

# Our Health, Our City

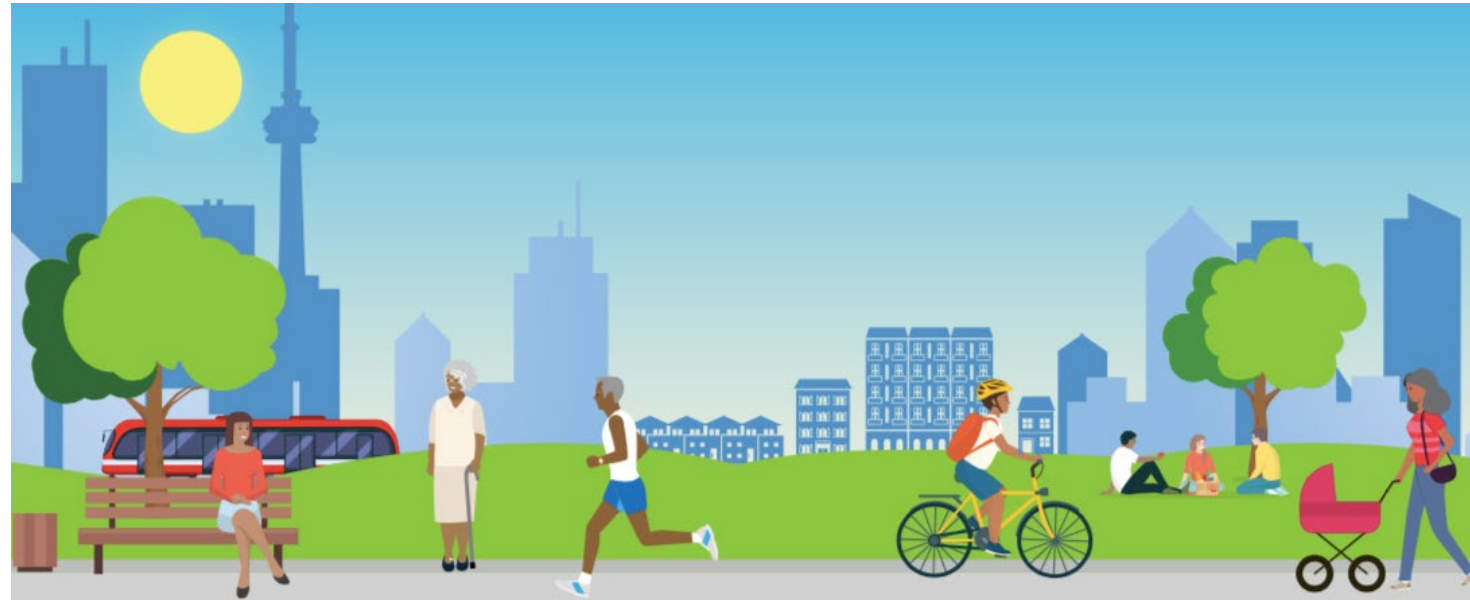
**A Mental Health, Substance Use,  
Harm Reduction, and Treatment Strategy  
for Toronto**

Board of Health  
November 27, 2023



# Introduction and Overview

- 1 Current Context of Mental Health and Substance Use in Toronto
- 2 *Our Health, Our City: A Mental Health, Substance Use, Harm Reduction and Treatment Strategy for Toronto*
- 3 Next Steps



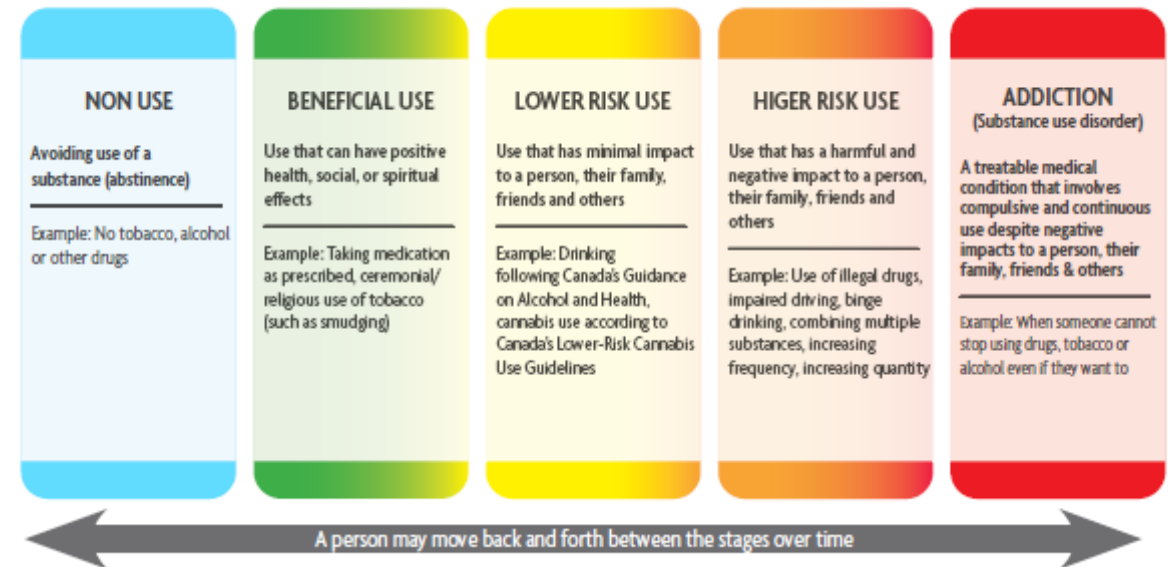
# Mental Health and Substance Use Spectrums

