

Gendering Psychiatric Boarding Homes: A gender analysis of the policies governing psychiatric Boarding Homes in urban Toronto in the era of transinstitutionalization

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“Transinstitutionalization” as a concept, was developed in the 1950s to describe how mad people¹ are moved through various social institutions in the era following deinstitutionalization (Simmons 1990; Stavis 2000) and provides scholars with a lens for examining how welfare-state structures uniquely impact mad people. Scholars of transinstitutionalization demonstrate how many of the legacies of institutionalization, such as isolation, poverty and social stigma, are reproduced within and through welfare-state structures and community-based institutions, including Boarding Homes. In Ontario, during the period of deinstitutionalization (which began in 1956, see Simmons 1990), the provincial government closed many long-term psychiatric institutions without developing necessary supports for community based care, leaving deinstitutionalized persons without access to decent housing and services (Marshall 1982; Simmons 1990). The poverty, incarceration and re-institutionalization which resulted from this dearth of services have been well documented (Weitz and Burstow 1988; Capponi 1992).

These observations should not encourage a return to practices of institutionalization. Rather, we must enrich scholarship in the area of transinstitutionalization to identify how current arrangements of social policy contribute to on-going marginalization of the mad community. While Canadian critical political economist do examine mental health policies and programs in the current era of restructuring, consideration of the operation of transinstitutionalization using critical political economy needs further development. There is a need to consider how the arrangement of welfare-state structures impact the mad community and contribute to transinstitutionalization to ensure that in analyzing and making recommendations for stronger supports, legacies of institutionalization are not reproduced.

This study is but a starting point in a larger discussion of transinstitutionalization. The focus of this study will be those policies and programs impacting housing, specifically Boarding Homes for mad people in Toronto, Ontario. Housing is an appropriate entry point to a discussion of transinstitutionalization because the issue of housing is a central concern for the mad community. This is reflected in both political and scholarly discourse on welfare state reform in the era of restructuring. As part of the initiative for an “integrated mental health care system”, the federal government launched the Canada-wide *At Home/Chez soi* research project in 2009 in an effort to establish best practices for housing for persons with “psychiatric disabilities”. In 2010,

¹ The term “mad”, despite multiple and often conflicting understandings of madness (Beresford 2000), is used in this study to refer to anyone who has been labelled as “mentally ill” or who identifies as mad. The mad movement has reappropriated the term mad and promotes mad pride, combat saneism and works to eradicate forced “treatment” and other forms of psychiatric torture, abuse and incarceration.

the Ontario government released *Navigating the Journey to Wellness*, a report recommending, among other things, better housing for people with “psychiatric disabilities”. The same year, Toronto-based researchers released *Surviving Crime and Violence*, which identified “psychiatric disabilities” as a core issue in the area of youth and homelessness with some attention paid to gender (Gaetz et al 2010). At the same time, the director of public policy for the Centre for Addiction and Mental Health (CAMH) delivered an address to Toronto’s municipal government stressing the need for more supportive housing for people with “psychiatric disabilities” in the city.

This focus on housing and the mad community has developed despite, or perhaps in response to, federal and provincial downloading of responsibility for housing (Mahon et al 2007). While in the 1970s housing discourse was starting to be framed in the context of basic rights (Colderley 1999), by the mid-1990s there was significant withdrawal from the area of social housing by the federal government (Prince 1998; Mahon et al 2007). Many provinces, including Ontario, have responded to this downloading by shifting additional responsibility for housing to the local level and ultimately to families, leaving municipal governments, non-profit organizations and private businesses to fill the gaps.

This shift in responsibility for housing from the federal government to municipal governments is but one example of the pattern of rescaling social policies and programs that is occurring in the context of neoliberal globalization. In Canada, contemporary rescaling arrangements often take the form of downloading or offloading of responsibility for social services from the federal government to provincial and municipal governments as well as an uploading of decision-making to institutions of global governance.

