

THE FINAL REPORT  
OF THE  
MAYOR'S ACTION TASK FORCE  
ON  
DISCHARGED PSYCHIATRIC PATIENTS  
(February 1984, Reprint February 1990)

WITH  
PROGRESS REPORT (February 1990)

Chairperson: Dr. Reva Gerstein, O.C., Psych.C.



Gerstein Centre

FOREWORD:

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On February 9, 1983 Mayor Arthur Eggleton appointed Dr. Reva Gerstein to chair an inquiry into the situation surrounding discharged psychiatric patients living in the City of Toronto. The Mayor asked Dr. Gerstein to prepare a final report from this Task Force which developed a "co-ordinated problem-solving approach" to the concerns raised during the course of her inquiry. As well, Mayor Eggleton stipulated that the title of the Task Force include the word "Action". It was anticipated that Dr. Gerstein and her advisors would actively respond to events and problems throughout the course of the inquiry, as they arose, rather than restricting themselves to making recommendations in a final report. "Action" was also used to indicate that the Mayor and City Council had made a commitment toward immediate implementation of recommendations wherever possible.

Therefore, this report is not a complete catalogue of the work undertaken by the Task Force in the past year. Rather, the most significant problems facing discharged psychiatric patients are identified and discussed. Proposals are included that address five of those problem areas: 1) housing, 2) crisis intervention, 3) coordination of aftercare services, 4) meaningful work, and 5) public education. All of these proposals are predicated on coordination and cooperation among all three levels of government: the City of Toronto, Metropolitan Toronto, and the Province of Ontario.

At its meeting of May 16, 1983, the Council of the City of Toronto decided that the Task Force's mandate would include the appointment of an Advisory Committee (the members of this committee are listed on page iv of this report). As well, it was decided that public meetings would be held on a regular basis and that the Preliminary Report would be discussed at an evening public meeting on November 30th, 1983 in the Council Chambers. Presentations made at this meeting were considered when preparing this Final Report to be made to members of Council. A list of deputants to this and the other public meetings can be found in Appendix G.

In addition to the public meetings, consultations were held on a more informal basis with members of the Advisory Committee and many others, listed in Appendix F.



MANDATE FROM TORONTO CITY COUNCIL

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In his inaugural speech to City Council on December 3, 1982, Mayor Arthur Eggleton outlined a proposal for the Action Task Force to examine and advocate the needs of discharged psychiatric patients in Toronto. Mayor Eggleton acknowledged the many previous attempts to improve the quality of life for these citizens, but he noted that "It is clear that we continue to face the unacceptable reality that many ex-patients are not provided with a satisfactory level of accommodation and aftercare."

Mayor Eggleton made reference to the several initiatives taken by concerned officials at the municipal and provincial levels of government and indicated his concern "about the need for a focus for the City's work, and the ability of Council to have a consensus of views placed before it at one point in time."

In outlining the purpose of the Task Force, the Mayor noted the existence of sufficient documentation regarding discharged psychiatric patients and recommended that the Task Force "review the variety of housing, social, medical, legal, crisis care, income and discharge issues affecting the well-being of discharged patients across the City and recommend a precise course of action to Council."

Further to Executive Reports Number 11 (February 9, 1983) and Number 22 (May 16, 1983), City Council adopted the terms of reference for the Task Force as follows:

To investigate current studies and pertinent data, consult with all affected and interested parties, and report to City Council through the Executive Committee on means of achieving a continuity to programs and care for discharged patients in Toronto.

In particular, to report to Council on the means of achieving resolution of the following matters in relation to the present and future well-being of discharged patients:

- the current provision and anticipated need for an adequate supply and quality of residential settings for ex-patients, from high support to minimal supervision types;
- the necessary degree of regulation of privately operated accommodation for ex-patients;

- the current and desired standard of public health, medical, social and recreational aftercare for ex-patients;
- the discharge policy of the Queen Street Mental Health Centre;
- Federal and Provincial government policy regarding the distribution through funding of group homes and other forms of housing for ex-patients across Metropolitan Toronto;
- the provision of adequate income support;
- the issue of legal and tenant rights; and
- the need for public education and sensitization to the ex-patient community.



## 1. INTRODUCTION

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I accepted the Mayor's request to chair this Task Force because of his firm conviction that the City must play a meaningful role in dealing with the problems faced by discharged psychiatric patients. It also became clear to me that the majority of the members on City Council were also committed to finding a solution to these problems.

This has been the most challenging assignment of my life. My past experience in chairing or participating on government commissions or federal and provincial task forces in no way paralleled the complexity of the problems faced by this Task Force.

My experience in this field goes back 30 years, to my work with Dr. Clarence Hincks and Dr. J. D. Griffin, pioneers in the mental health movement. As well, I worked on the famous Tydhurst report of 1952, which laid the groundwork for the process of deinstitutionalization. Neither my former colleagues or I ever fully appreciated the need for a comprehensive range of aftercare support services, including adequate housing. Without such a continuum of service, however, it has become impossible for many discharged psychiatric patients, particularly the chronically disadvantaged, to live with dignity in our communities. As we know, these communities have not always been friendly or accepting -- and some have even been hostile.

