

HOUSING FOR SENIORS WITH MENTAL ILLNESS: A CONTENT ANALYSIS

by

Lauren White

BA (Hons), Ryerson University, 2020

A Major Research Paper

presented to Ryerson University

in partial fulfillment of the

requirements for the degree of

Master of Planning in Urban Development

Toronto, Ontario, Canada, 2022

AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this MRP. This is a true copy of the MRP, including any required final revisions.

I authorize Ryerson University to lend this MRP to other institutions or individuals for the purpose of scholarly research.

I further authorize Ryerson University to reproduce this MRP by photocopying or by other means, in total or in part, at the request of other institutions or individuals for the purpose of scholarly research.

I understand that my MRP may be made electronically available to the public.

HOUSING FOR SENIORS WITH MENTAL ILLNESS: A CONTENT ANALYSIS

© Lauren White, 2022

Master of Planning

in Urban Development

Ryerson University

ABSTRACT

This paper explores how the City of Toronto plans housing for seniors with mental illness through a content analysis of provincial and municipal policy documents. Using a two-pronged approach, manifest content analysis was used to identify the frequency of keywords in policy documents and latent analysis was used to identify meaning behind the text. Overall, the findings of this thorough content analysis highlight a gap in the keywords related to seniors, mental health, and housing, demonstrating the siloed nature of provincial and municipal policies. This paper finishes with a discussion of recommendations to increase housing opportunities for seniors with mental illness and reduce stigma within policy while providing opportunities to increase collaboration between provincial and municipal policymakers.

Key words: seniors; supportive housing; mental health; mental illness; Toronto

ACKNOWLEDGMENTS

I would like to acknowledge and express my sincere gratitude for the following individuals who supported, informed, and guided this work.

Thank you to my patient, thoughtful, dedicated, and caring supervisor, Dr. Samantha Biglieri, for your words of clarity and wisdom. Your guidance and support made this project possible.

Thank you to my second reader, Randy Hodge, for your words of encouragement and your ideas.

Thank you to my family for always supporting me and pushing me to learn and grow as an individual, and to the many friends I have made in the Master of Planning program whose ongoing support made writing this paper possible.

Lastly, I would like to dedicate this work to my father, who passed away from mental illness. I hope this work inspires others to consider mental health in planning.

TABLE OF CONTENTS

1. Introduction	1
2. Literature Review	3
2.1 History of Housing for People with Severe Mental Illness	3
2.1.1 The Creation of Mental Health Hospitals: 1800's	3
2.1.2 Deinstitutionalization and Supportive Housing: 1960s-1980s	3
2.1.3 Supported Housing and Housing First: 1990s - Present	5
2.2 Senior's Housing Needs	7
2.3 Age-Friendly Communities	8
3. Methodology	10
3.1 Data Collection	11
3.1.1 Provincial Documents	12
3.1.2 Municipal Documents	13
4. Results	15
4.1 Content Analysis - Provincial Acts	15
4.2 Content Analysis - Provincial Plans and Policies	18
4.3 Content Analysis - Municipal Plans and Policies	21
5. Discussion	24
5.1 Mental Health Definitions and Circumstances	25
5.2 Housing Models	28
5.3 Planning Processes and Challenges	31
6. Recommendations	37
6.1 Create Partnerships & Integrate Services	37
6.2 Update and Streamline Policy and Planning Processes	39
6.3 Improve Policy Language and Coordination	41
7. Conclusion	44
8. Limitations and Recommendations for Future Research	44
References	46
Appendices	52
Appendix A: Content Analysis Results for Provincial Ministries	52
Appendix B: City of Toronto Divisions	56

LIST OF CHARTS

Chart 1. Keywords used for content analysis

Chart 2. City of Toronto Administrative Structure

LIST OF TABLES

Table 1. Study dataset - number and type of documents by jurisdiction

Table 2. Provincial documents scanned for analysis

Table 3. Municipal documents scanned for analysis

Table 4. Count of keywords for provincial Acts

Table 5. Count of keywords for provincial plans and policies

Table 6. Count of keywords for municipal plans and policies

Table 7. Count of total keywords by category

Table 8. Count of keywords for documents under the Ministry of Community and Social Services

Table 9. Count of keywords for documents under the Ministry of Health

Table 10. Count of keywords for documents under the Ministry of Municipal Affairs and Housing

Table 11. Count of keywords for documents under the Ministry of Seniors and Accessibility

1. Introduction

Seniors aged 65 and older are the fastest growing population group in Canada (Puxty et al., 2019). By 2031, seniors will represent 20 percent of Toronto's population. Seniors wish to continue to live independently for as long as possible, a realization that many are calling 'aging-in-place'. To age-in-place is to age comfortably in one's home and neighbourhood rather than in medical institutions like hospitals and long-term care homes. Aging in place allows seniors to maintain social networks with family members, friends, and community members and maintain personal identity (Joy, 2020). Toronto's existing housing stock is not suitable to meet the diverse needs of seniors, especially for those living with mental illness. The Canadian Mental Health Association (CMHA) (2010) argues that the prevalence of mental illness in seniors ranges from 17 to 30 percent, and this number is only expected to increase with the aging population.

There are various housing options available to meet the integrated housing needs of seniors, including retirement communities, independent living, supportive housing, and mainstream housing (Puxty et al., 2019). Of these housing types, supportive housing is the most conducive to seniors with mental illness. Supportive housing options often include design features for safety and accessibility, as well as providing 'wrap-around' support services such as counselling, personal support and assistance with medication, recreational activities, housekeeping, and meal preparation (Puxty et al., 2019).

This paper explores how the City of Toronto plans housing for seniors with mental illness through a content analysis of provincial and municipal policy documents. The main research question is *how does the City of Toronto plan housing for seniors living with mental illness?* A secondary question driving this research is *what are the housing needs of seniors living with mental illness?* Using a two-pronged approach, manifest content analysis was used to identify

the frequency of keywords in policy documents and latent analysis was used to identify meaning behind the text. The frequency of keywords varied among provincial and municipal documents and keywords were more present in both provincial and municipal plans than provincial acts.

Based on this thorough manifest and latent content analysis, three main themes have been identified through an examination of these provincial and municipal documents: (1) References to mental health focus on the definitions of mental health, working with people living with dementia, criteria for housing, and staff training. (2) References to housing models focus on alternative housing models to market-rate housing and the associated challenges, and the integration of housing and services. (3) References to planning processes focus on the context that applies to developing housing both for seniors and those with mental illness.

Recommendations to improve housing options for seniors with mental illness in the City of Toronto are identified, including creating more opportunities for partnerships with private and non-profit organizations, developers, and landlords; as well as integrating services within supportive housing to create a continuum of care and reduce stigmatization. Updating and streamlining policy and development processes to better reflect seniors housing needs and create more opportunities for supportive housing. Finally, improving policy language and coordination between mental health, housing, and seniors-related policies.

2. Literature Review

2.1 History of Housing for People with Severe Mental Illness

2.1.1 The Creation of Mental Health Hospitals: 1800's

Mental hospitals were created in Canada and the United States in the 1800s for people with severe mental illness (SMI). These hospitals quickly became overcrowded and understaffed, and people who were admitted were forced to stay for the remainder of their lives. At the time, residents of mental hospitals were strictly referred to as patients and were believed to have no rights or autonomy. This led to institutional abuse and extremely poor treatment by staff. Patients were forced to follow rigid routines and block treatment, for example only eating meals together and lining up for medication, which reinforced the dependency between patient and the "institution". Patients were provided their basic and essential needs, including food, shelter, and clothing, further enhancing this dependency. Any attempts to reform the mental health system were often short-lived until the 1960s, when mental health professionals began introducing evidence-based rehabilitation programs as alternatives to custodial care (Nelson & Macleod, 2017).

2.1.2 Deinstitutionalization and Supportive Housing: 1960s-1980s

Deinstitutionalization was the process of moving those with severe mental illness (SMI) out of large institutions and back into the community. It began in the 1950s and was widely implemented across Canada in the 1960s. The number of provincial beds across the country Canada was reduced by 70% between 1965 and 1981. Deinstitutionalization was a result of both a reduction in government funding toward mental health hospitals and increased funding toward a public welfare system, and the shift in focus toward patient rights and a vision

of community mental health. Although funding was being spent on public welfare initiatives, the federal government prioritized funding for general hospital psychiatric units and not housing nor community support services needed by those with SMI. As a result, many people who were discharged from mental health hospitals were forced into precarious housing situations, including boarding rooms, single room occupancy hotels, nursing homes, with foster families, in poor quality housing, or they became homeless. The process of deinstitutionalization did not reduce the stigma or poor treatment of those with SMI (Nelson & Macleod, 2017).

During this time, mental health professionals were still seen as the experts and those with SMI were seen as in need of lifelong care, which could only be administered by a mental health professional. Many custodial care facilities (e.g. board-and-care homes) offered in the community were profit-oriented, meaning those operating them were interested in keeping stable and docile residents. Although residents had more independence living in the community, they were by no means empowered. The homes available to them often resembled mini-institutions and residents were forced to line up for meals and medication. Integration back into the community was difficult. Residents were placed strategically by mental health hospital staff, limiting their choice of where and who to live with. Staff also assumed that older patients would have lower success rates for rehabilitation and were placed into “long-term care, relatively low-expectation homes” (Nelson & Macleod, 2017, p.8), whereas younger residents were placed in “rehabilitation-oriented high-expectation residences” (Nelson & Macleod, 2017, p. 9). In addition, not-in-my-backyard (NIMBY) attitudes from neighbourhood residents forced many of these homes to congregate in space away from community and support networks (Nelson & Macleod, 2017).

Custodial housing (i.e. board-and-care homes) and supportive housing in the form of group homes and halfway houses emerged during this time. Custodial housing is run by for-profit organizations whereas supportive housing is run by non-profit organizations.

Supportive housing is organized along a residential continuum with increasing levels of resident autonomy and decreasing levels of staff support. Studies have shown that residents living in custodial housing were more likely to stay out of mental hospitals, however, they also experienced poorer health, more psychiatric symptoms, lower levels of independence and social functioning, and no changes in community integration. In contrast, studies demonstrated that residents living in supportive housing had better outcomes in terms of employment rate and social functioning than residents living in custodial housing (Nelson & Macleod, 2017). By the end of the 1980s, policy and practice in Ontario moved to permanent housing with flexible supports, beginning with house properties rented or acquired by supportive and alternative housing providers, then expanded to apartments. The creation of supportive housing from homeless-serving agencies shifted the model away from high-support congregate housing with bundled supports to self-contained apartments in small buildings with support provided by separate community agencies (Suttor, 2016).

2.1.3 Supported Housing and Housing First: 1990s - Present

The creation of the residential continuum model led to more people with severe mental illness (SMI) being housed, but the model was highly criticized by consumer advocates throughout the 1990s. They argued that frequent moves were counterproductive, housing was segregated and socially isolating, residents lacked choice and autonomy, and independent living as the end goal was difficult due to a lack of affordable housing in the community. In addition, they pointed to the fact that the majority of people experiencing homelessness were also living with SMI. During the 1980s and 1990s, there was a significant increase in homelessness. Studies suggest that the percentage of people experiencing homelessness with SMI increased from 20% to 33% during this same time period. The rise in homelessness has been attributed to neoliberal policies that led to the downloading of responsibility from the federal government to

the provinces and saw a reduction in funding for income supports and social housing for low-income citizens as a result. One example was the downloading of social housing services. In the 1980s, the federal government created more than 25,000 social housing units, but between 1993 and 2000 fewer than 1,000 were created (Nelson & Macleod, 2017).

