



“The Homeless and Mental Illness: Solving the Challenge”

The Honourable Michael Kirby, Chair

Mental Health Commission of Canada

Collaboration for Change Forum

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MEMORANDUM – Subject

Half a century ago, a report on mental illness in Canada began with these words:

“In no other field, except perhaps leprosy, has there been as much confusion, misdirection and discrimination against the patient as in mental illness...Down through the ages they have been estranged by society and cast out to wander in the wilderness. Mental illness, even today, is all too often considered a crime to be punished, a sin to be expiated, a possessing demon to be exorcized, a disgrace to be hushed-up, a personality weakness to be deplored or a welfare problem to be handled as cheaply as possible.”

These words were written 50 years ago. In many ways they are still true today.

The age-old stigma against mental illness reflected in these words is fading, to be sure. But while 81% of Canadians believe depression is a life-threatening illness, 45% of us also believe that if someone at work was dealing with depression and missed work as a result, they'd be more likely to *“get into trouble and maybe even fired.”*

To put this prejudice a different way, you still don't see many corporate titans putting their names on the psychiatric wings of hospitals or community based housing for people living with a mental illness.

MEMORANDUM – Subject

As a society, Canada has lagged behind other nations such as Australia, New Zealand, Scotland and even parts of the United States in both funding for, and treatment of, the mentally ill.

The situation is even worse with respect to how we treat the mentally ill who have no place to live. They are growing in number and in cost to governments which are increasingly unable to afford to help them.

The homeless mentally ill have two very large strikes against them – a mental illness and being homeless -- and the almost impossible challenge of getting effective and sustainable help.

But all this, I am pleased to say, is beginning to change...that is why we are here today.

Last year, the Federal Government announced the creation of the Canadian Mental Health Commission in order to facilitate the development of the first national mental health strategy in our nation's history.

In February, Ottawa allocated \$110 million in new funding to launch five research demonstration projects to help the homeless mentally ill, including one here in Vancouver.

And today and tomorrow, we are taking part in a forum designed to bring all of us who are involved in providing services to the homeless together, to promote collaboration among service providers so as to bring meaningful change in the lives of the homeless in Vancouver.

MEMORANDUM – Subject

I want to talk to you about all of these initiatives this evening because they are linked by a new sense of determination and optimism that have entered the field of mental illness and homelessness. Your presence in such large numbers tonight also signals there is new hope. Indeed, I believe we are at a tipping point where we will be able to find new and creative solutions to problems that have stymied policymakers, politicians and service providers for decades.

Mental illness and homelessness are not the same, of course, though they are increasingly related. Between a quarter and a half of the absolutely homeless suffer from mental illness. That rate is even higher in some groups. For example, the Toronto Homeless Task Force reports that 75% of homeless women -- have a mental illness.

Even more worrying is the fact that homelessness is spreading. Canada's most affluent city, Calgary, now has the third largest homeless shelter population in the country.

I want to spend some time laying out the statistical case for why we need to move more quickly and effectively than in the past. Nowhere of course is this need more urgently felt than here in Vancouver, whose downtown east side has the highest incidence of homelessness and mental illness of any city in Canada.

But I want to begin at a more national and macro level by discussing the role of the Mental Health Commission of Canada which was created by the federal government in its budget of March last year.

MEMORANDUM – Subject

The Commission grew out of the most extensive exercise in consultation on mental health ever conducted in this country. That consultation process became the basis of the report of a Senate Committee that I chaired called “Out of the Shadows At Last.” It was the first report produced in Canada that viewed mental illness from the perspective of both the total mental health system in Canada, and the total health care system in Canada.

I know many of you were part of that process and had a role in shaping both the Report and the Commission whose creation was one of its recommendations. I thank you for all your help. This new spirit of consultation is even more important to sustain as the Commission moves forward with its first major initiatives.