## Mental Health Continuum

	Healthy	Reacting	Injured	Ill
<b>Changes in Mood</b>	Confident Calm Normal mood fluctuations	Sadness Nervous Impatient Irritable	Pervasive sadness Anxious Angry	Depressed mood, numb Excessive anxiety/panic Easily enraged
<b>Changes in Thinking and Attitude</b>	Ability to concentrate and focus on tasks Take things in stride Good sense of humour	Sometimes distracted or loss of focus on tasks Intrusive thoughts Displaced sarcasm	Constantly distracted or cannot focus on tasks Recurrent intrusive thoughts Negative attitude	Inability to concentrate, loss of memory or cognitive abilities Suicidal thoughts/intent Noncompliant
<b>Changes in Behaviour and Performance</b>	Physically and socially active Present Performing well	Decreased activity/socializing Present but distracted Procrastination	Avoidance Tardiness Decreased performance	Withdrawal Absenteeism Noncompliant
<b>Physical Changes</b>	Normal sleep patterns Good appetite Feeling energetic Maintaining a stable weight	Trouble sleeping Changes in eating patterns Some lack of energy Some weight gain or loss	Restless sleep Loss of appetite Some tiredness or fatigue Fluctuations or changes in weight	Cannot fall/stay asleep No appetite Constant and prolonged fatigue or exhaustion Extreme weight gain or loss

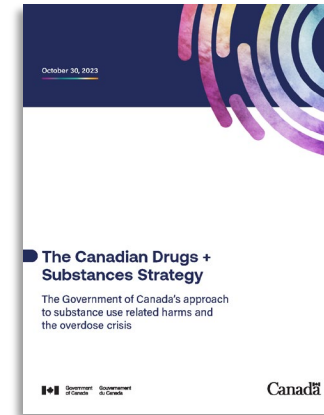
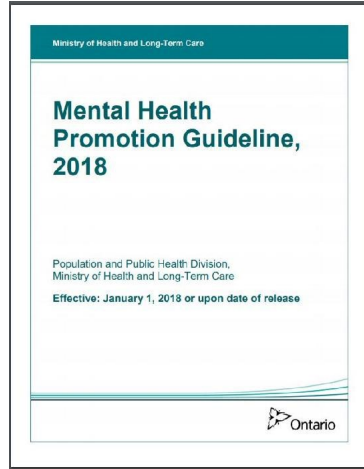
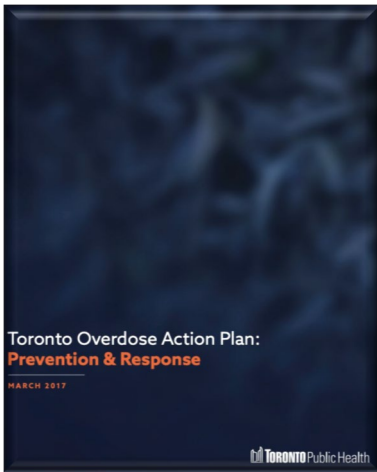
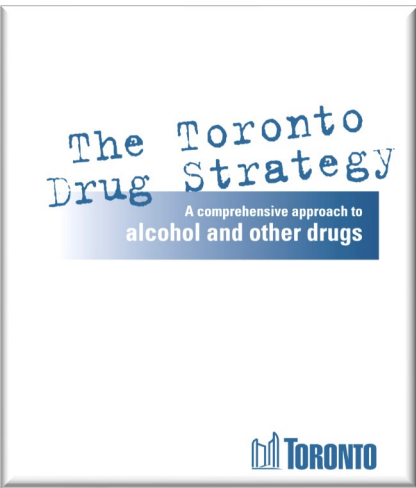
Adapted from the Mental Health Commission of Canada.