It is within the context of rescaling in the form of downloading from federal to provincial to municipal governments and the consequent reliance on the private sector to provide solutions to social problems that we must consider the issue of housing for the mad community. Often absent from the discussion of the impact of restructuring on housing is an analysis of those forms of housing for the mad community that fall outside traditional social housing models. As a result, the discourse on housing for people with “psychiatric disabilities” often focuses on programs such as rent-geared-to-income, subsidized units or homes for special care. Boarding Homes, many of which are run for-profit in partnership with non-profit organizations, municipal and provincial governments, are often left out of the discussion. This inattention may stem from the fact that this particular form of housing was not downloaded to the private sphere, but rather has been primarily located within this extra-governmental sector. In the era of restructuring and rescaling, however, one can argue that an emphasis on social services provided by the private sector and public-private partnerships is increasingly important.

Also absent from analyses of housing for mad people are investigations of the gender dynamics present in the broader landscape of housing for the mad community. These analytical omissions persist despite the World Health Organization’s claim that gender is a “critical determinant” of mental health (WHO 2000) and despite the countless studies identifying psychiatric disability and homelessness as major contributing factors to women’s risk of rape and sexual assault (Scott, Lefley and Hicks 1993).

This study, therefore, will initiate a discussion of the gender dynamics present in and advanced through some of the policies that impact Boarding Homes at the federal, provincial and municipal levels as well as through the internal regulations of Boarding Homes. Beyond

contributing to a more complete understanding of the gendered operation of the housing elements of the contemporary welfare-state, this paper initiates a discussion of a framework for investigating psychiatric Boarding Homes that incorporates the complex relationships between the mad community, gender, transinstitutionalization and the mercurial welfare-state. This paper is the initial phase of a larger study that will use Boarding Homes as a case study to explore mad transinstitutionalization in urban Toronto with a focus on gender dynamics. Boarding Homes provide a rich entry point into these discussions because they are principal sites operating at the intersection of many of the rescaled social services, such as income support programs and housing subsidies, which are directed at the mad community.

The analysis presented here draws on feminist and critical political economy and will be framed in the context of the neoliberal welfare-state restructuring occurring in the Canadian context (Bakker and Gill 2003; Wilton 2004; Cameron 2006; Graefe 2007). Multiscalar analysis (Mahon et al 2007) will be important in understanding the interaction between policies at all three levels of government and the private sector.

The Boarding Homes considered in this paper are those in urban Toronto which operate under the auspices of Habitat Services, a non-profit agency concerned with standards of Boarding Homes for mad people. The first part of this paper provides a brief overview of the framework utilized in this analysis. The second section is an extended discussion of the term “mad transinstitutionalization” and sets out a brief history of psychiatric Boarding Homes in urban Toronto. The third part of this paper analyzes federal housing policy, the Canada Social Transfer and Ontario’s income support policies, Residential Tenancies Act (RTA) and internal regulations of Boarding Homes as these policies operate and interact in psychiatric Boarding Homes in the context of transinstitutionalization. Housing, transfer and income support policies will be examined in turn while the internal regulations of Boarding Homes, especially the single occupancy model, as well as the RTA, will be incorporated throughout this paper in an effort to demonstrate how both produce gender implications in the interaction with housing policies, the CST and the structure of income support.

Framework

Drawing on insights of feminist political economists (Vosko 2002; McKeen and Porter 2003; Bezanson and Luxton 2006; Riley 2008), particularly the concept of social reproduction, allows for observations about the gender implications emerging from the organization of housing. According to feminist political economists, in the context of capitalist social relations the sex/gender division of labour allocates labour involved in social reproduction² primarily to women. The ways in which social reproduction is organized has direct implications for women in terms of their capacities to engage in wage-labour, to receive an education, to participate in politics and to form bonds outside the family. Understanding how the sex/gender division of labour interacts with the organization of Boarding Homes is key to identifying the gender implications impacting residents.

Employing a critical political economy lens in the study of contemporary public policy allows for an analysis of the structural economic relations of capitalism embedded in, and advanced through, public policy (Therborn 1976; Graefe 2007) as well as the restructuring of the

² Social reproduction can be generally defined as the “activities and attitudes, behaviours and emotions, responsibilities and relationships” involved in the “historically and socially, as well as biologically, defined care necessary to maintain[ing] existing life and to reproduc[ing] the next generation” (Luxton 2006)

welfare-state to serve the interests of neoliberal globalization. Tracing the development of the Keynesian welfare-state and monetarism's eclipse of Keynesianism with the rise of the global economy, Teeple maps the "dismantling of the welfare state" that began "in the late 1970s and early 1980s". Key features of this process of dismantling are the "imposition of commercial criteria on the residual state sector" (Jessop 2002), an increased reliance on the private-sector and public-private partnerships for the provision of social services and a concurrent downloading or rescaling of social services to the local level (Bradford 2003; Hackworth and Moriah 2006).