The Commission is a “national” body, but not a “federal” body. It was born out of the federal, provincial and territorial governments’ commitment to create a platform for change on an issue that will affect one in five Canadians during their lifetime and leaves virtually no family untouched or unharmed. It was created and funded by the federal government. No previous Canadian government has taken such major and decisive action on mental health -- one of society’s most prevalent, persistent and costly diseases.

MEMORANDUM – Subject

The Commission's main task is the development of a national mental health strategy. Currently, Canada is the only G8 country that does not have such a strategy.

A key tenant of that strategy will be centred on the idea of 'recovery.' Because for the vast majority of Canadians living with mental illness, recovery is possible. That is, people living with a mental illness can lead reasonable lives within the limitations imposed by their illness.

Unfortunately, for the homeless mentally ill, 'recovery' is a much more challenging prospect. They're not 'more' mentally ill than other Canadians. The difference, of course, is they don't have a roof over their heads. All the more reason we must ensure that for those mentally ill Canadians recovery is a possibility.

As part of the national mental health strategy the Commission will focus on the most effective and efficient ways to provide services to Canada's mentally ill. We will be a catalyst for reforming the delivery of mental health services.

The Commission will also be a major information provider to governments, care providers and the public, and it will encourage collaboration and knowledge-exchange within and across different sectors.

The second task of the Mental Health Commission of Canada is to undertake a major, national 10-year anti-stigma and discrimination reduction campaign. Many people living with a mental illness report

MEMORANDUM – Subject

that the stigmatization of mental illness – particularly the way they are treated by family, friends and co-workers -- often causes them more suffering than their disease itself. A systematic effort to reduce the stigma of mental illness, and combat the discrimination that people with mental illness experience, is a key element in the Commission's mandate.

Mental illness is a national problem in need of a national solution that takes into account our unique jurisdictional realities. That said, a strategy that sits on a shelf does no one any good. It must be useful and practical. I like to say that the Commission's national strategy must be, "just inside the outer edge of political feasibility." That is we must push the system as hard as possible while still ensuring progress is achieved. A strategy which is perfect, but never implemented because it is not politically feasible is useless.

For the Commission to be a catalyst, for reform, we must create new partnerships and engage a new generation of volunteers, we must be the catalyst to create a great social movement, such as those that formed around fighting diseases such as cancer and heart and stroke. This mental health social movement will ensure that mental health stays out of the shadows forever and will focus on an illness which devastates many more lives than cancer and heart disease combined.

By 'new partnerships,' I don't just mean working with established stakeholders, though we are getting strong cooperation from every player in the mental health field, including all the provincial and

MEMORANDUM – Subject

territorial governments and mental health service delivery organizations. But it's also crucial that we form new kinds of partnerships to get everyone working more effectively together.

Clearly, the time for new approaches is now, and that is why the federal government, in its February budget, allocated \$110 million to the Mental Health Commission for research projects to help Canadians with mental illness who are homeless. As I said at the time, we need to know more about the most effective ways of providing services to the homeless mentally ill. We know they require a complex basket of services including supportive housing, access to primary health care and a wide range of other supports. The issue is what's the most effective way to actually provide those services on the ground.

To make matters worse, the stigma which is suffered by people living with a mental illness is also suffered by those people who are homeless. There is still a widespread feeling out there that homelessness is somehow a lifestyle choice. Clearly, it isn't, even though it is the life of thousands of Canadians. There are also those who think parallels the view that mental illness is a lifestyle choice. It isn't, either, of course, although it's the life of millions of Canadians.

What disturbs me most, however, is that the homeless population is large and quickly growing – growing in size and in its connection with mental illness.

MEMORANDUM – Subject

It's important to understand both the absolute numbers and the connections which exist between homelessness and mental illness. Some of the figures are shocking...some of the connections are surprising.

Let me begin to draw the map of homelessness for you by saying that what was once thought of as a rarity in this country has now become commonplace. There are some obvious methodological and practical challenges to sourcing reliable data, but a combination of street data and community estimates tells us just how much homelessness is on the rise. Between 1994 and 2006 here in Vancouver, the homeless population is estimated to have grown by 235%...that is approximately 20 % a year.