## Substance Use Spectrum



Adapted from Health Canada.

# Timeline to New Strategy



2005

2017/2019

2018

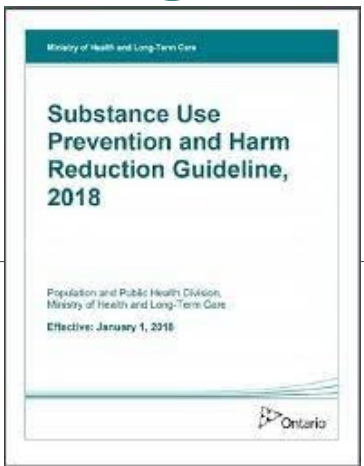
2019

2020

2022

2023

2012





# Mental Health Landscape

In 2021, only  
**55%**



of adults in Toronto reported 'very good' or 'excellent' mental health

a drop from  
**71%**

in 2017.<sup>33,34</sup>



Approximately

**500,000**

Canadians miss work each week due to a mental illness, leading to **\$6.3 billion** of lost productivity annually.<sup>50</sup>



Among youth, just

**44%**

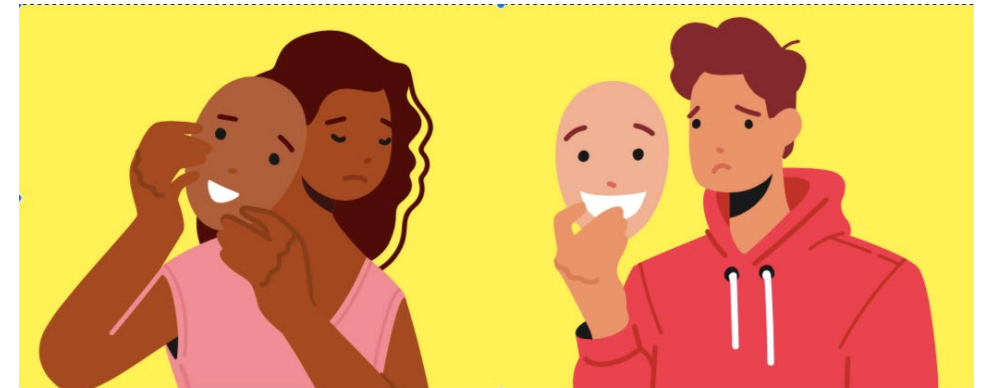


of Toronto students (grades 7-12) reported 'very good' or 'excellent' mental health in 2019.

while

**17%**

reported contemplating suicide in the past year.<sup>35,36</sup>



# Substance Use Landscape

## Alcohol Related harms

Alcohol produces some of the highest burden of drug related harms and deaths in Toronto. In an average year, alcohol is linked to:



**803**

deaths



**4,469**

hospitalizations



**39,419**

emergency room visits

## Cannabis Related Harms

In 2022, approximately

**29%**



of people over the age of 16 in Ontario recently reported using cannabis for non-medical purposes in the past 12 months.<sup>70</sup>



## Tobacco and Nicotine Related Harms

Public health policies have successfully reduced the number of people who smoke tobacco. Nonetheless, smoking tobacco is still on average responsible for:



**2,564**

deaths



**11,160**

hospitalizations



**15,840**

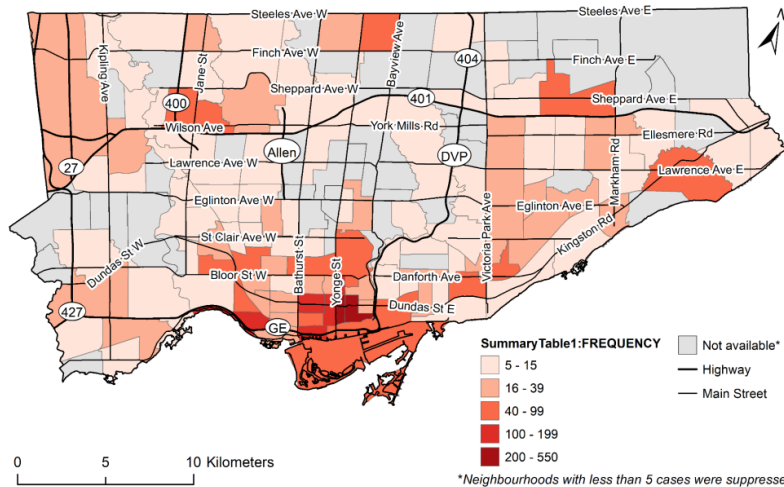
emergency room visits annually in Toronto among people 35 and older.<sup>71</sup>

