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Current Issues in Mental Health in Canada: Homelessness and Access to Housing

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Laura Munn-Rivard

Legal and Social Affairs Division
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CURRENT ISSUES IN MENTAL HEALTH IN CANADA: HOMELESSNESS AND ACCESS TO HOUSING

1 INTRODUCTION

The relationship between mental health problems and homelessness and access to housing is complex. Individuals with mental health problems¹ or mental illnesses² are predisposed to experiencing housing insecurity and homelessness,³ and poor mental health can be caused, triggered or aggravated by homelessness or housing that does not meet a certain standard of adequacy, affordability and suitability.

In Canada, access to housing for people with mental health problems has evolved over time; from poorhouses and prisons in the 1800s, to psychiatric hospitals by the 1900s, to a process of deinstitutionalization beginning in the 1960s.⁴ Since the 1990s, those working in the Canadian mental health care system and advocates in the mental health field have displayed a greater awareness of the critical relationship between mental health and housing, in particular the role housing plays in recovery and well-being.⁵

Because many mental illnesses are undiagnosed,⁶ particularly in the homeless population, in this publication the term *mental health problem* will encompass both poor mental health – such as feelings of loneliness, worthlessness and hopelessness – and mental illnesses – such as schizophrenia or depression.

2 MENTAL HEALTH AND HOMELESSNESS AND ACCESS TO HOUSING: A COMPLEX RELATIONSHIP

2.1 THE EFFECT OF MENTAL HEALTH ON ACCESS TO HOUSING

Individuals with mental health problems face challenges in accessing the general housing and rental markets in Canada and often experience housing insecurity and homelessness.

Financial stability is required to pay for housing, and mental health problems can constrain a person's employment and income options. The episodic and unpredictable nature of mental illnesses can include crisis periods with self-imposed isolation or hospitalization; this can hinder steady employment, undermine financial stability,⁷ and limit the ability to maintain, pay for, and retain housing.⁸

Unmanaged symptoms can lead to a “revolving door” pattern of care: individuals will spend short periods in the community, interspersed with regular admissions to hospital. This pattern makes it difficult for the individual to maintain housing.⁹

Discrimination and stigma in the workplace against those with mental health problems can contribute to reduced employment opportunities, under-employment, lack of career advancement, and job loss, all of which hurt financial stability and the ability to pay for housing.¹⁰

Discrimination also affects access to housing: landlords may choose not to rent to people with mental health problems or may evict them as soon as possible,¹¹ and community members may avoid, ostracize or be hostile towards individuals living with mental health issues.¹²

2.2 HOUSING AND HOMELESSNESS AS SOCIAL DETERMINANTS OF MENTAL HEALTH

Access to housing that meets a certain standard of adequacy, affordability and suitability (known as core housing need¹³) is a social determinant of mental health status.¹⁴ High-quality housing has a positive impact on general well-being, psychological stability, independent functioning,¹⁵ and social connectedness.¹⁶

Individuals who experience housing insecurity or are homeless are more likely than the general population in Canada to:

- have high levels of stress;¹⁷
- exhibit poor coping skills, sometimes resorting to self-harm, isolation and substance abuse;¹⁸
- have low self-esteem¹⁹ and internalized stigma and self-loathing;²⁰ and
- experience feelings of loneliness, worthlessness and hopelessness.²¹

They are also likely to have considerably lower life expectancy than the general population, partly as a result of high rates of suicide.²²

Homeless individuals often report severe mental illnesses, such as depression, anxiety, bipolar disorder, schizophrenia and post-traumatic stress disorder.²³ Homelessness can be temporary, episodic or chronic,²⁴ but as the period of homelessness increases, pre-existing and emergent mental health problems and concurrent disorders often worsen.²⁵

