering. I feel queasy, and this makes me feel a bit afraid. Am I going to throw up? Am I going to embarrass myself my first day back? Am I not well enough to be here?

Kitchens in workplaces create ease and comfort for employees. Kitchens can also be a source of odour. For some people, strong odours like burning food can cause an unpleasant physical and emotional reaction.

PROBLEM
STRONG ODOURS

SOLUTION
- Install a kitchen door and a ventilation fan to prevent odours from wafting through the office space.

Then I hear loud laughter from over the cubicle wall. I can hear people talking, but I can't make out what they are saying. I think I hear my name, and more laughter. I feel anxious and my head hurts. I begin to have negative thoughts telling me that I should never have come back, that I'm weak and stupid.

Half-walls, baffles and cubicles can distort the sound of voices. This can cause great distress for someone who may be experiencing low self-esteem, a common symptom of many mental illnesses. Paranoid thoughts — from extreme to mild — are common among people who have a mental illness.

PROBLEM
LACK OF PRIVACY

SOLUTION
- Consider how to allot office space to give individuals more access to privacy.

Allocation of workspace demonstrates the value system of an organization. Generally, people who are "higher up" in the hierarchy of the workplace have greater access to work spaces with comfortable physical space and natural light.

Everyone is being really kind, but I can barely manage a weak smile as I head back to my desk. I feel sick. I feel anxious. I feel exhausted. I feel like a failure. My first day back has been a disaster.

I run to the washroom for privacy to do the mental exercises that I learned in cognitive behavioural therapy. This takes about ten minutes. I feel a bit calmer, but now I'm anxious about being in the washroom for so long.

Many workplaces lack private space for individuals. Lack of privacy may prevent people from being able to implement strategies for self care, like relaxation exercises. It also prevents people from controlling levels of sensory stimulation, like noise, light and odour.

I'm now late for the department meeting. I have to squeeze past people to get to a vacant chair in the back of the windowless meeting room. I'm sure they can see how I'm sweating and shaking. We are crowded in here. I see nothing's changed since I left — we still have to cram into this small meeting room because the board room is only for senior managers. I feel so uncomfortable, I can barely breathe. Everyone else seems okay. I wish I wasn't like this!

PROBLEM
OVER-STIMULATION

SOLUTION
- Create a "relaxation room" with comfortable furniture and dim lights to allow people a refuge from the stimulation of the communal office space.

As Ontario moves towards creating a more inclusive society for people with disabilities, advocates in the mental health sector have to continue to raise awareness of mental illness as a disability to ensure that people who have a mental illness can also benefit from the positive, progressive changes to come.

EFFECTS OF THE AODA FOR NON-PROFIT SERVICE PROVIDERS

Non-profit service providers face constant budget challenges and often try to cut program costs by using cheaper space, like basements or windowless areas. The *Accessibility for Ontarians with Disabilities Act* (AODA) may be interpreted to mean that windowless spaces create a barrier for clients and employees who have a mental illness, just as if a client or an employee who uses a wheelchair was expected to climb a flight of stairs. Service providers may need to take this into consideration when budgeting in the future. For more information about the AODA, visit www.AccessON.ca.

fast FACTS

76
Percentage of Canadian workers who believe that it is easier for workplaces to deal with physical disabilities than with mental health conditions.

26
Percentage of Canadian workers who have been either diagnosed with depression or believe they have an undiagnosed condition of depression.

20
Percentage of Canadian workers who are aware of any specific guidelines or policies in their workplace for dealing with or accommodating people with mental health conditions.

(Source: Mental Health in the Workplace, Great-West Life Centre for Mental Health in the Workplace, 2007)

Many workplaces lack private space for individuals. Lack of privacy may prevent people from being able to implement strategies for self care, like relaxation exercises. It also prevents people from controlling levels of sensory stimulation, like noise, light and odour.

What's Wrong with This Picture?

The environment of this workplace is a barrier to accessibility for this employee.

Awareness of the rights of people with disabilities to equal and fair treatment in the workplace is higher than it has ever been in Ontario. But how far are employers expected to go in being aware of barriers and making changes in the physical environment of the workplace? Are elements like fluorescent lights, loud ventilation fans and lack of privacy significant enough barriers to warrant the cost of changing or adapting the workplace?