In Calgary, that growth over the same period was estimated to be 740%.

The Lookout Emergency Aid society, which runs a number of emergency shelters in Vancouver, recorded a 160% increase in the number of turnaways from their downtown shelters in 2003 compared to 2002.

In Toronto, admissions to homeless shelters rose by 75% between 1988 and 1998. Today, there are 100,000 Toronto families on waiting lists for social housing, which means at the current rate of placement, families will have to wait 18 years.

MEMORANDUM – Subject

It used to be that not having a job was a pre-condition for being homeless. Not anymore. Across Canada today, more than 30% of people using homeless shelters have jobs; they just can't find affordable housing.

As Canadians we take great pride in our diversity. So we shouldn't be surprised that our homeless population is increasingly diverse as well.

Young people and seniors are the two fastest growing groups. One in seven users of emergency shelters across Canada are children and almost a third of Canada's homeless are between the ages of 16 and 24. Last year, Greater Vancouver announced that the number of homeless seniors nearly tripled between 2002 and 2005.

Aboriginal Canadians are also disproportionately victims of homelessness. In Winnipeg, over 70% of the homeless are Aboriginal, while it's estimated that in B.C. 41% of Aboriginal people are at risk of homelessness and 23% are absolutely homeless.

So we have more homeless than ever, and a growing diversity among the homeless. There is also a strong and growing connection between homelessness and mental illness. As I mentioned earlier, it's generally reported that between a quarter and a half of the absolutely homeless suffer from mental illness. Even more tragic, half to three quarters of homeless people with a severe mental illness also abuse substances.

Studies have also shown that over 11% of the absolutely homeless meet the criteria for schizophrenia. Now you might think that 11% isn't

MEMORANDUM – Subject

high, and it isn't compared to some of the numbers I've given you. But the context of that 11% figure is that the national rate for schizophrenia for Canadians is just 1 %.

Here in B.C., the overall figures are just as dire. It's estimated that 130,000 adults suffer from severe addiction and/or mental illness. Of these, 11,750 are absolutely homeless and many more are at risk of homelessness. Also, key informant interviews conducted by the B.C. Division of the Canadian Mental Health Association in 30 small communities throughout the province indicate that 60% to 100% -- yes, 100% -- of the absolutely homeless suffer from severe addiction and/or mental illness.

Women are even more tragically victimized by homelessness and mental illness. I've mentioned that the Toronto Homeless Task Force reports that 75% of homeless women have a mental illness. It gets worse. A recent Australian study reported that more than half the homeless women in that country had been raped.

While the statistical link between homelessness and mental illness is relatively new, the link between homelessness and violence is long-established, as is the connection between homelessness and physical illness.

The City of Toronto recently reported that homeless men are eight times more likely to die prematurely than their non-homeless counterparts. A different study also found that homeless women 18 to 44 years of age are 10 times more likely to die than women in the

MEMORANDUM – Subject

general population. In Toronto, 40% of homeless adults are reported to have chronic health conditions, including tuberculosis which is reported to be between 25 and 100 times higher than the general population.

Given this wave upon wave of bad news concerning homelessness and mental and physical illness, is there any good news? Yes, there is. There is no single solution, to be sure. Both mental illness and homelessness are hugely complex issues on their own; and when they are combined, it's virtually impossible to pry them apart.

That said, it's pretty clear that if someone has a place to live, a permanent, safe, warm and dry place to put their heads, they can begin to take care of their other problems. If they don't have a place to live, they really can't.

This is why the Senate Committee, in its report *Out of the Shadows At Last*, recommended that the federal government put \$250 million a year for ten years into supportive housing for the mentally ill. We strongly believed that a concerted attack on the problem of mental illness in Canada had to include a dramatic increase in the number of supportive housing units. That's why the Senate Committee recommended \$2.5 billion over ten years.