Homeless people with mental health problems are among the most underserved and marginalized in society,²⁶ and they face many barriers that limit their access to mental health services. Without the stability of a permanent address and the social connectedness of a community, many homeless individuals do not have a health card, cannot make or keep appointments,²⁷ do not take medication properly,²⁸ and lack continuity of care which allows for proper diagnosis and treatment.²⁹

2.3 CONCURRENT DISORDERS, INCLUDING SUBSTANCE ABUSE

A great number of homeless people have concurrent disorders. This means that, in addition to a mental health problem, such as a diagnosed illness, an individual has a second condition, such as a substance abuse problem or mobility impairment.³⁰

Studies suggest that individuals with concurrent disorders are more likely to experience chronic homelessness³¹ and face challenges in receiving suitable care.³²

The connection between substance abuse, housing stability and mental health is described as a complex “chicken or the egg” relationship.³³ substance abuse can be both the cause and the result of homelessness and mental health problems.³⁴

3 MENTAL HEALTH AND HOMELESSNESS AND ACCESS TO HOUSING: THE CURRENT SITUATION IN CANADA

3.1 JURISDICTION

The *Constitution Act, 1867* assigns areas of exclusive legislative authority to the federal government under section 91 and to provincial governments under section 92. These areas are known as “heads of power.” Neither access to housing nor mental health are specifically assigned under section 91 or section 92, so federal and provincial responsibilities must be inferred from the enumerated heads of power.

Mental health is multi-faceted, and so jurisdiction cannot be limited to a single level of government; health care service delivery is a provincial and territorial responsibility, while the federal level regulates criminal law and leads initiatives that are pan-Canadian in scope or targeted toward specific population groups.³⁵

Housing is generally recognized as falling under provincial jurisdiction, because the *Constitution Act, 1867* assigns responsibility for civil and property rights and “matters of a local nature” to the provinces.³⁶ Since 1996, the federal government has withdrawn from the direct delivery of social housing services, with a few exceptions, such as on-reserve housing³⁷ and military housing on selected bases.³⁸ This withdrawal has left responsibility for housing to the provincial and municipal governments.³⁹

The Mental Health Commission of Canada (MHCC), a non-profit organization that is funded by the federal government but operates at arm’s length, has recommended the development of a national strategy relating to mental health services and housing.⁴⁰ It proposes that the strategy be accompanied by a national assessment of the current need for, and supply of, high-quality housing with related supports for individuals with mental health problems.⁴¹

3.2 ASSESSING THE CANADIAN POPULATION

There is limited data on how many people with mental health problems and illnesses are in core housing need or homeless in Canada. A number of factors make it difficult to measure this population:

- There are differing definitions of key concepts.
- The transitory nature of the populations makes them methodologically difficult to count.
- Many mental health conditions remain undiagnosed in this population.
- Calculating numbers at the national level is costly in terms of human and financial resources.

The Canada Mortgage and Housing Corporation reported that 27% of people living with mental illness in 2005 were in core housing need, compared with 15% of people in the Canadian population as a whole.⁴² The MHCC estimated that, in 2011, 520,700 people with mental illness were inadequately housed and that a substantial number of these people were homeless.⁴³

In the homeless population in Canada – generally estimated to be between 150,000 to 300,000 individuals⁴⁴ – the rate of mental health problems is higher than it is in the general population.⁴⁵ Studies estimate that between 25% and 50% of the homeless population in Canada has a mental health problem or illness,⁴⁶ although it has been suggested that the rate may be as high as 74%.⁴⁷ In a 2011 report, the MHCC suggested that 119,800 homeless people had mental health problems.⁴⁸

4 MAKING HOUSING MORE ACCESSIBLE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

Because individuals with mental health problems face greater challenges accessing and maintaining housing that meets the criteria of core housing need, many require social housing assistance.⁴⁹ There are few social housing options with adequate supports in Canada.⁵⁰ According to the MHCC, people are “stuck on waiting lists, in hospitals, in inadequate housing, in shelters, or on the streets.”⁵¹