The Ontario Human Rights Code would suggest that this employee has the right to accommodation at work that would include changes to the physical environment to allow the employee to participate fully. And the *Accessibility for Ontarians with Disabilities Act* (AODA) says that employers will have to identify, remove and prevent barriers to accessibility in the coming years. This pertains to workplace practices and policies, and to the built environment of the workplace. Accessibility audits for the built environment are exposing barriers primarily for people who have mobility and visual disabilities. The AODA gives employers the opportunity and the mandate to raise their awareness and make changes.

Yet mental illness as a disability is often not included in discussions of disability. Accessibility surveys, plans and audits rarely include the needs of people who have a mental illness — even though the rates of mental illnesses such as depression and anxiety continue to rise, even though the Ontario Human Rights Code and the AODA include mental illness as a disability, and even though mental illness contributes significantly to disability benefit costs. As Ontario moves towards creating a more inclusive society for people with disabilities, advocates in the mental health sector must continue to raise awareness of mental illness as a disability to ensure that people who have a mental illness can also benefit from the positive, progressive changes to come.

Donna Hardaker works at CMHA York Region Branch where she delivers the Mental Health Works program.

Resources

Find out more about the rights of people with mental health disabilities in the workplace:

ONTARIO HUMAN RIGHTS COMMISSION **www.ohrc.on.ca**
Access the Ontario Human Rights Code and other information about discrimination and Ontario's human rights process.

ACCESSIBILITY DIRECTORATE OF ONTARIO (ADO) **www.AccessON.ca**
The ADO website includes information about the *Accessibility for Ontarians with Disabilities Act* (AODA) and the accessibility standards that will eventually apply to the public, private and non-profit sectors. Standards are being developed for the areas of employment, customer service, transportation, information and communications, and the built environment.

MENTAL HEALTH WORKS **www.mentalhealthworks.ca**
Mental Health Works helps organizations to manage their duty to accommodate employees experiencing mental health disabilities such as depression or anxiety in the workplace.

Brick *by* Brick

By John Bentley Mays

This summer in Toronto, the first phase of the Centre for Addiction and Mental Health's $382-million renovation opens for business — and reopens an old question that has haunted psychiatric hospital designers and other architectural thinkers for centuries. Do buildings influence what people think, feel and do?

The great North American hospital reformers in the first half of the nineteenth century believed they had hit on the right answer — yes! — to this important query. The clue to effective treatment, thought the leading doctors of the era, lay in designing large, imposing hospitals full of light and air, and situating them far from the city, among farms and gardens. Until its demolition in the 1970s, John George Howard's massive 1850 Provincial Lunatic Asylum — the famous (or infamous) 999 Queen, on the present CAMH site — was Canada's most impressive monument to this notion that architecture can influence patient care immediately and dramatically.

Such optimism soon ran aground on the reef of reality, as the mysterious, intractable diseases of the mind refused to retreat before the new Victorian architecture of healing. But though it failed in psychiatric circles, the idea that good buildings make happier people persisted elsewhere, and enjoyed a vogue down to the quite recent past.

Only a few decades ago, says George Baird, architect and dean of architecture at the University of Toronto, architectural theorists firmly believed that "if you get the building right, human behaviour will be transformed.

"Then, lo and behold! we discovered that this was a faulty assumption. There were two opposite reactions to that discovery. One was an abandonment of any interest in the relationship of built form to behaviour: since it's impossible to figure any of this out, let's just make beautiful objects! At the opposite extreme, you had this takeover of architecture schools by social scientists. The sociologists were put in charge, and that ended up having a deadening impact on the schools. It's fair to say the issue is still on the table."

But while architectural determinism failed as a general theory, it nevertheless embodied an important insight. "Intuitively we all think there are relationships between built form and behaviour," Mr. Baird says. "That's why I believe communicative models for the understanding of architecture are more useful than psychological ones. There are parts of buildings which are consciously absorbed by users or observers. I think we are giving insufficient consideration to the unconscious aspects."

The message that architecture can send has been much on the mind of leaders at the Centre for Addiction and Mental Health, as the hospital has gone forward with its redevelopment plans. The new CAMH facilities are new experiments in the power of building to speed the recovery of people with mental illness and addictions.

"I certainly accept the premise that the environment will make things better or worse for a patient," says CAMH president and CEO Paul Garfinkel. "Many of our patients also need some privacy at times, places where they can meet a family member, where they can be with other patients. Many people, when they're ill, have lost confidence, and many others have a paranoid sensitivity about being watched or observed. You want to maintain safety and security, but you also want something that is comforting, friendly, as open as possible. We went through a phase of making asylums look like hospitals. Now our concern is with quality of life — the highest quality of life possible."