Scholars engaged in scalar analysis (Patten 2006; Johnson and Mahon 2006) demonstrate that this simultaneous uploading and downloading serves the goals of neoliberalism, in particular the privatization of social services and the development of unfettered global markets. In the context of neoliberalism, scalar scholars have documented that mechanisms of the welfare-state are being offloaded to municipal, non-profit and for-profit sectors, and that these mechanisms are structured to promote the fastest route to labour market attachment and independence from the state. Insights from critical political economy confirm that this pattern of downloading or rescaling constitutes, at least in part, the shift away from Keynesianism and the rise of neoliberalism that has promoted significant changes to the welfare-state both in Canada (Brodie and Trimble 2003; Orsini and Smith 2007) and throughout the world (Teeple 1995).

When discussing rescaling, critical scholars caution against the dismissal of the national level as a "hollowed-out" space of governance as well as the assumed centrality of the nation-state (McLeod and Goodwin 1999; Mahon et al 2007). Rather, these authors urge us to understand the nation-state as an "active agent" (McLeod and Goodwin 1999) in the rescaling of state power at the international, national, provincial, municipal and local levels (Clarkson and Lewis 1999), as well as within extra-governmental spheres, including non-profit and for-profit organizations and the family.

Defining Mad Transinstitutionalization

Building on work by Knowles (2000), Stavits (2000) and Fabris (2006), and analyzing the various institutions, policies and programs governing mad people, I understand "transinstitutionalization" to be the full spectrum of policies and programs which move mad people through psychiatric hospitals, general hospitals, the prison system, the streets, shelters, and social housing from the beginning of deinstitutionalization in the 1950s (Simmons 1990) to the present. In accordance with the policies of deinstitutionalization, spaces for service provision, as well as spaces for mad people themselves, are now dispersed throughout the community. The centralized model of "care" which had characterized the period of long-term psychiatric institutionalization has been replaced by a decentralized model composed of diffuse policies, programs and services which can be understood only in the context of broader trends of welfare-state restructuring that operates at multiple levels of government. Whereas the discourse of deinstitutionalization was one of community integration (Simmons 1990), writers such as Marshall (1982), Capponi (1992), Shimrat (1997) and Wilton (2004), have identified the marginalization, isolation, discipline and stigma produced through the provision of services such as "treatment", housing, income and employment, and other "supports" for mad people in the post-deinstitutionalization era.

In his work on Community Treatment Orders, Fabris (2006) employs the concept of "institutional drift" to capture how the isolation and marginalization of mad people that once characterized psychiatric institutionalization are reproduced in the community setting. Knowles

(2000) uses the term “system nomads” to show how mad people are moving through the “revolving door” of deinstitutionalized programs and institutions exemplified by the social housing and shelter system in Quebec. Collectively, these studies demonstrate that, despite the move towards integration into the community, the practice of institutionalizing mad people has not been eradicated. Rather, it is expressed in *new* ways through the lattice of governmental and non-governmental programs and policies. Today, the new psychiatric institution is dispersed, operating through social and income supports and “treatment” policies and programs at multiple levels of government. The result is mad *transinstitutionalization*.

Transinstitutionalization cannot be separated from the structure of the welfare-state and service provision. Rather, the contemporary welfare-state structures and policies play a central role in the development and on-going reorganization of transinstitutionalization, including the profoundly gendered aspects that emerge in this context.

What are psychiatric Boarding Homes?

Boarding Homes in Toronto offer single- and double-occupancy rooms and shared common spaces such as kitchens and bathrooms. Boarding Home owners provide meals, snacks, 24 hour staff, housekeeping, toiletries and linens. The majority are privately-owned businesses, while Habitat Services monitors standards, provides care services, and distributes a per diem subsidy with help from the provincial and municipal governments to Boarding Home owners who comply with these standards. Boarding Homes operating under the auspices of Habitat Services provide a rich entry point into the discussion of housing, madness and gender because they are principal sites operating at the intersection of many of the social services directed at the mad community in urban Toronto including, but not limited to, income support and housing programs.

