Public Survey Summaries

City of Toronto Public Survey on Alternative Community Safety Response Models: Survey 1 Results Summary

The following provides a summary of the results from the City of Toronto's public survey on alternative options to police response to crisis calls. The survey was live from October 27 until November 9, 2020 and received 5,221 responses. Information gathered from the survey is being used to inform the development of options for crisis response that are collaborative, innovative, and grounded in community needs and desires. In particular, the survey was intended to gather information on what a potential community-based crisis response service could look like, and identify areas for further research in the development and implementation of the service. Respondents were asked to provide input on seven major areas:
1. Priority situations for a community-based crisis response service
2. Contacting the service
3. Response workers
4. Services to be provided
5. Information collection, use, and sharing
6. Service accountability
7. Experience with mental health and or substance use related crisis services

1. Priority situations for a community-based crisis response service

The five major priority situations for a potential community-based crisis response service identified by respondents in order of preference were:
1. Mental health crisis (93% of respondents)
2. Substance use related crisis (76% of respondents)
3. Neighbourly and family disputes (60% of respondents)
4. Request for escort to safety (53% of respondents)
5. General requests for referral to mental health or substance use services (49% of respondents)

2. Contacting the service

Respondents indicated that they would prefer multiple options for contacting the service. These include:
1. Communicating with someone in the language of my choice (94% of respondents ranked as either very important or important)
2. A specific phone number to contact the service directly (87% of respondents ranked as either very important or important)
3. Accessing the service through other channels of contact (e.g. 211, 311, distress centres) (80% ranked as either very important or important)
4. Accessing the service via 911 (71% ranked as either very important or important)

3. Response workers

Respondents were asked to choose one of four options of how they would like crisis response workers to be identified. The choices are as follows:

1. The crisis response workers to be recognizable by their uniforms, vest, lanyards, or other physical identifiers (44% of respondents)
2. The crisis response workers to not wear any visible identifying markers (e.g. uniforms, vest, name tags, etc.) (12% of respondents)
3. It doesn't matter to me how the crisis response workers are identified (21% of respondents)
4. Other (please specify) (23% of respondents)
   Respondents who specified how they would like a crisis worker to be identified expressed preferences for service workers to be identifiable by uniforms that are not intimidating and distinguishable from police or other enforcement bodies.

Respondents were asked to rank the five attributes and requirements for crisis response workers who would response to crisis calls. The five attributes and requirements were:

1. The response workers to have clinical mental health experience, substance use and other related experience (e.g. mental health nurses, social workers, psychologists) (97% of respondents ranked as either very important or important)
2. The response teams to be able to communicate with me in the language of my choice (92 % of respondents ranked as either very important or important)
3. The response workers to be from my community (64% ranked as either very important or important)
4. The response workers to have lived or living-experience with the mental health system and/or substance use (63% of respondents ranked as either very important or important).
5. The response workers to be unconnected to me and outside my community (81% of respondents ranked as either less important or not important)

4. Services to be provided

The top five services that respondents indicated should be included as part of an alternative community-based crisis response service were:

1. Harm-reduction supports, including supplies and counselling (97% of respondents ranked as either very important or important)
2. Safe and supportive space for immediate recovery (up to 24 hours) (92% of respondents ranked as either very important or important)
3. Referrals to other services like housing, counselling, employment, etc. (92% of respondents ranked as either very important or important)

4. Referrals to other levels of care, such as hospital and specialist care (92% of respondents ranked as either very important or important)
5. Transportation or an escort home, to a safe place, to a referral appointment, etc. (89% of respondents ranked as either very important or important)

5. Information collection, use, and sharing

The majority of respondents indicated that they expect the service to collect information about their experience with the service and their demographic information. The majority of respondents indicated that they expect information collected about them to remain confidential and to not be shared outside the service, other than in situations where consent is given by the service-user to share information with other service providers involved in their care. Respondents also indicated that they expect anonymous information about how the service is working, who it is serving, and the service's results to be shared publicly for the purposes of transparency, and the service to regularly publish high-level anonymous data about where calls are coming from, broken down by neighbourhoods or population groups (such as youth).

6. Service accountability

The majority of respondents indicated a strong preference for accountability in the service. Some of the key components of accountability that respondents expect in a community-based crisis response system include having clear and simple information posted publicly on how to make a complaint or raise a concern about the service, having clear and simple information posted publicly on what potential service-users can expect to receive from using the service, using complaints and concerns to improve service delivery, and having an external group made up of agencies, people with lived and living-experience, and/or community residents that provides oversight and direction, including service improvement.

7. Experience with mental health and or substance use related crisis services

In order to understand some of the current barriers to accessing crisis supports, respondents were asked to identify some reasons that prevented, delayed, or discouraged them, or someone they know, from accessing or receiving mental health and/or substance use services. The top five barriers to accessing or receiving mental health and/or substance use services identified by respondents were:

1. The cost of mental health and/or substance use program (52% of respondents)
2. Lack of knowledge of the availability of the service (45% of respondents).
3. Wait lists (44% of respondents)
4. Not knowing how to reach the service (42% of respondents)
5. Difficulty locating information about the service (38% of respondents).

*Respondents were asked to choose all that apply from a list of twenty four barriers.

