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BC's Mental Health and Addictions Journal

visions

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housing: discrimination and inclusion

housing *is* mental health

stigma doesn't live here

visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental illness or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and addictions issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Addictions Information and funded by BC Mental Health and Substance Use Services, an agency of the Provincial Health Services Authority.

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letters to the editor

I grew up in Lillooet and lived in BC until 1988, and taught at Selkirk College 2013–2014. I am currently teaching at a Tribal College in the USA. I am Cree-Métis and the first one in my family to get a degree. I will continue to read *Visions* as I appreciate your content and focus. I have close family members who live in BC and rely on mental health services. Recently one became very lost and in danger, I called a few numbers and talked to the people at the Lower Mainland's mental health emergency line, then on their advice I called the police, the next day my loved one was in a hospital getting the care they so badly needed. I have had to work miracles from a great distance away now, twice in the last three years, and I have benefited from reading *Visions* in gaining a first person account on understanding how to access the system and what I can and cannot do as a family member. Miigwech for your thoughtful and insightful journal.

— Paulette Steeves, Montana, USA

editor's message

After a class I took last fall, I overheard my instructor Jo* chatting to her peer. Jo happened to mention she was moving and her colleague asked where. Jo answered, "The Woodward's building! I'm so excited. I've been on the list for awhile." [For those outside Vancouver, this is a historic and recently re-developed mixed-use complex on the edge of Gastown downtown]. Her colleague, not hiding her disgust, said something like "God, why would you want to live there? It's full of junkies and psychos and sl**s." Jo said, "It's such a cool, historic building in a funky part of town. And full of different kinds of people. I've just always wanted to live there." That snippet of conversation sums up a lot about this issue. All across BC, housing isn't just about four walls and a roof; it's about attitudes, assumptions—and neighbours.

Housing has been in the news a lot lately, most recently when Vancouver ranked as the second least affordable housing market in the world (several other BC cities made it into the list too).[1] The result? The more that the rich do better and the poor do worse, the farther apart they seem live from each other. And among those who are vulnerable income-wise are people with mental illness and/or substance use problems (though not always; these health conditions don't discriminate, even if we do).

Acceptability. Us and them. The stories in this issue all feature some aspect of us-and-them and are sure to move you—some to anger, some to hope, hopefully all to reflection or action. The good news is that one 2012 Metro Vancouver poll[2] found overwhelming support for the statements that people facing homelessness deserve supports and to be treated with dignity and respect. The bad news: when pressed, over half of respondents also agreed that "housing in my community should be there for the people who can afford it."[2] In other words, if you didn't get on this street the way I did, you shouldn't get to be here. And that is the universal nature of NIMBYism (Not In My Back Yard). While we may think that people with mental illness and addictions have it especially bad because of other stereotypes and fears related to these health conditions, we should remember that NIMBY is an issue for most any group moving into a neighbourhood, including seniors.[2] It's about fear but it's also, let's say it out loud, about us wanting to live among neighbours in the same 'situation' as us. We should really think about that and about our tolerance for difference. Though it's not perfect, a bit more of the Woodward's mix[3] in all our neighbourhoods would probably do us a world of good.

Sarah Hamid-Balma

Sarah is Visions *Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division*

*pseudonym

Affordable Housing for All

Alice Sundberg

When I first got involved in the social housing field in the early 1980s, things were different. Back then, the federal government funded the development of thousands of units of subsidized housing each year for low-income individuals and families across Canada. Meanwhile, many people living with mental illness were separated from mainstream society, living in mental health institutions.

Alice is a housing and community development consultant. She has been involved in social housing advocacy, education and development since 1981. This includes 16 years as a development consultant for co-op and non-profit housing, and 11 years as Executive Director of the BC Non-Profit Housing Association. Since 2007, Alice has focused on analyzing and meeting community needs related to housing and poverty. She is a past chair of the Metro Vancouver Regional Steering Committee on Homelessness

By the mid '90s, both those realities had changed. Federal social housing programs were withdrawn in 1993. And, most mental health facilities had begun discharging residents into the community in an effort to reconnect them to their families and social networks.

Most of us working in social housing were very supportive of a shift toward more inclusive communities. However, we were also concerned about the shortage of affordable housing to accommodate these vulnerable members of our society. With no new social housing being developed, where would these folks who were being de-institutionalized find suitable, safe, secure and affordable homes in the communities?

Those of us working and volunteering in the social housing sector predicted a rise in homelessness similar to what had already been happening in the United States.[1] By the end of the '90s our prediction was, unfortunately, coming true. And who was most affected by this trend? In too many cases, it was those with multiple barriers—that is, very low income, mental illness, addiction, the stigma attached to mental illness and addiction, and inadequate supports to face the challenges.

A few years ago, I met a person who had been a social worker at Riverview Hospital tasked with helping the discharged patients locate homes they could afford on provincial income assistance. The income assistance shelter

allowance was a minimal $325 a month at that time. An option that appeared very attractive at the time was the stock of single-room occupancy hotels (often called just SROs) in Vancouver's Downtown Eastside (DTES).

Looking back, this former social worker wishes he had known more about the social conditions in the DTES. He realizes now that he sent these former patients into an extremely dangerous neighbourhood, rife with predators and too much ready access to illicit drugs and substance use activity.

The hopeful dream of more inclusive neighbourhoods and acceptance into mainstream society had become a nightmare for too many people living there. And it became ever more clear that the driving rationale for the government's shift in policy was less about the well-being of people living with mental illnesses and more about saving money. Without the funding to provide community-based supports, these housing conditions simply made matters worse.

The current situation

Today, we've learned a lot from our mistakes, and it appears that a more robust and coordinated response is taking shape. Community agencies have built up their knowledge and skills about the roots of, and solutions to, homelessness and have developed strong networks of support. Innovative approaches like Housing First[2] show recognition that permanent housing with appropriate supports helps people recover and stabilize. Collaboration among health, social service and housing providers is beginning to make a difference. But there is so much more that needs to be done!

Government and charitable funding agencies are continually urging non-profit agencies to be more collaborative. Yet, government agencies still remain in silos, uncoordinated and largely unwilling to share budgets or work together. There are, however, a few isolated examples of successful joint efforts, such as BC's Homelessness Intervention Project (HIP), established in 2009.

HIP brought senior managers from key government agencies in five BC cities—including health authorities, BC Housing and the Ministry of Social Development—together with homeless-serving agencies. In Prince George, Kelowna, Vancouver, Surrey and Victoria, they met face-to-face monthly to discuss the individual and systemic barriers to getting people housed.

The process worked remarkably well. Though no new resources were provided, performance goals were set, and the senior managers made sure they could report positive results. Policies, procedures and practices were changed to address the barriers identified. For example, it was recognized that the practice of discharging hospital patients to emergency shelters was resulting in a return to homelessness. The HIP team devised a way to make sure that support workers were brought in before a patient was discharged, and a major housing provider offered priority access to units in their buildings. Thus the practice of discharging patients into homelessness was ended in that community.

In just one year, over 2,400 people got housing and supports to help them stay housed.[3] Those numbers stayed consistent for 2011, and the pilot project became a permanent program in 2012. While the program no longer tracks results, it continues to house people through the joint efforts of income assistance outreach workers, BC Housing and community service agencies.

Collaboration among health, social service and housing providers is beginning to make a difference. But there is so much more that needs to be done!

What lies ahead?

Another critical issue related to creating truly inclusive communities that provide affordable housing for all is the stigma of mental illness and addiction. It seems 'acceptable' in our society, and notably to our government policy and funding decision-makers, to allow people with these conditions to languish on the streets, where they become more ill. Would we find it acceptable if people with cancer or heart disease were left untreated and unhoused? It appears that some people see those with mental illness as less deserving than those with other, more visible illnesses.

The work of the Canadian Mental Health Association (CMHA) and other mental health organizations to raise awareness and foster public

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understanding of mental illness is helping to change attitudes. The media, however, loves to focus on the tragic stories of murder and mayhem that occasionally occur. Rarely do we hear stories of success and recovery.

One success story that's very telling is that of the RainCity Housing Society's Fraser Street Concurrent Disorders Transitional Housing Program.

Fraser Street provides supported housing for people who want to live a substance-free life. It is an alcohol and drug-free facility located outside of the Downtown Eastside, providing the infrastructure and support to help clients achieve long-term health and stability.

When the project was first proposed, the neighbourhood erupted in opposition. Over 1,000 people attended public hearings for the rezoning, with the majority apparently strongly against the project. Fortunately, the City of Vancouver's Council of the day was progressive and knowledgeable; the rezoning was approved and the project went ahead.

Now, seven years later, many of those neighbours who so strongly objected to the project have completely turned around. They've seen the positive impact the supportive housing has for the residents, and the positive impacts the residents have had in the neighbourhood. (You can read more about this story and others in the pages ahead.)