According to a 2011 MHCC report, approximately 25,000 supportive housing units across Canada are dedicated to people living with mental illness,⁵² but a minimum of 100,000 additional supportive housing units are needed over the next 10 years.⁵³

For individuals with mental health problems who are homeless, there are even greater hurdles to overcome in accessing housing. Programs to shelter these individuals use a variety of approaches. For example, the traditional continuum of services approach requires a person to have reached a level of stability and recovery with respect to any mental health or substance abuse problems (known as “housing ready”) before permanent housing placement is provided.⁵⁴ Criticisms of this approach centre on its requirement of medical compliance and evidence of its success remains mixed.⁵⁵ As an alternative, many programs are now adopting an innovative and emerging approach called “Housing First,” described in greater detail in section 4.1 of this paper.

4.1 THE HOUSING FIRST APPROACH

The Housing First approach views housing as central to recovery and as a fundamental human right that should be available to everyone, regardless of his or her mental health or substance use challenges. Through this approach, an individual is provided housing as soon as possible and offered accompanying support services to meet his or her varying needs.⁵⁶ Harm reduction and community integration are key to the Housing First approach.⁵⁷ The model was developed in New York City in 1992 by the “Pathways to Housing” program.⁵⁸

Canadian research has documented the effectiveness of the Housing First approach in improving housing retention among people who are homeless and mentally ill.⁵⁹ The MHCC’s Mental Health Strategy for Canada supports this approach, stating that it shows promise “for improving outcomes and quality of life for homeless people living with mental health problems or illnesses, both in Canada and internationally.”⁶⁰

Investments in Housing First approaches have been demonstrated to reduce costs overall, as individuals with mental health or substance abuse problems in stable living conditions are less likely to make frequent, substantial and sometimes inappropriate use of health care, social services, and criminal and judicial resources.⁶¹ In Canada, at the provincial and municipal levels, a number of housing and homelessness strategies have used the Housing First approach.⁶²

5 THE FEDERAL LEVEL: MENTAL HEALTH AND HOUSING-RELATED INITIATIVES

There are a number of initiatives at the federal level that address both housing and mental health concerns. These are:

- the MHCC’s mental health strategy, *Changing Directions, Changing Lives*, which discusses access to housing;
- the MHCC-managed “At Home/Chez Soi” Pilot Project; and
- the Homelessness Partnering Strategy, under the department of Employment and Social Development Canada.

5.1 THE MENTAL HEALTH COMMISSION OF CANADA

The MHCC has a 10-year mandate (2007–2017) from Health Canada and brings together leaders and organizations in the mental health field with the purpose of “improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues.”⁶³

Canada’s first mental health strategy, released by MHCC in March 2013, describes supportive housing as being critical to a high-performing mental health system.⁶⁴ It cites evidence indicating that “affordable, secure, and safe” housing is key to recovery for people with mental illness.⁶⁵

The strategy calls for increased access to housing for people living with mental health problems – and specifically, the expansion of programs that take a Housing First approach to homelessness.⁶⁶ Three recommendations for housing-related action are mentioned:

- Increase the availability of safe, secure, and affordable housing with supports for people living with mental health problems and illnesses.⁶⁷
- Expand approaches such as “housing first” for homeless people living with mental health problems or illnesses.⁶⁸
- Act to change poor living conditions that can undermine mental health, such as overcrowded or inadequate housing, and lack of access to clean water and affordable food.⁶⁹

5.2 THE “AT HOME/CHEZ SOI” PILOT PROJECT

A federally funded Housing First pilot project entitled “At Home/Chez Soi” was launched in 2009, managed by the MHCC. It provided housing assistance to over 2,000 people who were homeless and living with a mental health issue in five cities: Moncton, Montréal, Toronto, Winnipeg and Vancouver.