Increasing neoliberal policies, criticism toward supportive housing, the rise in homelessness, along with the development of Assertive Community Treatment (ACT) and Intensive Case Management (ICM) as effective community-based supports led to the creation of supported housing. Supported housing, also known as scattered-site supportive housing, consists of housing provided independently of flexible community-based supports. It is typically characterized by apartments dispersed in the community with no more than 20% of residents living with SMI (Nelson & Macleod, 2017). In the 1990s, the term Housing First was coined by Sam Tsemberis after Tsemberis founded Pathways to Housing, a program aimed at providing immediate access to permanent independent housing without preconditions in New York City. Housing First is based on the concept of supportive scattered-site housing but explicitly focuses on homeless adults with SMI often with co-occurring addictions, which is not always the case in supported housing (Suttor, 2016; Nelson & Macleod, 2017).

Numerous studies have shown that people with SMI would prefer to live independently in their own apartments with off-site supports (Nelson & Macleod, 2017). Housing First is based on the principle that housing be provided first followed by support for both mental and physical health, education, employment, substance abuse, and community connections. It is a rights-based intervention that assumes those with SMI are experts in their own process of recovery and is rooted in the philosophy that all people deserve adequate housing without any precondition for recovery (Homeless Hub, 2021).

2.2 Senior's Housing Needs

In 2019, the federal government released a Report on Housing Needs of Seniors (Puxty, Rosenberg, Carver, & Crow, 2019). This report was developed by the Federal, Provincial, and Territorial Ministers responsible for Seniors who approved aging in community as a key priority in 2017. The purpose of the report was to highlight and address the housing needs of seniors across the country. There are approximately six million seniors in Canada, each of which have varying needs and capabilities. These needs are referred to as the "integrated core housing need" of seniors and when these needs are satisfied, seniors can successfully "age in place". These needs however can provide significant challenges for seniors, such as finding affordable housing; the ability to afford necessary adaptive changes; limited access, or barriers to the use of mobility aids; and potential gaps in availability of appropriate supportive services such as home care (Puxty et al., 2019).

Seniors aged 65 and older are the fastest growing population group in Canada (Puxty et al., 2019). By 2031, seniors will represent 20 percent of Toronto's population. Seniors wish to continue to live independently for as long as possible, a realization that many are calling 'aging-in-place'. To age-in-place is to age comfortably in one's home and neighbourhood rather than in medical institutions like hospitals and long-term care homes (Joy, 2020). Aging in place allows seniors to maintain social networks with family members, friends, and community members and maintain personal identity. Supporting seniors to age in place with appropriate support services can also potentially avoid high costs associated with acute care such as emergency room visits and hospital admissions (Puxty et al., 2019).

According to the 2016 census, 25 percent of seniors in Canada lived below standards of adequate, suitable, or affordable housing, often what is called in core housing need. Those living in core housing need tend to have lower average incomes, are more likely to prioritize rental

housing, and to live on their own. The combination of a rapidly expanding seniors' population, limited investment in private purpose-built rental housing, and progressively declining government-funded social housing in most provinces since the 1990s has resulted in long and growing wait lists for housing subsidies and social and supportive housing. The Ontario Housing Services Corporation (HSC) estimates that 25 percent of all households on Ontario's social housing wait lists are led by seniors, with some communities reaching 50 percent. In addition, even though certain rental stock may be designated for seniors, there are few requirements for seniors' rental housing to be legitimately designated to accommodate seniors. As a result, a growing number of apartment buildings and complexes are not meeting the physical needs of many seniors, particularly those with physical and mental impairments or challenges (Puxty et al., 2019).

2.3 Age-Friendly Communities

An age-friendly community is one where seniors have access to community, policies, services, and structures that are designed to help them age actively. From an older adult senior's perspective, there are three aspects of home: 1) physical factors that include the physical components of the home and the community; 2) the social factors that include the home as a place for socialization; and 3) the individual factors that include behavioural, cognitive, and emotional aspects. Findings show that seniors prefer to live in a safe community near services and amenities such as grocery stores and health clinics and not near commercial or industrial areas as they would not feel safe. Seniors also felt it was important to have social connections with their neighbours and other community members. Age-Friendly Communities (AFCs) therefore should promote public gathering spaces for seniors such as senior community centres. Seniors also pride themselves in completing daily activities and taking care of their

home, so it is important for AFCs to promote home maintenance services that are accessible and affordable (Puxty et al., 2019).

There are various housing options available to meet the integrated housing needs of seniors, including retirement communities, independent living, supportive housing, and mainstream housing (Puxty et al., 2019). Of these housing types, this paper will explore supportive housing. Supportive housing options often include design features for safety and accessibility, as well as providing 'wrap-around' support services such as counselling, personal support and assistance with medication, recreational activities, housekeeping, and meal preparation. Data from Statistic's Canada showed that in 2007, about 7 percent of seniors lived in supportive housing. A 2016 report found that of those aged 45 and older, 62 percent said they would consider moving into supportive housing. Data also showed that renters aged 75 and older were more interested in supportive housing than homeowners (Puxty et al., 2019).

3. Methodology

This research used content analysis to explore how the City of Toronto plans housing for seniors living with mental illness. The City of Toronto is located in the Province of Ontario, Canada. With 2.7 million people, Toronto is the largest city in Ontario and Canada (Statistics Canada, 2022). Seniors aged 65 and older are the fastest growing population group in Canada (Puxty et al., 2019). In 2016, seniors accounted for 15.6 percent of the City of Toronto’s population and it is projected that by 2031, seniors will represent 20 percent of Toronto’s population (Austen, 2018).

A two-pronged approach was used for the content analysis: manifest and latent. Manifest content analysis is a quantitative approach that measures the text by the number of words or phrases. Latent content analysis provides a qualitative approach to interpreting the text to find meaning (Bista, Hollander, and Situ, 2021). The two-pronged approach helps to understand the accurate meaning of the text establishing credibility of the analysis (Baxter & Eyles, 1996). The keywords for this analysis were identified based on the literature review on seniors with mental illness and supportive housing conducted in Chapter 2. Using manifest content analysis, the keywords were searched manually for frequency. Using latent content analysis, the meaning behind the keywords was interpreted and described. The keywords were categorized by population, housing, and mental health (Chart 1).

Chart 1. Keywords used for content analysis

Population	Housing	Mental health
Senior(s)	Supportive ho (housing/home)	Mental health
Older adult	Supported housing	Mental illness
Elderly	Social housing	Depression
Older person(s)		Suicide
		Anxiety

In Canada, the responsibility of housing is shared across all levels of government at varying degrees. The federal and provincial/territorial governments set policy directions and create funding streams, and most aspects of housing program design and delivery are the priority of municipalities. Policies and plans set forth by municipalities must align with the priorities of the federal and provincial/territorial governments (Collins & Stout, 2021). The documents used in this content analysis were provincial and municipal documents, as these are the levels of government responsible for the regulation and provision of housing, land use planning, and mental health care in Toronto. Federal policies were not examined as they are developed and applied at the national level, and content analysis of federal policies would likely result in broad statements and recommendations not applicable at the local level. The focus is on policy documents because they communicate government assumptions, beliefs, and intentions that are made available to the public. Policies frame social problems and preferred solutions in particular ways making them more comprehensible, but framing may also constrain how problems and solutions are understood (Collins & Stout, 2021).

3.1 Data Collection

Only publicly available documents were collected on both the City of Toronto and Province of Ontario websites. All documents were categorized as either Plans (including Reports, Visions, and Strategies) or Acts. Plans establish the policy framework and strategic actions whereas Acts enforce regulations that are made into law. In total, 29 documents were scanned for analysis: 18 Provincial Acts, 6 Provincial Plans, and 5 Municipal Plans (Table 1).

Table 1. Study dataset - number and type of documents by jurisdiction

	Plans	Acts
Provincial	6	18
Municipal	5	0

3.1.1 Provincial Documents

The Government of Ontario is the body responsible for the administration of the Canadian province of Ontario. The functions of government are exercised on behalf of three institutions: the Executive Council (Cabinet of Ontario), the Provincial Parliament (Legislative Assembly), and the judiciary. The premier of Ontario is the first minister of the Crown and acts as the head of the government for the province, chairs and selects membership of the Cabinet, and advises the Crown on the exercise of executive power. The Executive Council (Cabinet of Ontario) comprises ministers of the province who are selected by the premier and activities of the government are directed by the Executive Council. The Provincial Parliament comprises the 124-member Legislative Assembly of Ontario, known as members of Provincial Parliament (MPPs). Cabinet ministers are usually elected as MPPs and account to the Legislative Assembly. The judiciary comprises the Court of Appeal for Ontario; the Court of Ontario; the Ontario Superior Court of Justice; Ontario Court of Justice; and provincial boards, commissions, and tribunals.

The provincial government in Ontario has twenty-five ministries each responsible for different sectors. Provincial documents were identified on the Ontario Government webpage dedicated to its Ministries. Ministries that used language around support, health, housing, land use planning, and seniors, and legislation and policy documents related to these same themes were selected for further analysis (Table 2).

Table 2. Provincial documents scanned for analysis

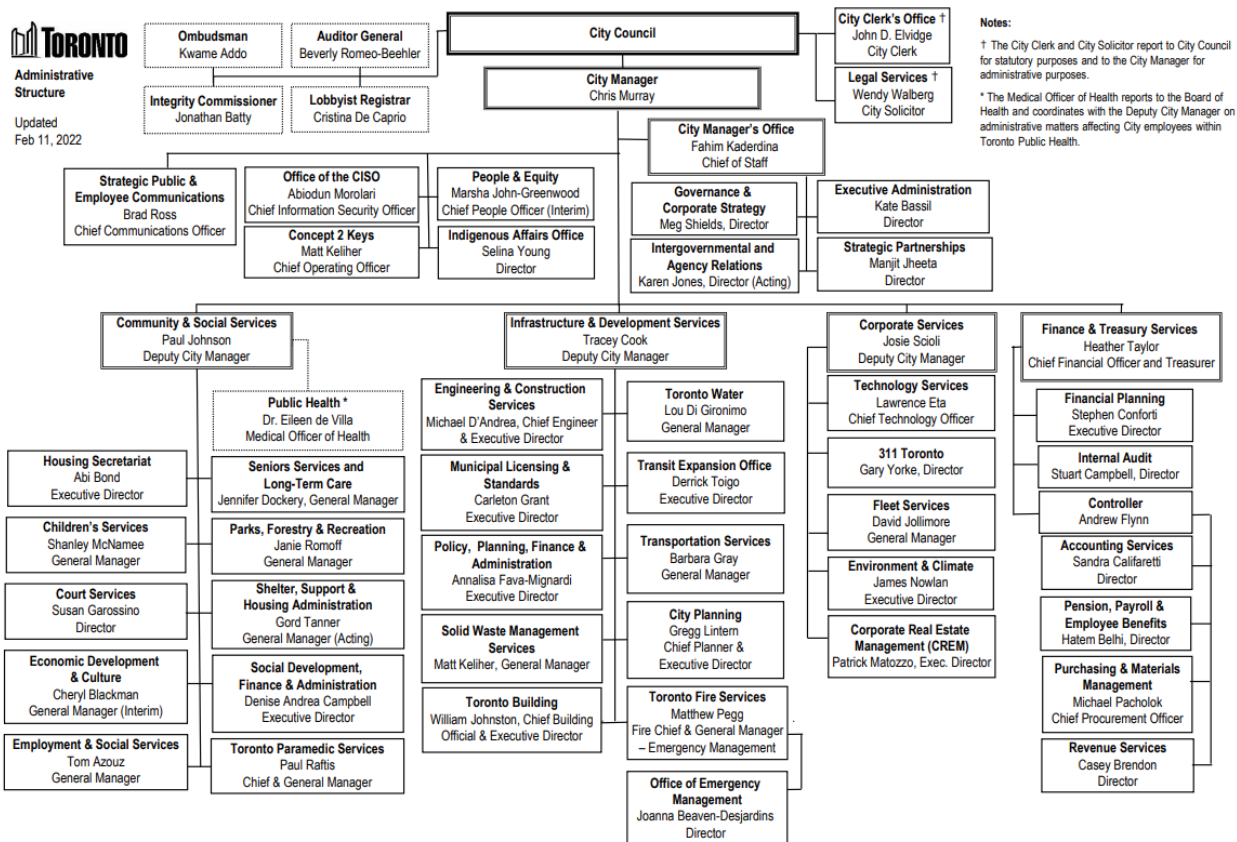
Ministry	Most Recent Publication Year	Legislation/Plan
Ministry of Community and Social Services	2019	Ministry of Community and Social Services Act
Ministry of Health	2021	Home Care and Community Services Act
	2006	Homes for Special Care Act
	2021	Long-Term Care Homes Act
	2015	Mental Health Act
Ministry of Municipal Affairs and Housing	2021	City of Toronto Act
	2021	Development Charges Act
	2021	Housing Services Act
	2021	Ministry of Municipal Affairs and Housing Act
	2021	Municipal Act
	2021	Municipal Affairs Act
	2021	Ontario Planning and Development Act
	2021	Places to Grow Act
Ministry of Seniors and Accessibility	2020	Planning Act
	2016	Accessibility for Ontarians with Disabilities Act
	2010	Ontarians with Disabilities Act
	2021	Retirement Homes Act
Land use planning and housing-related plans	2017	Seniors Active Living Centres Act
	2019	Community Housing Renewal Strategy
	2020	A Place to Grow: Growth plan for the Greater Golden Horseshoe
	2019	More Homes, More Choice: Ontario's Housing Supply Action Plan
	2021	The Ontario Municipal Councillor's Guide: Chapter 13 Affordable and Social Housing
	2020	Provincial Policy Statement
	2022	Report of the Ontario Housing Affordability Task Force