It's important for the media to pick up on stories like this, to help break down the stereotypes and start to open eyes and minds to the value of inclusive communities. We can and should make sure that government, business and civil society work together to provide affordable housing for all! v

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Want to help educate people and debunk some treatment myths?

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The votes are in and Treatments: Myths and Reality, looking at mainstream and less conventional treatments, is what *Visions* readers want to explore next. If you have a personal experience—as an individual or family member—you could both receive $75 for an approved article. Contributors need to be living in BC and can be any age. If you can write an e-mail, you can write for *Visions*!

Interested? Don't write just yet. Contact us at visions@heretohelp.bc.ca

Housing *Is* Mental Health

Karen Ward

According to the 2014 Metro Vancouver Homeless Count, there are at least 2,777 people without housing in the Metro Area. Of this number, 610 (or 34%) self-reported having a mental illness; 871 (or 49%) reported an addiction.[1]

Karen lives in Vancouver's Downtown Eastside. She works as an artist and is an associate member of Gallery Gachet, an artist-run centre run by artists marginalized by their mental health experiences. Karen lives with a mental illness and enjoys frequent outbursts of creativity

Numbers like this tend to wash over us—but each of these people is someone who has been let down by a broken social network, and literally marginalized to dehumanizing shelters and the street. They are, in essence, excluded from society altogether.

There can be no clearer indication of discrimination when illness—mental illness and/or addiction—is an indicator of being without any home at all. One of the main reasons for this is that the idea of housing as a human right has been abandoned, with a consequent erosion and outright elimination of public housing programs. The federal government cancelled the national housing plan in 1993.[2] And, since the provincial Liberals came to power in 2001, BC Housing has become a broken institution, leaving hundreds of people on waiting lists for years. According to BC Housing's 2009–2010 annual report, over 10,000 people were on that list.[3]

An unworkable economy

In Vancouver, profit has become the measure of successful housing projects. The people who cannot keep pace with the cost of housing are thrust aside into decaying single-room occupancy (SRO) stock. The rental cost of an SRO has risen dramatically, averaging $469 in 2013, compared to the shelter portion on an assistance cheque, which is $375.[4] On disability assistance, which is stuck at $902/month, people with a disability who don't have outside help can easily end up paying over half their income on rent.

It's personal

After a lengthy manic episode, I finally crashed and found myself in St. Paul's Hospital; I was diagnosed with bipolar and post-traumatic stress (PTSD) disorders. I was released without a fixed address, managed to get on welfare ($510/month, then) and stumbled around in a medicated fog. I spent $410 a month on rent for a room with a sink, a hot plate and a bar fridge—located in East Vancouver about six metres from the railway tracks and a block from the rendering plant and the chicken slaughterhouse. Not surprisingly, I became much more crazy and sleepless as my senses of security and stability eroded.

I lived in this situation—as do many people—for over four years. These kinds of housing are the opposite of places for hope, dignity and recovery—actually, you get worse.

Better than the streets, but still institutional

For a wider view, consider what's called The Hotel Study. It notes the prevalence of serious medical conditions among residents of SRO hotels: 74.4% of people had any mental illness; psychosis was present in almost half (47%). The study concludes that "collaborative care strategies may have a role in

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improving the health of persons living in these circumstances and needs to be investigated."[5] Making that statement is like the psychiatrist treating you with pills only, without considering the whole person.

Collaborative care (i.e., multiple health care providers with different specialties providing comprehensive care across diverse settings) is good policy, but surely the real point of The Hotel Study is that people shouldn't be living in grotesquely unhealthy hotels in conditions of abject poverty. Indeed, any serious public policy on public health in Canada must recognize that ensuring safe, secure and dignified housing for all is basic to the health of both marginalized individuals and society as a whole. Decent and dignified housing is directly linked to good health and dignified lives for people living with a mental illness.

In 2010, I moved into supportive housing. This is the new paradigm for people with mental illnesses who are poor—a solution to living in an SRO. The idea is to combine stable housing with services for the "hard to house," such as health management, which includes administering prescriptions, and food.

The improvement in my life due to having not only a door between me and the night, but a bathroom and a kitchen is immense. I lived over a year without a home, and spent a few more years in unsafe and unhealthy single rooms. The security of a self-contained home has allowed me to work as an artist and an activist. (I spent over two years on the City of Vancouver's Downtown Eastside Local Area Planning Committee. Unfortunately, the final product of this committee's work is woefully inadequate for the basic housing need in the neighbourhood. Homelessness has only increased, as the Tent City in Oppenheimer Park this past fall dramatically showed.)

Supportive housing involves a trade-off in personal freedom for housing security, and that context is important. You are a 'client,' not a tenant, and, for example, don't have the same rights to privacy that a regular tenant has. Having a guest over is a 'privilege' and must be cleared with the staff. Medications are administered by staff. There are bed checks and room inspections.

It's institutional living—not "housing" in any real sense. I would argue that "housing" implies a measure of personal freedom and self-determination in these matters. This is assuredly not the case in institutional living, by whatever name it's called.

That said, the warehousing of people with mental illnesses in the SRO stock of Vancouver is a large-scale example of discrimination. People are relegated to living conditions that would otherwise be unthinkable—it's literally out of sight, out of mind. It's large-scale NIMBYism.

Our 'last enclave' for sale

Gentrification (when wealthier residents and businesses move in and change the face of a neighbourhood) and the quest for profit have now become the driving forces of change in the Downtown Eastside (DTES). The driving force of gentrification is property (as a concept), and that means money. Rather than people mattering, the new ethic seems to be the idea that every-thing is for sale—that money and profit are the sole good in and of themselves. As NIMBYism expands, vulnerable people, including people with mental health issues, are pushed to the margins.

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The warehousing of people with mental illnesses in the single-room occupancy stock of Vancouver is an example of discrimination. It's large-scale NIMBYism.

What we need are homes, not beds. People with mental illness have the right to their own lives.

In the DTES, places for low-income people to live—even many of the more notorious and inhumane places—are being sacrificed for profit. Knock a wall out between two 200-foot rooms and throw in a bathroom, and you have a "micro-suite" designed for students that rents at $1,000/month. Small businesses like the friendly café where you can have a three-dollar breakfast are replaced by designer coffee shops.

Gentrification erodes the subtle things that make a community—like seeing the same faces daily on the street, or having places to go where you don't need money. And the not-in-my-backyard ethic is literalized on the street: public space increasingly becomes privately controlled property, secured by video cameras and security guards who harass anyone who isn't wanted.

The culture of non-judgment, mutual support and social justice that has been built through years of struggle is being eroded. Due to rising property values, supports that really make a difference—like peer-run services, where they understand what people with mental illnesses face every day—are at risk. Places like the West Coast Mental Health Network and the Art Studios have suffered dramatic funding cuts.

The community—many of us living with a mental illness on welfare or disability—is being torn apart. The DTES, our last enclave, is for sale.

Homes, not beds!

Last year, I represented Gallery Gachet at the Mayor's Task Force on Mental Health and Addiction. One of the points on which the City of Vancouver and the Vancouver Police Department agreed was the need for 300 new beds—that is, beds in some sort of hospital or institutional setting. No, I said. What we need are homes, not beds. People with mental illness have the right to their own lives. v

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A Roller-Coaster of Hope and Despair

LOOKING OUT FOR ADAM

Angel Strehlen

I'm a third-generation Vancouverite who knows the BC health care system as both a health professional and a family caregiver for a client. I have provided community support care to health care clients for 37 years. And, my son Adam, 32, was diagnosed with schizophrenia in 2002.

Angel was born and raised in Vancouver. She is a single mother, an artist and a health care support worker, with experience providing care to clients with developmental disability, dementia and mental illness. When she's not working 16-hour days, Angel assists her two adult children who live with mental illness

Over the years I've had many home support clients who were suffering undiagnosed mental illness. I commonly encountered hoarding, delusional behaviour, depression, paranoia, alcoholism and neurosis.

I was never trained to work effectively with clients with complex issues—it was as if the health authority hoped these issues would just go away. It wasn't until 2000, when my son Adam turned 18 and began behaving strangely, that I realized the truth of this suspicion.

Desperately seeking sanity

Adam had been a well-behaved honour student, the most popular in his school, and a promising, self-taught artist and musician. Although he experimented with drugs like any teenager, he wasn't doing drugs or alcohol when these behaviours started.

My formerly social son now kept to himself in his room and never made eye contact. He obsessively picked up garbage to clean the streets, then six months later lost the ability to even take care of his own personal hygiene.

His behaviour became increasingly alarming: swinging a baseball bat, screaming that he wanted to kill someone; talking about rape constantly; and walking the streets all night shouting profanities.

Images of Adam's SRO before he was evicted

I had immediately begun seeking medical help for Adam—though, because at 18 he was legally an adult, I had no authority over him. I continually phoned the police, the mental health hotlines and any emergency service I could find. None of them could help, they said, because my son wasn't causing harm to others or to himself.