The pilot project ended in March 2013,⁷⁰ and early analysis suggests that it was a success.⁷¹ Seventy-three percent of participants who spent just 12 months in the Housing First model had stable housing, compared with 30% in the population with standard treatment. The stable housing allowed participants to attain other goals, such as obtaining steady employment.⁷²

As a result of the success of the “At Home/Chez Soi” pilot project, the 2013 and 2014 federal budgets announced a renewal of the Homelessness Partnering Strategy (discussed in section 5.3) with a continued focus on a Housing First approach.⁷³

5.3 THE HOMELESSNESS PARTNERING STRATEGY

The federal Homelessness Partnering Strategy (HPS), launched in 2007,⁷⁴ is a community-based program with a specific mental health focus. The HPS is intended to prevent and reduce homelessness across Canada by investing in transitional and supportive housing through a Housing First approach.⁷⁵

In its 2013 budget, the federal government announced \$119 million per year over five years (2014–2019) would be allocated to the HPS, for a total investment of almost \$600 million.⁷⁶ This investment was meant to renew and refocus the HPS using a Housing First approach, citing evidence that the Housing First approach

can be implemented across Canada; improves the lives of those who are homeless and have a mental illness; and makes better use of public dollars, especially for those who are high service users – as demonstrated by a reduction in the use of hospital in-patient care, emergency rooms, police detentions and justice services.⁷⁷

The 2014 budget reiterated the value of the Housing First approach and reaffirmed the funding commitment.⁷⁸

6 CONCLUSION

While homelessness or inadequate, unaffordable and unsuitable housing often lead to mental health problems, mental health problems do not necessarily have to lead to housing vulnerability and homelessness. At issue is the availability of high-quality housing for individuals with mental health problems. The Housing First approach has demonstrated that individuals with mental health problems can remain in suitable housing if offered accompanying recovery-oriented supports.

NOTES

1. Mental health is defined by the Public Health Agency of Canada as

the capacity of each and all of us to feel, think, act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.

(See Public Health Agency of Canada, [Mental Health Promotion](#).)
2. Mental illnesses are defined by the Public Health Agency of Canada as being “characterized by alterations in thinking, mood or behaviour associated with significant distress and impaired functioning.”(See Public Health Agency of Canada, [Mental Illness](#).)
3. There is no agreed-upon definition of homelessness in Canada, despite a number of attempts to establish a common definition by housing advocates. See, for example, Canadian Homelessness Research Network, [Canadian Definition Of Homelessness](#), 2012; and Havi Echenberg and Hilary Jensen, [Defining and Enumerating Homelessness in Canada](#), Publication no. 08-30-E, Parliamentary Information and Research Services, Library of Parliament, Ottawa, 17 May 2012, p. 1.
4. The process of deinstitutionalization in Canada, which began in the 1960s, was a result of several factors:
 - inhumane conditions at psychiatric institutions due in part to overcrowding and understaffing;
 - new studies highlighting the negative impact of long-term institutionalization;
 - the introduction of more effective medication to control mental illness; and
 - financial incentives offered to provincial governments through federal–provincial cost-sharing arrangements to fund psychiatric units in general hospitals.

See Senate, Standing Committee on Social Affairs, Science and Technology, [Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada](#), Report 1, November 2004, p. 138; and Canadian Institute for Health Information (Canadian Population Health Initiative), [Improving the Health of Canadians 2007–2008: Mental Health and Homelessness](#), 2007, p. 26.
5. Canadian Institute for Health Information (2007), p. 26.
6. A. Ganesh et al., “High positive psychiatric screening rates in an urban homeless population,” *The Canadian Journal of Psychiatry*, Vol. 58, June 2013, pp. 353–354.