The evidence of how well CAMH is fulfilling these ideals is in the handsome complex now nearing completion on the west side of the hospital's historic Queen Street site. Designed by a consortium of three well-known Toronto architectural firms — Kuwabara Payne McKenna Blumberg, Montgomery Sisam, and Kearns Mancini — the group of buildings includes three residences dedicated to people who are past the acute stages of their illnesses, but not yet ready to go out on their own.

The contrast between the old and new structures on the CAMH campus is stark. On one hand, there are the facility's buildings from the 1950s and 1970s: large chunks of concrete and brick, dull and uninviting. Then there are these fresh, small new residences in wine-red brick and light stucco, each more closely resembling a modern, well-made apartment building than the psychiatric hospitals of yesteryear.

But the architectural difference between past and present is not merely skin deep. At the heart of the residential scheme is a cluster of six simply appointed rooms, each furnished with a single bed, a private bath and a large operable window. These suites are connected by a short corridor to a common dining and living area. The barricaded nurse's station typical of older psychiatric institutions has been abolished: staff will do their duty in the lounge. Each six-bedroom unit is linked, in turn, to the building's main lobby by an elevator — a touch that affords privacy to patients, and that neatly eliminates long, soulless hospital walkways. And each of the three structures has been given its own rear courtyard.

From the outset of its massive renovation, CAMH has insisted that the new buildings be normal parts of the built fabric surrounding them, elements in an "urban village" as much like an ordinary neighbourhood as possible. Among the most instantly obvious expressions of these good intentions are the red brick facades and low profiles of the transitional-care residences, which make sensible fits with the Victorian houses on adjacent streets.

The best thing about these new buildings, however, is the attention paid everywhere to light. There are large windows everywhere — windows in rooms and corridors, window seats at

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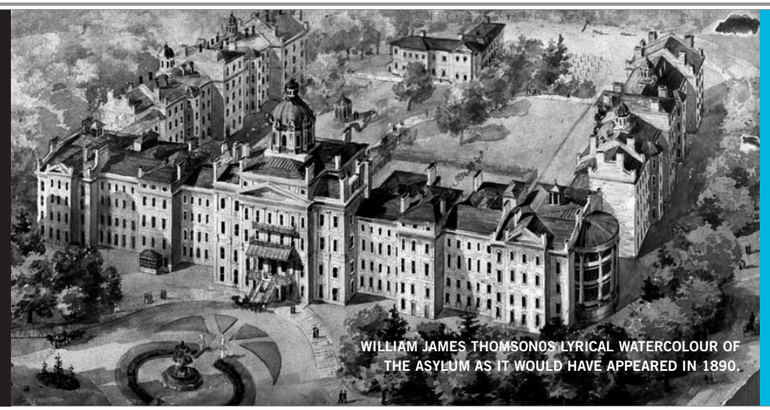

WILLIAM JAMES THOMSONOS LYRICAL WATERCOLOUR OF THE ASYLUM AS IT WOULD HAVE APPEARED IN 1890.

THEN…The clue to effective treatment, thought the leading doctors of the nineteenth century, lay in designing large, imposing hospitals full of light and air, and situating them far from the city, among farms and gardens.

IMAGE: CAMH ARCHIVES

the ends of hallways, wide views from every level. As managing principal architect for phase 1A of the project Terry Montgomery explains, the old logic of hospital design dictated that visitors step from the outside world directly into a cave hollowed out of a great mass of opaque masonry. The CAMH facilities he and his group have realized, in contrast, invite patients and visitors into a lobby that immediately opens toward the courtyard beyond. There is no darkness anywhere, and a fine porosity that will probably be something patients will appreciate about their temporary digs.

But these design moves are not merely aesthetic. They express a philosophy of healing that emphasizes the connection of patients with the larger community, and that seeks to bridge the often terrible gap that mental illness and addiction open between self and society.

"Our objective was to make [the transitional care units] as home-like as possible," says Alice Liang, a design associate with Montgomery Sisam who is the project architect/principal for this phase of the project. "Our challenge was how to normalize the internal environment. All hospitals nowadays are trying hard to blur the line between hospitality and hospital. The lobby, for example, must be very welcoming. The first impression has to be about quality. Furnishings may have to be indestructible, but that shouldn't be the message they send."

