# MENTAL HEALTH & HOUSING

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## SOME DEFINITIONS

### Mental Disorder (DSM-5 Definition):

A mental disorder is a syndrome characterized by clinically significant disturbance in an individuals cognition emotion regulation or behavior that reflects the dysfunction in the psychological biological or developmental processes underlying mental functioning mental disorders are usually associated with significant distress or disability and a social occupational or other important activities. An expectable or culturally approved response to a common stressor or loss such as the death of a loved one is not a mental disorder.

#### **Mental Illness:**

Often used interchangeably with mental disorder in clinical contexts; refers to diagnosable conditions causing dysfunction and distress.

#### **Mental Health:**

Refers to overall psychological well-being, the ability to cope with stress, work productively, and contribute to community life. Not formally defined in DSM-5 but represents the positive state beyond the presence or absence of disorders.

## **PREVALENCE**

#### Prevalence of Mental Health Disorders in Ontario

- •26.4% of the population report poor or fair mental health
- •10.9% experience mood and anxiety disorders
- •18.9% affected by substance use disorders
- •Among children/youth (ages 4-17), **18.2%–21.8**% have a diagnosable mental disorder (6-month prevalence)

Source: Canadian Mental Health Association, Ontario Mental Health Profile 2024

## HOUSING

- •Over 235,000 people experience homelessness annually in Canada.
- •Indigenous Peoples are disproportionately represented among the unhoused population, especially in urban areas.
- •Eviction rates impact 7% of Canadians, with Indigenous and racialized people disproportionately affected.
- •Indigenous women face higher rates of landlord harassment and violence, leading to housing instability.

Indigenous Shelter Diversion and Eviction Prevention Environmental Scan, Canadian Observatory on Homelessness, 2025.

## HOUSING & MENTAL HEALTH

- •25-67% of people experiencing housing insecurity/homelessness have current mental health disorders, with lifetime prevalence reaching 77%. Specific disorders include substance use (44%), major depression (19%), and schizophrenia (7%) (Canadian Mental Health Association, Ontario; Barry et al., 2024).
- •Among people with mental health-related disabilities in Canada, 21.2% live in households experiencing core housing need; adequacy, suitability, affordability (Statistics Canada, 2021).
- •R Barry et al., "Prevalence of Mental Health Disorders Among Individuals Experiencing Homelessness," JAMA Psychiatry, 2024
- •Statistics Canada, "One in five Canadians with mental health-related disabilities living in core housing need," 2021
- •CMHA Ontario, "Housing and Mental Health,"
- •Mental Health Commission of Canada, "Mental Health and the High Cost of Living," 2024

# **COMMON CHALLENGES**

## **Employment Instability and gaps in support**

- •Mental health disorders can result in episodes that disrupt employment, making it difficult to maintain a steady income essential for successful housing retention.
- •Up to 90% of Canadians with serious mental illness are unemployed, with frequent episodes of illness or hospitalization leading to sudden loss of jobs or frequent cycling between work and social assistance.
- •Lack of workplace accommodations, and inflexible income support programs further complicate entering or maintaining employment, reinforcing housing insecurity.

# **COMMON CHALLENGES**

### Financial Barriers and Housing Affordability

- •Many people with mental health disorders rely on social assistance, rarely enough to cover average housing costs—individuals typically spend a high proportion of their income on rent, leaving little for other necessities.
- •There are extensive waitlists for affordable and supportive housing, forcing some to remain in precarious or unsafe spaces.

## Stigma & Discrimination

•People living with mental health disorders experience discrimination from both landlords and community members, making it harder to secure stable and suitable housing.

# **COMMON CHALLENGES**

## Exacerbation of mental health disorder & opportunities for treatment

- •Stress worsens symptoms
- •Sleep, nutrition, physical health, mastery we all need it
- •Frequent moves, overcrowding, and poor housing quality disrupt opportunities for routine, recovery, and daily functioning.
- •Attendance for mental health care appointments, communication disrupted

### **Cognitive Functioning**

•Impairments in attention, planning, memory, and decision-making can make it difficult to handle tasks such as budgeting, reading lease agreements, or remembering appointments for rent payments and landlord meetings.

Help clients understand documents and housing notices by breaking information into small, easy-to-digest pieces, and using simple summaries or visual checklists; consider auditory, written, images

#### **Social and Communication Skills**

- •Difficulty interacting with landlords, neighbours, or support workers can lead to misunderstandings, conflicts, or lack of support when housing issues arise.
- •Example: A person with severe depression may withdraw socially, making it hard to advocate for themselves or reach out for help with maintenance or disputes

Facilitate skill-building sessions to improve communication with landlords or neighbors, and advocate on the client's behalf when disputes or misunderstandings occur; role-playing conversations or providing scripted communication aids can empower clients to better express their needs.

#### **Emotion Regulation**

- •Challenges with managing stress, anger, and frustration can cause problems responding to routine housing stressors, such as noise complaints, eviction notices, or changes in living conditions.
- •Example: Someone with emotion regulation difficulties or trauma may react impulsively to landlord conflict, risking eviction or loss of housing stability

Meet in space safe to client, consider activity, give choice, model/teach and support coping strategies, breathing exercises/grounding techniques to manage stress; watch for signs of agitation and give breaks

Approach strong emotions with patience and validation; encourage clients to express feelings about the process and its impact, give time for emotional processing, don't argue or convince, and stick to clear, factual communication.

### **Activities of Daily Living and Self-Care**

- Difficulty maintaining cleanliness, meal preparation, and personal hygiene directly affects tenancy, as poor conditions can lead to complaints, increased risk of eviction, or health hazards.
- •Example: A person experiencing severe anxiety or neurocognitive disorder may find it overwhelming to clean their apartment, allowing clutter and sanitation issues to build up.

Assist in setting routines for chores, hygiene, and nutrition, schedule weekly cleaning days or encourage the use of visual schedules for hygiene routines, providing accountability and encouragement; set realistic and achievable goals

#### **Financial Management**

- •Trouble managing finances and accessing benefits or income supports, especially when experiencing episodes of illness, can compromise timely rent payment and threaten housing security.
- •Example: An individual with major depressive disorder may lose employment or be too unwell to seek disability benefits, leading to missed rent and risk of losing their home.

Helps clients with applying for benefits, setting up simple budgeting tools, and accessing financial literacy resources, accompanying them to benefits appointments

## HOUSING & MENTAL HEALTH

## **Recognizing Trauma-Related Behavioral Responses**

- •Understand that behaviors like avoidance, silence, or aggression may reflect trauma; give space, don't argue, listen to the emotion, regulate yourself, provide safety
- •Create emotionally and physically safe environments
- •Foster choice, collaboration, and connection
- •Support strengths and resilience

### **Cultural and Historical Sensitivity**

- •Address intersectional issues like discrimination, stigma, and historical trauma affecting Indigenous or racialized clients
- •Incorporate culturally relevant support, such as elders or community advocates, to assist clients facing housing stressors.