My task has often seemed overwhelming and demanding. I have given it all my energy, strength and whatever intellectual and imaginative gifts I may possess. My burden has been immeasurably lightened by the calibre of competence and sensitivity of my Task Force Coordinator, Marilou McPhedran, who has worked so closely with me. The cooperation of the "City Hall Folk", politicians and other officials, has been superb -- responding to all my requests. Professionals and other staff from agencies and organizations in the field, have all shared their studies, hopes, dreams and plans with me. Civil servants of all ranks from every Ministry have been helpful as well. Whatever has been accomplished has been through a team approach; concepts were moulded, hammered and fine-tuned by an army of helpers, especially my Advisory Committee, who were ever on call.

A great change in the last three decades has been the shift from "charitable" thinking to an appreciation of the social rights of human beings. However, we still seem to drag dinosaurs of the past on wheels into our present thinking.

We have too much evidence that the back wards of the former institutions have shifted to the community. In these former

institutions, patients were too often out of sight and without a voice. Now, in the community they may still be invisible to many, but there are those among them who speak with great courage, though still some trepidation. The Pat Capponis of this city and a handful of other discharged psychiatric patients have worked diligently and zealously to make their plight known to the public.

The mandate as received by me was extraordinarily broad - the Task Force could have carried on for several years, written an encyclopedia and made a thousand recommendations. I have chosen to narrow my mandate, to focus our work on the chronically disadvantaged - that core of discharged psychiatric patients who suffer most and are in greatest need.

These are the people who live with fear and great courage - who spoke out with anxious voices at our public hearings to tell us of suicides; of the fear of being transferred in the night to a strange boarding home; of finding their meagre belongings on the sidewalk; of what it is to lack a decent income or live barely beyond the level of survival. They told us of being barred from hostels or living in fear in others; of being taken by police from one hospital to another during a crisis, without help forthcoming. They told us of where they live, of some fellow boarders who move like zombies, eating silently together and then returning to their boredom.

It's a long story, often unpleasant. It's a story of vulnerable, sensitive human beings without a feeling of value - so near the rock bottom of despair. It is these people, in this City, that this report addresses.

The number of chronically disadvantaged discharged psychiatric patients in Toronto is difficult to come by. Hard data are not available - the best calculated guess of the numbers in Toronto of this core group is around 1,800. The report strives not to pigeon-hole 1,800 human beings, but rather to develop a plan for finding solutions for these people based on an appreciation for their individual dignity. It has been my goal to find out how there can be better working mechanisms among the various levels of government so that human needs become the real determinant of policies. We must strive to develop means of meeting these needs rather than making people fit the needs of our bureaucracies, agencies and institutions.

The format of this report may seem cool, objective or academic to those people who are more comfortable with passionate expressions. Let me make it very clear to all who read this report that behind the words and statistics is a real, tough human problem, which dictates a sense of urgency to the deliberations that must follow from here. The problem will not go away - if this situation is allowed to deteriorate, the blemish becomes more difficult to eradicate.



The key proposals in this report are:

- 1) Housing with the full range of appropriate services is given the highest priority;
- 2) Hostels, police and cooperative housing groups have identified the need for support services not currently delivered by general hospitals. This led to my proposal for a range of crisis intervention services, including a short-term free-standing centre complementary to the extension of services delivered by general hospitals, emergency wards and community-based agencies.
- 3) One cannot help but be impressed and confused by the Metro District Health Council 1983 Inventory of Adult Mental Health Services, which catalogues over 300 pages of titles of services. Who are they? Whom do they help? And why do we still have so many gaps in service when there are so many service agencies? These are questions that immediately come to mind. The Parkdale Working Group (under the auspices of the Ministry of Health) has identified, after more than a year in operation, that coordination of services is a key problem. My experience would lead me to concur with this assessment. Good coordination will have to be City-wide and Metro-wide, with considerable provincial support. It should become the means whereby we avoid long term funneling and "ghettoizing" of any one area of this City. Such a coordinated plan can only come about by concerted and articulated political will from the City of Toronto, Metro Toronto, and the Province of Ontario. No one level of government can deal with this problem in isolation. I am convinced that the Provincial Cabinet as a whole must place a high priority on this particular group by designating a lead ministry and ensuring cooperation among the Ministries of Health, Municipal Affairs & Housing, Community & Social Services, and the Secretariat for Social Development. So too, the Toronto City Council should designate a lead Department and ensure cooperation among the Departments of Public Health, Planning & Development, Buildings & Inspections, Parks & Recreation, Legal and Fire. It will take supreme effort to smooth the vertical and horizontal mechanisms for action within and among levels of government, ministries and departments. The time for political scapegoating has passed. What we need now is the exercise of political will and action.

The public also has a responsibility. Politicians respond to the public will, and it is the public who will have to learn what being your brother's keeper in the 1980s really means. Caring is a noble art. It not only enriches the one who cares and gives with heart, mind and hand, but it also recognizes that the recipient must be the basic part of the equation: What does he or she want? Need? Feel? Care about? A sense of dignity is just

as important to the one who receives as it is to the one who gives. The prevalent attitude of "not on my street" toward the emotionally disadvantaged has to be looked at and challenged. Without a change in public attitude, no humane, dignified solution is possible. There is a great need for dedicated groups - religious, volunteer, self-help. All will require public support to accomplish these ends. I am heartened by the efforts of many of these groups toward promoting community acceptance of supportive housing.

We who consider ourselves as civilized should pause and think for a moment. A great City such as ours is not to be judged only by its beautiful buildings, its clean streets, its subway system or its harbourfront. The true measure of a civilization rests upon how it cares for its vulnerable members.

Dr. Reva Gerstein, O.C., Psych.C.  
February, 1984