A brief history of psychiatric Boarding Homes

The history of psychiatric Boarding Homes in urban Toronto must be considered within the context of the deinstitutionalization that occurred in Ontario in the mid-1950s. Deinstitutionalization is difficult to define. Sometimes the term deinstitutionalization refers to a coherent plan developed for the purpose of establishing community services in an effort to ensure ex-psychiatric patients could live outside of an institutional setting. At other times, deinstitutionalization simply refers to policies designed to reduce the population of long-stay patients in psychiatric hospitals without attention to the well-being of the patients (Simmons 1990). Both Simmons (1990) and Marshall (1982) argue that the former type of deinstitutionalization never occurred in Ontario. The latter, according to Simmons, was a result of a variety of factors, notably the development of neuroleptic drugs, rise in social movements critical of psychiatry, decline of psychiatric authority, distrust of large institutions, rising cost of institutionalization for the provincial government and political motivation to reduce spending.

Institutionalization in Ontario, as well as in other parts of Canada and the world, was characterized by abuse (Simmons 1990). Deinstitutionalization was intended to, in part, remove institutionalized people from this environment and reduce the stigmatization of mad people. When deinstitutionalization was initiated, however, there was little “aftercare” established in terms of treatment and supports such as housing and recreation, while vocational/educational supports were at minimum levels. The absence of services to help with the transition to and participation in the extra-institutional community meant that patients were discharged without the necessary support structures in place. Poverty, homelessness and discrimination against ex-

patients were central features of Ontario's deinstitutionalization. At the same time, high rates of readmission among the mad community were documented (Marshall 1982)

Despite the need for community services, in 1976/77 the provincial government allocated \$36.3 million to psychiatric hospitals and general hospitals, arguing that these institutions formed the backbone of community mental health and needed to be improved (Simmons 1990). The result was, according to Simmons, a mental health care system that was strong in support for centralized care located in hospital and weak in support for community care. In deinstitutionalizing the mad community, the provincial government was no longer responsible for the shelter, board and care of mad people beyond income support and the social housing structures already in place, such as homes for special care. What was often constructed as progress in mental health care services resulted in a lack of necessary supports for mad people in the community. Ex-patients experienced limited mobility as a result of inadequate income support and few options in the way of affordable housing were made available (Marshall 1982; Simmons 1990). This neglect and offloading of the mad community was not isolated to the 1960s and 1970s but, as scholars such as Wilton (2004), Chouinard and Crooks (2005) and Hackworth and Moriah (2006) demonstrate, continues today through income support restructuring, on-going reduction of social housing and the focus on privately owned "accessible" and "affordable" housing. These patterns of the rescaling of care and support for the mad community from the provincial government to the municipal governments, the community and the family are consistent with broader trends of rescaling that characterize the current period of retrenchment.

The lack of housing and other supports for ex-patients meant that Boarding Homes, the majority of which are privately owned, became an important source of low-cost housing. Many were close to psychiatric hospitals and clinics, perhaps most infamously in Toronto's Parkdale community. Despite concerns about quality of housing and care (Capponi 1992), it was only in 1987 that standards were implemented to ensure a minimum quality of accommodation for residents in Boarding Homes. In 1987, the City of Toronto, the Municipality of Metropolitan Toronto, the Supportive Housing Coalition and a number of provincial departments (such as Health, and Community Services) developed the "Habitat Model". Concerns about the quality of housing and care, however, persist as Boarding Homes continue to be impacted by policies and programs at multiple levels of government.

Federal housing policies and transfer payments

Housing

Constitutional jurisdiction for housing falls under the purview of the provinces, but the federal government has intervened in a variety of ways, including cost-sharing programs (Colderley 1999). In the early 1970s, the focus was on non-profit and cooperative housing, and for the first time cost-sharing was not a requirement for accessing funds (Colderley 1999). In the 1980s, however, there was a decline in federal involvement in housing (Colderley 1999) and in the 1990s the federal government fully withdrew their participation in housing leaving the responsibility to the provinces and territories, both in terms of executing programs and also for the financing of social housing (Prince 1998; Hackworth and Moriah 2006).