In a bid to incorporate CAMH's mandate into brick and mortar, Ms Liang and her architectural colleagues surveyed new models of therapy and hospital design around the world. Their inquiry led them to an interesting conclusion.

"There is no mental health architecture," says Ms Liang. "It should be no different from any other architecture of excellence. There should be the same elements, all the things we want in any building — views to the outside, lots of light, gardens, nature. But the details of how the space is articulated are more intense [in psychiatric architecture], depending on the program, from mood and anxiety disorders, to forensic."

As we have it in the new transitional-care buildings, the CAMH overhaul is trying to embody the best contemporary wisdom about mental health care, and about the structures in which that care is provided. If Mr. Baird is right — if indeed hospital buildings are media that communicate messages about well-being and health — then the CAMH build-out may be on the right track. We will certainly have many opportunities to find out if it is, as this project gradually unfolds over the next dozen years.

John Bentley Mays is architecture columnist for the real estate section of the Globe and Mail.

NOW…"There is no mental health architecture. It should be no different from any other architecture of excellence. There should be the same elements, all the things we want in any building — views to the outside, lots of light, gardens, nature."

— Alice Liang, project architect/principal, Montgomery Sisam

IMAGE: C3 CONSORTIUM

THE CAMH REDEVELOPMENT DESIGNED AS AN "URBAN VILLAGE."

By Robin Harvey

it takes a village

Most mornings, when he's not headed to part-time work at his downtown Toronto retail job, Eugene folds up his futon and has a quick decaf in his studio apartment. Then he walks along Bloor Street West to get a bite at a local fast-food joint.

the Toronto native has lived for almost three years now only a stone's throw from the stretch of Bloor Street West across from High Park, the city's largest and greenest park. The 23-year-old has been living with a diagnosis of bipolar mood disorder since he was in his teens and is balancing part-time retail work and finishing off his high school diploma. He loves the area and says "it works" for him because everything he needs is steps away, from his doctor's office to the community centre where he works out and even the

high school where he takes night credit courses. And the TTC, Toronto's public transit system which takes him to work or downtown medical appointments, is less than three blocks away.

The result?

"I know people," he says. "They know me. Especially, after I moved in, in the summer. Now, even if it's cold, I can't walk far in a day without saying 'hi' to somebody."

Dan Leeming, a partner with the Planning Partnership in Toronto, says Eugene's neighbourhood has the elements that make for good physical and mental health. For many it might seem strange to think of a "neighbourhood" as creating good mental health. But numerous studies are concluding that in many cases the design and makeup of our physical surroundings may be as important as genetics for our mental health. This new urbanism reflects society's changing attitude toward mental health, planners like Leeming say. As mental illnesses come out of the closet, society's causative role and its responsibility for helping support people who live with them, is being acknowledged on more than a medical level.

"Mental health disorders, depression and anxiety — they have tripled," says Leeming, noting that depression "is a leading cause of disability in the world and has huge implications across society." The planner recognizes that "mental health issues are still largely one of the great unspoken issues in our society but as we are more open we take new approaches."

Increasingly, modern designers, urban planners and medical professionals believe the outside environment plays a much larger role than previously thought in the mental health of both individuals and communities. And they generally agree that the building blocks of a neighbourhood that fosters mental health are pedestrian-friendly streetscapes with a diverse mix of housing, business and retail, community and recreational land use. These are neighbourhoods designed, or that have evolved, to give residents quick access to most features of daily life that they need in order to give them more time to enjoy themselves, interact and participate — all elements that make for good mental health, they say. This new paradigm also takes a holistic approach, accepting the impact of everything from pollution and conservation, to personal safety and adequate lighting.

And nearby green space is a key element of the mentally healthy neighbourhood, research shows.

"The green space connection with nature has been found especially important for mental health, [and] not just to de-stress and for relaxation," says Dr. Alan Abelsohn, one of the authors of "Public Health and Urban Sprawl in Ontario," a report released in 2005 by the Ontario College of Family Physicians. Research has shown that having accessible green space nearby can also play a role in warding off mental illnesses in the first place. The physician's report reviewed more than 150 studies going back more than a decade. All but one indicated that negative environmental factors, typically linked to what we would call "urban sprawl," had an adverse effect on mental health.