# Drug Toxicity Crisis

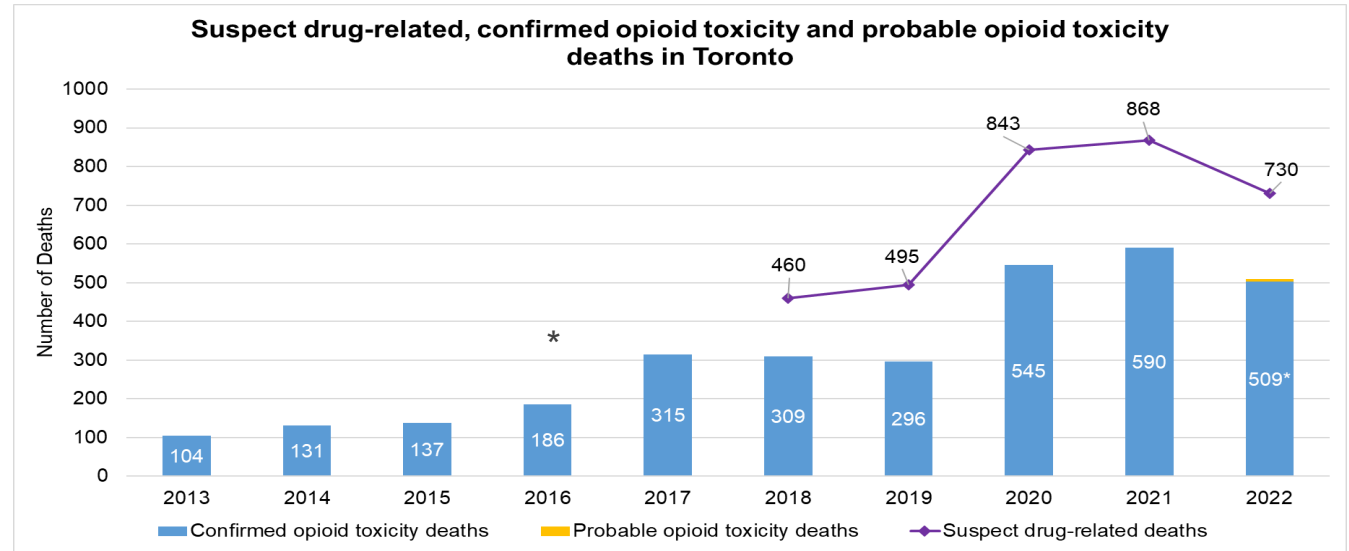
The Drug Toxicity Crisis

In 2022, preliminary reports estimate that **509** opioid toxicity deaths occurred in Toronto, marking a **271%** increase since 2015.<sup>62</sup>

Map of suspected opioid overdose calls by neighbourhood, Toronto, July 1, 2022 to June 30, 2023.



Source: Toronto Paramedic Services. Electronic Patient Care Record. July 1, 2022 to June 30, 2023. Extracted August 30, 2023. Prepared by Toronto Public Health.



Source: Office of the Chief Coroner for Ontario

**200** participants on **18 community roundtables** which included people with lived and living experience



**84** external stakeholder interviews



**30** Interviews and roundtables with people who use drugs



**13** City divisions, commissions and corporations consulted



Deputy Mayor's Mental Health Roundtable in June 2023



Jurisdictional scan of mental health and substance use strategies



TPH convened a Drug Strategy Reference Group to provide input on the development of the strategy and its recommendations. The strategy was also informed by discussions at the Decriminalization Reference Group and its Working Groups as well as the Board of Strategy Implementation Panel.



were conducted by TPH with support from the consulting

# Engagements, Consultations and Research





# Our Health, Our City: Vision

Toronto is a diverse and resilient city that prioritizes the mental health, wellbeing, and safety of all residents.

Everyone can access the health care, services, resources, and community spaces they need to support their mental health and prevent substance use related harms with dignity and ease.

Mental health and substance use are addressed as health issues rather than criminal issues.

Mental health and substance use stigma and discrimination have been eliminated.



# Our Health, Our City

## STRATEGIC GOALS

1. Promote mental health and wellbeing across the lifespan.
2. Prevent and reduce harms and deaths related to substance use across the lifespan.
3. Expand access to the full continuum of high-quality, evidence-based and client-centred services to address mental health and/or substance use issues, including prevention, harm reduction and treatment supports.
4. Advance community safety and wellbeing for everyone.
5. Improve access to housing and other social determinants of health.
6. Support mentally healthy workplaces and optimize the mental health of workers.



