Boarding Houses are not the Answer

an interview with Diane Capponi

By ROBBYN GRANT

I've travelled a lot and I've seen a lot of terrible conditions, but I've never seen anything like the boarding houses in Toronto. I've never seen a person be treated on such an inhumane level and live in such filth and degradation as I have here. All Canadians should be ashamed of how these people are forced to live.

In the ordinary boarding house you have maybe one staff person for 60-70 people. If the house is suitable to hold 20 people, it may hold 60. If you're lucky you get a pillow. You never get a private room. There are lice everywhere and people with the most bizarre behavior, medicated up to their eyebrows. Inside it's very dark, very depressing, and in the winter time, very cold. The meals served there usually consist of starch — bread, potatoes, spaghetti. There is no access to a phone, no access to a laundramat.

You don't even see your cheques. Mostly, everybody in the boarding house is on some kind of public assistance, and their cheque goes directly to the operator of the house. The balance is maybe $20 a month and is supposed to cover all their needs — bus fare, laundry, soap, tobacco, etc. The rent people pay depends on their income. If they are on full disability they receive $365 a month. That means that they pay $285 a month room and board. They're the lucky ones. If you are on welfare, as most are (since people having problems with their mental health are not considered disabled), in Toronto you receive $226 a month, and $210 to $218 is taken for room and board. If you get an increase in your welfare cheque, your rent goes up.

How can you get yourself out of this situation when your clothing is usually from the Sally Ann or from some other person's fourth or fifth hand down? Often you are so heavily medicated that you don't even care what you look like. Half the time these people won't even get dressed. They won't even get off their bed. There is no staff to motivate them because the owners can't afford it.

There are no controls by the city. I can think of two boarding houses operating right now that are not licensed. They have been suspended, but the city is so worried that if these places go out of business there won't be any place to put people coming out of the hospital. That's why the city doesn't step in to close them down.

There are arsonists living in these houses, sex offenders and dangerous criminals; people who have committed crimes repeatedly, who will commit them again, and who are putting everyone in the houses in jeopardy. It's so impossible. If you're not afraid of the guy next to you, you're afraid of the guy upstairs, or the guy down the hall. Or you're afraid of the staff member who isn't always impartial. You're afraid for your own life. You wonder if you're going to get your cheque so that maybe for a week you have enough money to get your tobacco. What are the meals going to be like? Are you going to be able to digest them? Half the time the fire safety equipment isn't operating; security in the house is nil. Lice is a constant problem. It's always like that. You are faced with these basic survival problems every day, and you're not going to get out of it.

You might feel relatively good in an institution. it's clean, you get three good meals a day, and there are so called "normal" people to talk to. A lot of people from boarding houses look forward to going back to the institutions. They get to walk around and meet people to talk to. When they are in a boarding house they stay in their room. They go to the TV room if there is one. The only people they see are the more active ones in the house that are out of their rooms. You usually don't get much of a chance to talk to the staff person. Usually the one staff member is on duty all the time and is just too busy handing out medication (even though half these people are not qualified to give out medication) and just making sure things are under control. If there are any problems they contact the hospital or a local satellite.

More than likely you are going to end up back at Queen Street, not because of the problems that originally put you into Queen Street, but because of the problems that you have to face in a boarding house. It's just a terrifying horror story. You have enough to deal with just entering society again. I was only in the hospital for a little while, but it's so foreign coming out. You need pressure taken off of you — not put on you.

Most people in boarding houses are totally alone, isolated. If you have children, by the time you are in an institution for a period of time, Children's Aid has usually stepped in and taken them from you. If you are lucky, you've had family who will help you, but most people's family abandon them once they go in institutions. I was really lucky. I had my sister Pat, to keep my daughter for me and she was a major influence for me getting out of Queen Street. If I had lost my daughter like most people do, I wouldn't have had a reason to continue working towards changing. Let's face it — you get comfortable in the sick role.

I don't think I would have made it if I had come out to face the usual boarding house situation. I came out and Pat was working in a boarding house. She was a supervisor there, and she made special arrangements to get me a special area in the basement away from everybody. I worked there part-time, so I was treated a little bit better. I got second helpings of food. I

patient. I wasn't half as medicated. I wasn't half as sick when I went in either, so when I came out I wasn't as sick. I had more going for me, more potential to make something of myself. If Children's Aid had seen the boarding house, there is no way they would have given me my daughter back.