3.1.2 Municipal Documents

The City of Toronto is the organization responsible for the administration of the municipal government of Toronto. Its powers and structures are set out in the City of Toronto

Act, 2006. The powers of the city are exercised by Toronto City Council which is composed of 25 members and the mayor. City Council is responsible for passing municipal legislation (e.g. by-laws), approving spending, and has direct responsibility for the services delivered by the city and its agencies. An analysis of policies under the divisions responsible for housing (Housing Secretariat), seniors (Seniors Services and Long-Term Care), mental health (Public Health), supportive housing (Shelter, Support & Housing Administration), and planning (City Planning) was conducted. An overview of the City of Toronto's Administrative Structure can be found in Chart 2. An overview of each division can be found in the appendices.

Chart 2. City of Toronto Administrative Structure (City of Toronto, 2022a).



Municipal documents were identified on the city’s Long-Term Vision, Plans, and Strategies webpage, which provides the most up to date vision, plan, or strategy by each city division. Similar to provincial policies, municipal policies that used language around support, health, housing, land use planning, and seniors under the identified city divisions (Chart 2) were selected for analysis (Table 3).

Table 3. Municipal documents scanned for analysis

Division	Most Recent Publication Year	Plan
Toronto Public Health	2015	Toronto Public Health Strategic Plan 2015-2019
Housing Secretariat	2020	HousingTO 2020-2030 Action Plan
Seniors Services and Long-Term Care	2018	Toronto Seniors Strategy 2.0
Shelter, Support, and Housing Administration	2020	Shelter, Support, and Housing Administration Annual Report 2020
City Planning	2019	Official Plan

4. Results

The content analysis is broken down by provincial Acts (Table 4), provincial land-use and planning policies (Table 5), and municipal policies (Table 6). The results are then categorized by population, housing, and mental health. The results in each table are separated by the legislation/plan and display the frequency of each keyword (manifest content), year of most recent publication, numbers of pages (if applicable), and a total frequency within the selected documents.

4.1 Content Analysis - Provincial Acts

A content analysis for the listed keywords produced results in seven of the eighteen provincial Acts selected for analysis - three under the Ministry of Health, two under the Ministry of Municipal Affairs and Housing, and two under the Ministry of Seniors and Accessibility (Table

4). This content analysis for provincial Acts under each Ministry can be found in Table 8-11 in the Appendices.

4.1.1 Content Analysis - Population

Under the Ministry of Health, the most common keyword was 'senior(s)' which appeared ten times in the *Mental Health Act* and once in the *Long-Term Care Homes Act*, however, this was primarily in reference to senior's health centres and the role of senior (established) physicians. 'Senior(s)' appeared twice in documents under the Ministry of Municipal Affairs and Housing, twice in the *City of Toronto Act* and twice in the *Municipal Act*. Both Acts referenced the role of council and the activities of senior management of the City, as well as the City having permission to pass a by-law to relieve financial hardship for low-income seniors.

The other population keywords (elderly, older adult, older person) are sometimes used instead of 'senior'. The keyword 'elderly' appeared once in the *Municipal Act* in reference to the repeal of the *Municipal Elderly Residents' Assistance Act*, and three times in the *City of Toronto Act* in reference to the city enacting grants for home improvements for the elderly (Table 4). Under the Ministry of Seniors and Accessibility, 'elder(ly)' appeared twice in the *Seniors Active Living Centres Act* in reference to the *Elderly Persons Centres Act*. The most common keyword was 'senior(s)' which appeared three times in the *Retirement Homes Act* in reference to a senior's organization or an individual who advocates for seniors; and six times in the *Seniors Active Living Centres Act* in reference to approving programming that promotes active healthy living for seniors (Table 4).

4.1.2 Content Analysis - Housing

Under the Ministry of Municipal Affairs and Housing, the keyword 'social housing' appeared thirteen times in the *City of Toronto Act* and primarily referenced the definition of

social housing and how development can be agreed upon and occur. No other housing keywords (supportive ho, supported housing) appeared in any other provincial Acts (Table 4).

4.1.3 Content Analysis - Mental health

Under the Ministry of Health, the keyword 'mental health' appeared twice in the *Homes for Special Care Act*, twice in the *Long-Term Care Homes Act*, and four times in the *Mental Health Act*. The appearance of 'mental health' in the *Homes for Special Care Act* and *Mental Health Act* were in reference to the *Mental Health Act*, but under the *Long-Term Care Homes Act*, 'mental health' referred to staff training and eligibility requirements to move into long-term care homes. Under the Ministry of Municipal Affairs and Housing, 'mental health' appeared twice in the *Municipal Act* and was in reference to the City imposing an annual amount on provincially rated beds in public hospitals or provincial mental health facilities. Under the Ministry of Seniors and Accessibility, the keyword 'mental health' appeared once in the *Retirement Homes Act* in reference to training for direct care staff for people with mental health issues, highlighting dementia specifically (Table 4).

Table 4. Frequency of keywords for provincial Acts

	HSCA ¹	LTCHA ²	MHA ³	CTA ⁴	MA ⁵	RHA ⁶	SALCA ⁷
Most Recent Publication Year	2006	2021	2015	2022	2021	2021	2017
Population							
Senior(s)	0	1	10	2	2	3	6
Older adult	0	0	0	0	0	0	0
Elder(ly)	0	0	0	3	1	0	2
Housing							
Supportive ho (housing & homes)	0	0	0	0	0	0	0
Supported housing	0	0	0	0	0	0	0
Social housing	0	0	0	13	0	0	0
Mental health							
Mental health	2	2	4	0	2	1	0
Mental illness	0	0	0	0	0	0	0
Depression	0	0	0	0	0	0	0
Suicide	0	0	0	0	0	0	0
Anxiety	0	0	0	0	0	0	0

¹ Homes for Special Care Act produced under the Ministry of Health

² Long-Term Care Homes Act produced under the Ministry of Health

³ Mental Health Act produced under the Ministry of Health

⁴ City of Toronto Act produced under the Ministry of Municipal Affairs and Housing

⁵ Municipal Act produced under the Ministry of Municipal Affairs and Housing

⁶ Retirement Homes Act produced under the Ministry of Seniors and Accessibility

⁷ Seniors Active Living Centres Act produced under the Ministry of Seniors and Accessibility

4.2 Content Analysis - Provincial Plans and Policies

4.2.1 Content Analysis - Population

Overall, the keywords appeared more frequently in the provincial plans and policies than the Acts. The keyword 'senior(s)' appeared three times in the *Community Housing Renewal Strategy* in reference to the various populations that community housing is provided for, investments to provide choices for seniors to age in place, and the Canada-Ontario Housing Benefit program which is targeted to eligible households, including seniors. 'Senior(s)' appeared

twice in *Ontario's Housing Supply Action Plan*, with reference to alternative housing models for seniors to enable them to age in place. The keyword 'older person' appeared four times in the *Provincial Policy Statement* in reference to accomodating a range of housing options and improving accessibility for older persons, and under the definitions section for institutional uses which defines land uses for the evacuation of older persons, and special needs housing which defines housing for vulnerable populations, including older persons (Table 5).

4.2.2 Content Analysis - Housing

The keyword 'supportive ho' appeared six times in the *Community Housing Renewal Strategy* in reference to market providers of community housing, Indigenous supportive housing programs, and the funding and investment contributions for supportive housing. 'Supportive ho' appeared five times in the *Ontario Municipal Councillor's Guide* in reference to its definition, how it is funded, and how it is operated. 'Supportive ho' appeared once in the *Report of the Ontario Housing Affordability Task Force* in reference to the successful partnership between the non-profit and for-profit housing sectors to create supportive housing.

'Supported housing' appeared twice in the *Community Housing Renewal Strategy* in reference to Indigenous providers of community housing but was not referenced in any other provincial plans. The most common keyword was 'social housing' which appeared twelve times in the *Community Housing Renewal Strategy* in reference to its definition, the social housing waiting list system, market providers of social housing, government investments, and the Canada-Ontario Community Housing Initiative. 'Social housing' appeared ten times in the *Ontario Municipal Councillor's Guide* in reference to its definition, the Social Housing Agreement between the provincial and federal government, and the transfer of responsibility of social housing from the federal to provincial and municipal governments (Table 5).

4.2.3 Content Analysis - Mental health

The keyword 'mental health' was discussed in only two provincial plans and policies. 'Mental health' appeared twice in the *Community Housing Renewal Strategy* in reference to the role of community housing in supporting populations with mental health challenges, and once in the *Provincial Policy Statement* in reference to the definition of special needs housing for those with mental health disabilities (Table 5).