## Guiding Principles

Health and Community Safety for Everyone

Meaningful inclusion of people with lived and living experience

Anti Oppression, Anti Racism, and Decolonization

City wide, Collaborative, and Comprehensive

Evidence, Innovation, and Continuous Improvement

# 1. Promote mental health and wellbeing across the lifespan.



## Example Areas of Recommended Action:

- Mental health promotion and schools
- Loneliness and seniors
- Suicide prevention

## 2. Prevent and reduce the harms and deaths related to substance use across the lifespan.



### Example Areas of Recommended Action:

- Youth substance use prevention
- Stigma reduction
- HIV and Hepatitis C prevention and treatment



## 2a. Reduce drug toxicity deaths caused by the unregulated drug supply and support those affected by the drug toxicity crisis.



### Example Areas of Recommended Action:

- Harm reduction services and clinics
- Drug checking
- Prescribed safer supply

## 2b. Reduce harms and deaths associated with regulated drugs including alcohol, cannabis, tobacco and vapor products.



### Example Areas of Recommended Action:

- Alcohol labels
- Tobacco/vapor products labels
- Cannabis regulation
- Prevent impaired driving

### 3. Expand access to the full continuum of high-quality, evidence-based, and client-centred services to address mental health and/or substance use issues, including prevention, harm reduction and treatment supports.



#### Example Areas of Recommended Action:

- 24/7 crisis stabilization centres
- Expand treatment programs
- 2SLGBTQ+ programming
- African, Caribbean and Black programming

## 4. Advance community safety and wellbeing for everyone.



### Example Areas of Recommended Action:

- Toronto Community Crisis Service
- SafeTO and community wellbeing and connectedness
- First responder coordination protocol



## 5. Improve access to housing and other social determinants of health.



### Example Areas of Recommended Action:

- Affordable and supportive housing
- Harm reduction policies
- Financial support and employment services

## 6. Support mentally healthy workplaces and optimize the mental health of workers.



### Example Areas of Recommended Action:

- National Standard of Canada for Psychological Health and Safety in the Workplace
- Service provider mental health
- Peer Support Worker Charter

## 7. Proactively identify and respond to emerging mental health and substance use issues.



### Example Areas of Recommended Action:

- Data monitoring
- Public facing information
- Toronto Drug Alerts

# First Year Priorities for the City

The following list includes implementation priorities for year one. The City of Toronto has already requested support from provincial and federal governments to help action these items:

1

Advocate for ongoing and sustainable funding for shelter services and increase funding for supportive housing to help individuals experiencing homelessness. Create more affordable housing, including supportive housing for people with complex mental health and/or substance use related needs.

2

Work with community partners and provincial government to implement low-barrier crisis stabilization spaces for people with mental health and/or substance use related issues that operate 24 hours per day, seven days per week across the city as part of a full continuum of evidence-based services, treatment and wrap around supports.

3

Collaborate with first responders and hospitals to implement a coordination protocol that enhances the seamless transfer of individuals experiencing mental health and/or substance use crises to the most appropriate services.

4

Expand Toronto Community Crisis Service to be city-wide, as Toronto's fourth emergency service.

## Social Determinants of Health





# Priority Areas for Clinical Service Delivery: The Works



- Expand hours of current clinical services to 24/7
- Extend iOAT
- The Works relocation

# Call to Action

To support the implementation of *Our Health, Our City*, Toronto Public Health will:

- Provide dedicated staffing resources;
- Convene stakeholders;
- Advocate with appropriate levels of government;
- And monitor progress on implementation.



## Implementation Partners



# Implementation and Next Steps



Dr Kwame McKenzie, CEO



## Why Thrive Toronto matters

**35%** of employed  
Canadians say they are  
burned out.

**THRIVE**  
TORONTO

## Why Thrive Toronto matters

**400,000** Torontonians say they have no close family or friends they can call for help.

**THRIVE**  
TORONTO

## Why Thrive Toronto matters

**50%** of health problems  
are linked to the social  
determinants of health.

**THRIVE**  
TORONTO



## Why Thrive Toronto matters

**95%** of Ontario schools  
need more support for students'  
mental health and well-being.

**THRIVE**  
TORONTO

# What is Thrive TO?

- Thrive TO promotes mental wellness and psychological health
  - Mental health is everyone's business
  - Thrive TO links organizations interested in mental health so they are more effective
  - Thrive TO works in collaboration with and to complement Our Health Our City
- CAMH
  - CMHA
  - Family Services Toronto
  - Ontario Health Toronto
  - United Way GTA
  - Strides
  - Wellesley Institute
  - YMCA GTA
- City of Toronto: SDFA and TPH

**“There’s more to mental health  
than diagnosable mental  
illnesses that need treatment.”**

**THRIVE**  
TORONTO

Mental wellness impacts everything we do and is vital for our city but is often ignored.