A 2007 research review by the Simcoe Muskoka District Health Unit echoes Abelsohn's comment on the need for access to green space to promote mental health. The review states that a nearby connection to nature increases job, home life and overall life satisfaction and meets "a plethora of emotional, spiritual and psychological needs."

In addition, experts stress the need for transportation that does not depend on automobiles. Pedestrian-oriented, diverse use neighbourhoods improve overall mental health and discourage mental illnesses by increasing social engagement and decreasing isolation, says Dr. Patricia O'Campo, director of the Centre for Research on Inner City Health at St. Michael's Hospital in Toronto and a social epidemiologist at the University of Toronto.

Similarly, the family physician report stresses that when easily accessible public transit, bicycling and walking become the main ways people access work, school and convenience shopping, mental health benefits increase. "People who are more isolated and stressed are more depressed overall," Abelsohn says. "If you can see lots of strollers and people pulling those small grocery buggies when they walk to shop, it is usually more likely to be a healthy neighbourhood. It promotes familiarity. People notice things with each other if something is wrong. It is conducive to more connection, more support." Simply increasing physical activity by reducing long commutes cooped up in an automobile reduces stress and breeds better mental health, the research shows.

The doctors' report cites how each additional 10 minutes of automobile commuting cuts down community involvement by 10 percent. This reduces a person's "social capital," or their investment in the community, adversely affecting everyone's mental health.

The result?

Disconnected, isolated neighbourhoods, where people watch more television, spend more time on computers, have more fears about crime and little contact with their neighbours. Road rage — an extreme deterioration of mental health — also occurs in such anonymous, disconnected settings.

Leeming and other experts say creating meeting places, cafes, libraries, parkettes and urban squares on a scale where people can develop a sense of intimacy and ownership is crucial. This can increase safety and decrease crime, violence, substance abuse and their attendant stresses. Highly diverse and mixed housing uses seem to foster elements of tolerance and understanding and support for residents. "Within a streetscape block [with diversity] you develop a normalizing factor," Leeming says. "You can have a four-person family, a single person, single parents, groups of people sharing a home for one reason, say students, but the block is still unified. And people get along pretty well." Psychologically the stigma of differences falls away pretty quickly, he says, in what is described as "infill medium high-rise," and a neighbourhood becomes more open and accepting.

O'Campo is conducting a soon-to-be released study of Toronto urban and suburban neighbourhoods that seeks to define elements promoting mental well-being over poor mental health. "People are able to identify the elements that matter," O'Campo says. In the study, residents were asked to identify characteristics that made for both good and poor mental well-being in their neighbourhoods, and whether the neighbourhood studied was urban or suburban had little impact on the results. Easy nearby access to what could be broadly termed human supports and services — things like community resources, transportation, health care clinics, medical and health facilities and crisis intervention facilities — were ranked highest for promoting good mental well-being. Those things that increase "social cohesion," such as friendliness and communication of residents, a feeling of a safe environment, and neighbourhood involvement and pride, were also important, as were physical elements, such as green spaces and natural environments, good lighting, walkable areas, usable sidewalks and bike paths.

When things "work" — as Eugene says — a neighbourhood fosters a feeling of safety, connectedness, community spirit and a sense of belonging that goes a long way to helping people stay mentally well. For Eugene, the benefits of living in a neighbourhood with high social capital, easy access to what he needs and green space for peace of mind are priceless. It reduces his stress and his sense of isolation, both of which are important in helping him cope with his illness.

"Some days half the battle is to know you are part of something bigger than yourself," says Eugene. "Then you get inspired to do the things you have to do to stay well."

Robin Harvey is a freelance journalist in Toronto.

fast FACTS

12

Percentage of trips to the grocery store, work, the library or school that are made on foot or by bicycle in Canada.

20

Percentage of Canadians that report safety concerns keep them from walking or bicycling.

(Source: The Heart and Stroke Foundation of Canada)

VILLAGE PEOPLE: ACTIVE LIVING IN THE NEIGHBOURHOOD ALONG BLOOR STREET WEST NEAR TORONTO'S HIGH PARK

PHOTOS: ERIC HUHTA

Community Participation 101

"The desire for community — for basic human relatedness, support and common endeavour — is one of the most fundamental human impulses and is central to mental health."

(From "Promoting Mental Health: Concepts, Emerging Evidence, Practice," World Health Organization, 2005, www.who.int/topics/mental_health.)