In the mid-1990s, on the heels of federal withdrawal from housing, the Ontario government reduced its commitments to future development of housing units. As a result, there was a cancellation of 17000 planned units and the Ontario government went from building 6000

housing units a year to none (Hackworth and Moriah 2006; Coulter 2009). This shift in provincial housing policy had the effect of downloading responsibility for housing to municipalities, encouraging municipalities to look to the private sector for the provision of social services and reinforcing welfare-state retrenchment and downloading (Hackworth and Moriah 2006). The federal and provincial withdrawal of financial and administrative support for housing resulted in a decreased capacity for municipalities to deal with the issue of insufficient social housing. In Toronto, for example, wait times for social housing are five to ten years, with 4200 households on the waiting list (City of Toronto 2010), and plans to acquire or build more social housing are limited. This rescaling of responsibility for housing is an example of how the actions of the federal and provincial governments organize and, in this case further entrench, the neoliberal patterns of privatization and retrenchment of social services.

While the federal government's decreased involvement in housing does not impact Boarding Homes directly, these changes do place additional importance on the provision of housing, including Boarding Homes, through public-private partnerships. According to Hackworth and Moriah (2006), this was the plan of some provincial governments, including Ontario's, to "remove government from housing altogether". With the reduction of federal and even provincial support, there is limited expansion of social housing and therefore fewer options for those in need. This is a significant shift from the policy of the 1970s, which was "marked by an increasing acceptance of housing as a basic right...not a commodity subject to usual market forces" (Colderley 1999). This off-loading of responsibility for housing to the private sector and to public-private partnerships, coupled with the subsequent narrowing of social housing options, puts additional pressure on mad people who may require access to accessible housing and who experience discrimination in the housing market. Mad people with families and/or children, may experience this discrimination doubly because the single-occupancy model of Boarding Homes.

For mad women, the decline of social housing and the single-occupancy model of Boarding Homes, together with the demands on women to perform social reproduction, especially in the form of childrearing, may result in limited access to Boarding Homes. This is perhaps even more the case in the current context of the restructuring of the welfare state and the retrenchment of social services, which places increased demands on women's unpaid work. As the labour required for social reproduction intensifies with retrenchment of supports such as childcare (Arat-Koc 2006), mad women with social reproduction responsibilities must try to navigate a system where there is simultaneously more demand on their capacity to engage in this type of labour and diminished options for housing. The risk is that mad women may be placed in a position of increased economic dependence on men, families and/or friends either for housing or for performing childcare responsibilities as a result of these narrowing housing options. Furthermore, mad people without family/partner supports but who have childcare responsibilities may be at risk of having their children placed in the care of the Children's Aid Society if they cannot access appropriate housing.

We can observe how these federal and provincial reductions in housing support cannot only force mad people to accept whatever housing is available, but may contribute to the discouraging of mad mothering or mad parenting. Although this is not the method of permanent enforced sterilization of mad people that we have witnessed in the past (Reaume 2000), we can observe how legacies of sterilization of mad people, and especially mad women, are reproduced through these policies. The rescaling of responsibility for housing supports, coupled with the

gender division of labour, retrenchment of supports for social reproduction and the single-occupancy model of Boarding Homes can place mad women with children in a position of dependence on friends and family, thereby reinforcing neoliberal goals of downloading responsibility for social services to the family, while at the same time contributing to a denial of mad mothering/parenting. Further research needs to be conducted on how Boarding Home residents with children, or who become parents, navigate parenting and Boarding Home living.

Transfer Payments

The Canada Social Transfer (CST) is another federal policy to be considered when discussing Boarding Homes. The Canada Social Transfer is a federal block payment to the provinces for social services, including income support. Although the CST impacts Boarding Homes indirectly, like other federal housing policies, this transfer payment is essential to the discussion here due to the impact it has on income support in Ontario.

The CST, along with the Canada Health Transfer (CHT), replaced the Canada Health and Social Transfer (CHST) in 2004 (Vosko 2006). The CHST was a smaller block payment with fewer conditions attached than the Canadian Assistance Plan and the Established Program Financing, which it replaced in 1996 (Snodden 1998). The introduction of the CHST had the effect of giving more autonomy to the provinces to experiment with social programs, consistent with the neoliberal agenda of the mid-1990s of downloading to the provinces through insufficient financial support for social programs (Vosko 2006).