When I finally convinced Adam to go to the hospital, the ER doctor declared that Adam was "on drugs" and once they wore off he would be better. I begged the doctor to do a drug test or keep my son for observation, but he dismissed my concerns with disdain.

I finally got help from a young clinic doctor who saw the mental and physical deterioration of a young man and the distress of his family, and signed commitment documents. At age 20, Adam was diagnosed and finally received the treatment he desperately needed.

The surreal nightmare continues...

Adam lived with me for the next four years. In the first two years after diagnosis, he was hospitalized twice for three months each time, then released into my care with no follow-up. His medical care has consisted of monthly visits to see a mental health worker at one of the Vancouver Coastal Health mental health teams. For years I've accompanied Adam on these visits, to make sure he gets his meds.

Though the antipsychotic medications help reduce hallucinations, Adam will never be the same promising young man again. He needs proper housing and staff to help him with daily activities for the rest of his life.

These mental health workers (probably psychiatric nurses) are mandated to look after the health of the client. This does not cover case management, help with finances or, apparently, finding housing. No mental health worker ever put Adam on a wait-list.

I supported Adam with all of his needs. I made sure my son bathed, brushed his teeth, slept, took his meds and ate properly. I took care of his finances and housing needs.

And I had to 'work' the system on his behalf. There is no possible way that a person with severe mental illness can navigate the maze of bureaucracy. First I had to convince Adam to sign permission documents. Given his deluded state of mind, this was not easy. It then took three months to get basic income assistance—and I found out the welfare system no longer has social or financial aid workers to assist people with their finances. It took another two years to get Adam disability status. Just acquiring a yearly bus pass is an ordeal.

Over the past 12 years, I asked every single mental health care worker about permanent housing with support staff, but my queries seemed to fall on deaf ears.

The long and winding 'road' to supported housing

In 2005, I finally got Adam into a group home through Fraser Health Authority. It was a glorious six months—I had some respite and Adam was much happier. When he has support, he is cleaner, well fed, calmer and less likely to lapse into psychosis. He was with people his own age, there were no episodes of agitated, late-night roaming and he ate three meals a day.

Unfortunately, these group home programs are typically six months long. The intent is to assess clients and find them a place to live. The reality is, they tell you what you want to hear, but the housing doesn't materialize.

Luckily, I was able to arrange for Adam to live in a bachelor apartment, below me in my building. And it was back to the trenches, trying to support his needs as best I could.

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Then, in 2008, he got into a large subsidized apartment operated by Fraserside Community Services. Adam lived alone, with no support services at all, and the location was nowhere near where I lived. He did not do well. And, it turned out, this housing was, again, temporary. Because the housing managers wouldn't tell me anything, and because Adam often can't grasp what he's being told or remember to tell me, the fact that this housing was for just two years escaped me.

I was able to get Adam into a shared apartment through a friend of mine. However, this only lasted about a year. Adam was evicted for poor hygiene.

For about six months, in 2011, Adam was homeless in the Mount Pleasant area of Vancouver. He stayed in the Yukon shelter when possible, and otherwise, stayed outdoors.

This time, the housing I was able to find for Adam was in the Downtown Eastside (DTES)—a single-room occupancy (SRO) hotel. It was a decent hotel, but he was renovicted (i.e., evicted for planned renovations) from there, with three months notice.

When Adam was given the renoviction notice, I really stepped up my efforts to get him decent housing. The housing advocate at a mental health non-profit told me there was nothing he could do unless my son was homeless. When my son was homeless, I went back to them and was told there was nothing he could do because my son was homeless now.

At another outreach agency in the DTES, the staffer was positive she could help my son find a place to live, and even offered to help him move.

> I had to "work" the system on his behalf. There is no possible way that a person with severe mental illness can navigate the maze of bureaucracy.

I was thrilled. Six months later, the day before my son's eviction date, this worker returned to her office after a long illness—and my son ended up with only a phone number to get on another wait-list. I was devastated. I scrambled to find a last-minute room, and the only place I could find was a decrepit SRO. Because my son had no help moving, he lost most of his possessions.

In spite of all my efforts to help my son, he ended up living in a horrible DTES SRO (see my photos, opposite). He had no place to cook and the shared bathroom was disgusting. He had to spend some of his disability support money to supplement his rent, so, consequently, ate out of garbage cans. He was exposed to criminals, violence, drugs, theft and disease. And I couldn't visit my son because of the bedbugs—I couldn't even give him a hug.

I became the proverbial "squeaky wheel"—once a week phoning a staffer at Vancouver Coastal Health. And, finally, the wheel got "greased": in November 2014, Adam got moved into supported housing operated by the MPA Society (see photo, below).

Strain on family

The lack of support from Vancouver's social agencies is alarming. The services are difficult to find out about and to access—there clearly aren't

©MPA Society

A typical room in an MPA Society-supported housing development

enough of them to meet the demand—and the lack of continuity of care is beyond frustrating.

It's been hard to see all kinds of other people getting help, while my son was forced to live in vermin-infested, substandard and dangerous housing and often went hungry. For example, my ex-son-in-law, who comes from a prominent Aboriginal family, is employed and fully capable, waited just six months for for a brand new two-bedroom unit and pays $200 a month rent. My quadriplegic neighbour lives in a new subsidized apartment.

The task of caring for my son is a 24/7 job, and there has been no one to help me. Because of the stigma and fear around mental illness, I was shunned by family, and I've had no time, money or energy to foster friendships or other kinds of support. The BC Schizophrenia Society has support groups for caregivers, but they were very inconvenient for me to attend.

I can't imagine how Adam would have managed to this point without me. I am convinced he would've been forever lost if I hadn't been there for him. Many nights I lay awake contemplating suicide—not because of my suffering, but because I wondered if my son would get more help if I were dead. This is how our government saves taxpayer dollars—by putting this incredible burden of care onto families.

Amazingly, and in spite of all his miserable circumstances, Adam doesn't do drugs or alcohol, has never been in trouble with the law and is a pleasant and happy person. When he's hungry, instead of complaining, he'll say, "I just try not to be hungry." He even thanked me for the horrible SRO: "It's fabulous, Mom." He's happy with whatever he's given. But he deserved a lot more, a lot sooner.

Postscript

My daughter, 29, has recently been diagnosed with severe depression and post-traumatic stress disorder, and has addiction isues. I have also been helping my daughter fight for treatment and support, and I pay half her rent so she won't be subjected to another year of homelessness and abuse. I honestly feel that my daughter might not be ill today if I'd been able to pay more attention to her. v

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Peace, Not War in Housing—Please!

C. Elliott

For the past 12 years, I've been forced to live in housing at a location I did not choose. I have no choice because the amount of my disability income ($325/month) does not allow me any choice.

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C. Elliott lives in Richmond, BC

When I first moved into this housing complex (about 100 units), I was surrounded by people much older than myself. I was 49 and didn't fit in with the people 65 and older. The only tie I had to any of them was that I'm a veteran, of the Vietnam War, and they were mostly WWII vets. There was only one other younger tenant, who had a disability, but was never around.

The building, which has all bachelor units, was veteran-friendly and is now single-mother-and seniors-friendly. The single mothers' children have grown, so the women can't keep the larger housing units they've had elsewhere. Age difference is not so much an issue now, but there are maybe five tenants with a disability—hard to know exactly, as this is a privacy issue—so we're still a minority.

There are no support workers or care for tenants. It's strictly subsidized housing, managed by a non-profit society headquartered in Vancouver. There is a full-time caretaker on-site, and a supervisor who shows up at the property part-time. There is no staff trained to handle tenant disputes or grievances.

Part I: Housing policy discrimination

The older tenants have a choice of living in the housing or not. That's because they can get support to rent

in private housing through Shelter Aid for Elderly Renters (SAFER).

The younger, disabled person doesn't have the same choice. If they don't end up on the street, they often end up in some awful single-room occupancy (SRO) hotel downtown, being victimized by staff and other tenants. I lived in one for a month when I first came to BC. It's a nightmare. The stress causes health issues and even death for some.

If people with disabilities are not given enough income to choose where they live, I believe it will cost the taxpayer more when they end up in hospital.

All that's needed is to give disabled people the same choice as a senior has when it comes to housing. If a disabled person who needs it was able to get support like SAFER, it could change that person's life.

Just plain unsuitable

There's one thing for sure: disabled young and middle-aged people should not be boarded with seniors who have lost hope that anything will ever be any better.

It's also not healthy for a disabled person to be put into housing with people who are all in the same boat you're in. You're no longer with people who are functioning, but surrounded by people who aren't functioning. And you can't ask other tenants for help, because they're worse off than, or at least as bad as, you are. It's a trap you end up in, which eventually takes away hope.