7. Senate, Standing Committee on Social Affairs, Science and Technology, [Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada](#), Final Report, May 2006, p. 174.
8. Canadian Mental Health Association – Ontario, [Housing](#); and Donald M. Linhorst, *Empowering People with Severe Mental Illness: A Practical Guide*, Oxford University Press, 2005, p. 113.
9. R. Chilvers et al., “Supported housing for people with severe mental disorders,” *The Cochrane Collaboration*, 2010, p. 2.
10. Government of Canada, [The Human Face of Mental Health and Illness in Canada](#), 2006, p. 42; and Centre for Addiction and Mental Health (Community Support and Research Unit) and Canadian Council on Social Development, [Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illnesses](#), Report prepared for the Mental Health Commission of Canada, 2011, p. 7.
11. Ontario Human Rights Commission, [Minds That Matter: Report on the consultation on human rights, mental health and addictions](#), 2012, pp. 52–53.
12. Senate, Standing Committee on Social Affairs, Science and Technology, [Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada](#), Final Report, May 2006, pp. 11–15; and Government of Canada (2006), pp. 41–42.
13. A household in core housing need is defined by the Canada Mortgage and Housing Corporation as a household whose housing

falls below at least one of the adequacy, affordability or suitability standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable.

Statistics Canada measures affordability as a shelter cost-to-income ratio of no more than 30%. See Canada Mortgage and Housing Corporation, “[Definitions of Variables](#),” *Housing in Canada Online*; and Willa Rea et al., “[The dynamics of housing affordability](#),” *Perspectives on Labour and Income*, Vol. 9, No. 1, January 2008.
14. Toba Bryant, “[The Current State of Housing in Canada as a Social Determinant of Health](#),” *Policy Options*, March 2003, p. 52; Mental Health Commission of Canada, [Changing Directions, Changing Lives: The Mental Health Strategy for Canada](#), 2012, pp. 80 and 89.
15. Office of the Auditor General of Ontario, [2008 Annual Report](#), 2008, p. 187.
16. Canadian Institute for Health Information (2007), p. 14; and Canadian Child and Youth Health and Housing Network, [More Than Shelter: The Impact of Housing on the Health of Children and Youth in Canada](#), February 2013, p. 1
17. Canadian Institute for Health Information (2007), p. 13.
18. *Ibid.*, p. 14.
19. *Ibid.*, p. 15; and J. David Hulchanski et al., “Mental Health, Mental Illness, and Homelessness in Canada,” Chapter 2.3 in [Finding Home: Policy Options for Addressing Homelessness in Canada](#), Cities Centre Press, University of Toronto, 2009, p. 6.
20. Dalma Fabian, “Homelessness and Mental Health,” Guest Editorial in [Homeless in Europe](#) (European Federation of National Organisations Working with the Homeless), Summer 2013, p. 3.
21. Hulchanski et al. (2009), p. 6.