Thrive worked for 18 months to identify focused actions vital for the mental wellness of our City which the partners could deliver.

**THRIVE**  
TORONTO

A Mental  
Health Plan  
for our City



# Mental Health Plan

## 5 KEY ACTIONS



Community mental health report card



Climate change and mental health strategy



Improving access to housing



Support for workplace mental health

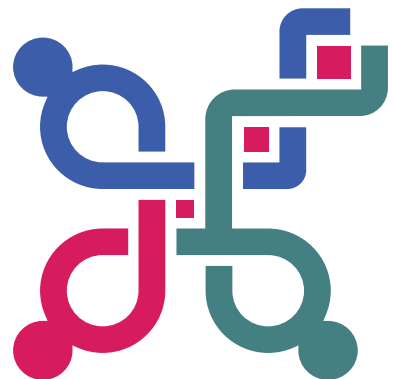


Creation of a learning centre

# Areas of collaboration with *Our Health, Our City*

- Thrive action 1: a mental health report card
- Thrive action 3 and *Our Health, Our City* goal 5: improve housing and other social determinants of health
- Thrive action 4 and *Our Health, Our City* goal 6: mental health in the workplace
- Thrive action 5 and *Our Health, Our City* goal 1: promote mental health and wellbeing across the life span

**Thank you.**

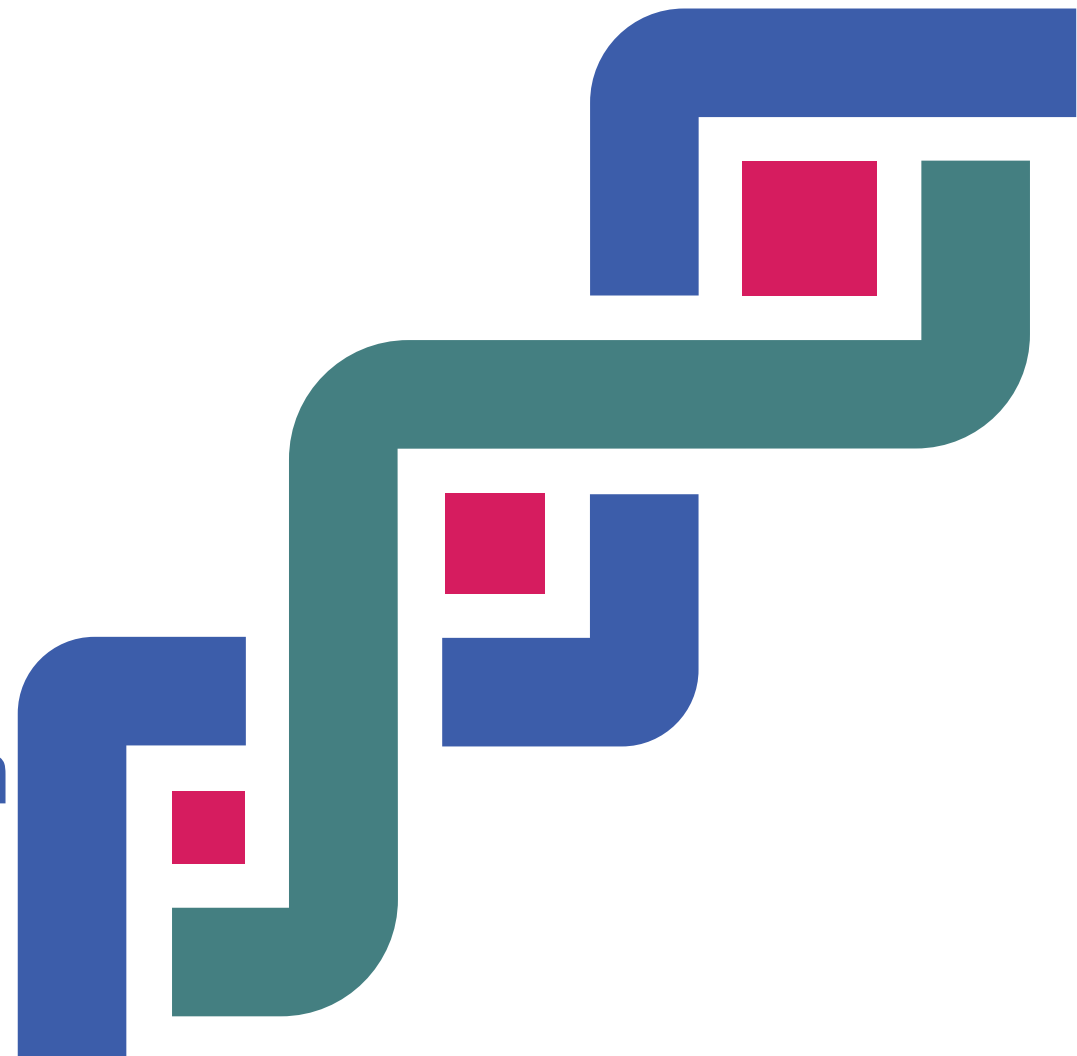


**DOWNTOWN  
EAST TORONTO**  
ONTARIO HEALTH TEAM

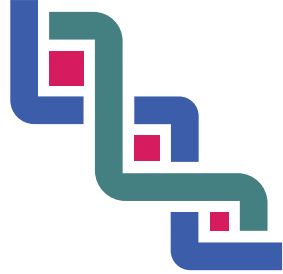
# Rapid Access to Crisis Support

Susan Davis-Executive Director,  
Gerstein Crisis Centre  
Board of Health Spotlight Presentation

November 27, 2023



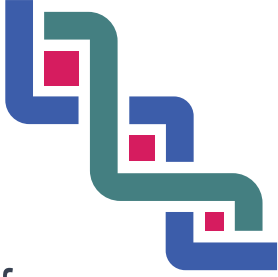




# Outline

1. History of Substance Use and Addiction Work
2. Context
3. Call to Action
4. SCC-T Design
5. Feedback/Questions

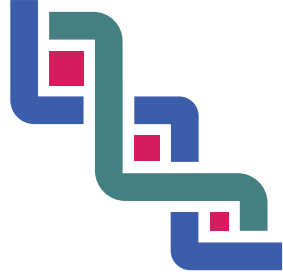
# History of Substance Use and Addictions Work



Acknowledging the invaluable groundwork laid by various groups, organizations and professionals in the field of substance use is crucial as it has paved the way for the realization of this project. Some key milestones are highlighted below:

- In 2012, **The Emergency Room Alliance** conducted a survey of frequent users of the Emergency Department (ED) and observed that many had sought alternative services such as the Gerstein Crisis Centre. However, the availability of these services was not consistent, indicating potential resource inadequacies.
- **The Substance Use Crisis** project encompassed two research initiatives: one led by **Working for Change** and the other conducted by the **Centre for Research on Inner City Health (CRICH)**. These projects shed light on the effectiveness of harm reduction as a valuable component in substance use treatment.