Another thing is, you're not really part of the community. Prior to moving here, I lived with my brother in North Vancouver in a regular apartment building. I felt more alive. I saw people as they should be: working, making their way through life. Here, you're in housing that takes you away from people who still function with a 'normal' life. It takes away the desire to function in the best way you can.

I built homes and repaired cars when I could work. But eventually I became depressed—and not from my disability, but from what my situation had become. When you live only around others who don't work or are depressed, you become the same. It's kind of like putting a person who commits a minor crime in with bank robbers and murderers. It doesn't matter how much will power you have, you will be dragged down. I have ended up in the hospital from it.

Part II: Kicking you when you're down

I have spent the past 15 years fighting rheumatoid arthritis—it has been a hell of a struggle, trying all kinds of medications to try and deal with the crippling pain that never ends. I was in the US Marine Corps, so I'm no wimp. But arthritis meds haven't worked and narcotics for the pain are inadequate, and there's only so much you do with your mind...

And now I am fighting for a place to live. In the past five years, I have been harassed by staff and other tenants. They know your only other choice is the street. I've filed complaints with the Residential Tenancy Branch twice in the past few years.

I've done nothing wrong, but one staff person—the supervisor, a retired cop who started in the position six years ago—took it upon himself to harass me in hopes it will drive me out of the building; perhaps even out of the non-profit agency's housing. He has repeatedly threatened to evict me. Yet, no one has ever come to me and said turn your TV down or don't do this or that—because I've not broken any tenancy rules.

This supervisor is one of the most discriminatory people I've met in years and I've seen some bad ones. (I was in the US Marines during the Vietnam War. Though Canadian, I was raised in the US and at 17 thought I wanted to be a career soldier. The racism, against Black and Hispanic soldiers was horrible. After just three years, I left military service and returned to Canada in hopes of being free of it). And this is what I'm dealing with now.

All that's needed is to give disabled people the same choice as a senior has when it comes to housing. If a disabled person who needs it was able to get support like SAFER, it could change that person's life.

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The lack of compassion is shameful. Disabled people need safe places to live, where they can feel at home and not be treated like outcasts.

I had to take the building managers to the Residential Tenancy Branch for dispute resolution because I was being harassed by a tenant below who was banging on hot water pipes, and I just wanted to get some peace. The supervisor wouldn't do anything about it, nor would the non-profit's management—I am just some disabled person and the supervisor was a cop. I've also been bullied by another tenant. I get the finger and the 'evil eye,' and have had three verbal death threats.

I have gone through feeling ashamed because I'm disabled and feel completely alone in it all. It's clear that some people, when they don't understand your disability or can't see why you're disabled, assume you're faking being disabled. Healthy people harassing a disabled person—it's like a young person picking a fight with a senior. But I think they felt that, because of my disability, I was an easy mark to simply harass out of my unit.

I was recently given an eviction notice by housing management stating that I was harassing them by sending emails asking them to stop this tenant from harassing me. Again, I had to fight this in Tenancy court. On November 24, 2014, the eviction was overturned.

Why might housing staff want me out of the building? Maybe because I speak up about issues and problems. For instance, I've spoken at tenant meetings about things like theft going on and people growing weed (cannabis) in their apartment. When a new complex was built next door, with a social club on the premises, I spoke up about staff at the club taking our parking spots. Our housing management had to put up giant signs after I sent in pictures for evidence, so they came after me. Housing staff just want peace, and if it's at the cost of one person's housing, whether they're right or wrong, it's easier to chuck out the individual, especially if they're disabled.

What about harassment from other tenants? There are various reasons for this kind of harassment. For instance, some tenants might want the unit you have (e.g., it's on a corner, or higher up, or has a better view). Or, they want to get housing for their friends. And the tenant that has been threatening me—I can only think that he's earning 'Brownie points' for himself, so he'll be in the supervisor's 'good books.'

Seeking compassion

Every person who has been evicted from where I live has been a disabled person. Most of them dared not speak up. Since this supervisor started, there have been three or four incidents where other people with disability were harassed, including with threat of eviction on no real grounds. Three have left; one killed himself.

I tried every available avenue to get help with my issues. I even sent an email to BC premier Ms. Clark's office. I didn't find help in any of the many organizations—including BC Housing. The only success I've had was done by myself.

The lack of compassion is shameful. Disabled people, whose lives are already bad enough, need safe places to live, where they can feel at home and not be treated like outcasts. V

Stigma Doesn't Live Here

Monica Kriese

I'm a single, self-employed mother living in Salmon Arm, BC, a town of 16,000 people. My son Kameron, now 16, began to show signs of his mental health challenges at age two. He was too young to be diagnosed, but I later learned that he was struggling with bipolar disorder, anxiety and a learning disability.

Monica is the mother of Kameron, 16, who lives with a complex mental health challenge that includes bipolar disorder, anxiety and a learning disability. Monica and Kameron live in housing owned by the Shuswap Independent Living Association, a non-profit volunteer organization that promotes affordable housing in Salmon Arm

I was unable to hold down a regular Monday-to-Friday office job due to the demands of Kameron's illness and a lack of understanding by so many people. I couldn't find a job with flexible hours to accommodate a caregiver's needs, or where the employer would allow time off when I needed to deal with my son's challenges.

Caregivers kept quitting because of my son's extreme behaviours—rages, tantrums, oppositional behaviour and doing things that were dangerous for his age and development. Caregivers needed some training or experience in handling Kameron's complex behaviours—ideally, I later learned, someone who practised Collaborative Problem Solving (see www.livesinthebalance.org/about-lives-in-the-balance). Even in licensed child care settings, with assistance from the provincial Supported Child Development program, they couldn't handle my son.

I'm a marketing specialist, so decided to work from home as a self-employed marketing consultant. Sometimes I had to go to a client's place of business for meetings, but I couldn't take Kameron with me because new environments could trigger his dark moods and explosive behaviours.

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All this limited my income-earning opportunities to part-time, piece-meal work, so I didn't have much money available for housing.

First, finding 'affordable' housing

Finding a reasonably priced home to rent in a safe neighbourhood proved to be very difficult. Fortunately, I was friends with the maintenance manager of a local affordable living complex, and he encouraged me to apply to live in one.

After waiting eight months, we moved into one of the affordable living communities run by Shuswap Independent Living Association (SILA) when my son was three and a half. This SILA complex houses 75% of the renters at the market rate—they called this "regular rent," but their rates tended to be a bit lower than other rentals in town. And 25% of the renters are subsidized, which means their rent is based on their income, which was often very low due to a disability.

The market-rate rent for our townhouse was $50 to $75 less than similar rentals in town, and we lived frugally in order to 'afford' to live there. The living conditions, though, were the best we'd had since Kameron's birth. My prior housing was very old, poorly insulated and infested with mice.

Then, from downhearted to the heart of community

I was pleased to find there were other children around my son's age living in the housing complex who often played in the complex playground. However, my optimism soon dampened after we moved in. My son's behaviour—explosions, rages, tears, pushing, shoving and more—made the other children avoid him. Kameron required 'my' supervision at all times as he was more than a handful and his behaviours were looked upon as 'bad,' and the other parents didn't want him to play with their children. As with many children with a mood disorder, Kameron lacked the ability to make friends or play well with others.

One such evening, one of the neighbours called the RCMP, who arrived at my door later that evening with a social worker from the Ministry for Child and Family Development (MCFD). Fortunately (it seems odd to say that now), I was able to give the social worker my son's mental health background and the name of the MCFD Child and Youth Mental Health clinician we were working with. The clinician verified that Kameron lived with a complex mental health challenge.

This same clinician and I discussed the problems my son and I were having with the families in our complex and how such outburst situations would likely happen again. We talked about stigma, the risks of disclosing and how best to address our particular problem. As a result of that discussion, I made a bunch of recipe cards that read:

"Hello, my name is Kameron. I'm five years old and I live with a mood disorder which often looks like bad behaviour or could sound frightful. If you are concerned or would like to know more, please call my

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Hello, my name is Kameron. I'm five years old and I live with a mood disorder which often looks like bad behaviour or could sound frightful. If you are concerned or would like to know more, please call my mother, Monica.

The more I hear about other people's negative living experiences, the more thankful I am for our home. I love the sense of community we have.

mother, Monica, at 000-0000 (phone number) or drop by for a visit. We live in unit #2."

I went to all the units in the complex, introduced myself and handed out the cards. Most of the residents accepted the cards and appreciated meeting me and learning about what was going on with my son. A few of the moms said they'd talk to their children and explain that my son couldn't help his behaviours and that they might want to try to be friends.

I also let the managers of our housing complex (a husband and wife team) know about my son's challenges and they don't fully understand, to offer an open-door policy and just listen.