Table 5. Frequency of keywords for provincial plans and policies

	CHRS ¹	GP ²	OHSAP ³	OMCG ⁴	PPS ⁵	OHATF ⁶
Most Recent Publication Year	2022	2020	2019	2021	2020	2022
# of Pages	Webpage	114	19	Webpage	57	33
Population						
Senior(s)	3	0	2	0	0	0
Older adult	0	0	0	0	0	0
Older person	0	0	0	0	4	0
Elder(ly)	0	0	0	0	0	0
Housing						
Supportive ho (housing & homes)	6	0	0	5	0	1
Supported housing	2	0	0	0	0	0
Social housing	12	0	0	10	0	0
Mental health						
Mental health	2	0	0	0	1	0
Mental illness	0	0	0	0	0	0
Depression	0	0	0	0	0	0
Suicide	0	0	0	0	0	0
Anxiety	0	0	0	0	0	0

¹ Community Housing Renewal Strategy

² A Place to Grow: Growth Plan for the Greater Golden Horseshoe

³ More Homes, More Choice: Ontario's Housing Supply Action Plan

⁴ The Ontario Municipal Councillor's Guide: Chapter 13 Affordable and Social Housing

⁵ Provincial Policy Statement

⁶ Report of the Ontario Housing Affordability Task Force

4.3 Content Analysis - Municipal Plans and Policies

4.3.1 Content Analysis - Population

The keyword 'senior(s)' appeared once in the *Toronto Public Health Strategic Plan* in reference to actions and key public health interventions to serve the public health needs of Toronto's diverse communities, with specific mention of seniors. 'Senior(s)' appeared three times in the *Shelter, Support and Housing Administration Annual Report* in reference to the rapid rehousing initiative that housed 459 previously homeless people, 36 percent of which were seniors. 'Senior(s)' appeared six times in chapter 3 of the *Official Plan, Building a Successful City*, in reference to senior levels of government and the supply and availability of rental housing for vulnerable populations, including seniors. 'Senior(s)' appeared once in chapter 4 of the *Official Plan, Land Use Designations*, in reference to the importance of low scale institutions, such as seniors and nursing homes in the city's Neighbourhoods (Table 6).

'Senior(s)' appeared two hundred and forty-four times in the *Toronto Seniors Strategy*. The *Toronto Seniors Strategy* is primarily focused on seniors and the keyword 'senior(s)' is overrepresented in the body of the text (i.e., headers, definitions) which does not provide sufficient context for analysis. An analysis of the meaning behind keywords related to housing and mental health and how they intersect with 'senior(s)' in the *Toronto Seniors Strategy* will be conducted in the discussion section. Similarly, 'senior(s)' was overrepresented in the *HousingTO 2020-2030 Action Plan*, appearing 66 times primarily in chapter 6, Meet the Diverse Housing Needs of Seniors (Table 6). Analysis will explore this chapter in detail and how 'senior(s)' intersects with other keywords related to housing and mental health in the discussion section.

The keyword 'older adult' appeared ten times in the *Toronto Seniors Strategy* in reference to demographics, and various recommendations set forth in the strategy, including the design of senior-friendly outdoor fitness equipment, the development of a homeless shelter with

specialized services for older adults, improvements to walkability, and the installation of safety zones for older adults as part of Toronto's Vision Zero Road Safety Plan. The keyword 'elder(ly)' appeared four times in the *Toronto Seniors Strategy*, in reference to public awareness campaigns on the Toronto Transit Commission to identify seating for the elderly and membership organizations, such as the Advocacy Centre for the Elderly and National Initiative for the Care of the Elderly. 'Elderly' appeared once in chapter 1 of the *Official Plan, Making Choices*, which referenced the City's goals to have a future where the elderly can live comfortably and securely (Table 6).

4.3.2 Content Analysis - Housing

The keyword 'supportive ho' appeared once in chapter 3 of the *Official Plan, Building a Successful City*, in reference to housing policies that provide a full range of housing including supportive housing. 'Supportive ho' appeared twice in the *Shelter, Support and Housing Administration Annual Report*, in reference to supporting people in the shelter system to move into supportive housing and in response to the Covid-19 pandemic to continue the rapid rehousing initiative for supportive housing. 'Supportive ho' appeared sixty-four times in the *HousingTO 2020-2030 Action Plan* in reference to the definition of supportive housing, prioritizing populations with specific needs including seniors, actions related to increasing supportive housing for seniors, funding opportunities, and the integration of housing and services (Table 6).

The keyword 'social housing' appeared four times in the *Toronto Seniors Strategy* in reference to the social housing waitlist and partnerships between the City and Toronto Community Housing. 'Social housing' appeared nine times in chapter 3 of the *Official Plan, Building a Successful City*, in reference to the aging social housing stock, partnerships to increase social housing supply, and the redevelopment of social housing. 'Social housing'

appeared fifteen times in the *HousingTO 2020-2030 Action Plan*, with reference to modernizing social housing applications, the number of households on the City's social housing waitlist occupied by seniors, financial assistance programs such as rent-geared-to-income, and facts about the existing social housing stock and the number in need of repair (Table 6).

4.3.3 Content Analysis - Mental health

The keyword 'mental health' appeared once in the *Toronto Public Health Strategic Plan* in reference to the integration of mental health promotion into Toronto Public Health services. 'Mental health' appeared twice in the *Toronto Seniors Strategy*, in reference to community support service agencies and provincial partners. 'Mental health' appeared four times in the *Shelter, Support and Housing Administration Annual Report* in reference to the increase in the number and size of encampments in Toronto in 2020 due to the closure of provincial programs and services, the rise in opioid overdoses as a result of community services reducing their service hours and capacities, and the Integrated Prevention and Harm Reduction Initiative (iPHARE).

'Mental health' appeared six times in the *HousingTO 2020-2030 Action Plan* in reference to the Toronto Housing Charter and the need for policies directed at people struggling with mental health issues, the number of new mental health and addictions supportive housing that is needed, prioritizing supportive housing for those with mental health challenges, and the mental health challenges that come from living in towers that are poorly maintained. The keywords 'mental illness', 'depression', and 'suicide' each appeared once in the *Toronto Seniors Strategy* with reference to specialized services needed for seniors, specifically seniors who identify as LGBTQ+ (Table 6).

Table 6. Frequency of keywords for municipal plans and policies

	TPHSP ¹	HTO ²	TSS2.0 ³	SSHA ⁴	OP ⁵
Most Recent Publication Year	2015	2019	2018	2020	2021
Author	TPH	THS	SSLTC	SSHA	OP
# of Pages	Webpage	109	54	41	142
Population					
Senior(s)	1	66	244	3	6
Older adult	0	0	10	0	0
Elder(ly)	0	0	4	0	1
Housing					
Supportive ho (housing & homes)	0	64	0	2	1
Supported housing	0	0	0	0	0
Social housing	0	15	4	0	9
Mental health					
Mental health	1	6	2	4	0
Mental illness	0	0	1	0	0
Depression	0	0	1	0	0
Suicide	0	0	1	0	0
Anxiety	0	0	0	0	0

¹ Toronto Public Health Strategic Plan 2015-2019

² HousingTO 2020-2030 Action Plan. Plan builds upon the City's first housing plan, Housing Opportunities Toronto Action Plan 2010-2020

³ Toronto Seniors Strategy 2.0. Strategy builds upon version 1.0

⁴ Shelter, Support and Housing Administration Annual Report 2020

⁵ Toronto Official Plan, chapters 1-5

5. Discussion

The results of the content analysis revealed ways in which the keywords identified are engaged within provincial and municipal documents related to seniors, mental health, and housing. The frequency of keywords varied among provincial and municipal documents and keywords were more present in both provincial and municipal Plans than provincial Acts (Table 7). Based on this thorough manifest and latent content analysis, three main themes have been identified through an examination of these provincial and municipal documents:

1. When identified in the documents, references to mental health focus on the definitions of mental health, working with people living with dementia, criteria for housing, and staff training.
2. References to housing models focus on alternative housing models to market-rate housing and the associated challenges, and the integration of housing and services.
3. References to planning processes focus on the context that applies to developing housing both for seniors and those with mental illness.

Table 7. Frequency of categories of keywords by category

	ON Acts ¹	ON Plans ²	TO Plans ³	Total
Population	28	9	336	370
Housing	13	36	95	144
Mental health	13	3	2	16

¹ Ontario Acts

² Ontario Plans and Policies

³ Toronto Plans and Policies

5.1 Mental Health Definitions and Circumstances

The appearance of keywords related to mental health occurred significantly less than keywords related to the categories of housing and population (Table 7). The appearance of ‘mental health’ in both the *Homes for Special Care Act* and the *Mental Health Act* was in reference to the *Mental Health Act*, but under the *Long-Term Care Homes Act*, ‘mental health’ referred to eligibility criteria for residents moving into long-term care homes, and the protocols of additional training for those with mental health issues. For example, Section 76(7) Additional training - direct care staff, of the *Long-Term Care Homes Act* states:

Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the

following paragraphs, at times or at intervals provided for in the regulations: (2) Mental health issues, including caring for persons with dementia (Government of Ontario, 2021d).

Research on seniors with mental illness tends to focus on seniors with dementia and not anxiety, depression, or suicide (CMHA, 2010; Puxty et al., 2019; Franco et al., 2020). Although research has shown that depression and dementia can co-occur (Morgan, Leslie, Rosa, Perez, Frankowski, Nemec, & Bennett, 2016) they are not always simultaneous. This poses significant challenges in providing specific care to seniors with mental illness that is not dementia. Morgan et al. (2016) found that seniors living with mental illness other than dementia in assisted living facilities received worse treatment than seniors with dementia, and were stigmatized for their mental illness by both staff and residents. Morgan et al. (2016) and Franco et al. (2020) argue there is a lack of adequate training for staff to deal with seniors who have depression, anxiety, and suicidal ideations, and suggest partnering with non-profit community agencies focused on mental health to provide support.

The keywords 'suicide' and 'depression' came up once in the *Toronto Seniors Strategy* and were in reference to seniors in the LGBTQ community:

The current generation of LGBTQ2S seniors have experienced a lifetime of discrimination due to their sexual orientation, gender identity and gender expression, and they face very specific challenges as they age. LGBTQ2S seniors are less likely to seek health care when they need it; they often do not disclose their sexual orientation and/or gender identity and expression to their care providers for fear of discrimination; they are at a higher risk for negative health outcomes later in life, including depression, suicide, substance abuse and smoking; and they report more feelings of isolation from their communities. This proposed education campaign is part of our drive to secure LGBTQ2S inclusive environments for Toronto seniors (Austen, 2018).

Limited mention of mental health, depression, and suicide in the content analysis demonstrates the continued stigma in language surrounding mental illness. This is especially true for seniors with mental illness who may not receive the same support as seniors with

dementia. The lack of support is demonstrated in both public health (Morgan et al., 2016) and planning communities (Wilton, 2000). Wilton (2000) explored public perceptions and attitudes towards people with disabilities and identified that there is a “hierarchy of acceptance”, especially among those living in urban areas who may interact with people experiencing homelessness or mental health challenges. “Hierarchy of acceptance” research is concerned with how people perceive disability and difference. Hierarchies produce a structure of preference for those with disabilities or other perceived differences. Wilton (2000) found that people’s negative perceptions of those with mental illness were due to the “poor behaviour” exhibited by someone with mental illness, such as urinating in public, or speaking loudly to oneself.

With regards to seniors, Wilton (2000) found that public perceptions of seniors were generally high and homes for seniors were characterized in favourable terms. However, some members of the public spoke poorly about homes for seniors arguing that they bring in ambulances resulting in increased noise and traffic. Interestingly, when looking at a hierarchy of acceptance “in place”, seniors homes (with some exceptions) are perceived as most favourable in a community, compared to people experiencing homelessness, people in recovery, and people with mental illness who were viewed relatively unfavourably (Wilton, 2000). Place plays an important role in shaping people’s attitudes and perceptions toward people with mental illness or people experiencing homelessness. Wilton (2000) found that local community members’ perceptions were shaped by neighbourhood changes they were witnessing, specifically that their neighbourhoods were experiencing degradation due to an increase in ‘other’ community members. To combat this mentality, service providers and advocates in these neighbourhoods spoke with local community leaders and highlighted changes to local economic and housing conditions that created a growing number of people in need, which helped to shape the narrative that those in need were local residents and not outsiders (Wilton, 2000).

