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# CAPITAL CITY MISSION NEWSLETTER

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## **MERRY CHRISTMAS**



*At this Time of year we are able to touch many people with God's love but it is possible only with your help. Here is a great way to get your family to do a great act of kindness at Christmas. Once again we are giving backpacks to as many as we can. You can help us with this in either of these ways:*

**Donate funds** directed for this gift

*or*

**Purchase and fill a back pack with these basic supplies:** toothbrush, paste ,soap, shampoo, razor blades, shaving cream, lipbalm, dry skin cream.

*If you are reading this letter and you haven't been a Financial Supporter of CCM, may I ask you to do some thing special to help us **today?** Perhaps you can Budget a monthly gift for 2003. (Tax receipts will be issued early in 2003)*

*We take this opportunity To say **THANKYOU** to all who make this ministry possible. Your support is the only way it's made possible.*

**We are so aware that many of you pray for this ministry and we thank you for your support in this way.** *Our Intent is to continue to develop this Ministry with a stronger prayer covering As we continue to grow as a ministry, the need for committed, mature Christians to serve at the CCM center is greater . Please pray about more folks who can give 4-6 hours a week.*

*If you are retired and could give day hours please contact us right away!*

### **Christmas at CCM !**

**Dec. 9<sup>th</sup>:** *Christmas dinner for over 150 guests*

*During December, several church men's groups and youth groups are coming to carol and provide snacks. As well, over the holidays we will deliver gifts to many kids whose loved ones are in prison.*

### **Making Room In Our Hearts**

*In polling our guests who live in rooming houses or assisted housing residences, we found that many or most of them live on less than \$6000.00 a year. With this income they are expected to cover all their needs. Even a person who is healthy in every dimension finds it difficult to survive on the amount of food such a budget permits. But add other problems and such stress often leads to poverty and turmoil. I hope that the article that follows will encourage all of us, as people who care, to pray and become active in doing something to help the oppressed and hurting poor.*

***Jesus understands there was no room for Him when he came. Will we make room for HIM?***

## Fighting the demons, on \$930 a month

By Ted Schrecker

*This article appeared in the Toronto Star on July 2<sup>nd</sup>, 2002. Used with permission.*

Imagine a psychiatric hospital in which accommodation is often unclean and sometimes unsafe; violence against patients by people just passing through is common; patients are left largely on their own to feed (or not feed) themselves; and some cannot afford the medications that enable them to function.

Even in these hardened times the existence of such a hospital would be considered a scandal. Nevertheless, many Canadians must fight the demons of serious mental illness under precisely such conditions—no longer in hospital, but now in that abstraction called "the community."

What does life in "the community" mean? Income support available under the Ontario Disability Support Program (ODSP) normally amounts to \$930 per month or less, plus a few hundred dollars per year in federal and provincial tax credits. On this income, which has not been increased since 1993, the recipient is expected to find shelter in Ontario's unregulated rental market and to cover the expenses of daily living.

The \$930 figure, which includes a maximum of \$414 for housing, is for a single person without dependents. For those who are raising children, often as single parents, the situation can be even bleaker. Somewhat higher disability benefits do not offset the additional costs involved, in particular the constant battle for safe and affordable housing.

Although homelessness is usually associated with cities like Toronto, the shortage of affordable housing is not just a big city problem. In London, Ont., where average rents rose by more than 25 per cent between 1989 and 2000, more than 14,000 households spend at least half their income on rent, and the city's homeless shelters serve almost 4,000 people a year.

London lost almost 1,400 rental units between 1995 and 2000, while no new assisted housing was built. In London, the Western Ontario Therapeutic Community Hostel provides a limited number of units (27 now, with a target of 93) for the entire low income population, at rents geared to the housing allowance provided under the Ontario Disability Support Program or the even lower amount provided under the general welfare program, Ontario Works.

Otherwise, a livable bachelor apartment costs \$350 to \$400 per month, plus at least \$100 for phone and utilities, before one bag of groceries is bought. But the level of disability benefits is only part of the problem. Ontario makes Community StartUp benefits (up to \$799 for a single individual) available to people newly discharged from hospital, but delays in receiving these funds may mean losing out on housing in a tight rental market.

People with serious mental illness may need assistance in filling out and submitting the forms needed to obtain benefits. Front-line health professionals observe that months can go by

before the first ODSP cheque arrives. Meanwhile, what are prospective recipients to do for food and shelter?

Benefits for re-hospitalized patients are often reduced after three months. The policy makes sense in theory, and can be changed on a case-by-case basis, but in practice it can present yet another obstacle on the road to a stable life in the community.

One participant in our research commented: "If you are in the hospital more than three months and your disability cheque gets cut ... that means your family is packing up your apartment; you are losing your house. Then you have to start all over again."

Finding work won't help very much: Above a threshold of \$160 per month, benefits are reduced by 75 cents of every dollar of earnings—a far higher marginal tax rate than for any millionaire in the country.

Provincial drug benefits are lost if recipients earn an income above another threshold, and are not normally available to someone who does not qualify for ODSP or general welfare—for example, because of a spouse's assets. Without that coverage, prescriptions for an antipsychotic, a mood stabilizer and an anti-depressant can add up to more than \$800 per month. Medication costs are covered in hospitals, but an undetermined number of seriously ill patients are on their own once discharged.

Ability to survive under such conditions shows that people with serious mental illness, while vulnerable in one sense, are also among the strongest people in Canadian society—stronger than most of us would be if we had to live in a major city on less than \$12,000 a year, or without knowing how to pay for the prescriptions that stand between us and the dark side. It is hardly surprising that some people with serious mental illness end up homeless; rather, it is remarkable that more do not.

Ending the scandal of a deinstitutionalized population kept out of sight and out of mind will require increases in direct income support, coverage for prescription medications, and active government involvement in providing affordable housing.

These measures might pay for themselves, in the form of fewer hospital readmissions for psychiatric reasons, and fewer encounters with police, courts and jails.

However, we should not wait for evidence on this point before making policy changes.

Ted Schrecker is an associate member of the Centre for Medicine, Ethics and Law at McGill University. This article was co-signed by 16 mental health researchers at the University of Western Ontario.