The tenants here, whether subsidized or market, are an intentionally inclusive mix of single-parent families, mixed families (e.g., parents with adult children, grandparents raising grandchildren, blended or "step" families), seniors, adults with disabilities, adults with mental health challenges, and more.

There are a few adults with mental health challenges. One, who is living with schizophrenia, can be heard from time to time yelling, in several different voices, in his unit. One day when Kameron walked by the unit, this neighbour was having one of these episodes. The outbursts didn't scare Kameron; all he said when he came home was: "P is having a bad day today, Mom." And I said: "It sounds like it." End of discussion. No more needed to be said.

Now, we feel at home

We're approaching our 14th year of living in this complex. Kameron's loud outbursts continued until his official diagnosis at seven years old, when it became less frequent (though sometimes louder). This was due to factors including new strategies and supports in place to help him cope, medication and being able to better vocalize his frustration as he grew up. The neighbours also grew tolerant over time. The cards and introducing ourselves helped, as did more opportunities to see Kameron playing outside on his better days.

Kameron never did make friends here, as he ended up going to an alternate school program 24 kilometres away. But he did become a "little buddy" to some young men in the complex. One, who also has a mental health challenge, befriended Kameron when he was eight years old. Over the years, this neighbour has mentored him, stressing the importance of self-care, not going off meds without medical supervision, eating right and more. They continue to be friends, often sharing the ups and downs of their mental health.

The more I hear about other people's negative living experiences, the more thankful I am for our home. I love the sense of community we have—being accepted and not having to worry about getting evicted. My son has told me a number of times that when he's old enough, I need to move out and find my own place, and he will continue to live here! v

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Sometimes You Just Take A Chance...
A LANDLORD PERSPECTIVE

Astrid Egger, BSW, MEd, RSW

At Mental Health and Addiction Services for the Northern Health Authority, my co-workers and I have, at times, assisted clients in their search for affordable housing. Landlords with empathy for people who may have mental health and addictions issues can help, and we need to recognize the contributions they make.

Astrid works as Team Leader for Mental Health and Addiction Services with the Northern Health Authority on Haida Gwaii. She and her coworkers have assisted people with mental health and addictions issues, who have a lower income, to find housing

In small communities like Queen Charlotte (population of 945) on Haida Gwaii, any subsidized housing tends to be geared to families or seniors, and there may not be many apartments available to rent. Even so, keeping these apartments rented can be a challenge for the landlords.

To get a landlord perspective, I interviewed Queen Charlotte locals Arlene and Terry Pierre.*

Landlords—the role of empathy

When the Pierres bought their home in 1976, the house next door had to be included in the sale because both houses were on the same septic tank. This is how they became landlords, offering several self-contained units for rent. Now retired, Arlene and Terry still rent to four individuals.

Over the years they've had tenants who would be classified as the working poor, or who receive a pension or government income assistance. Most of their tenants have been single renters, and some of them were living with mental health and addictions challenges.

Terry framed this question: "Given that there are renters who have

*pseudonyms

conventional means to pay the rent and ability to communicate, and there are renters who are less equipped to deal with day-to-day life, would we give the latter an equal chance to rent?" His answer: "I would rather have a stable, long-term tenant that I would never have to chase for the rent—it's just plain easier. But I'd say we're probably a bit more generous to people because we don't have many options."

The Pierres are willing to help people who are trying to make changes in their lives. Said Terry: "I don't care what people's income brackets are; I care that they will come up with the rent—being able to fund a lavish lifestyle doesn't impress me. I'm much more interested in seeing if the person is going to make something of themselves, and if they need a little help."

Terry recalled one tenant, the son of a friend: "He'd been in dire circumstances with the law and corrections, but it seemed like he was actually going to turn his life around. We feel very good about the fact that he did well, at least in terms of paying the rent and taking care of the place. Now, years later, he's much closer to leading a conventionally successful life. But if we hadn't given him a chance, I don't know what would've happened."

Challenges of being a rental landlord

One challenge is keeping rental units occupied. In Queen Charlotte, the rental business is somewhat seasonal. "It's easier to rent in the spring and summer; once you get into October or November," says Terry, "you're less likely to find a longer-term tenant."

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Years later, he's much closer to leading a conventionally successful life. But if we hadn't given him a chance, I don't know what would've happened.

Transient residents can both help and hurt; right now a new hospital is being built and the crews take up places to live, but they won't be long-term renters.

Rent payment can be problematic. Some renters have been in arrears (owed rent) for such a long time that the Pierres had to serve them with eviction notices. "We certainly have been stung over the years," Terry recalled. "We have tenants who are in arrears right now. One has had an alcohol problem and been on and off the treatment path for years. He has seasonal income, and even though he may pay his rent when he works, it's sometimes a problem during his off-season. We don't want to dump on people when they're down, but we do get tired of having to do the financing that should be government's job to do."

The Pierres have an unwritten policy of not raising the rent for existing tenants. "They've been with you for several years, and it's less hassle than getting new tenants. The reality of life is that if you raise the rent $50 a month and the housing sits empty for only one month, then you've already blown the profit for a whole year anyway."

Some renters have exceedingly high expectations of what a landlord should do to make the tenant feel comfortable. Terry recalls one person wanting things 'just so' and insisting, unreasonably, that renovations be done immediately, even though safety or malfunctioning appliances were clearly not the concern. "While aesthetics are important, there has to be some reasonable time frame by which a landlord can be asked to fix up the place," says Terry.

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On the other side of the coin, when asked about renovictions (evicting tenants to renovate, usually with a subsequent increase in the rent), Terry said: "Forcing people who are already living on the margins of society out of a building to which they have no hope of getting back into—there is something wrong about that. There should be some safeguards for the people who are already living there."

In a multi-unit building, a landlord has to deal with interactions between tenants who may not always have the best communication skills to explain what's upsetting them. One person may be awake all night and keep their television or radio on too loud, or pace in their room. Some tenants have no visitors, while others have a larger social circle. These are all potential sources of conflict.

Arlene doesn't particularly recall complaints from neighbours. She does note that one time, when RCMP came to take a statement from someone who had witnessed an accident (not related to their tenancy), the officer remarked: "We don't come to this neighbourhood very often." Says Arlene, "At that point it became clear to me that there are other areas in this village where RCMP do get called frequently."

Terry recommends that landlords check people's written references. Sometimes the people giving the reference overestimate the person's ability to look after themselves and pay rent. And references from relatives can sometimes be biased. Says Terry, "We have, at least on one occasion, received letters of reference that were, in hindsight, outright fraudulent. And when the tenant finally left, they went on to sting somebody else who didn't bother checking references." The Pierres recognize, however, that this can make it harder for young people who are just starting out. "We vary, but if we're not sure about a tenant, we'll ask for two references from commercial landlords," says Terry. "And sometimes you just take a chance."

> There's a need for government to establish low-income housing for single people with mental health and addictions issues everywhere, but especially in smaller communities.

Very few people disclose their personal challenges up front. But the Pierres are known to respect individual privacy concerns, and this helped one tenant open up to Terry about the fact that he was headed to an addictions centre for treatment. The tenant wanted to let his landlords know that a friend was going to check on his place while he was away. He also wanted to assure the Pierres that his rent would continue to be deposited directly into their account.

Other times, people's challenges just become obvious. Liquor bottles and beer cans on the porch can be a source of making money on the returns, but with one tenant it was an indication that he'd found money for alcohol and would have difficulty paying his rent on time. It can be helpful to know someone is struggling; the landlord may be willing to wait a few days for rent payment or for a ministry application to go through.

Over the years, the Pierres have learned that it is beneficial for both landlord and renter to have a rental agreement. They also, nowadays, prefer to have automatic rent payments set up with the government ministry issuing the funds.

What can help landlords?

The Pierres assert that having government cover the rent for people who need to go to treatment or are hospitalized takes away a lot of stress—for both the individual, so they can start getting better, and for landlords.

But also, they say, if a tenant is on some form of social assistance and if there are damages caused by them or by people they allow into their living space, it would go a long way toward making landlords more willing to rent to people in need if the ministry responsible covered the damages. "Otherwise, landlords are up a creek, and few, if any, are willing to be up that creek all the time," says Terry.

The Pierres have had satisfactory experiences with community agencies that assist individuals with finding affordable housing, such as Mental Health and Addiction Services or Wellness Society outreach services. Local people are more likely to come up with funding, particularly for clients who don't have resources for the security deposit. In this small community, everyone's a neighbour, so a lot of workers in agencies go the extra mile to help someone move or prevent emergency housing situations.

However, the Pierres also see a lot of frustration in people dealing with non-local agencies such as the Ministry of Social Development and Social Innovation.

Says Terry: "Our experience has been that the people who most need help—not necessarily people who need mental health assistance, but people who are just in dire circumstances—face a system where the government tries to do everything remotely. You need access to Internet, the ability to use a computer and the ability to not get frustrated when the connection fails while you're in the middle of everything. We're both convinced that the government—so they don't have to pay out money—sets things up to see if people will just go away. I don't truly believe there is commitment in the current government to really help the people who need help the most."