NIMBY-like attitudes toward those with mental illness, similar to findings by Wilton (2000) are prevalent in Toronto. Discussions to increase supportive housing and create policies like Housing First are recent and dependent on advocates from both planning and mental health communities. The *Toronto Supportive Housing Growth Plan* is a collaborative report between the Canadian Mental Health Association, the Toronto Mental Health and Addictions Supportive Housing Network, the Wellesley Institute, and United Way Greater Toronto (2021) which sets out a framework for Toronto to increase its supply of supportive housing. The connection between supportive housing and mental health has been made clear throughout the literature review, however, there are few mentions of the connection in political documents. When discussing mental health, most policy documents refer to homelessness and the support needed to get people out of homelessness, but rarely reference the permanent housing opportunities for those with mental illness. This is further complicated by the fact that the *Toronto Supportive Housing Growth Plan* does not mention seniors at all, which further excludes them from this already marginalized group.

5.2 Housing Models

A significant challenge in providing housing for seniors with mental illness is providing appropriate support, services, and housing opportunities. The terms social housing, supportive housing, affordable housing, and community housing often get lumped together to describe alternative housing that supports diverse populations other than those that can live in market-rate housing. The *Community Housing Renewal Strategy* discusses both the definition of community housing and the populations it serves:

Community housing is housing owned and operated by non-profit housing corporations, housing co-operatives and municipal governments or district social services administration boards. These providers offer subsidized or low-end-of market rents – housing sometimes referred to as social housing and affordable housing... Community housing provides a home to many people who have

difficulty finding housing in the private market. Community housing provides a home to people working low-income jobs, seniors, those living on social assistance, and individuals with developmental disabilities, mental health and addictions challenges and people who have experienced homelessness (Government of Ontario, 2022b).

Research clearly demonstrates that seniors with mental illness have specific housing needs that housing with supports can provide (Jones, 2007; CMHA, 2010; Puxty et al., 2019). Privatized services are available to seniors, through in-home support, and retirement homes and assisted living communities that have support services available based on the residents specific needs. These programs, however, tend to be privatized and favour seniors with higher incomes. Seniors with mental illness tend to be low-income and therefore rely on receiving supportive and social housing through the public sector. The City of Toronto offers supportive housing services to seniors living in designated buildings, emergency shelters, and funding programs such as property tax relief, emergency energy funding, and the Toronto HomeShare program that pairs seniors with college/university students (City of Toronto, 2022e). Aside from the designated seniors buildings, these programs only provide temporary relief. The challenges of existing alternative housing programs are highlighted in the *Community Housing Renewal Strategy*:

Many individuals have difficulties accessing the Community Housing system and once in community housing, there can be real problems. The waiting list system for social housing doesn't always do a good job of matching those in greatest need with the housing that is best for them (Government of Ontario, 2022b).

In 2021, the City of Toronto created the Toronto Seniors Housing Corporation to provide subsidized rental housing to approximately 14,000 low and moderate-income senior households in 83 senior-designated buildings to support ageing in place through an integrated service model. Toronto Seniors Housing Corporation is a form of community housing that is funded through the City's Shelter Support and Housing Administration Division (City of Toronto, 2022i). Establishing the Toronto Seniors Housing Corporation was a priority of the City of Toronto's

HousingTO 2020-2030 Action Plan, with the goal of reducing the backlog for capital repairs and seniors waiting to receive supportive housing. As of 2021, there were 33,886 active applications for social housing for seniors, an increase of 4,734 applications from 2020 (City of Toronto, 2021b).

In addition to alternative housing models, the *HousingTO 2020-2030 Action Plan* identifies the need for better data and service coordination for seniors:

At the present time, the City of Toronto does not have a comprehensive coordinated delivery and evaluation method to assess the quality of services for seniors being provided by governments and other service providers. As a result, it is challenging to estimate the service levels or understand where gaps in service levels exist. Addressing this issue is critical to improving service delivery for seniors and making better use of resources (City of Toronto, 2020a, p. 58).

Jones (2007) argues the importance for an integrated approach to health, housing, and support services to allow seniors to age in place comfortably and affordably. Integration can positively impact seniors' quality of life and their ability to access choices along a continuum of care, however, it may be difficult to implement. Housing and healthcare have historically been siloed and distinct in their approaches. Healthcare deals with immediate health concerns and housing focuses on building maintenance and administration. The integration of health and housing, however, may be the best approach to seniors' successfully aging in place (Jones, 2007).

The *HousingTO 2020-2030 Action Plan* suggests working with non-profit and community-based organizations to integrate support services and housing (City of Toronto, 2020b). Similarly, the *Toronto Supportive Housing Growth Plan* identifies the need for the city to provide more direct and indirect financial support for projects owned by non-profits (CMHA et al., 2021). Establishing community housing, however, does have its challenges. The *Report of the Ontario Housing Affordability Task Force* suggests the private and non-profit sector working together to provide more housing opportunities:

The non-profit housing sector faces all the same barriers, fees, risks and complexities outlined in this report as for-profit builders. Several participants from the non-profit sector referred to current or future partnerships with for-profit developers that tap into the development and construction expertise and efficiencies of the private sector. Successful examples of leveraging such partnerships were cited with Indigenous housing, supportive housing, and affordable homeownership (Lawrence, 2022).

A pilot project between the Philadelphia College of Nursing and two low-income housing organizations in the United States titled “Living in Place” established primary care clinics within subsidized apartment complexes to increase access to care and improve care coordination to promote independent living and improve quality of life. Although a unique opportunity to enhance the continuum of care, this study found that 60% of patients declined participation in some kind of care, a result authors suspect is from poor patient-provider relationship establishment over the course of the study (Carter, Faubert, and Henschel, 2021). This is important for the city to consider as it rolls out the Toronto Seniors Housing Corporation and provides integrated care services. The *HousingTO 2020-2030 Action Plan* has identified future actions to redevelop long-term care facilities to include more supportive housing opportunities, a requirement by the provincial government for long-term care funding (HTO, 2020). Redevelopment of existing facilities can provide a better integration of services to more seniors and provide the continuum of care necessary to support seniors with mental illness (Jones, 2007).

5.3 Planning Processes and Challenges

The planning and development of alternative housing to market-rate housing was mentioned in both provincial and municipal Plans. The *Ontario Housing Supply Action Plan* highlights the need for alternative housing models specifically for seniors:

Fresh approaches to housing and home-ownership also give people more choices – like a “life lease” that allows a senior to age in place, without having to own their home. Or if seniors who want to co-own a house instead of living alone or moving into a retirement home. We’re developing guides to make it easier for people who want to live differently (Government of Ontario, 2019b, p. 15).

These remarks indicate the demand for alternative housing models for both seniors and other population groups in Ontario. This demand however has not been met with supply. The *Ontario Housing Supply Action Plan* emphasizes increasing the supply side of market-rate housing rather than investing in social and supportive housing. The main goals of the *Ontario Housing Supply Action Plan* are proposed changes to provincial legislation such as the *Planning Act* and the *Ontario Building Code* to build housing near transit, hire more adjudicators to help the backlog of disputes at the Local Planning Appeal Tribunal, encourage the development of different types of housing (detached houses and townhomes to mid-rise rental apartments, second units and family-sized condos), and make the cost of development clear for new home buyers (Government of Ontario, 2019b). Although the *Ontario Housing Supply Action Plan* focuses on housing *supply*, it fails to mention supply of supportive and affordable housing, nor does it propose opportunities to increase the supply of this type of housing over market-rate housing. This is further demonstrated by the lack of mention of supportive housing nor the housing *needs* of seniors (and older persons) in the *Provincial Policy Statement*, which states under policy 1.1.1 Healthy, livable and safe communities are sustained by:

(b) accommodating an appropriate affordable and market-based range and mix of residential types (including single-detached, additional residential units, multi-unit housing, affordable housing and housing for older persons), employment (including industrial and commercial), institutional (including places of worship, cemeteries and long-term care homes), recreation, park and open space, and other uses to meet long-term needs (Government of Ontario, 2020b, p. 7).

Clearly, the legislation *allows* for the development of social and supportive housing, but there is a lack of incentive or initiative on the part of the government to take responsibility for

funding and developing it. Arguably, the vague mention of 'seniors homes' could imply some sort of supportive housing model, but a clear distinction would likely make development easier for supportive and social housing providers.

Interestingly, at the municipal level the *Official Plan* discusses the importance of providing a full range of housing, including supportive and social housing:

A full range of housing, in terms of form, tenure and affordability, across the City and within neighbourhoods, will be provided and maintained to meet the current and future needs of residents. A full range of housing includes: ownership and rental housing, affordable and mid-range rental and ownership housing, social housing, shared and/or congregate-living housing arrangements, supportive housing, emergency and transitional housing for homeless people and at-risk groups, housing that meets the needs of people with physical disabilities and housing that makes more efficient use of the existing housing stock (City of Toronto, 2021a, p. 3-26-3-27).

However, the *Official Plan* fails to mention social and supportive housing when discussing housing opportunities that could exist in the city's *Neighbourhoods*:

Low scale local institutions play an important role in the rhythm of daily life in Neighbourhoods and include such uses as: schools, places of worship, community centres, libraries, day nurseries and private home daycare, seniors and nursing homes and long-term care facilities, public transit facilities, utility and telecommunications installations, and public services and facilities provided by the local, provincial and federal governments (City of Toronto, 2021 a, p. 4-3).

Municipalities are responsible for implementing provincial and federal policy goals and often take a micro-level approach to addressing issues. As the primary provider of services, municipalities are often viewed as more trustworthy than higher levels of government. Municipalities, however, face significant challenges in delivering on the strategies they adopt, such as the *HousingTO 2020-2030 Action Plan* and the *Toronto Seniors Strategy*, due to a lack of funding and resources toward implementation (Joy, 2020). As discussed in the literature, the downloading of the responsibility of supportive housing from the federal government to provincial and municipal governments has led to low amounts of supportive housing

development since the 1990s (Nelson & Macleod, 2017). A report by Suttor (2016) found that between 1996 and 2016, most expansion of Ontario's health-funded supportive housing has been through scattered private rent supplements with supports. This reflects a housing market that has less new social housing, fewer openings in the social housing sector, higher market-rental vacancies, market-oriented federal and provincial policy, and chronic homelessness (Suttor, 2016).

The challenge of not providing more supply of supportive housing is exacerbated by the fact that seniors with mental illness often live on low-incomes (Robison, Schensul, Coman, Diefenbach, Radda, Gaztambide, & Disch, 2010), which makes acquiring and maintaining market-rate housing more difficult. The province and city both have programs to supplement low-income households. Specifically, the *City of Toronto Act* and *Municipal Act* reference relieving financial hardship for low-income seniors:

For the purposes of relieving financial hardship, the City may pass a by-law providing for deferrals or cancellation of, or other relief in respect of, all or part of a tax increase for a year on property in the residential property class for persons assessed as owners who are, or whose spouses are: (a) low-income seniors as defined in the by-law (Government of Ontario, 2022a).

This incentive could allow more seniors to age in place given the financial relief, however, the legislation clearly states that the person receiving financial relief must be "assessed as owners". The *Toronto Seniors Strategy* states that 66 percent of Toronto's population aged 75 to 84 and 68 percent aged 85 and older are renters (Austen, 2018, p.11). Housing affordability is a serious concern for seniors, especially those who are tenants and this legislative tax deferral does not benefit them. Similarly, section 448 of the *City of Toronto Act*, Grants, homes for care of elderly persons, states "the City may make grants in aid of the establishment, construction, extension or equipment of homes for the care of elderly persons" (Government of Ontario,

2022a), however it is unclear about who can receive the grants (i.e. individuals, homeowners, long-term care home facilities, etc.).

The content analysis also discussed ways in which supportive and social housing are delivered. The *Ontario Municipal Councillor's Guide* highlights the role of service managers in providing social housing:

Municipalities, through service managers, play an important role in the delivery of housing and homelessness programs and services in Ontario. For example, service managers are the primary funders of social housing for low-to-moderate income households. In addition, service managers oversee numerous affordable housing initiatives that provide housing assistance for people at a range of incomes who cannot afford local market rents (Government of Ontario, 2021a).

