

Our Health, Our City

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

CABR Advisory Committee
May 15, 2024



Mental Health Landscape

In 2021, only
55%



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

a drop from
71%
in 2017.^{33,34}



Approximately

500,000

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



Among youth, just

44%

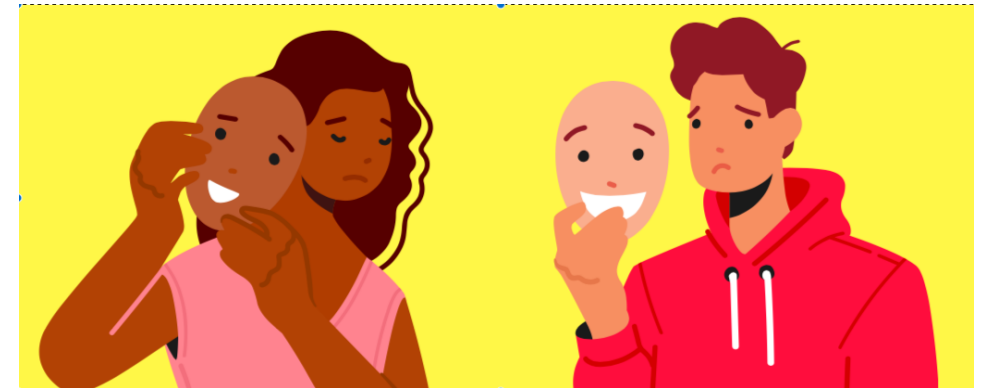


of Toronto students (grades 7-12) reported 'very good' or 'excellent' mental health in 2019.

while

17%

reported contemplating suicide in the past year.^{35,36}



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.⁷⁰



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

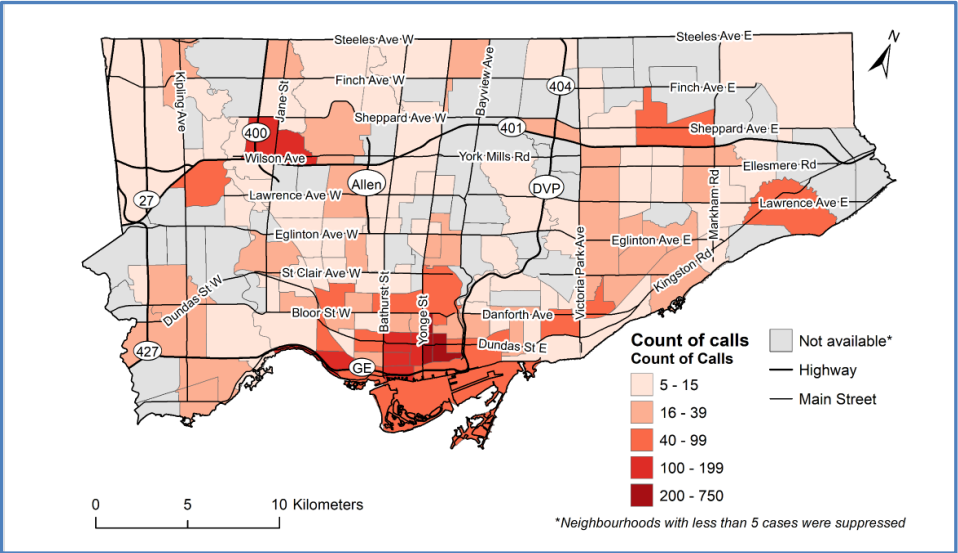


11,160
hospitalizations



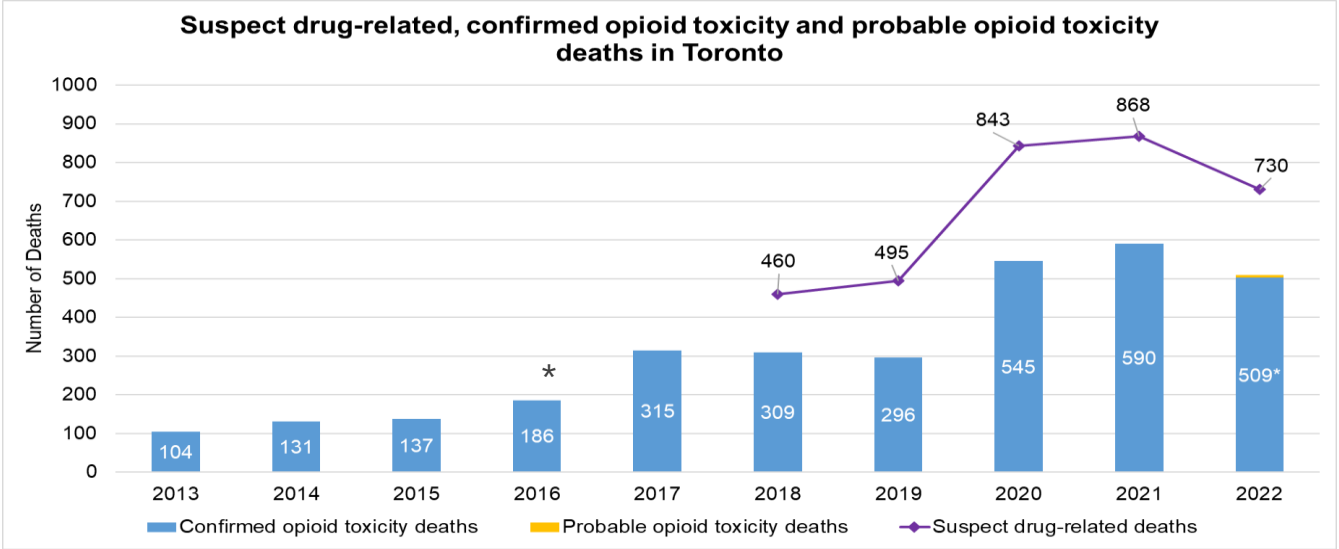
15,840
emergency room visits
annually in Toronto among
people 35 and older.⁷¹