As landlords and community members, Arlene and Terry are happy to do their part, but they see a larger role for government in helping people attain and maintain affordable housing. They see a need in their area for independent living support services for people who need help with life skills or housekeeping. And when an individual moves, this support should follow them to their new home. There's also a need for government to establish low-income housing for single people with mental health and addictions issues everywhere, but especially in smaller communities.

"I think that communities have some sort of responsibility to care for all members of the community, says Terry. "The Islands [Haida Gwaii] are generally pretty accepting of people with differences, which is a good thing." v

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Yes In My Backyard

A GUIDE TO INCLUSIVE COMMUNITIES

DJ Larkin

Imagine for a moment that you are a member of city council. You are in a meeting to determine if your idyllic neighbourhood, full of tree-lined streets and manicured park spaces, already has too many white people in it.

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DJ is a lawyer and campaigner for housing justice with the Pivot Legal Society in Vancouver, BC

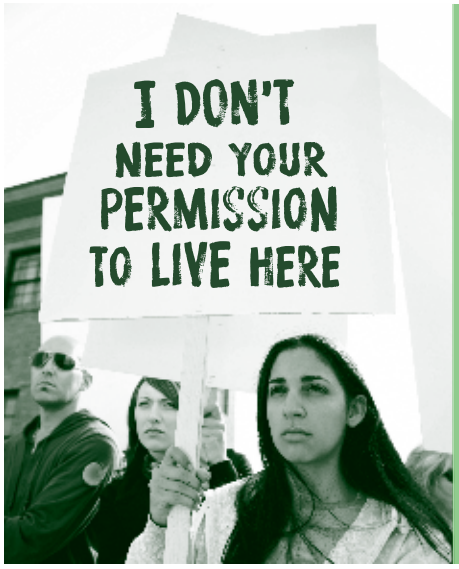
It goes without saying that would simply never happen. There would be riots in the streets if our cities tried to limit where 'white' people lived based solely on the colour of their skin.

As far-fetched as this may sound, it is precisely this type of discrimination that people with mental health and substance use problems, who are on welfare or disability income, or who are homeless, experience every day.

We have high levels of community agreement that our cities need homeless shelters to give people a warm, safe place to stay for a night. We also agree that we need supportive housing for people with substance use and mental health problems. But we continue to struggle with where those essential services should be located.

Often, proposals for a new shelter or housing development are strongly opposed by a small, vocal group of residents. They're concerned that a shelter will attract what they call unwanted or dangerous people, making the community unsafe and perhaps even driving down property values. They describe these people as "criminals" and "junkies," and try to build opposition to shelters and supportive housing by sending emails, distributing flyers and posters, and holding public meetings.

"Not in my backyard!" is a common refrain from this group. NIMBY (not in my backyard) is a term used to



Everyone has a right to live where they want, without apology and without having to justify their choice. The community's permission is not a necessary prerequisite.

–excerpt from Pivot's NIMBY toolkit

describe a person who objects to allowing people they perceive as unpleasant or potentially dangerous into their neighbourhood.

YIMBY, on the other hand, is a lesser known term, but is a necessary counter to NIMBY. YIMBY describes people who understand the value of addressing homelessness, addictions and mental illness in a proactive and respectful way through safe and supportive housing. They are active in welcoming new people and projects into their neighbourhoods, saying instead, "Yes in my backyard!"

How to be an effective YIMBY

You can be a part of the YIMBY movement by advocating for housing and community inclusion of all people. To be effective, there are a few steps you can take.

Apply the Cringe Test[1] – If you hear a statement that you think sounds wrong, try saying the same thing about a racial, ethnic or religious minority. For example, take the statement, "This neighbourhood already has its fair share of people on welfare." Now change "people on welfare" to some other minority groups: "This neighbourhood already has its fair share of white people" or "This neighbourhood already has its fair share of gays and lesbians" or "This neighbourhood already has its fair share of Jews."

It becomes immediately obvious that the statement about people on welfare is a discriminatory NIMBY statement, and not a legitimate objection to a homeless shelter or housing project.

Bust myths – NIMBYs will often use myths and stereotypes to support their discriminatory opposition, making claims like this: "A homeless shelter will decrease the value of my home."

The best defence against these myths is to respond with facts. In this example, BC's Ministry Responsible for Housing has reported there is no evidence that the presence of supportive housing negatively affects the sale prices of homes in the impact area. In fact, house prices in the vicinity of such housing projects increased as much—and in some cases, more—than similar nearby housing.[2] Familiarize yourself with the myths and be ready with the facts.

Speak up – The last thing you can do is speak up against NIMBYism. Point out discrimination when you see it. Consider contacting your city council to support shelter and housing projects in your neighbourhood. Or, make a human rights complaint against a NIMBYist individual or neighbourhood group.

The BC Human Rights Code protects people from discrimination on the basis of disability, including mental illness and addiction. It is designed to ensure that people who are in need or homeless are not denied or evicted from housing.

Despite this, the human rights process is rarely used to protect people against NIMBYist discrimination. The human rights complaint process can be slow and may not resolve quickly enough to change the outcome of a given

related resources

Pivot Legal Society. (2011). *Yes, in my backyard: Welcoming inclusion, upholding human rights.* www.pivotlegal.org/yes_in_my_backyard_toolkit.

Bernstein, S. & Bennett, D. (2013). *Zoned out: "NIMBYism," addiction services, and municipal governance in British Columbia.* www.pivotlegal.org/zoned_out_nimbyism_addiction_services_and_municipal_governance_in_british_columbia.

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shelter or housing project. However, it is a very important tool for breaking down NIMBYism.

If you or someone you know has been discriminated against in access to housing, based on disability or welfare income, consider filing a human rights complaint. The more people who stand up against NIMBYs, the more society will recognize the NIMBYism and stop it before NIMBYs have the chance to act.

The community we aspire to is one that welcomes everyone into it. Yes, in my backyard. v

a case study—Union Gospel Mission and Good Neighbour Agreements[3]

The Union Gospel Mission (UGM) is one of Vancouver's largest supportive housing providers, with multiple sites across Metro Vancouver. In January 2010, UGM created a Good Neighbour Agreement (GNA) to assist with relations between their supportive housing site and Vancouver's Strathcona and Downtown Eastside communities.

Simply put, a GNA outlines an organization's commitment to being a good neighbour. It's a way to promote dialogue and earn trust in the community. For UGM, the agreement helped dispel contentious disputes, and while not a legally binding document, the GNA addressed local residents' concerns, as it was crafted with their participation.

See the UGM GNA at www.ugm.ca/wp-content/uploads/2014/05/UGM_GoodNeighbour.pdf

Redefining Social Housing

WORDS HAVE POWER FOR GOOD OR BAD...

Jim Spinelli

The terms that are casually used to describe housing and its tenants need careful examination and discussion. Many of these terms potentially stigmatize both the housing and the tenants. Among the most loaded terms are "wet housing," "low-barrier housing," "people with persistent multiple barriers," "the mentally ill and drug addicted," "hard to house" and "street entrenched."

Jim has been Executive Director at Nanaimo Affordable Housing for 17 years. He is serving his fifth three-year term as a director on the board of the BC Non-Profit Housing Association, which represents over 500 housing organizations in BC. Jim worked in Edmonton's Inner City for 10 years before relocating to Nanaimo

This article is adapted from an op-ed that originally appeared in the BC Non-Profit Housing Association's newsletter InfoLink in June 2011

Even terms such as "homelessness" and "homeless person" tend to have negative connotations.

This terminology associated with people in need of housing has provided convenient 'red flags' that have been used to justify community opposition to affordable housing. The language may also directly contribute to discrimination against the individuals who are being housed, by restricting their opportunity to be accepted as full community members.

Additionally, loaded terminology may divert public and mass media gaze away from the failures of our public social and housing policies, focusing instead on the individual tenant and whatever issues he or she might face. Public policies surrounding issues such as the lack of affordable housing, insufficient shelter allowance and inadequate health services need to be kept in sight.

Consider this example: The generally accepted definition of the term "low-barrier housing" is housing where mental illness or addictions are not reasons for exclusion from tenancy. I've lived in rental housing for most of my adult life and have been a landlord for

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the last 17 years, and I've had people with mental illness and who were substance abusers as neighbours many times. These issues are not relevant to tenancy, whether in subsidized housing or market housing.

Landlords have three basic concerns about prospective tenants: Will they pay their rent? Will they respect their neighbour's right to peaceful enjoyment of their homes? Will they refrain from damaging their apartment?

Given that all rental housing puts up these same three 'barriers,' why do we apply the "low-barrier" label only to affordable housing? In other words, even though every tenant has these same barriers applied through the BC Residential Tenancy Act, we label only one group of tenants.