The *HousingTO 2020-2030 Action Plan*, Chapter 6, Meet the Diverse Housing Needs of Seniors, highlights the challenges and failures of the current housing system:

Providing housing supports for seniors is also consistent with a human rights based approach to housing. The alternative would be a system failure whereby seniors live in inappropriate, inaccessible and unaffordable homes; long-term care waiting lists continue to grow; and individuals stay in hospitals longer because home supports and care options are unavailable (City of Toronto, 2020b, p. 54).

Since the 1990s, Canada has experienced a sustained homelessness crisis due to reduced government spending on social housing programs. A public policy response to this is Housing First, which prioritizes housing chronically homeless people (Collins & Stout, 2021). Housing First was popularized in New York in the 1990s by Sam Tsemberis and Pathways to Housing. It is a rights-based approach to housing that is rooted in the philosophy that all people are deserving of housing and that housing is a precondition for recovery (Homeless Hub, n.d.).

A study by Chung, Gozdzik, Lazgare, To, Aubry, Frankish, Hwang, and Stergiopoulos (2017) compared the effect of Housing First on older (50+ years) and younger (18-49 years) homeless adults with mental illness in cities across Canada. The study found that compared to younger adults, older homeless adults were more likely to be manic, and to have mood disorders

with psychotic features, moderate to high suicidality, and an alcohol/drug use disorder. Compared to younger homeless adults, older homeless adults had a higher number of medical comorbidities, were less likely to have a substance use problem, and higher rates of psychosis in older adults with mental illness. Given these differences, Chung et al. (2017) argue for specific housing interventions designed for older homeless adults, including hostels, congregate housing, extra care housing models, single-site and scattered-site supportive housing, and increased levels of support such as in-house supports and specialized services. They argue, however, that most older adults prefer independent housing and suggest scattered-site supportive housing that provides individualized support while allowing for independent living (Chung et al., 2017).

6. Recommendations

The following section will provide recommendations to improve housing options for seniors with mental illness in the City of Toronto. First, creating more opportunities for partnerships with private and non-profit organizations, developers, and landlords; as well as integrating services within supportive housing to create a continuum of care and reduce stigmatization. Second, updating and streamlining policy and development processes to better reflect seniors housing needs and create more opportunities for supportive housing. Finally, improving policy language and coordination between mental health, housing, and seniors-related policies.

6.1 Create Partnerships & Integrate Services

The incidence of mental illness increases with older adults, but there is a reluctance for people to self-identify or for family members and friends to bring forward their concerns over someone having mental health challenges. This reluctance is partially due to societal stigma around mental illness and a lack of understanding between the differences of aging-related illness and mental illness among seniors. There are few services that focus on seniors with mental illness, further perpetuating the stigma from both healthcare workers and society at large (CMHA, 2010). The Canadian Mental Health Association (CMHA) suggests building community resilience to mental illness by linking community services for mental illness to assisted living and supportive housing. This can provide more consistent care and reduce the backlog on long-term care homes (CMHA, 2010).

Integrating services can ensure seniors with mental illness get the support and care they need while enabling seniors to maintain a sense of dignity and independence. A way to achieve this is by working with community-based organizations to ensure case managers are available

at the supportive housing sites. Case managers, along with other public service providers should be trained to recognize, address, and diagnose a full range of mental illness. Specialized case management services that link psycho-geriatric and community support services should also be provided. In addition, training should prioritize understanding the differences between signs of normal aging and signs of mental health problems to ensure interventions and treatments are as effective as possible. This training should extend to other parts of the public sector as well, including housing, social services, transportation, and justice (CMHA, 2010).

Suttor (2016) argues that rent-subsidized scattered private rental housing with flexible support is the most effective way to provide housing for those with mental illness. Alternative models are emerging, as outlined in the *Community Housing Renewal Strategy* and the *HousingTO 2020-2030 Action Plan*, but Suttor (2016) argues that alternative models aimed at providing support should include partnerships with health-funded agencies and mental health housing or supportive agencies. There is also a need to move boarding homes toward a recovery-based approach to address unmet needs and manage the relationships between Service Managers and health-funded programs (Suttor, 2016).

Finally, the *Toronto Supportive Housing Growth Plan* (TSHGP) identifies numerous strategies to help Toronto grow its supportive housing supply by a minimum of 18,000 homes by 2030. A main priority is advancing the housing sector to work with various partners, including government, non-profit, and private agencies. This is crucial because individually supportive housing providers have limited capacity to take on real estate acquisition and development. Supportive housing providers spend a significant amount of time, energy, and resources trying to access limited housing opportunities, and are often outbid by private developers. Pursuing partnerships with landlords and developers can expand the range of opportunities for both rental and development partnerships and can potentially increase the development capacity of non-profit housing providers to acquire land and develop for themselves. Finally, the TSHGP

suggests creating a sector-wide partnership table with Toronto Public Health and community agencies to ensure clients have access to harm reduction support and community services (CMHA et al., 2021).

6.2 Update and Streamline Policy and Planning Processes

Along with integrating services and creating more partnership opportunities, it is recommended that both the city and the province improve access to supportive housing through streamlined and standardized policy and planning processes. The *Toronto Supportive Housing Growth Plan* (TSHGP) argues that the city should revise the Housing Now program to include explicit targets for supportive housing, along with terms and conditions that are suitable for non-profits and align with directions already taken by the city. The TSHGP also recommends identifying shared definitions for support levels and models along with common assessment tools that all supportive housing sectors can adopt and implement. This should be coordinated across housing, mental health, and aging-related sectors to ensure providers are properly servicing and supporting their clients. The city should also adopt a shared, live inventory of housing and supports across the system to identify gaps in the supportive housing sector and match supports to populations in need (CMHA et al., 2021).

One way to accommodate the diverse needs of seniors is by creating more housing opportunities through policy and planning legislation. In 2020, the City of Toronto released its *Expanding Housing Options in Neighbourhoods* report with recommendations for city-wide policy changes including secondary suites, laneway suites, and multi-tenant houses. These housing options can enable seniors to age in place comfortably and affordably while also providing a sense of community which is crucial for seniors with mental illness. Secondary suites take the form of small apartments converted into separate living accommodation within an existing home. They may provide accommodation to a homeowner's extended family or another

household willing to pay rent. From a zoning perspective, secondary suites are allowed in all Residential, Commercial Residential, and Commercial Residential Employment zones. In 2019, City Council removed zoning restrictions to make secondary suites easier to build. Since 2002, 2726 secondary suites have been issued with an average of 248 units created between 2015-2019 (City of Toronto, 2020a).

Another recommendation from the *Expanding Housing Options in Neighbourhoods* report is to create a framework for the development of laneway suites, which were approved in 2018 by City Council. A laneway suite is a self-contained residential unit located in a separate building that is subordinate to the primary private dwelling on the lot adjacent to the laneway. Laneways provide appropriate low-rise housing within the city's neighbourhoods. Finally, multi-tenant houses, also known as rooming houses, are essential to meet the needs of diverse populations, including students, newcomers, and seniors. Current zoning regulations for multi-tenant houses are a patchwork of by-laws and are only permitted in the former City of Toronto and some parts of York and Etobicoke, making permissions and development challenging. The report calls for the creation of city-wide permissions and standards for multi-tenant houses to make development easier (City of Toronto, 2020a).

Local governments are the primary providers of services, especially those that keep people active and engaged in their communities. Due to the local nature of municipalities, services seem more personalized and address micro-level challenges that citizens see on an everyday basis. Local governments are considered to be closer to "ordinary citizens" and play a vital role in providing immediate services that affect citizens (Joy, 2020). Joy (2020) argues for the development of social planning structures that understand the fragmentation in access to services and amenities that can be brought forward to local policy actors. A more localized process could inform city-wide age-friendly city policy programs from an intersectional senior's policy lens which should be applied to all local government organizations. One suggestion is to

create a municipal aging office that is staffed to engage in research and policy design for implementing age-friendly city strategies and action plans and could coordinate with other city departments to enforce policy lenses to address city-wide problems. In addition, the City of Toronto should advocate for policy support and funding from the federal and provincial government who claim to support age-friendly city strategies (Joy, 2020).

6.3 Improve Policy Language and Coordination

A final recommendation is to improve the language in existing and future policies to account for mental health challenges and allow for coordination between mental health, housing, and senior-related policies. Out of the 530 keywords that appeared in the 29 documents scanned, only 16 were dedicated to the mental health category. This clearly demonstrates a gap in the consideration and coordination of mental health language in policy related to seniors and housing in both provincial and municipal documents.

Housing policy in Canada has historically been framed in terms of economics instead of social goals and outcomes as a result of neoliberalism (Nelson, 2017). Neoliberalism can be defined by three aspects: the role of economics and the market in informing governance, the diminishing role of the state in the provision of health and welfare services, and a growing reliance upon self-responsibility for health and well-being (Henderson, 2005). Since the 1980s, neoliberalism has shaped housing policy in Canada to focus on housing development and revitalization, facilitating home ownership, and providing assistance to those who cannot secure housing through the private market (Nelson, 2017). Despite the goal of assisting those who need housing, few policies have focused on mental health housing for seniors.

The advent of neoliberalism has heavily influenced how both the province and city fund programs, write their policies, and conduct their services (Henderson, 2005). Both levels of government continue to work in silos with little crossover between policies related to seniors,

mental illness, and housing. The lack of keywords in both provincial and municipal documents may further perpetuate societal and institutional stigma toward those with mental illness. Policies that are ambiguous, use outdated terms, or fail to expand on the mental health challenges identified may enable prejudicial interpretation from both the public and policymakers which can further perpetuate stigma toward those with mental illness (Campbell, Auchterlonie, Andris, Cooper, & Hoyt, 2021).

Present-day policies often characterize mental illness in a negative light or shy away from discussing them at all, as demonstrated through this policy scan (Campbell et al., 2021). A significant challenge in writing policy to include mental health is finding both the most appropriate term to describe participants and also the severity of the mental illness. There is danger in using safe language because it may downplay the severity of the illness, but labeling can also perpetuate stigma. Language is important because it defines the meaning and value of that which is labeled (Connor & Wilson, 2006). To encourage the better use of language in public policy, Campbell et al. (2021) recommend establishing a routine process for creating and reviewing policy to eliminate language provisions that may increase mental health stigma. They recommend conducting these reviews during the policy development process and regularly reviewing and updating policy based on the current and acceptable language used (Campbell et al., 2021).

In addition, Spandler and Stickley (2011) argue for greater compassion in mental health language. Compassion can be facilitated or inhibited within different social and cultural value systems, especially in our current neoliberal society which values choice, independence, personal achievement, as well as competition, status, power, and profit. Since the 1900s, community mental health services have shifted focus to encourage recovery and empowerment principles to describe mental health and illness instead of using stigma-inducing words (Spandler & Stickley, 2011). To reduce stigma and encourage compassion in mental health

language, it is recommended that policies identify mental health challenges explicitly based on evidence and best practice as identified by mental health organizations. This can be done by placing those with mental illness at the centre of mental health frameworks which will enable them to participate in mental health policy making, planning, and service delivery (Nelson, 2017).