22. For example, a Canadian study conducted from 1991 to 2001 indicated that vulnerably housed and homeless men were twice as likely as people in the general population to commit suicide and vulnerably housed and homeless women were nearly six times as likely to do so. See Stephen W. Hwang et al., "[Mortality among residents of shelters, rooming houses, and hotels in Canada: 11 year follow-up study](#)," *British Medical Journal*, 26 October 2009, p. 5.
23. Research Alliance for Canadian Homelessness, Housing and Health, [Housing Vulnerability and Health: Canada's Hidden Emergency – A Report on the REACH³ Health and Housing in Transition Study](#), November 2010, p. 2.
24. Canadian Institute for Health Information (2007), p. 7
25. Stephen Gaetz et al., [The State of Homelessness in Canada 2013](#), Homeless Hub Research Paper no. 4, Homeless Hub and Canadian Alliance to End Homelessness, 2013, pp. 28 and 32.
26. Employment and Social Development Canada, "[May 2012: Mental Health](#)," *The Homelessness Partnering Strategy Bulletin*.
27. Deborah Kraus, Luba Serge and Michael Goldberg, "Eva's Satellite: Sponsored by Eva's Initiatives" and "Princess Rooms Transitional Housing Demonstration Project: Sponsored by Triage Emergency Services and Care Society" in "Appendix A: Case Studies," in [Homelessness, Housing, and Harm Reduction: Stable Housing for Homeless People with Substance Use Issues](#), Distinct Housing Needs Series Research Report, Canada Mortgage and Housing Corporation, 2005; and C. James Frankish, Stephen W. Hwang and Darryl Quantz, "[Homelessness and Health in Canada: Research Lessons and Priorities](#)," *Canadian Journal of Public Health*, Vol. 96, March/April 2005, p. S25.
28. Kraus, Serge and Goldberg (2005); Frankish, Hwang and Quantz (2005), p. S25; and Research Alliance for Canadian Homelessness, Housing, and Health (2010), p. 2.
29. Research Alliance for Canadian Homelessness, Housing, and Health (2010), p. 2.
30. Canadian Institute for Health Information (2007), p. 16; and Mental Health Commission of Canada (2012), p. 68.
31. Canadian Institute for Health Information (2007), pp. 16–17.
32. Ibid., p. 16; and Mental Health Commission of Canada (2012), p. 68.
33. Lynne Belle-Isle, "[Housing Our Most Marginalized: A Housing First Approach](#)," *Visions: BC's Mental Health and Addictions Journal*, Vol. 8, No. 1, 2013.
34. Canadian Institute for Health Information (2007), pp. 16–17; and Belle-Isle (2013).
35. Health Canada, "[Mental Health](#)," *Healthy Living*.
36. This is according to section 92(13) on property and civil rights and section 92(16) on matters of a local or private nature within a province.
37. Because section 91(24) states that the federal government has legislative authority over "Indians, and lands reserved for the Indians," Aboriginal Affairs and Northern Development Canada accepts responsibility for on-reserve housing.
38. Section 91(7) provides the federal government with legislative authority over "militia, military and naval service, and defence." As a result, the federal government takes responsibility for military housing on some bases through the Canadian Forces Housing Agency. See National Defence and the Canadian Forces, [Department of National Defence Housing](#).
39. Canada Mortgage and Housing Corporation, "[The Evolution of Social Housing in Canada](#)," Chapter 9 in *Canadian Housing Observer 2011*, 2011, pp. 136–137.

40. Centre for Addiction and Mental Health and Canadian Council on Social Development (2011), pp. 21, 34 and 47.
41. *Ibid.*, pp. 10 and 21.
42. Senate, Standing Committee on Social Affairs, Science and Technology, [Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada](#), Final Report, May 2006, p. 463.
43. Centre for Addiction and Mental Health and Canadian Council on Social Development (2011), pp. 10–11.
44. Wellesley Institute, [Precarious Housing in Canada](#), Summer 2010, p. 4; Mental Health Commission of Canada, [Issue: Housing and Homelessness](#); Canadian Housing and Renewal Association, “[homelessness](#),” *Our Work*; and Gaetz et al. (2013), p. 5.
45. Frankish, Hwang and Quantz (2005), p. S25; and Gaetz et al. (2013), p. 25.
46. Office of the Auditor General of Ontario (2008), p. 187; Senate, Standing Committee on Social Affairs, Science and Technology, [Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada](#), Final Report, May 2006, p. 461; and Mental Health Commission of Canada, [Issue: Housing and Homelessness](#).
47. Mental Health Commission of Canada (2012), p. 72.
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50. Centre for Addiction and Mental Health and Canadian Council on Social Development (2011), pp. 4–7.
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52. *Ibid.*, p. 5.
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56. Mental Health Commission of Canada, [Issue: Housing and Homelessness](#); and Wellesley Institute (2012), p. 13.
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58. Canadian Institute for Health Information (2007), p. 29.
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61. Wellesley Institute (2012), pp. 13–14; Todd P. Gilmer, et al., “[Effect of Full-Service Partnerships on Homelessness, Use and Costs of Mental Health Services, and Quality of Life Among Adults with Serious Mental Illness](#),” *Archives of General Psychiatry*, Vol. 67, No.6, June 2010, p. 645.
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66. Ibid.
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69. Ibid., p. 89.
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