Perhaps a more important concern is that using terms like "low-barrier" in public discourse not only brands the housing, but also inappropriately labels each and every tenant as having mental health or substance use issues when poverty, lack of affordable housing and effective health services are the real issues.

Another term, "wet housing," is often used to put a negative spin on social housing. What is "wet housing"? The term originally came into use to describe housing where alcohol was provided to tenants as a harm reduction strategy. It has been redefined to label housing that is not "dry" or where abstinence from alcohol is required as in substance abuse treatment programs. I don't know very many communities or neighbourhoods—or many households—that are "dry." We don't refer to our own homes as "wet houses"; why do we apply this label to social housing?

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Using terms like "low-barrier" inappropriately labels every tenant as having mental health or substance use issues when poverty, lack of affordable housing and effective health services are the real issues.

In reality, there is no single reason why people end up losing their homes. Some people lose their homes because they are fleeing domestic violence. Some lose their housing for economic reasons such as deteriorating health, disability, loss of employment and so on. Others lose their housing because of their own bad behaviour or budgeting choices, others etc.

For many, it's the financial pressure of trying to afford market rental housing on a government-provided housing stipend of $375 per month. There are over 4,000 individuals in Nanaimo who receive this level of support, and there are only about 500 subsidized housing units available for that amount.

The Nanaimo Affordable Housing Society develops and operates inclusive housing communities that support tenants in achieving and maintaining stability and well-being. Prospective tenants aren't asked if they consume alcohol or drugs or have a mental illness. Even when that information is available or offered, the major concern is whether or not the individual will be a good tenant. So far, no tenant has ever faced eviction for substance use or for getting ill (either mentally or physically). In both instances, referral to the appropriate health service is the alternative.

The dialogue about housing terminology needs to begin in earnest. A good initial step will be to clean up discriminatory and misleading language. Let's not put people in labelled boxes. Let's get away from blaming individuals and deal as a community with the lack of health resources and affordable housing stock.

Let's change the dialogue and talk about appropriate, safe, affordable housing for all! v

Fraser Street Program

CHANGING A COMMUNITY'S VIEW OF MENTAL HEALTH AND ADDICTIONS HOUSING

Darlene Fiddler, BSW

RainCity Housing (RCH) wanted to fill an important housing gap in the City of Vancouver for those struggling with mental health and addiction issues—specifically, to provide a place where they could live a life free of alcohol and drugs. This resulted in the Fraser Street Concurrent Disorders Transitional Housing program.

Darlene is the Program Manager of the Fraser Street Concurrent Disorders Transitional Housing Program at RainCity Housing and Support Society (formally Triage Emergency Services). She has 13 years of experience working in mental health and addictions

Generally, supported housing is either addictions or mental health, but not both. On August 1, 2007, however, the first concurrent disorders housing facility in Canada officially opened its doors. The building has 30 self-contained single-occupancy units and is staffed 24/7.

Most RCH sites are in the Downtown Eastside (DTES), but this program but is intentionally located outside of the DTES. We are aware that the surrounding environment can influence behaviour. We also think it's important that people experience different types of communities.

Our program is transitional, which means that folks stay with us for 18 to 24 months before moving on to other types of housing. Typically, the next move for our tenants is permanent housing, often in BC Housing accommodation.

In keeping with RainCity's harm reduction approach to services, the Fraser Street Program's approach, in terms of abstinence, means that we work with individuals on a case-by-case basis. Should there be a slip or relapse, our goal is to allow the individual to maintain housing while addressing their addiction and mental health issues. We offer supports and allow time for treatment. The supports provided vary depending on what the individual is struggling with, and we allow for a wide range of therapies, from the conventional to the not so conventional.

Everyone's care plan or service plan is going to look different. If it's for addiction, we would assist in setting up counselling, residential treatment, detox or daytox, to name only a few possible services. If it's for mental health issues, we would assist the tenant in managing symptoms. This could include anything from

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setting up doctor appointments and hospital stays, to monitoring medication changes.

Meeting neighbourhood concerns head on

Prior to the doors opening, we received many emails and phone calls from residents in the neighbourhood criticizing this type of program showing up in their community. This happened in response to posting a sign on the site—as required by the City—which stated the purpose of the building.

Generally, folks were concerned about this population moving into their neighbourhood, as they believed it would increase criminal activity, sex trade work and drug use. Some went so far as to say, "Not in our backyard!"

Our task at RainCity Housing was to allay their many concerns prior to opening, which was a tall order. We listened to people's thoughts, worries and concerns. Some of the negative comments we received were made anonymously, so it was hard to have a back-and-forth conversation with the source. But we held public town hall meetings, which were essentially open mic sessions where anyone could stand up and share their concerns.

We also held a number of community consultations to provide education. Concerned neighbours were informed that the housing would serve tenants who want to live a clean and sober life while actively working on their mental health concerns. These tenants would also have mental health and addictions supports on top of the housing support.

Aside from the community consultations, there were two other crucial pieces put into place to address the community's concerns. One, a new staff position called a Community Integration Support Worker (CISW) was created. The CISW was, and still is, proactive in educating the community about the people who live at Fraser Street Housing. This is done through dialogue with neighbours and through encouraging our tenants to take part in community activities. Our tenants have participated in block parties, community gardening and setting up a clean-neighbourhood program.

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Our tenants have participated in block parties, community gardening and setting up a clean neighbourhood program.

The other crucial piece was setting up a Community Advisory Committee (CAC), which still meets twice a year (the meetings were monthly in the beginning). The CAC is made up of representatives from the City of Vancouver, Vancouver Coastal Health (VCH), the local high school, the business association for the area and nearby residents, as well as the local community police liaison, the manager and a Fraser Street Housing tenant.

Sharing with community—a big part of success

Fraser Street has had its doors open for seven years now. There are many stories and amazing outcomes that show concerns from neighbours about having this kind of program in their neighbourhood have been dispelled.

A popular story we like to share with service providers is about our one-year anniversary barbecue. We invited as many people as we could to the barbecue in hopes of 'breaking bread' and sharing our successes. We invited people from our surrounding neighbourhood, CAC members, Fraser Street staff, other RCH program staff, VCH officials and, of course, the tenants. Our very large back patio and our first floor were packed with hungry, smiling faces as well as some cautious ones.

Our staff and tenants recall with joy and amusement how many of the

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guests mistook staff for tenants and tenants for staff. This reminded us of what we knew already: that someone struggling with mental health and addictions looks like any one of us—there isn't actually a profile or stereotype. The barbecue was such a success that a community member asked one of our tenants to help with her yard work. We had already become a part of our community's 'backyard'!

Another story is one of giving back. A Fraser Street Housing staff member came up with the idea of tenants preparing and serving meals for people who are struggling in the Downtown Eastside. This idea picked up like wildfire among our tenants and the project lasted for about six months on a bi-weekly basis. At its peak, 10 of our tenants were involved in serving meals to folks in the DTES.

Tenants told us afterward that it meant a lot for them to be in a stable enough place in their lives that they could offer support to someone else in need. Many of our tenants have come from living in the DTES in SROs or on the streets, so no one missed the significance that the meals they were providing would have had for them in the not-so-distant past.

The tenants gave back and went beyond, with other initiatives like collecting shoes and clothing to hand out to those in need. The tenants did this all on their own—one community pulling together to help another community.

Now welcomed in the neighbourhood

The initial community backlash is no longer an issue. We have community members who tell us they're happy we're located here as there's more neighbourhood security with our outdoor cameras and 24/7 staff. And the building is much better than the empty parking lot that was here before.

I think one of the important lessons we learned is that having a large town hall meeting with an open mic is not the most effective way to facilitate productive dialogue. Because it was so large, it wasn't conducive to addressing the many topics that were brought to our attention. It also didn't allow for personal interaction.

We have since found that it is much more helpful to have meaningful dialogue early on with community members in a more intimate setting. This is easier to manage in terms of topics and much more personable.

It's also worth noting that the Community Association Committee was very skeptical and somewhat critical of our program in the beginning. CAC members have since had a chance to get to know the program, the building, the staff and the tenants, and now they are strong advocates, regularly inviting our tenants to community events.

Through dialogue, understanding and acceptance, Fraser Street Concurrent Disorders Transitional Housing has become a part of its neighbourhood community. We no longer hear, "Not in my backyard!" Now we hear, "Please stay in our community!" v

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Community Is Where Home Begins

LESSONS FROM CALGARY

Louise Gallagher

Since 2008, when Calgary's 10 Year Plan to End Homelessness was launched, the Calgary Homeless Foundation (CHF) and its agency partners have learned a great deal about what it takes to house formerly homeless individuals and families. Our experience shows that everyone responds to housing. Everyone responds to caring, compassionate support. And it always takes time, patience, commitment and resolve. It also takes community.