"Cities that encourage people to move out of the isolation of their homes to discover a wide range of rewarding relationships may be the best form of mental health promotion we can invent."

(From "Healthy Cities and Change: Social Movement or Bureaucratic Tool?" Francis Elaine Baum, *Health Promotion International 8,* no.1 [1993]: 31-40.)

"Health promotion interventions designed to promote healthier built environments need to find avenues for enhancing empowered community participation in the decisions that shape people's surroundings."

(From "The Relationship between the Built Environment and Wellbeing: A Literature Review," The Victorian Health Promotion Foundation, February 2000, www.vichealth.vic.gov.au.)

our town

By Robin Harvey

For a person living with a mental illness, their community environment is crucial to counteract isolation — one of the biggest pitfalls for anyone in a big city. Though I may define myself primarily as a mother, journalist or friend, the fact thatI am a person living in recovery, with rapid-cycling bipolar mood disorder type two, is always on my horizon.

During most of my adult life in Toronto — whether homeowner or tenant — I've lived within a few blocks of the stretch of Bloor Street West from Keele over to Jane Street. This west-end city space reflects many of the ideas behind the "new urbanism," which is beginning to define healthy neighbourhoods.

These days, as a tenant in a low-rise apartment building across from the majestic expanse of High Park, I have access to the best of the city's green space. I can enjoy, de-stress and keep busy with swimming, skating and nature trails, with theatre, music concerts and a host of festivals and activities year round.

> I know the pharmacist three doors down the block where I get my medication by his first name, and staff there ask how a family member is doing days or weeks after a prescription for a seasonal illness.

Within a half-hour's trek on Bloor Street are all of my shopping and service needs, like banking and dry-cleaning. There's also a library, video store, bookstore, shoemaker, printing and computer store, specialty stores, and of course many restaurants, coffee shops and pubs. Public transit is literally around the corner. I have given up my car.

The combination creates that magical quality "social cohesion" that experts define as a key ingredient to neighbourhood health. I'll try to explain in simple life examples how I think it works.

My three-story apartment has communal balconies. So besides meeting folks in the laundry room or halls, except in the coldest winter, many residents congregate at night and on weekends to chill and chat outside. There I've met many of my neighbours on a semi-social level, and, at times, met their extended families and in-laws.

And here is how it makes a difference. An exotic concert cellist lived across the hall from me for some time and I found her practising lovely to listen to. But I also knew her name, that she came from New York after 9/11 and that she played with many prestigious local groups. I'm sure that made hearing the same classical riff played over and over a positive experience, where in other circumstances, those long hours of play may have been annoying.

> Knowing who surrounds you goes a long way to making you feel safe. You also look out for other people. It is no surprise to me that our hallways have photographs hanging in them and the building is in very good shape.
>
> ROBIN HARVEY

PHOTO: JEFF DAVIDSON

Don't get me wrong. Though my floormates seem to know enough about each other to console a neighbour sitting outside alone after a breakup, we are also still polite and reserved Torontonians, who keep our private space. And it is not all idyllic. Petty feuds, personality clashes and gossip do happen. But I think that is better than nothing at all.

Witness one early spring night when the folks on the third-floor balcony were celebrating the surprisingly warm weather with a bit of vino and, unusually, did not observe the unspoken weekday "no noise after 11" rule. All I had to do was hiss out my front window, "Guys!" and it grew quiet. The next morning there was a small bouquet of flowers and an apology card attached to my door, "from the rowdy gang."

Knowing who surrounds you goes a long way to making you feel safe. You also look out for other people. It is no surprise to me that our hallways have photographs hanging in them and the building is in very good shape. People support the rules here, not letting folks in through the security buzzer unless they know who they are, because we care about each other's well-being. Not everyone is a long-term tenant. But there are many. And when we help someone new move in, it doesn't take long for them to "get it."

In our laundry room, everybody can leave their detergent out labeled with their apartment number. And every once in awhile one of us picks up the stray dryer sheets and grabs the laundry room broom to sweep. In a pinch, I've been able to borrow a CD at 11:15 at night because I know who works at what and the general hours most people keep. I've also engaged the free expertise of another neighbour who is an IT pro to troubleshoot a problem on my computer. When the tenant beneath me was moving out, though we had only spoken a few times, I did not hesitate to lend her my vacuum after hers broke down. And I know the pharmacist three doors down the block where I get my medication by his first name, and staff there ask how a family member is doing days or weeks after a prescription for a seasonal illness.