7. Conclusion

Supportive housing has been the primary housing option for seniors with mental illness, however, with Toronto's aging population more housing opportunities are needed. Current City of Toronto policies identify ways in which the city is expanding housing options, including the development of secondary suites, laneway suites, and multi-tenant housing. Although these housing opportunities encourage seniors to age-in-place, these developments do not address the integrated needs of seniors with mental illness. To successfully create an age-friendly community, the City of Toronto needs to create more opportunities for partnerships with private and non-profit organizations, developers, and landlords; as well as integrate services within supportive housing to create a continuum of care and reduce stigmatization. The City should also consider updating and streamlining policy and development processes to better reflect seniors housing needs and create more opportunities for supportive housing. Finally, the City should take steps toward improving policy language and coordination between mental health, housing, and seniors-related policies to reduce silos and encourage collaboration.

8. Limitations and Recommendations for Future Research

As with various kinds of research, content analysis has its own limitations. Manual analysis leaves room for human error. Additionally, the analysis assessed a specifically selected number of documents, none of which were from the federal government nor non-profit and community-based sector. Future research ought to look at both the federal government and non-profit/community-based sectors to expand the total number of plans and reports analyzed for more thorough and relevant findings. Future research could also involve different research methods, specifically qualitative interviews with planners, community-based organizations,

senior citizens, and healthcare professionals to gain a more thorough understanding of the research in question.

References

- Austen, A. (2018). *Toronto Senior Strategy 2.0*. City of Toronto, 1-52.
<https://www.toronto.ca/wp-content/uploads/2019/02/93cd-CoT-seniors-strategy2.pdf>
- Baxter, J., Eyles, J. (1996). Evaluating qualitative research in social geography: Establishing 'rigour' in interview analysis. *Royal Geographical Society*, 22(4), 505-525. DOI: 10.1111/j.0020-2754.1997.00505
- Bista, S., Hollander, J. B., Situ, M. (2021). A content analysis of transportation planning documents in Toronto and Montreal. *Case Studies on Transport Policy*, 9(1), 1-11. DOI: 10.1016/j.cstp.2020.06.007
- Campbell, M., Auchterlonie, J. L., Andris, Z., Cooper, D. C., Hoyt, T. (2021). Mental health stigma in department of defense policies: Analysis, recommendations, and outcomes. *Military Medicine*, 1-7. DOI: 10.1093/milmed/usab471
- Canadian Mental Health Association (2010). *Mental Health and Addictions Issues for Older Adults: Opening the Doors to a Strategic Framework*, 1-39.
<https://ontario.cmha.ca/documents/mental-health-and-addictions-issues-for-older-adults-opening-the-doors-to-a-strategic-framework/>
- Canadian Mental Health Association, the Toronto Mental Health and Addictions Supportive Housing Network, the Wellesley Institute, & United Way Greater Toronto. (2021). *Toronto Supportive Housing Growth Plan*.
https://www.thegrowthplan.ca/_files/ugd/d08e4f_f78cbf3e8d444dbfbb43dc8df50f1b7f.pdf
- Carter, D. H., Faubert, S. J., Henschel, E. (2021). A Novel Partnership with Low-Income Housing to Support Healthy Aging. *The Journal for Nurse Practitioners*, 17, 718-722. DOI: 10.1016/j.nurpra.2021.01.008
- Chung, T. E., Gozdzik, A., Lazgare, L. I. P., To, M. J., Aubry, T., Frankish, J., Hwang, S. W., Stergiopoulos, V. (2018). Housing First for older homeless adults with mental illness: a subgroup analysis of the At Home/Chez Soi randomized controlled trial. *International Journal of Geriatric Psychiatry*, 33(1), 85-95. DOI: 10.1002/gps.4682
- City of Toronto. (2015). *Toronto Public Health Strategic Plan 2015-2019*.
<https://www.toronto.ca/city-government/accountability-operations-customer-service/long-term-vision-plans-and-strategies/strategic-plan-2015-2019/>

- City of Toronto. (2020a). *Expanding Housing Options in Neighbourhoods*.
<https://www.toronto.ca/legdocs/mmis/2020/ph/bgrd/backgroundfile-148582.pdf>
- City of Toronto. (2020b). *HousingTO 2020-2030 Action Plan*.
<https://www.toronto.ca/wp-content/uploads/2020/04/94f0-housing-to-2020-2030-action-plan-housing-secretariat.pdf>
- City of Toronto. (2020c). *Shelter, Support and Housing Administration 2020 Annual Report*.
<https://www.toronto.ca/wp-content/uploads/2021/06/86f2-AR2020210614AODA.pdf>
- City of Toronto. (2021a). *Official Plan: Chapters 1-5*.
<https://www.toronto.ca/city-government/planning-development/official-plan-guidelines/official-plan/chapters-1-5/>
- City of Toronto. (2021b). *Social Housing Waiting List Reports*.
<https://www.toronto.ca/city-government/data-research-maps/research-reports/housing-and-homelessness-research-and-reports/social-housing-waiting-list-reports/>
- City of Toronto. (2022a). *Administrative Structure*.
<https://www.toronto.ca/wp-content/uploads/2017/11/91e9-city-toronto-organizational-chart.pdf>
- City of Toronto. (2022b). *City Planning*.
<https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/staff-directory-divisions-and-customer-service/city-planning/#:~:text=City%20Planning%20works%20with%20stakeholders,communities%20and%20neighbourhoods%20Torontonians%20want>
- City of Toronto. (2022c). *Housing Secretariat*.
<https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/staff-directory-divisions-and-customer-service/housing-secretariat/>
- City of Toronto. (2022d). *Long-Term Vision, Plans & Strategies*.
<https://www.toronto.ca/city-government/accountability-operations-customer-service/long-term-vision-plans-and-strategies/>
- City of Toronto. (2022e). *Seniors Housing Services*.
<https://www.toronto.ca/community-people/children-parenting/seniors-services/seniors-housing-services/>
- City of Toronto. (2022f). *Seniors Services and Long-Term Care*.
<https://www.toronto.ca/city-government/accountability-operations-customer-service/cit>

- y-administration/staff-directory-divisions-and-customer-service/seniors-services-long-term-care/
- City of Toronto. (2022g). *Shelter, Support, and Housing Administration*.
<https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/staff-directory-divisions-and-customer-service/shelter-support-housing-administration/>
- City of Toronto. (2022h). *Toronto Public Health*.
<https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/staff-directory-divisions-and-customer-service/toronto-public-health/>
- City of Toronto. (2022i). *Toronto Seniors Housing Corporation*.
<https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/city-managers-office/agencies-corporations/corporations/toronto-seniors-housing-corporation/>
- Collins, D., Stout, M. (2021). Does Housing First policy seek to fulfill the right to housing? The case of Alberta, Canada. *Housing Studies*, 36(3), 336-358. DOI: 10.1080/02673037.2019.1707782
- Connor, S. L., Wilson, R. (2006). It's important that they learn from us for mental health to progress. *Journal of Mental health*, 15(4), 461-474. DOI: 10.1080/09638230600801454
- Franco, B., Randle, J., Crutchlow, L., Heng, J., Afzal, A., Heckman, G.A., Boscart, V. (2020). Push and Pull Factors Surrounding Older Adults' Relocation to Supportive Housing: A Scoping Review. *Canadian Journal on Aging*, 40(2), 263-281. DOI: 10.1017/S0714980820000045
- Government of Ontario. (1990). *Homes for Special Care Act, R.S.O. 1990, c. H.12*.
<https://www.ontario.ca/laws/statute/90h12>
- Government of Ontario. (2015). *Mental Health Act, R.S.O. 1990, c. M.7*.
<https://www.ontario.ca/laws/statute/90m07>
- Government of Ontario. (2016). *Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11*. <https://www.ontario.ca/laws/statute/05a11>
- Government of Ontario. (2017). *Seniors Active Living Centres Act, 2017, S.O. 2017, c. 11, Sched. 6*. <https://www.ontario.ca/laws/statute/17s11>
- Government of Ontario. (2018). *Ontarians with Disabilities Act, 2001, S.O. 2001, c. 32*.
<https://www.ontario.ca/laws/statute/01o32>
- Government of Ontario. (2019a). *Ministry of Community and Social Services Act, R.S.O. 1990, c. M.20*. <https://www.ontario.ca/laws/statute/90m20>

Government of Ontario. (2019b). *More Homes, More Choice: Ontario's Housing Supply Action Plan*. <https://files.ontario.ca/mmah-housing-supply-action-plan-21may2019.pdf>

Government of Ontario. (2020a). *A Place to Grow: Growth Plan for the Greater Golden Horseshoe*. <https://files.ontario.ca/mmah-place-to-grow-office-consolidation-en-2020-08-28.pdf>

Government of Ontario. (2020b). *Provincial Policy Statement*. <https://files.ontario.ca/mmah-provincial-policy-statement-2020-accessible-final-en-2020-02-14.pdf>

Government of Ontario. (2021a). Chapter 13: Affordable and social housing. In *The Ontario municipal councillor's guide*. <https://www.ontario.ca/document/ontario-municipal-councillors-guide>

Government of Ontario. (2021b). *Home Care and Community Services Act, 1994, S.O. 1994, c. 26*. <https://www.ontario.ca/laws/statute/94l26>

Government of Ontario. (2021c). *Housing Services Act, 2011, S.O. 2011, c. 6, Sched. 1*. <https://www.ontario.ca/laws/statute/11h06>

Government of Ontario. (2021d). *Long-Term Care Homes Act, 2007, S.O. 2007, c. 8*. <https://www.ontario.ca/laws/statute/07l08>

Government of Ontario. (2021e). *Ministry of Health*. <https://www.ontario.ca/page/ministry-health>

Government of Ontario. (2021f). *Ministry of Municipal Affairs and Housing Act, R.S.O. 1990, c. M.30*. <https://www.ontario.ca/laws/statute/90m30>

Government of Ontario. (2021g). *Municipal Affairs Act, R.S.O. 1990, c. M.46*. <https://www.ontario.ca/laws/statute/90m46>

Government of Ontario. (2021h). *Ontario Planning and Development Act, 1994, S.O. 1994, c. 23, Sched. A*. <https://www.ontario.ca/laws/statute/94o23>

Government of Ontario. (2021i). *Places to Grow Act, 2005, S.O. 2005, c. 13*. <https://www.ontario.ca/laws/statute/05p13>

Government of Ontario. (2021j). *Retirement Homes Act, 2010, S.O. 2010, c. 11*. <https://www.ontario.ca/laws/statute/10r11>

Government of Ontario. (2022a). *City of Toronto Act, 2006, S.O. 2006, c. 11, Sched. A*. <https://www.ontario.ca/laws/statute/06c11>

Government of Ontario. (2022b). *Community housing renewal strategy*. <https://www.ontario.ca/page/community-housing-renewal-strategy>

- Government of Ontario. (2022c). *Development Charges Act, 1997, S.O. 1997, c. 27*.
<https://www.ontario.ca/laws/statute/97d27>
- Government of Ontario. (2022d). *Ministries*. <https://www.ontario.ca/page/ministries>
- Government of Ontario. (2022e). *Ministry of Children, Community and Social Services*.
<https://www.ontario.ca/page/ministry-children-community-and-social-services>
- Government of Ontario. (2022f). *Ministry of Municipal Affairs and Housing*.
<https://www.ontario.ca/page/ministry-municipal-affairs-housing>
- Government of Ontario. (2022g). *Ministry of Seniors and Accessibility*.
<https://www.ontario.ca/page/ministry-seniors-accessibility>
- Government of Ontario. (2022h). *Municipal Act, 2001, S.O. 2001, c. 25*.
<https://www.ontario.ca/laws/statute/01m25>
- Government of Ontario. (2022i). *Planning Act, R.S.O. 1990, c. P.13*.
<https://www.ontario.ca/laws/statute/90p13>
- Henderson, J. (2005). Neo-liberalism, community care, and Australian mental health policy.
Health Sociology Review, 14(3), 242-254. DOI: 10.5172/hesr.14.3.242
- Homeless Hub. (2021). *Housing First*.
<https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first>
- Jones, A. (2007). The role of supportive housing for low-income seniors in Ontario. *Canadian Policy Research Network Research Report*, 1-64.
<https://homelesshub.ca/sites/default/files/attachments/Role%20of%20Supportive%20Housing%20for%20Low-Income%20Seniors%20in%20Ontario.pdf>
- Lawrence, J. (2022). *Report of the Ontario Housing Affordability Task Force*.
<https://files.ontario.ca/mmah-housing-affordability-task-force-report-en-2022-02-07-v2.pdf>
- Morgan, L., Perez, R., Frankowski, A. C., Nemec, M., Bennett, C. R. (2016). Mental Illness in Assisted Living: Challenges for Quality of Life and Care. *Journal of Housing for the Elderly*, 30(2), 185-198. DOI: 10.1080/02763893.2016.1162255
- Nelson, G. (2017). Mental health housing policy in Canada. In *Housing, Citizenship, and Communities for People with Serious Mental Illness: Theory, Research, Practice, and Policy Perspectives* (pp. 229-252). Oxford University Press.