The lack of affordable housing units in Canada's biggest cities is a major factor contributing to homelessness. In Toronto, 85% of the apartments that rented for \$700 per month or less simply disappeared from the market between 1998 and 2003. In Calgary, rental units are

MEMORANDUM – Subject

disappearing 15 times faster than they are being produced. In 2006, Ontario had the highest number of home evictions in its history – 60,000 families were evicted from their homes. Sure, some of them found someplace to live. But for others, home is now the streets. Home is now also the streets for many mentally ill people who were released from institutional care without adequate community based services being available to help them.

All of this begs a difficult question:

Clearly, it certainly makes moral and medical sense to provide housing for the homeless and the mentally ill. But does it make economic sense? Some governments and think tanks believe the cost of providing housing for the homeless is not justified. If you push them and ask why not, the language becomes vague or politically unacceptable. Something between “The poor will always be with us” and “Those people could never take care of their housing”.

The reality is much different, of course, and as the stigma surrounding both mental illness and homelessness begins to fall away, I very much hope that we will hear no more of these rationalizations for inaction.

A recent study by the Centre for Applied Research in Mental Illness and Addiction at Simon Fraser University estimated that in B.C., it costs taxpayers \$55,000 a year in hospital care, correctional services and so on to provide services for an adult with a severe addiction and/or mental illness who is also homeless. In contrast, providing these

MEMORANDUM – Subject

people with adequate housing and supports costs \$37,000 per person per year.

So not only does providing housing save the taxpayers of B.C. \$211 million per year in direct costs, it begins a long overdue process of finding more effective ways of providing services to Canadians living with mental illness who are homeless.

Unfortunately, between 2001 and 2006, federal spending on affordable housing actually declined, in perfect inverse correlation to the rise in the number of homeless Canadians.

We don't know everything about how to get the homeless mentally ill off the streets and into a normal pattern of life so that they can cope with their illness and begin the often long process of recovery. We need more information, more research, more experiments, all informed by more new ways of thinking about this issue if we are to find effective sustainable solutions.

That is why the \$110 million promised by Ottawa for research projects to help the homeless mentally ill is so timely and important.

The Commission is setting up five demonstration research projects across Canada. They will be located in Moncton, Montreal, Toronto, Winnipeg and here in Vancouver. Each project will help us learn more about effective ways of helping a distinct group of people living with mental illness who are homeless. Here in Vancouver, the focus will be

MEMORANDUM – Subject

on those who not only have mental illness and are homeless, but who also struggle with substance abuse.

Collectively, these five projects will develop a body of evidence that will enable Canada to lead the world in providing services to people living with mental illness who are homeless. This research will also contribute to the Commission's development of a national mental health strategy. But most important of all, it will give the governments and service-providers in each of these cities the opportunity to look at the problems of homelessness and mental illness in a new way.

Our role at the Commission is not just to sign the cheques. It's to work with a variety of partners on these projects. Here in Vancouver, that includes the provincial and municipal governments, your regional health authorities, service providers and service users.

The Commission's goal as an organization is always to put the person afflicted with mental illness at the centre of our strategies and activities. We will be doing that with these projects as well.

Our goal – and I know it is yours as well – is to make a difference – a real difference.

I believe that we can all make progress if we all work together. But in saying this, we should all keep in mind two things that Mark Twain said about progress.

MEMORANDUM – Subject

The first is that “*everyone is in favour of progress, it’s just change they don’t like.*” We cannot improve services to Vancouver’s homeless mentally ill without change...probably big change.

The second thing Mark Twain said is that “*progress is always possible if we don’t care who gets the credit.*” I hope we will all keep this in mind as we pursue our discussions tomorrow.

Collaboration is essential if change is to be made and progress is to be achieved.

All of us in this room have a once-in-a-lifetime opportunity to accelerate the changes that have already begun.

It is said that if you want to go fast, go alone. But, if you want to go far, go together.

Now is the time for all of us to go together.