Once when I heard a remarkably loud crash in the apartment above me, I thought nothing of walking up and knocking to make sure everything was fine. I had spoken to the petite woman who lives there many times. It turns out she and her partner had been shifting some furniture and it went "boom." I suspect that if there were ever any serious sounds of harm in this building, people would come flooding out to help.

This environment — where I can't walk several blocks along on a nice afternoon without saying "hi" to at least half a dozen people — sets up expectations of caring and responsibility. And then isolation and disconnection float out the window. And I can sit typing my stories while the soft sound of jazz from a concert in the park across the street wafts in as my free entertainment.

Robin Harvey is a freelance journalist in Toronto.

Livable Communities

Healthy communities must be livable, that is, they need to include such things as parks, community halls, arts facilities and seniors centres.

Elements of a livable community include:

- parks, tot-lots and open space
- community gardens
- a community hall, church or place of worship
- schools that are located in the middle of the community, rather than the edge
- facilities for seniors and youth
- space for the arts
- a strategy to fund and implement such elements

(Source: Canada Mortgage and Housing Corporation)

THE GOLD STANDARD

By Michelle Gold

TRANSPORTATION:

A Vehicle for Mental Health

Transportation affects mental health. Access to goods, services, recreation and the workplace is the purpose of transportation, and uncontrolled or poorly designed land use results in barriers to access and poorer mental health. The cost of transportation can also prevent people from getting to the places, goods and services they need to be healthy.

Urban sprawl — low-density, car-dependent suburbs on the outskirts of metropolitan areas — typically results in residents spending a significant amount of time commuting. Long hours in traffic have been found to generate feelings of distress and frustration, back pain and high rates of heart disease, arthritis and asthma. Lengthy commutes and traffic congestion affect blood pressure and mood, increase workplace absenteeism, reduce time for community participation, and lessen overall life satisfaction.

There is consistent evidence that the design of roadways impacts mental health by influencing community cohesion, sense of belonging and social support.

There is also evidence that the design of roadways impacts mental health by influencing community cohesion, sense of belonging and social support. Excessive vehicle traffic in neighbourhoods reduces resident interaction, thereby lowering opportunities for social support. Traffic noise has been shown to induce sleeplessness, irritability and depression. The disruptive effects of wide, fast moving or congested roadways have been referred to as a "community severance effect." In one study, residents in high-traffic streets were more likely to withdraw from the street — drawing blinds, closing windows and walking less. However, residents in low-traffic streets were more likely to interact with others in their neighbourhood, and had three times as many friends and twice as many acquaintances.

Mental health is also affected by "locational disadvantage." Because of geographic location, certain populations have limited access to goods, services, education, jobs, and social and recreational opportunities. This is a major challenge in northern, remote and rural communities, whose populations have poorer health on average than people living in urban areas. The distance factor, compounded by insufficient transportation options, has been found to increase social isolation and reduce utilization of non-acute health care in rural populations.

To lessen this impact, organizations in many Ontario communities operate specialized transportation programs that take people to a variety of supportive resources, including community mental health services. This is particularly important in rural and remote areas that lack public transportation. Such programs, often utilizing a bus or other multi-person vehicle, may also have a vocational component, providing client-drivers with training and paid work experience. Yet while either operated by volunteers or primarily financed through local grants or targeted fundraising activities, the programs appear to be necessary short-term fixes, rather than long-term transportation strategies.

In 1986, the World Health Organization met in Ottawa and declared "supportive environments" to be one of five key strategies to promote health. The resulting Ottawa Charter for Health Promotion recommended the built environment be monitored to ensure "positive benefit to the health of the public." With this in mind, it is encouraging to note that transportation planning is beginning to shift from a narrow focus on mobility — the movement of people and goods, generally only resulting in highway and public transit development — to accessibility-based analysis. Accessibility-based transportation planning broadens the lens by looking at ways to improve options for reaching desired goods, services and activities. With this approach, walking, cycling, telecommunication and land use planning are all considered.