- Nelson, G., MacLeod, T. (2017). The evolution of housing for people with serious mental illness. In *Housing, Citizenship, and Communities for People with Serious Mental Illness: Theory, Research, Practice, and Policy Perspectives* (pp. 1-25). Oxford University Press.
- Puxty, J., Rosenberg, M., Carver, L., Crow, B. (2019). *Report on Housing Needs of Seniors*. Government of Canada: 1-50.
<https://www.canada.ca/content/dam/canada/employment-social-development/corporate/seniors/forum/report-seniors-housing-needs/report-seniors-housing-needs-EN.pdf>
- Robison, J., Schensul, J., Coman, E., Diefenbach, G. J., Radda, K. E., Gaztambide, S., Disch, W. B. (2010). Mental health in senior housing: Racial/ethnic patterns and correlates of major depressive disorder. *Aging & Mental Health*, 13(5)
- Spandler, H., Stickley, T. (2011). No hope without compassion: the importance of compassion in recovery-focused mental health services. *Journal of Mental health*, 20(6), 555-566. DOI: 10.3109/09638237.2011.583949
- Statistics Canada. (2022). *Population and dwelling counts: Canada and census subdivisions (municipalities)*. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810000201>
- Suttor, G. (2016). Taking Stock of Supportive Housing for Mental Health and Addictions in Ontario: Executive Summary. *Wellesley Institute*, 1-5.
<http://www.wellesleyinstitute.com/wp-content/uploads/2016/11/Taking-Stock-Executive-Summary.pdf>
- Wilton, R. (2000). Grounding Hierarchies of Acceptance: The Social Construction of Disability in NIMBY Conflicts. *Urban Geography*, 21(7), 586-608. DOI: 10.2747/0272-3638.21.7.586

Appendices

Appendix A: Content Analysis Results for Provincial Ministries

Ministry of Children, Community and Social Services

The programs of the Ministry of Children, Community and Social Services help to build communities that are resilient, inclusive and sustained by the economic and civic contributions of all Ontarians. Their major programs include social assistance (e.g. Ontario Works and Ontario Disability Support Program) and community services that support people to recover from hardship and regain control of their lives. The Minister is Merrilee Fullerton (Government of Ontario, 2022e).

Table 8. Count of keywords for documents under the Ministry of Community and Social Services

	MCSSA ¹
Most Recent Publication Year	2021
Population	
Senior(s)	0
Older adult	0
Elder(ly)	0
Housing	
Supportive ho (housing & homes)	0
Supported housing	0
Social housing	0
Mental health	
Mental health	0
Mental illness	0
Depression	0
Suicide	0
Anxiety	0

¹ Ministry of Community and Social Services Act

Ministry of Health

The Ministry of Health delivers high-quality care and protects the health system for future generations. They provide access to primary care providers, deliver coordinated care in the community and closer to individual's homes, and educate patients about their health. The Minister is Christine Elliott (Government of Ontario, 2021e).

Table 9. Count of keywords for documents under the Ministry of Health

	HCCSA ¹	HSCA ²	LTCHA ³	MHA ⁴
Most Recent Publication Year	2021	2006	2021	2015
Population				
Senior(s)	0	0	1	10
Older adult	0	0	0	0
Elder(ly)	0	0	0	0
Housing				
Supportive ho (housing & homes)	0	0	0	0
Supported housing	0	0	0	0
Social housing	0	0	0	0
Mental health				
Mental health	0	2	2	4
Mental illness	0	0	0	0
Depression	0	0	0	0
Suicide	0	0	0	0
Anxiety	0	0	0	0

¹ Home Care and Community Services Act

² Homes for Special Care Act

³ Long-Term Care Homes Act

⁴ Mental Health Act

Ministry of Municipal Affairs and Housing

The Ministry of Municipal Affairs and Housing (MMAH) works with local governments and partners across Ontario to build safe and strong urban and rural communities with dynamic local economies, a high quality of life and affordable and suitable homes for everyone. They focus on housing, land use planning, local government, municipal guides and programs, and building codes. The Minister is Steve Clark (Government of Ontario, 2022f).

Table 10. Count of keywords for documents under the Ministry of Municipal Affairs and Housing

	CTA ¹	DCA ²	HSA ³	MMAHA ⁴	MA ⁵	MAA ⁶	OPDA ⁷	PGA ⁸	PA ⁹
Most Recent Publication Year	2022	2022	2021	2022	2021	2021	2021	2021	2022
Population									
Senior(s)	2	0	0	0	2	0	0	0	0
Older adult	0	0	0	0	0	0	0	0	0
Elder(ly)	3	0	0	0	1	0	0	0	0
Housing									
Supportive ho (housing & homes)	0	0	0	0	0	0	0	0	0
Supported housing	0	0	0	0	0	0	0	0	0
Social housing	13	0	0	0	0	0	0	0	0
Mental health									
Mental health	0	0	0	0	2	0	0	0	0
Mental illness	0	0	0	0	0	0	0	0	0
Depression	0	0	0	0	0	0	0	0	0
Suicide	0	0	0	0	0	0	0	0	0
Anxiety	0	0	0	0	0	0	0	0	0

¹ City of Toronto Act

² Development Charges Act

³ Housing Services Act

⁴ Ministry of Municipal Affairs and Housing Act

⁵ Municipal Act

⁶ Municipal Affairs Act

⁷ Ontario Planning and Development Act

⁸ Places to Grow Act

⁹ Planning Act

Ministry of Seniors and Accessibility

The Ministry of Seniors and Accessibility helps seniors and people with disabilities stay independent, active, and socially connected. They help seniors stay safe and make Ontario more accessible for everyone and promote the benefits of age-diverse, accessible workplaces and communities where everyone is able to participate. The Minister is Raymond Cho (Government of Ontario, 2022g).

Table 11. Count of keywords for documents under the Ministry of Seniors and Accessibility

	AODA ¹	ODA ²	RHA ³	SALCA ⁴
Most Recent Publication Year	2016	2018	2021	2017
Population				
Senior(s)	0	0	3	6
Older adult	0	0	0	0
Elder(ly)	0	0	0	2
Housing				
Supportive ho (housing & homes)	0	0	0	0
Supported housing	0	0	0	0
Social housing	0	0	0	0
Mental health				
Mental health	0	0	1	0
Mental illness	0	0	0	0
Depression	0	0	0	0
Suicide	0	0	0	0
Anxiety	0	0	0	0

¹ Accessibility for Ontarians with Disabilities Act

² Ontarians with Disabilities Act

³ Retirement Homes Act

⁴ Seniors Active Living Centres Act

Appendix B: City of Toronto Divisions

City Planning

The City Planning Division is helping to build Toronto's future by managing the growth and physical form of the city – how it looks, feels, and moves, and the opportunities it provides in terms of jobs and services to its residents. City Planning works with stakeholders and other City divisions to set goals and policies for responsible development. It provides support and advice to City Council to help ensure that Toronto's growth contributes to the kind of communities and neighbourhoods Torontonians want. The division also reviews and processes development approval applications from a community planning and an urban design perspective. City Planning staff gather public input and conduct research to develop and review plans, regulations and projects that protect and enhance our urban environment. Gregg Lintern is the Chief Planner and Executive Director of the City Planning Division (City of Toronto, 2022b).

Housing Secretariat

The Housing Secretariat (formerly the Affordable Housing Office) works to enhance the health of Toronto's residents, neighbourhoods, economy and environment by delivering funding and incentives, and by developing innovative housing solutions, to create and maintain safe, affordable, rental and ownership housing for lower-income residents. This will be accomplished by: (1) Delivering federal and provincial affordable housing programs and city programs by working with the private and non-profit sectors to develop and maintain affordable rental and ownership housing, revitalize communities and create employment; (2) working with Shelter, Support & Housing Administration as Municipal Service Manager and with other City divisions to ensure the effective and efficient use of City, provincial and federal investments, in line with city priorities and other legislative and policy frameworks such as HousingTO 2020-2030 Action

Plan; and (3) supporting the City Manager and Deputy City Manager in providing strategic intergovernmental relations advice on housing and homelessness issues. Creating and maintaining affordable housing is one of the City of Toronto's key priorities. City Council initially established the Affordable Housing Office in 2005 which in 2019 transitioned into the Housing Secretariat. The Office reports to the Deputy City Manager, Community and Social Services, with a mandate to work effectively with housing stakeholders. The Housing Secretariat Executive Director is Abigail Bond (City of Toronto, 2022c).

Seniors Services and Long-Term Care

Seniors Services and Long-Term Care is responsible for service planning and strategic integration of City services for seniors. The scope of services provided includes: (1) Community support programs such as adult day programs, supportive housing services, tenancy supports and homemakers and nurses services for vulnerable individuals who reside in the community; and (2) directly operating 10 long-term care homes which provide 24-hour resident-focused care for permanent, convalescent, and short-stay admissions; care, services and programs enhance quality of life by responding to individual resident needs. Jennifer Dockery is the General Manager of the Division (City of Toronto, 2022f).

Shelter, Support, and Housing Administration

The Shelter, Support & Housing Administration Division is the service manager for housing and homelessness services in Toronto. The Division funds and oversees community agencies to deliver services, such as emergency shelter and supports, street outreach, 24-hour respite, housing stability services, including drop-ins, supports to daily living, housing help, and eviction prevention. The biggest part of the Division's portfolio is the funding and oversight of social housing in Toronto which includes direct management of access to subsidized housing through a centralized waiting list. The Division also directly operates emergency and transitional

shelter and 24-hour respite programs, provides street outreach in the downtown core, and helps people avoid eviction through case management and housing assistance. The Division's top priority is to ensure that vulnerable people can access temporary accommodation when they need it, and that permanent housing options are available, accessible and sustainable. To do that, the Division is working with community partners, service users and other stakeholders to transform housing and homelessness service networks into client-centered, outcome-focused systems that help households find and keep stable housing and improve overall well-being. Gordon Tanner is the Acting General Manager of the Division (City of Toronto, 2022g).

Toronto Public Health

Toronto Public Health (TPH) reports to the Board of Health and is responsible for the health and well-being of all 2.9 million residents. TPH has focused on protecting and promoting the health of Toronto residents since 1883 by: (1) Preventing the spread of disease, promoting healthy living and advocating for conditions that improve health for Toronto residents; (2) using surveillance to monitor the health status of the population in order to respond to on-going and emerging health needs; and (3) developing and implementing public policy and practices that enhance the health of individuals, communities and the entire city. The Medical Officer of Health is Dr. Eileen de Villa (City of Toronto, 2022h).