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Louise has worked in the homeless-serving sector for the past 10 years and is currently the Manager of Communications at the Calgary Homeless Foundation. She is passionate about empowering people to be the change they want to create in the world and about engaging community in the mission to end homelessness

In 2007 the Calgary Committee to End Homelessness (CCEH) was formed in response to the city's growing homelessness crisis. CCEH was a community-based, multi-stakeholder leadership group that included provincial and municipal representatives. With a call to action focused on ending homelessness rather than finding new ways to manage or cope with it, the CCEH created the 10 Year Plan and selected the CHF to implement it.

At the foundation of Calgary's 10 Year Plan—as well as the homelessness plans of the provincial government and other major cities in Alberta—is Housing First. More than just a model or framework for ending homelessness, Housing First enacts the belief that we can and must end homelessness, together.

Housing First requires the commitment of every level of government, the social service

related resources

"Housing Our Most Marginalized: A Housing First Approach," *Visions*, Vol. 8, No. 1, 2013. www.heretohelp.bc.ca/visions

sector and public service providers such as police, bylaw enforcement officials and health care providers. It also requires every community member to believe in the right and necessity of housing the most vulnerable, regardless of their mental, physical or financial condition.

Housing First offers stable housing with supports that respect the unique circumstances and needs of each individual or family. There are no preconditions for tenancy, such as sobriety, and there is no mandatory participation in programs such as counselling or rehab treatment.

For those who have endured years, if not decades, of sleeping on a mat in an emergency shelter or holed up in a makeshift shelter tucked into a corner of a city park, home can be a distant memory. Homelessness has often drained their resilience and capacity to make change happen. The less resilient people become and the longer they remain trapped in homelessness, the greater their use of public services. Our social systems and public services are strained to keep up to the challenges they face every day.

Providing these individuals and families with housing and support gives them hope that change is possible. "Homelessness robbed me of a decade of my life," says one man eight months after being housed directly from the streets into an apartment owned by CHF. "I can't get those years back, or the things I lost." But he can get back the thing that was lacking the most while he wandered the streets under the haze of alcohol and the despair of homelessness. "I've got hope now," he says. "And with hope, it's possible to get back dignity, self-esteem and maybe even a relationship with my kids."

Everyone belongs in community

As a community, when faced with the prospect of housing formerly homeless individuals in our neighbourhoods, we often fear for the safety of our families, our children, ourselves. We fear our property values will drop. We are skeptical that housing people directly out of homelessness will work.

"Why here?" people ask. "Why not in an industrial park or someplace where they won't be seen on the streets every day?"

We cannot end homelessness when we stand on opposite sides of the street and say, "I belong here. You don't."

Accepting and celebrating diversity is an important part of ending homelessness. It means we are willing to acknowledge that though we have different experiences, we are all human beings with the right to safe, secure housing. We all belong in our communities.

It has taken communities that are willing to work together. It has required setting aside our differences. And, it has required saying, "You belong here. You are welcome in my community."

Since 2008, over 6,000 people have been housed through Calgary's 10 Year Plan. The majority of those people are still living in their homes. According to the Alberta Human Services' *A Plan for Alberta: Ending Homelessness in 10 Years: 3 Year Progress Report* released in 2013, 80% of people housed through Housing First initiatives throughout the province remain stably housed.[1]

It has taken communities that are willing to work together. It has required setting aside our differences. And, it has required saying, "You belong here. You are welcome in my community."

A rocky road to tolerance

It hasn't always been an easy road or straight path. In one community, Calgary Homeless Foundation purchased an existing apartment building and contracted an agency to provide case management to 27 formerly homeless individuals with minimal needs for support, who were moved into the building.

A year later, CHF met with its agency partners and changed the housing model to serve more high-needs clients with long-term lived experience of homelessness. To facilitate the change in operations, CHF contracted a different agency to operate the building.

The existing tenants were transitioned out over time as new tenants moved in. During the transition phase, some of the original tenants had difficulty adjusting to the new model of operation. For example, in the past each tenant had a key to the main front door, whereas the new model

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required tenants to buzz for entry. Ensuring that staff knew who was in the building at all times required more stringent guest management. So, each tenant had to agree to abide by the new rules. This was difficult for those original tenants who previously had free in-and-out access and could invite guests without having them screened.

Due to their long-term homeless experience, some of the new tenants sometimes exhibited anti-social behaviours in the neighbouring community, such as loitering, being under the influence of alcohol or panhandling aggressively. These behaviours resulted in increased calls to police and concerned calls to the area's city councillor.

When it first purchased the building, CHF connected with the community association about the planned housing model. Relations were strong, and prior to the change in housing model, the neighbourhood wasn't aware that the building housed formerly homeless Calgarians.

CHF did not advise the community of the operational changes that were taking place at the building, however. This oversight led to the community feeling blind-sided when issues began to arise during the transition from one agency and operation to the other. Because many of the new tenants initially appeared to be visibly homeless, neighbours didn't perceive them as 'housed.' And because the neighbours didn't have any frame of reference as to who their new neighbours were, they feared what they perceived to be increased homelessness in their community.

CHF and the agency that managed the housing recognized that the transition process hadn't been handled well. They began to meet frequently with the community association and police, as well as with neighbours, to talk about the situation and what could be done to make it right. There were additional face-to-face meetings with local businesses, door knocking and community meetings, as well as meetings with the City Councillor and tenants to find solutions. Eventually, the unease quieted.

Through open communication, listening and respecting different points of view, tensions have lessened. For the tenants, as housing stability improves their well-being, there are fewer interactions with police and bylaw enforcement. For the neighbours, their greater understanding of how complex it is for a person with a homeless identity to move into community has resulted in greater efforts to welcome the new residents. For example, the community association held a Christmas tea party to get to know these new neighbours.

Building common ground

Ending homelessness requires patience, persistence, passion and compassion—and not just for the individual moving out of homelessness. This care and concern must also be extended to the people living in the communities where the formerly homeless people are housed, and for the agencies doing the front-line work of making it happen.

Ending homelessness isn't about solving all the problems in someone's life or forcing a community to accept change. It's about building common ground. It requires a network of supports and resources that provide the stability for each person to be able to thrive in a community where everyone feels safe and welcome. And, it's about letting go of the belief that because someone is different, there is no place for them to be at home in our neighbourhoods and communities.

Everyone belongs in our communities, because community is where people find themselves most at home. V

resources

TRAC Tenant Resource and Advisory Centre
www.tenants.bc.ca | @TRAC_BC
TRAC supports BC tenants and landlords with information about BC residential tenancy laws and advocates for tenant protection. They have information in many languages on renting in BC, as well as information on social concerns like discrimination and social housing. They also operate a Tenant Hotline to assist with housing issues. You can find resources online at www.tenants.bc.ca, and you can call the Tenant Hotline from 8:00 am–4:00 pm at 604-255-0546 (in the Vancouver area) or 1-800-665-1185 (in the rest of BC).

BC Housing
www.bchousing.org | @BC_Housing
BC Housing organizes different kinds of housing across the province, including subsidized housing, supported housing, emergency shelters, and rent assistance. Visit www.bchousing.org to learn more about finding housing services, registering for services, finding supports for tenants, and connecting with a BC Housing office in your community.

Pivot Legal Society
Yes in My Backyard! Toolkit | www.pivotlegal.org | @pivotlegal
Pivot Legal Society's *Yes in my backyard!* toolkit supports the right to housing for all and encourages communities to welcome supportive housing in shared spaces. Visit www.pivotlegal.org/yes_in_my_backyard_toolkit for myths and facts of housing initiatives, case studies from across the province, tips on supporting housing developments in your own communities, and more information on discrimination and legal obligations to uphold human rights.

This list is not comprehensive and does not imply endorsement of resources.

PovNet
www.povnet.org | @povnet
PovNet is an online anti-poverty community that connects people with advocates in their community. Visit www.povnet.org to find help with housing, homelessness, discrimination, disability, or other issues, and find resources from across Canada. You can also learn more about apply for different kinds of assistance, including subsidized housing and income assistance.

Homeless Hub
www.homelesshub.ca | @homelesshub
Homeless Hub is a resource for homelessness and housing research. Visit www.homelesshub.ca to learn more about Housing First and other approaches to housing, connect with researchers, and search for research, stories, and best practices from communities across Canada.

Affordability and Choice Today
Housing in My Backyard: A Municipal Guide to Responding to NIMBY | www.fcm.ca/Documents/tools/ACT/Housing_In_My_Backyard_A_Municipal_Guide_For_Responding_To_NIMBY_EN.pdf
NIMBY or 'Not In My Backyard' is a leading concern for municipalities across the country. This report, aimed at municipal staff, outlines common concerns and offers strategies to overcome barriers. You'll find case studies, important lessons from past projects, and good practices to help support inclusive communities.

Here to Help + Visions have brought the conversation to Twitter

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