



Social support, depression and physical health for people waiting to access subsidized housing

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Highlights

- People waiting for subsidized housing face significant mental and physical health risks linked to unaffordable and inadequate housing.
- Higher levels of social support are associated with better mental and physical health outcomes among subsidized housing applicants.
- Integrating social support programs and mental health interventions into subsidized housing waitlist processes may help to reduce health inequities among applicants.
- Lack of support during the subsidized housing waitlist period increases pressure on already overburdened health systems.

Introduction to housing waitlists and health impacts

The demand for subsidized housing in Canada far exceeds available supply. Chronic underinvestment has created persistent shortages, resulting in growing waitlists, extended wait times, and a reduced public-sector capacity to respond to housing need. While policy discussions often focus on increasing housing supply, little attention has been paid to the lived experiences of households waiting for community housing or rent assistance benefits.

A substantial portion of people on waitlists for subsidized housing are living in unaffordable, inadequate, and/or unsuitable accommodations. Given that housing is a key social determinant of health, prolonged housing precarity can exacerbate chronic health conditions and increase experiences of depression and psychological distress.

Social support plays an important protective role by helping individuals manage stress, maintain well-being, and navigate difficult socioeconomic conditions. Understanding the implications of social support for the health of subsidized housing applicants is important for developing evidence-informed policy responses and interventions beyond housing provision alone.

Social support is the relational safety net provided by friends, family, and community. It helps people navigate challenges and maintain well-being, and generally takes three forms:

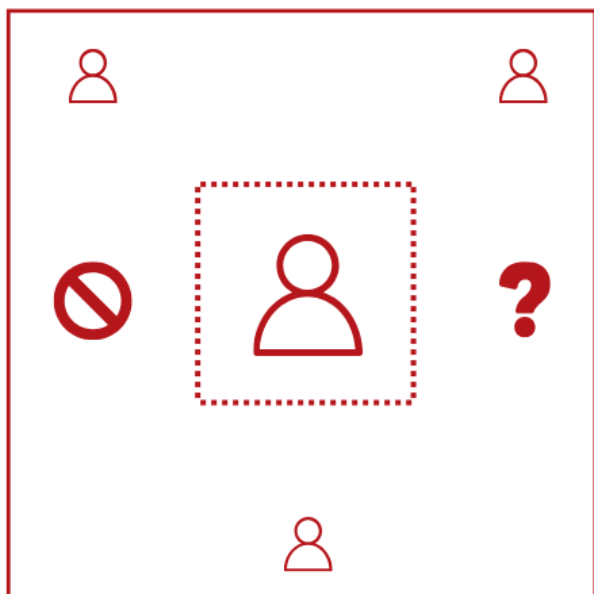
- *Emotional*: Feeling heard, respected, and psychologically safe.
- *Informational*: Accessing the advice and guidance needed to solve problems.
- *Instrumental*: Receiving practical, hands-on help with daily tasks and needs.

Social support and health among housing applicants

Among individuals waiting for subsidized housing, higher levels of social support are associated with both lower levels of depressive symptoms and better self-reported physical health. In contrast, lower levels of social support are associated with higher psychological distress, including increased depressive symptoms, along with poorer self-reported physical health.

Social support tends to be lower in populations that experience poverty or material deprivation. In New Brunswick, applicants for subsidized housing typically experience low levels of social support, poor physical health, and significant depressive symptoms.

Low social support



- Higher depressive symptoms
- Poorer self-reported physical health

High social support



- Lower depressive symptoms
- Better self-reported physical health

Implications for housing policy and programming

Housing interventions focused solely on placement may not fully address the health needs of applicants during the waitlist period. Conditions of waiting, including social isolation, can continue to shape health and well-being both before and after housing is secured.

Integrating opportunities for social connection—such as peer support networks or community-based navigation supports—may improve health outcomes among applicants awaiting subsidized housing.

These interventions may be especially important for applicants with poorer physical health and applicants who are unemployed, retired, disabled, and/or younger.

Policy recommendations

Provincial governments

- **Expand the community housing sector** to reduce waitlists and wait times for subsidized housing. Housing cooperatives can provide stronger opportunities for community and social support benefits than private market housing.
- **Invest in preventative public healthcare** through improved access to physical and mental health services, and reduced wait times for physicians and specialists.

Municipal governments

- **Integrate health and social services into subsidized housing waitlists** to provide formal support for applicants during periods of housing vulnerability.
- **Invest in social infrastructure** that fosters community connection and reduces social isolation. For example, accessible community centres, libraries, parks, public gathering spaces and low-cost recreation programming.
- **Strategically locate community programming in low-income areas** to improve access for low-income parents and guardians.

What's at stake?

Demand for subsidized housing continues to outpace supply, resulting in long waitlists and prolonged housing insecurity. For many applicants, this waiting period is a sustained health risk. Applicants report low levels of social support and experience elevated psychological distress alongside poorer physical health outcomes.

While the long-term goal remains increasing the supply of community housing and rent supplement benefits, the health impacts of the waiting period are under-addressed in current housing responses. Investing in formal and informal social supports offers a **cost-effective, preventative healthcare approach** that can mitigate the impacts of housing insecurity during this period and reduce future pressures on already overburdened healthcare systems.

Suggested reading

Woodhall-Melnik, J., Lamont, A., Nombro, E., Dunn, J. R., & Dutton, D. D. J. (2024). Social Support, Depression and Self-Reported Physical Health in Persons Waiting for Access to Subsidized Housing. *SAGE Open*, 14. <https://doi.org/10.1177/21582440241271292>