

CAREGIVERS CARING FOR PERSONS LIVING WITH MENTAL ILLNESSES AND/OR SUBSTANCE USE DISORDER – PLANNING FOR “WHEN I AM GONE”

Some facts regarding caregiving in Canada –

In 2012, approximately 11 million (38%) Canadians aged 15 and older had at least one immediate or extended family member who had a mental health problem, defined as problems with their emotions, mental health or use of alcohol or drugs. About 1 in 5 (22%) Canadians had more than one immediate or extended family member with a mental health problem – Source: Statistics Canada, Health at a Glance, October 2012

75% of care is provided by unpaid caregivers, which equates to approximately \$26–\$72 billion in unpaid work per year. This reduces costs to healthcare systems, reduces pressure on home and community care services and allows individuals to receive the care they need in their own homes. It is clear that without caregivers, Canada’s healthcare and social systems would collapse – Source: Caregiving in Canada: Petro Canada Caremakers Foundation

INTRODUCTION

The Mental Illness Caregivers’ Association (MICA) believes more needs to be done to ensure people living with mental illnesses and/or substance use disorders have access to a safe place to live while allowing them to make choices that meet their needs and personal wishes.

The challenges are significant: affordable housing is extremely hard to come by, is hard to maintain for people living on the margins, there are few new listings, the average rental is too expensive, demand outstrips supply because there are many unhoused and untreated people, waiting lists are interminable, and funding is inadequate.

We invited caregivers to share both their stories and their concerns regarding the need for sustainable housing options for those they care for when they, the caregivers, are gone.

Based on what we heard, we propose a caregiver-focused approach including a third-party resource that supports caregivers seeking to address a range of concerns including:

- Identifying the type of supports required to ensure continued access to mental and physical health services including a network of community supports – all in the interest of ensuring stability and the continued well-being of their loved ones
- Ensuring arrangements are in place to fund both current and long-term expenses while ensuring the appropriate controls are in place to protect their loved ones
- Identifying the property management supports required to ensure their loved ones have continued access to a well maintained and safe place to live and, if required, arrangements are in place to manage any changes in the housing needs of the loved ones from the sale of property to accessing supported housing.

WHAT IS AT RISK – THE COLLAPSE OF SUPPORTS CRITICAL TO THE MENTAL AND PHYSICAL WELL-BEING OF THOSE WE CARE

As the current mental illness caregiver community ages, most would agree that it is becoming increasingly more urgent to plan for “when they are gone” In many cases, the caregiver is the only source of supports and without a plan going forward now and for when the caregiver is gone, our most vulnerable are at risk of increased: 911 calls, visits to ER, hospitalizations, substance abuse, isolation and loneliness, food insecurity, homelessness, contact with the law, arrest, and incarceration.

Some facts regarding caregiving in Canada –

8+ million Canadians are caregivers that provide the equivalent support of 2.8 million full-time paid care providers each year – Source: Canadian Caregiver Summit, November 2023

*What next -
It is now more urgent than ever for the Ministries of Municipal Affairs and Housing, Health and Long-Term Care and Children, Community and Social Services to work together to ensure all caregivers have a housing plan that addresses both current and the future housing needs of our most vulnerable in our community*

OUR ASK

We invite you to engage in a dialogue focused on doing what we can to ensure all caregivers caring for persons living with mental illnesses and/or substance use disorder have a housing plan. Let us get things started by asking you to share your comments regarding the attached and as summarized below:

- Establish a third-party resource that supports caregivers in the development of a housing plan and its implementation when the caregiver is gone including planning focused on:
 - The housing needs of those they care for no matter where they are along the path to recovery – treatment, rehabilitation, and recovery
 - The transition to community supports and independent living today while responding to the varying levels of support required along the way including links to planning for long term housing needs
 - Building relationships among all concerned based on trust, accountability, and well-defined boundaries
 - Taking a tiered approach to planning that responds to the needs unique to each caregiver and includes contingency plans in place in response to any change in the required mental health and/or physical health supports

NEXT STEPS

Based on the response to our ask we will prepare a report on what we heard and seek the support of:

- The Ministries of Municipal Affairs and Housing and Children, Community and Social Services regarding the need to fund third-party support for caregivers planning for the housing needs of their loved ones now and when they are gone
- The Minister of Health and Long-Term care regarding the need to fund the personal supports so critical to ensuring the implementation of a housing plan that is sustainable and continues to address the mental and physical health well-being of our most vulnerable in our community

CAREGIVERS PLANNING FOR WHEN THEY ARE GONE – A CAREGIVER FOCUSED APPROACH

Acute Phase – Treatment and Rehabilitation		Chronic Phase – Recovery	
Community supports – intensive case management with caregiver support		On-going Community Supports – low to intensive case management with caregiver support	Community supports – low to intensive case management without caregiver support
THE CHALLENGE	AWARENESS, EDUCATION, AND PLANNING	TRANSITION TO ON-GOING COMMUNITY SUPPORTS	ACCESS TO COMMUNITY SUPPORTS
<p>Developing a housing plan while addressing the following:</p> <ul style="list-style-type: none"> Caregivers planning for the housing needs of those they care for no matter where they are along the path to recovery – treatment, rehabilitation, and recovery The transition to community supports and independent living today while responding to the varying levels of support required along the way including links to planning for when the caregiver is gone Building relationships among all concerned based on trust, accountability, and well-defined boundaries Taking a tiered approach to planning that responds to the needs unique to each caregiver and includes contingency planning in response to any change in both the family member's housing needs and the required mental health and/or physical health supports 		<p>A third-party resource positioned to:</p> <p>Support both the development of a housing plan and its implementation when the caregiver is gone or no longer able to provide the required supports</p> <p align="center">A Tiered Approach</p> <p>Tier One – a plan for a family member that has continued access to family-owned home with the resources available to provide for legal, financial and property management services</p> <p>Tier Two – a plan for a family member that no longer has access to housing or other supports provided by caregiver and will need to plan for alternative arrangements</p> <p>Tier Three – a contingency plan for a family member that has continued access to family-owned home but because of changes in mental and/or physical health needs to plan for alternative arrangements such as the sale of the family-owned home and transition to supported housing</p>	<p>An organization positioned to:</p> <p>Provide personal supports and if required, supported housing to persons living with mental illnesses and/or substance use disorder</p> <p align="center">A Tiered Approach</p> <p>Tier One – access to personal supports and services including wellness checks, social and community connections, leisure and recreation programs, psychoeducation, system navigation</p> <p>Tier Two – access to both tier 1 personal supports as highlighted above as well as supported housing</p> <p>Tier Three – access to and implementation of the contingency plan in place for the family member in response to any change in both the housing needs and the required mental health and/or physical health supports</p>