The CHST was split into the CHT and the CST for the purpose of ensuring greater transparency for health care spending. Although there is little research on whether or not this split between the CHT and the CST promotes the neoliberal agenda (Vosko 2006), the rates of contribution from the federal government to Ontario for social services have not kept pace with increases to health transfers since the 2007-2008 budget. While an examination of transfers for health care and social services shows that they have increased at approximately the same rate since 2005, an examination of the amount allocated to Ontario from the 2008-2009 budget up to and including planned expenditure for 2011-2012 shows that CHT contributions to Ontario have increased at a rate of approximately 5.17%, while CST contributions have only increased at a rate of 2.93% (Department of Finance Canada, Federal-Provincial Transfers). It would appear that this current trend in the CST is evidence of further retrenchment as such a gap at least appears consistent with the on-going withdrawal of the federal government from the funding of welfare-state programs. At the very least, we can observe that the CST does not place an increased focus on those in need of social services and may in fact contribute to increased downloading, or rescaling, of responsibility for social services to municipalities and extra-governmental sectors, including the family, and, as documented in the work of McKeen and Porter (2003) and Arat-Koc (2006), women. Further research on this topic, however, is required.

The changes to federal transfers are significant in the discussion of Boarding Homes when considered in the context of the impact that transfer payment restructuring has on income support, in particular the shelter portion of income support programs (Prince 1998). As Prince (1998) argues in his work on the CHST, income support is Canada's largest housing policy. In Ontario, shortly after the introduction of the CHST, the newly-elected conservative government implemented changes to Ontario's income assistance programs. During this period, Ontario witnessed the replacement of the income support provided through General Welfare Assistance, Vocational Rehabilitation Services and the Family Benefit with Ontario Works (OW) and the

Ontario Disability Support Program (ODSP) (Chouinard and Crooks 2005 and Fraser et al 2003), which included both cuts in and freezes to the rates of assistance (Coulter 2009). Those accessing social programs became the target of a political agenda that was decidedly neoliberal.

Income Support Programs

ODSP is the portion of Ontario's social assistance system that provides income and employment support to those individuals, and their dependents, who qualify as "disabled". The amount that individuals receive is means-tested and is made up of a shelter allowance and a basic needs allowance, also called the personal needs allowance (PNA) (Wilton 2004). Typically, a single person living alone will receive close to \$1000 a month, about half of which is a housing allowance, while the other half is for basic needs such as food, clothing, communication and sanitary items. OW is for people who do not qualify for ODSP and/or who are judged not to have a disability. Those who access OW must look for work and participate in job training. The rate of assistance for OW is lower than ODSP, which reinforces the division between the deserving and the undeserving poor, further evidence of the revivification of a two-tiered social assistance model that Teeple (1995) identifies as endemic to neoliberalism. Those accessing income assistance in Toronto live well below the poverty line and, as the cost-of-living continues to increase without comparable adjustments to rates of assistance, the poverty which welfare recipients experience continues to intensify.

As Prince points out, the shelter allowance portion of income assistance programs, which has been a key feature of housing programs for people in need of housing assistance, has been reduced in Ontario following the retrenchment of these supports. The result is fewer housing options for people accessing assistance, which puts Boarding Home residents at risk, not only for a decline in the quality of housing, but also in the quality of care they receive. While operators under contract with Habitat Services do receive some subsidies, the decline in real value of income support (Wilton 2004) means a decline in the amount of rent money for Boarding Homes.

According to the Residential Tenancies Act, the owners of for-profit Boarding Homes may increase rent at the rate set out by the landlord-tenant board, while government-owned units and buildings are exempt from the Act's provisions. In 2010, the rate of rent increase was 2.1% while the 2011 rate of rent increase will be 0.7%. Because landlords can raise rents while the real value of social assistance is declining, there is a need to explore the negative impact this has on Boarding Home residents. Where does this money for rent increases come from if income assistance is not increasing? What impact does this increase in rent have on the quality of care and quality of residences? Does this increase in rent impact men and women differently? If so, how?