- **The Toronto Drug Strategy, Toronto Public Health and the Board of Health** have identified and championed the importance of a community based purpose build substance use crisis centre in Toronto.
- **Many community organizations have actively advocated for and collaborated to provide harm reduction and crisis services that provide community based supports that are low barrier, trauma informed, concurrent capable to people who use substances.**
- **These findings and work have highlighted the need for a community-based substance use crisis response, which reduces reliance on police and ED responses.**

# Context



- **Challenge:** The pandemics impact on mental health and substance use has been significant and accompanies an increasingly uncertain drug supply, an upsurge in overdoses, and a decrease in service capacity to address substance use concerns.
  - The average monthly drug related death rate in Toronto has increased from 42 to 73 since 2019, highlighting the escalating severity of the overdose crisis.
  - Overdose deaths have had a disproportionate impact on people who are experiencing homelessness.
  - Issues of inequity were further exposed and highlighted a need to an explicit need for equity and anti-racism responses.
- The Crisis Support to People who Use Substance Working Group has engaged in consultations with people who use substances, addiction medicine doctors, harm reduction providers and frontline workers to understand the scope of the problem and gaps that can be addressed.
- **Areas of Need:**
  - To offer crisis assistance to individuals without overwhelming emergency services, i.e., police, paramedics, the emergency department (ED).
  - To offer upstream health and social services including harm reduction services, withdrawal management, evidence-based treatment, and supportive housing.
  - To offer a purpose built, community based response to substance use crisis and integrated pathways to connect individuals to a wide range of ongoing supports as needed

# Call to Action



To address this urgent situation, the Crisis Support to People who Use Substance Working Group has recognized the necessity for the establishment of a 24-hour **Substance Use Crisis Centre in Toronto (SCC-T)**.