I was in the hospital for 2 months and the boarding house for 4 months, but for me it seemed like a year. I was always surrounded by the same thing. You look around you and you can never get out of it. There is no foot hold. It's not as if you can go and take a bus somewhere for help. They have satellites in the area like Archway where they have therapists to help you out, but they are assigned maybe 40 patients each. Usually you only get attention if there is a problem (other than that you are heavily medicated) and the side effects from medication make you stick out like a sore thumb in any crowd. Plus the life style you are living makes you stick out. It makes you so that you really don't have the impetus to do anything else anyway. It makes you almost content with what you've got.

In Ontario they have decided that getting the people out and into the community is better than institutionalizing them, so they open their doors when they consider that treatment in hospital is over. There is no gradual process of letting people out. If they slowly integrated people into the community, and provided more treatment for the people once outside, the rate of returns to the hospital would be much less. People being discharged from hospital need to be made more aware of community services. They need more support systems on the outside. They need to have more life skills taught to them. They need less medication and the level gradually reduced. They need to be helped to look less bizarre, but none of these things are provided. They are just pushed out and told, "Okay, do it." If they took you individually and helped you financially; if they could find a group home setting, some kind of graduation to your own apartment, some kind of motivation, you could get out. You could be motivated by seeing that someone else who has done it. These people look at Queen Street now as a hotel. And if you do a survey at Queen Street, you'll find that 90% of the people have been in and out repeatedly. Now that really tells you something about what is happening, when people think of a mental institution as a nice place to go.

You can't belittle the landlords all the time and say it's all their fault, because there are some landlords with good intentions. But what can they do on $7-$8 a day? How could they possibly give adequate care? Some landlords do take advantage. They don't treat the people very well and they might accept any Joe who comes in off the street. They don't have any kind of security. Most of them can't afford any kind of security, but some of them do try to screen the people coming in.

Queen Street has a list of homes which they call recommended. Now if these homes are full, Queen Street will resort to a place like this. They have to put the guy somewhere. If there was proper housing, this wouldn't happen. If the licensing rules were tougher, the city could say: "OK, you're closed down, get everyone out of there and put them somewhere else." Then this kind of thing wouldn't happen.

But with the typical person coming out of Queen Street with a dry mouth, with a tic in his lip, and his arm flying, if he goes to a room the landlady is going to look at him and say 'no way.' Half the people coming out of Queen Street can't fend for themselves. They can't cook. They need a boarding house setting or group home setting where they can learn some basic life skills. A lot of professionals at Queen Street define the boarding house settings as group homes, and that is such a joke. I know what a boarding house is, and I know what a group home is, and there is such a difference. That's the whole housing problem — there is just no where to put these people. Nobody thinks it's that bad, but if that was what I had to look forward to, I'd probably stay in the institution as long as I could. I wouldn't want to come out to that. I wouldn't want to live in that.

For anybody coming out of the institution, housing and after-care is the most crucial part of treatment. If there is any potential for change, it is dependent upon what happens to you when you come out. That is the area where most people get most damaged, even more so than the institution. In Ontario there is no such thing as after-care. There is really no such thing as adequate housing provided for people just coming out of the hospital. There are flop houses that are a lot nicer than the boarding houses here.

The Ontario Welfare Council brief for the Committee of Social Planning Councils, April 1981, entitled "Community Based Services: The Need for a Planned Approach (The Case of Adult Residential Facilities)."

The brief deals with adult residential care facilities for groups at risk — mentally "ill", elderly, mentally retarded and physically disabled, children and youth, victims of physical abuse, ex-offenders and individuals with addictions — and the results of the Ontario government's policy of de-institutionalization.

It points to the lack of promised legislation and funding for this plan. In Metro Toronto only 200 community beds have been created in ten years. "When lakeshore Psychiatric Hospital closed in 1980, only one half of the $2.6 million reportedly saved was redirected into new community programs . . . and only a tiny fraction went for housing." Pg. 8.

There is no adequate planning, clear responsibility or co-ordinated approach to funding for a coherent caring system. The need for systematic planning is obscured by current necessary crisis management.

At risk groups (described above) are placed in jeopardy. There is increasing resentment and frustration among service providers, municipal authorities and citizens ill-prepared to face these crises. Finally, high re-admission rates indicate questionable cost effectiveness of present deinstitutionalized approaches.

Zoning by-laws by municipalities can block community based facilities. In the case of Metro Toronto, who acted responsibly in opening all neighbourhoods to group homes, the province ordered Metro to reconsider that decision, thus undermining responsible political action.

After-care planning and monitoring is lacking and these individuals get "lost" in the community.

Recommended action to the Province is that they provide a continuum of care for adults in need, and information to the public through briefs by providers, self-help groups and municipalities. Other action to include community placement and follow-up; legislation on licensing, standards and jurisdiction; and prevention of restrictive zoning for community based facilities.