To analyze the gender implications of this arrangement, attention must turn once again to the arrangements for the provision of social assistance. Welfare recipients are permitted to earn a limited amount of money each month before their social assistance is "adjusted" (i.e. reduced). According to Robert Wilton's (2004) study of the quality of life of residential care tenants in Hamilton, ON, women in "board-and-care homes" are less likely to engage in paid labour due to the "differential access to temporary or casual work". While Wilton does not explain what these barriers are, he does point out that his findings are consistent with those of Lehman, Rachuba and Postrado (1995), who found that women living with "mental illnesses" in the United States are less likely to "manage materially" than men with "mental illness". Further research needs to be

conducted on the nature of these barriers to investigate why it is that women are less likely to work outside of board-and-care homes. Is it the relationship between female constructs of madness and irrationality (Busfield 1990) that blocks mad women from paid labour? It is responsibilities around social reproduction and the sex/gender division of labour? Is it the structure of income support in Ontario that creates employment barriers for women? Or, more likely, is it a complex interaction of these and other factors that contribute to differential access to employment for mad men and women in board-and-care facilities?

For the women in these homes, barriers to earning additional income may further reduce their quality of life and opportunities for independence. Women in Boarding Homes, it can be argued, have less opportunity to save money, to engage in recreational activities with friends and family, to provide financial contributions to families, to purchase clothing, toiletries, contraceptives and/or to seek legal resources.³

The opportunity to earn additional income becomes even more significant for mad people when considering the interaction between the structures of ODSP and OW and mental health law, as well as the interaction of the structures of ODSP and OW and incarceration.

Institutionalization

According to the ODSP Act, 1997, if a person is admitted, voluntarily or involuntarily, to a hospital, she/he is permitted to keep the full amount of her/his ODSP payments for three months. The same rules apply for OW. This allows a recipient to maintain a residence and pay bills while receiving in-patient treatment. If, after three months, a recipient of OW or ODSP remains in an institution or hospital, her/his shelter allowance can be reduced. According to ODSP directives only, if an individual is still receiving in-patient treatment after six months, her/his allowance will be reduced to the monthly PNA. Should an individual decide to give up their residence before the payment reduction occurs, then the amount of support paid will be equivalent to a PNA. This policy is in place to ensure that the province is not paying for the food and shelter of a recipient twice over. (ODSP, Directives 0501-01 and 0501-04; OW, Directives 6.9 and 6.12)

An examination of the implications of these policies reveals a disadvantage for those recipients who require or are forced into long-term hospitalization. Since long-term hospitalization, especially forced hospitalization, can be recurrent in the lives of mad people. It is particularly important that these directives be considered when discussing Boarding Homes and the operation of mad transinstitutionalization. The reduction in ODSP and OW payments for those recipients in situations of long-term hospitalization has the potential of putting mad people at a greater risk of losing their apartments, rooms or houses as well as their belongings. Participants in a focus group study of the housing experiences of “psychiatric survivors” accessing ODSP spoke directly to this problem, namely, to the fear of losing their homes, furniture, pets and clothes as a consequence of long-term hospitalization (Forchuck et al 2004).

³ There is the potential that such an observation could be used to make an argument that men and women in Boarding Homes need equal opportunity for paid labour to subsidize income support payments. Such an argument can be used to support a workfare model. The observation about the interaction of gender roles and public policy is simply that it produces differential outcomes for men and women and that these experiences are integral to the investigation of the gender dynamics functioning within Boarding Homes specifically as well as within the wider context of mad transinstitutionalization.

Incarceration

For those persons who are incarcerated, all payments cease immediately (ODSP, Directive 2.6) and the recipient must reapply once released. Recently, Statistics Canada released a report on the prevalence of individuals with “psychiatric disabilities” in the criminal justice system. This report, which is an amalgam of research done both within and without Statistics Canada, stated that the number of incarcerated persons in federal institutions with “psychiatric disabilities” rose by 60% between 1967 and 2004 (Overview of Issues, Mental Health and the Criminal Justice System). Studies conducted in both Canada and the United States cite deinstitutionalization and a lack of accessible housing, treatment and nutrition programs as a major contributing factor (Hartford et al 2003).

If an individual loses his/her housing while hospitalized or incarcerated, the search for affordable and safe housing must begin anew upon release. Depending on the type of housing available, especially in the case of individuals who require assisted living, this search can be a particularly lengthy and difficult process. What compounds the situation for these individuals is that without a fixed address, it is very difficult to access ODSP and OW.