- The SCC-T will meet the needs of people in crisis **by responding to a range of crises as defined by the individual**, including response to experiences and behaviours associated with substance use/concurrent needs including physical distress, anxiety, suspicious thoughts, potentially aggressive behaviour, self-harm, and suicidal thoughts.

**Model Design:** The SCC-T will extend previous investments to services provided by the Gerstein Crisis Centre and other organizations into a comprehensive and scaled up model to meet the significant crisis support needs in the DET

- The SCC-T will be a collaborative model of service delivery integrated into existing supports which will provide multiple referral pathways into crisis supports and out to other supports, services and treatment.

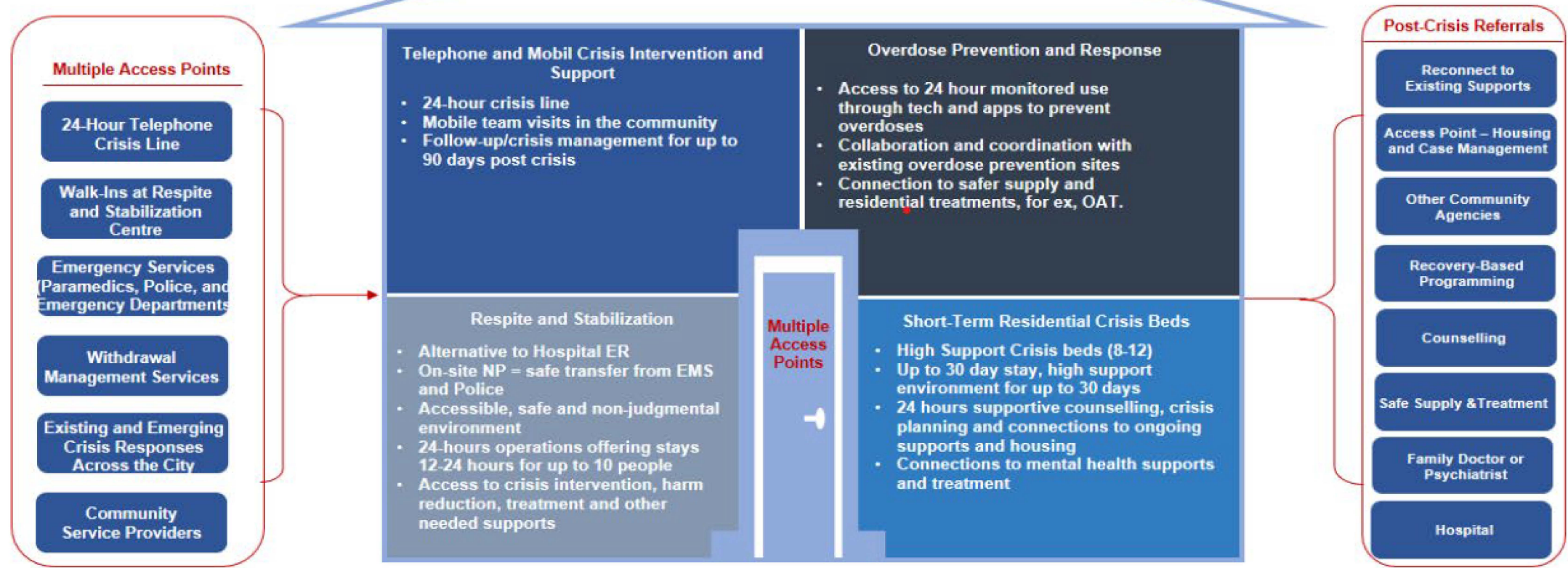
## Current members:

- South Riverdale Community Health Centre
- Gerstein Crisis Centre
- The Neighbourhood Group
- Street Health
- St. Michael's Hospital
- The Toronto Drug Strategy Secretariat
- The City of Toronto
- St. Michael's Homes
- Sherbourne Health
- Parkdale Queen West CHC
- Community members with lived experiences of substance use

# Substance Use Crisis Centre Toronto (SCCT)

**Goal:** To provide a timely, appropriate and respectful response to individuals in crisis related to substance use and mental health which would reduce strain on First Responders and Emergency Departments, improve client experience, and lead to positive outcomes for the individual and the community.

**Population:** Adults 16+ who are living with problematic substance use needs. Individuals are likely to be intoxicated and in frequent contact with hospital Emergency Departments, EMS, police shelters and other community settings. They are likely to have complex health and social issues including no or unstable housing, and experience mental and physical health issues as a result of problematic substance use.



Respect, Dignity, Autonomy, Equity, Anti -Oppression, Anti-Racism, Social Justice, Collaboration and Accountability

# Questions?