City of Toronto Public Survey on Accessing Mental Health Crisis and Support Services: Survey 2 Results Summary

The following provides a summary of the results from the City of Toronto's public survey on accessing mental health crisis and support services. The survey was live from November 27 until December 14, 2020 and received 1,163 responses. Information gathered from the survey is being used to understand how Torontonians access services and what areas could be improved and invested in to create safer, better experiences for residents of the city. Respondents were asked to provide input on four major areas:

1. Accessing Crisis Services
2. Feeling Safe in a Crisis
3. Accessing Supportive Services
4. Community Investment

1. Accessing the Service

The top five ways respondents indicated they would get help if they or someone close to them needed crisis services were:
1. Contact a mental health or distress line (58% of respondents)
2. Contact 911 and ask for an ambulance (51% of respondents)
3. Contact a hospital (e.g. CAMH) (38% of respondents)
4. Search online for resources (34% of respondents)
5. Contact my family doctor or general practitioner (25% of respondents)
*Respondents were asked to choose all options that apply.

The top five ways respondents indicated they would get help if they perceived a member of the public to be in need of crisis services were:
1. Contact 911 and ask for an ambulance (54% of respondents)
2. Contact a mental health or distress line (36% of respondents)
3. Contact 911 and ask for the police (26% of respondents)
4. Contact community agency or organization that provides mental health services (23% of respondents)
5. Contact a hospital (e.g. CAMH) (20% of respondents)
*Respondents were asked to choose all options that apply.

The top five ways respondents would prefer to find information about available mental health and/or substance use services were:
1. Online (90% of respondents)
2. In-person at a physical location (46% of respondents)
3. Voice call (audio only) (34% of respondents)
4. Webchat (24% of respondents)
5. Text (22% of respondents)
*Respondents were asked to choose all options that apply.

The top five ways respondents would prefer to get a referral for a service were:
1. Online (76% of respondents)
2. In-person at a physical location (60% of respondents)
3. Voice call (audio only) (48% of respondents)
4. Webchat (32% of respondents)
5. Text (24% of respondents)
*Respondents were asked to choose all options that apply.

The top five ways respondents would prefer to receive crisis counselling were:
1. In-person at a physical location (89% of respondents)
2. Video chat (54% of respondents)
3. Voice call (audio only) (45% of respondents)
4. Online (36% of respondents)
5. Webchat (20% of respondents)
*Respondents were asked to choose all options that apply.

The top five ways respondents prefer to receive a check-in or follow-up were:
1. In-person at a physical location (71% of respondents)
2. Voice call (audio only) (59% of respondents)
3. Video chat (55% of respondents)
4. Online (41% of respondents)
5. Text (21% of respondents)
*Respondents were asked to choose all options that apply.

2. Feeling Safe in a Crisis

The majority of respondents (seventy nine percent [79%]) indicated that they feel safe in Toronto overall. A small majority of respondents (fifty two per cent [52%]) indicated that police presence makes them feel unsafe or very unsafe overall. The majority of respondents (fifty nine per cent [59%]) indicated that police presence would make them feel unsafe or very unsafe if they were dealing with a crisis. The majority of respondents (sixty three per cent [63%]) also indicated that police presence would make them feel unsafe or very unsafe if a friend or a family member were dealing with a crisis. Most respondents (sixty percent [63%]) indicated that police presence would make them feel unsafe or very unsafe in a situation where a member of the public who they don't know was dealing with a crisis.

3. Accessing Supportive Services

The majority of respondents (fifty five per cent [55%]) indicated that they feel comfortable asking City staff about supportive services. However, forty four per cent (44%) of respondents also indicated that it is not easy for them to find out which supportive services and programs are available through the City of Toronto, and fifty eight per cent (58%) of respondents indicated it is not easy to find out who to contact to ask questions about City services and programs.

The top five sources for information on City services indicated by respondents were:

1. City of Toronto website (toronto.ca) (62% of respondents)
2. Search engines (Google, Yahoo, Bing, etc.) (47% of respondents)
3. Conversations with friends/family/neighbours/colleagues (word of mouth) (32% of respondents)
4. Social Media (Twitter/Instagram/Facebook) (31% of respondents)
5. 311 Phone Line (30% of respondents)

*Respondents were asked to choose all options that apply.

The top five barriers to accessing City services and programs indicated by respondents were:
1. Lack of knowledge that program or benefit was available (59% of respondents)
2. Difficulty locating information about the service (36% of respondents)
3. Wait lists for a service, program or benefit (34% of respondents)
4. Lack of knowledge of how to reach the service (32% of respondents)
5. Cost of program/service (26% of respondents)

*Respondents were asked to choose all options that apply.

4. Community Investment

The top five most important areas for future investment to prevent people from falling into crisis and/or provide stabilization and support for people experiencing crises chosen by respondents were:
1. Housing and rent support programs (59% of respondents)
2. Counselling services and supports (e.g. trauma-specific counselling, DBT, Art therapy, narrative therapy, etc.) (40% of respondents)
3. Food security programs (37% of respondents)
4. Cultural or identity specific mental health programs (e.g. Indigenous-led, Black-led, 2SLGBTQ-led, etc.) (37% of respondents)
5. Age-specific mental health programs (e.g. youth and seniors) (35% of respondents)

*Respondents were asked to choose all options that apply.