

Legal Issues in Psychiatric Boarding Homes



There are few minority groups in Ontario, or in Canada, whose rights are as thoroughly and insidiously compromised as those of deinstitutionalized psychiatric patients who have been consigned to privately operated boarding and lodging homes. People who had been told every day for years that they were sick and in need of protection, medication and control suddenly found themselves standing on the other side of the door with a bus ticket and the address of a room or of the Salvation Army, expected to appreciate the benevolence of the state. The cost of providing hospital care - hundreds of dollars a day was dramatically reduced to the seven dollars a day that would keep a person in a boarding home.

Various people saw the huge profit potential in buying big old houses and turning them into psychiatric homes, offering beds and three meals a day. There was no shortage of residents, no real regulation, no serious attempt at health or building inspection. They were housing people no one else wanted — problem people, usually without nosey interfering relatives. So, with the collaboration of therapists and civic and provincial governments, the deinstitutionalized

client found that life could indeed get a lot worse.

Things have not improved in the past decade and a half. Human and legal rights have been subjected to continuous abuses as landlords of boarding homes realized they were a law unto themselves. It should be noted that most owner/operators feel hard done by; they feel persecuted by frequent media exposure of abuses in the homes, and they feel they don't get nearly enough money for the services they provide.

It is in fact true that they do provide a service — to the government and to hospital professionals, not to expatients. They keep the deinstitutionalized off the streets, out of sight and out of mind; and out of coroner's court, where bleeding-heart liberals might question the results of Ontario's efforts to treat patients in their own communities.

What rights have been removed from the deinstitutionalized?

* the right to receive and open their own mail (we are told by owners that chaos would ensue if ex-patients were allowed to receive their own cheques. They would blow all the money and not pay the rent. Thus the



owner keeps the one mailbox locked, opens mail addressed to the boarders, and cashes all cheques — deducting room and board, and doling out the leftover discretionary funds as and if he chooses)

- * the right to basic acceptable standards of repair and cleanliness (city inspectors won't act against substandard, roach- and rat-filled boarding homes. The city's position has been that if it applied the standards everyone else has to live by, it would result in the closure of many homes and the subsequent homelessness of many of the deinstitutionalized)
- * the right to be protected by the Landlord and Tenant Act (without which protection residents can be evicted on a whim, and landlords can raise the rates whenever they feel the economic pinch)
- * the right to shelter during daylight hours (many boarding homes demand that residents leave their rooms immediately after breakfast and not return until supper-time)
- * the right to security of the person (in a significant number of cases,

owner/operators rule by force: baseball bats, fists, hired "heavies." If the police are called in, the owner becomes the persecuted soul, the sweet-talking caretaker of a bunch of crazy people no one could ever believe)

* the right to be free from sexual assault (too often male operators go into the rooms of female residents at any hour of the day or night, without knocking or asking permission. Therapists collaborate with them by not believing accusations: psychiatric patients, especially females, are considered to have a tendency to fantasize, lie, and make false accusations. Operators soon learn they can do whatever they like, with impunity, and many take advantage of this unique position)

Professionals who tell us that most operators are decent, beleaguered people trying their best to do an impossible, thankless job are helpful allies to the operators, but not to the expatients encased behind these new, stronger walls.

The implication, of course, is that the cost of extending human and legal rights to the deinstitutionalized is too high; that such a step would be too radical. Operators claim that it is in the patients' own best interest not to give them rights they can't handle; rights the operators feel would infringe on their ability to "care for" people no one else wants.

It is indeed an outrageous situation when basic rights are viewed as antitherapeutic; when a whole segment of society is denied legal protections and interventions; when the voices of the exploiters and their collaborators carry more weight than the rule of justice, human rights, and reason.

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