Accessibility-based planning recognizes three aspects of land use design that influence transportation and have implications for mental and physical health: density, land use mix and connectivity. Density refers to the concentration of structures and activities within an area, which determines the distance to one's destination. High density land use has the potential to support alternative, more active modes of transportation, such as walking and cycling. This contributes to a sense of community and promotes physical activity that enhances health. Mixed-use zoning supports integrated blends of residential, commercial, cultural, recreational and civic structures. Connectivity is the degree to which transportation networks, including streets, railways, walking and cycling routes, interconnect. Good connections create more accessible destinations and travel routes that are attractive, vibrant and safe. Higher density, mixed-use zoning, supported by good connectivity, increases access to desired destinations. It also expands options, lessens travel time and lowers transportation costs.

And affordability of transportation directly affects people's access to goods, services and activities, such as health care, education, work and recreation. Improving affordability can generate significant economic, social and health benefits for people with low incomes, as reducing transportation costs is equivalent to an increase in income. It is essential to maximize the availability and affordability of transportation options to support access, taking into account people's needs and abilities.

Some communities have already found effective ways to do so. In Ottawa, the Community Pass Pilot Program discounted the cost of a public transit pass for people receiving income support through the Ontario Disability Support Program, including people with a mental health disability. Beyond decreased financial pressures, the majority of users reported significant increases in mobility and sense of well-being. Having affordable public transit increased the number of activities people participated in outside the home, including visiting family and friends, going to medical and dental appointments, and attending cultural events and clubs or groups. Three-quarters of participants reported an increase in independence and improved feelings of self-worth, and about half described improvements in their mental health.

Transportation is clearly a determinant of health. We all need to be able to get to the places, goods, services and people that sustain our physical and mental well-being. If we are to lessen the negative impacts of poorly designed and insufficient transportation systems, land use planning must incorporate elements of design into the built environment that enhance accessibility and affordability. Our health is depending on it.

See www.ontario.cmha.ca/network for references.

Michelle Gold is senior director of policy and programs at CMHA Ontario.

CALENDAR

April 17-July 13, 2008
Out from Under — Disability, History and Things to Remember. School of Disability Studies at Ryerson University exhibition. Royal Ontario Museum, Toronto, Ontario. www.rom.ca.

July 18-20, 2008
Human Dimension of Psychotherapy Conference. The Living Institute. Hart House, University of Toronto, Ontario. 1-416-515-0404. www.livinginstitute.org.

August 22-23, 2008
Making Waves for Change: From Surviving to Thriving. CMHA National conference. Dartmouth, Nova Scotia. 902-866-6600. www.novascotia.cmha.ca.

September 1-4, 2008
Psychosocial Factors at Work: From Knowledge to Action. Third ICOH-WOPS international conference. Québec City. 418-656-5958, info@icoh-wops2008.com, www.icoh-wops2008.com.

September 17-19, 2008
Breaking through the Barriers to Recovery. Psychosocial Rehabilitation Canada 2008 Conference. Marlborough Hotel, Winnipeg, Manitoba. www.psrrpscanada.ca.

September 18-19, 2008
Mental Health and Patient Safety – The Beginning of Our Journey. Conference. Ontario Hospital Association, in partnership with the Canadian Patient Safety Institute. Toronto, Ontario. 416-205-1367, www.oha.com, hlouie@oha.com.

September 19, 2008
Everyday Diversity: Better Paediatric Health Outcomes. Hospital for Sick Children Symposium. Toronto, Ontario. linda.quintal@sickkids.ca, www.sickkids.ca/learninginstitute.

September 25-26, 2008
Health and Wellbeing in Persons with Intellectual/Developmental Disabilities — Children, Youth and Adults. UBC Interprofessional Continuing Education. Vancouver, B.C. 1-877-328-7744, ipad@interchange.ubc.ca, www.interprofessional.ubc.ca.

October 5-7, 2008
Employment Now! Diversity Planning for Inclusive Employment. Canadian Council on Rehabilitation and Work 2008 Conference. St. John's, Newfoundland. www.ccrw.org.

October 20-24, 2008
Early Intervention: The Next Wave. Sixth International Early Psychosis Association conference. Melbourne, Australia. info@iepa2008.com, www.iepa2008.com.

November 6-15, 2008
The 16th Annual Rendezvous With Madness Film Festival. Workman Arts. Workman Theatre, Centre for Addiction and Mental Health, Toronto, Ontario. 416-583-4339, info@rendezvouswithmadness.com, www.rendezvouswithmadness.com.

For complete calendar listings, visit www.ontario.cmha.ca/events

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