For women, the potential to lose housing is particularly troubling because the lack of opportunity to earn extra income independent of social assistance means that they have fewer resources outside of state-controlled social assistance to rely upon should they be institutionalized or incarcerated. A troubling implication of this might be that women are once again forced into economic dependence on men or family members. While the differential access to paid labour among women and men in Boarding Homes is not a direct result of the reconstitution of income support and housing programs under neoliberalism, we can observe how prevailing gender roles and norms interact with these programs to place mad women in an economically-disadvantaged position. The policy allowing people accessing income support to earn a small amount of money external to welfare is an example of a “gender neutral” program that does not take into account how gender roles and norms interact with policies to produce differential outcomes for men and women. More study needs to be conducted on the different experiences of meeting basic needs, isolation resulting from poverty, and family reliance among mad men and women who lose income support for reasons of institutionalization and/or incarceration.

Conclusion

While this study raises more questions than it answers, it is no more than a preliminary examination of the relationship between welfare-state policies and programs and transinstitutionalization. What we can observe is that the policies operating through Boarding Homes fit the pattern of retrenchment and rescaling, resulting in gender implications for mad people previously un-discussed despite increased attention to housing for the mad community. These implications include decreased housing for mad women, denial of mad parenting and disparities in income earnings for mad men and women. The uploading, downloading and offloading of the policies that operate through Boarding Homes and contribute to the constitution of transinstitutionalization not only result in gender implications for mad people and serve neoliberal goals of increased privatization of social services, but also serve to reproduce gendered understanding of mental illness.

Joan Busfield (1998) demonstrates how understandings of “mental illnesses” are deeply gendered. She argues that men and women’s behaviours are understood in different ways and for

this reason they are given different diagnoses and treatments. This differential understanding of men and women's behaviours, argues Busfield, is the result of a society in which rationality and agency are ascribed to men and denied to women. As "active-rational" beings, men are more likely to be seen as engaging in wrongdoing, while "passive-irrational" women are more likely to be seen as "sick". Busfield goes on to explain that "mental illness" is also defined in part by the inability to perform the activities of daily living, which differ for men and women. For women, activities of daily living are largely centered around social reproduction, while for men these activities are defined in terms of paid non-reproductive labour.

With retrenchment of social services, mad women are increasingly likely to have childcare and family responsibilities that they are unable to meet. This reinforces the understanding of mad women as "mentally ill" i.e., mad women become trapped in a system that constantly reproduces them as "sick" for not meeting the increasing demands on their capacity to engaged in deeply gendered labour. For mad men, the retrenchment of supports for housing, income and education in an economy where jobs are increasingly precarious also reproduces the understanding of men as deviant (as well as lazy and dangerous) if they are unable to pull themselves up and obtain paid work.

While further study into the relationship between gender, transinstitutionalization and public policy must be conducted, this paper does draw out the importance of analyzing how arrangements of welfare-state structures can contribute to transinstitutionalization as well as the reproduction of gender norms and roles. Critical political economy and scalar analysis allows us to place Boarding Homes in the context of welfare-state restructuring and rescaling. Coupling this analysis with the concept of transinstitutionalization facilitates an examination of how the operation of federal, provincial and municipal policies, as well as internal policies within Boarding Homes, impacts the mad community and reinforces legacies of institutionalization such as sterilization, poverty, and isolation. Employing insights from feminist political economy, particularly the concept of social reproduction, brings into focus the gender implications for mad people that emerge within this space of intersection of multi-level social services directed at the mad community in urban Toronto.

Taken together, transinstitutionalization, critical political economy, scalar analysis and feminist political economy provide a framework for analyzing the complex intersection of many of the rescaled social services, such as income support programs and housing subsidies, within Boarding Homes. This analysis also allows for observations about how the policies and programs of the welfare-state in the current economic context reproduce a gendered mad transinstitutionalization. Missing from the analysis in this paper is an examination of race, sexuality and citizenship. I intend to incorporate these issues in the larger study. I am hopeful that this paper will contribute to the cultivation of rigorous discourse about the location of transinstitutionalization within welfare-state scholarship, the relationship between gender, madness and public policy and to the creation of space for madness in welfare-state scholarship.

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