Drug Toxicity Crisis



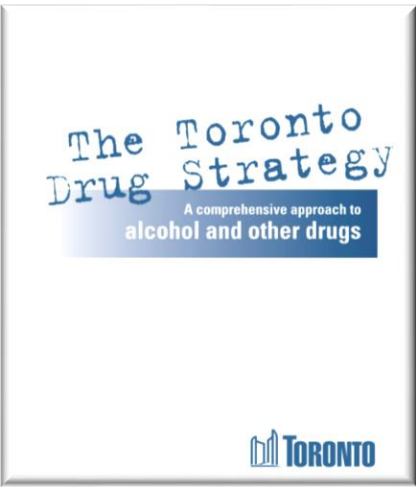
Map of suspected opioid overdose calls by neighbourhood, Toronto, January 1, 2023 to December 31, 2023

Source: Toronto Paramedic Services

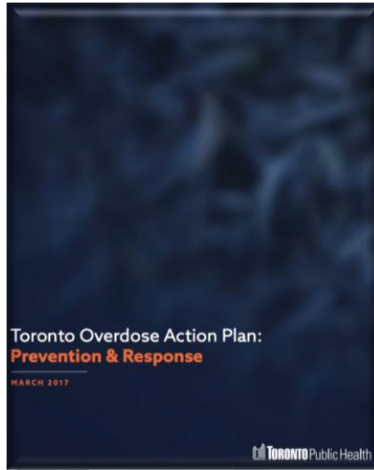


Source: Office of the Chief Coroner for Ontario

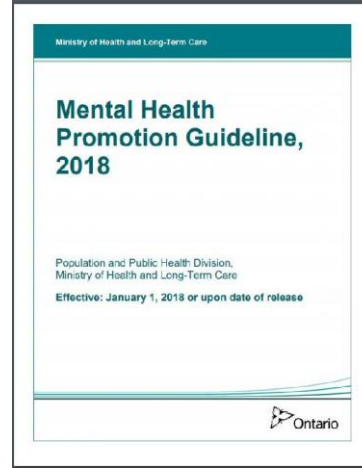
Timeline to New Strategy



2005



2017/2019



2018



2019



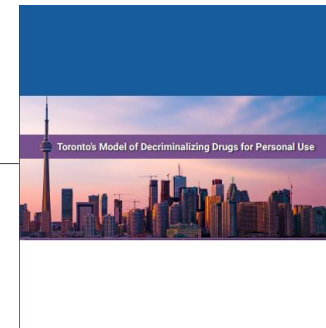
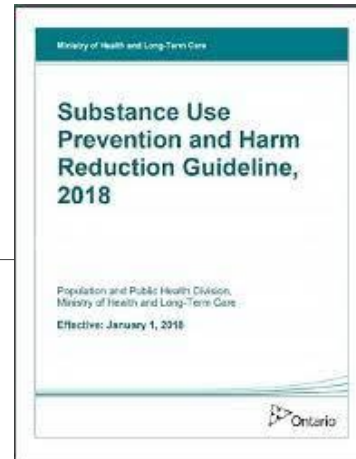
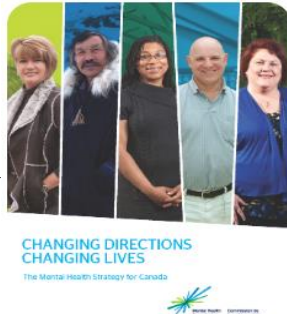
2020



2022

2023

2012



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 Health's Drug Strategy Implementation Panel.



Engagements were conducted by TPH with support from the consulting firm MASS LBP.

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.



Goals & Guiding Principles

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

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

Year One Priorities for the City

1

Housing

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

24/7 Crisis Stabilization Space

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

Responder–Hospital Protocols

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 TCCS City-Wide

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

Implementation Panel

- Board of Health directed the Medical Officer of Health to establish an implementation panel to support Our Health, Our City.
- It is recommended that the Our Health, Our City Implementation panel not be a consensus-based table. All advice from the panel will be shared with the Board of Health.
- The recommended mandate of the Our Health, Our City Implementation Panel is to provide advice to help implement the recommendations outlined in Our Health, Our City.

Panelist responsibilities may include:

- Attending meetings
- Providing advice on the annual implementation priorities
- Sharing data and knowledge (lived/living and/or professional expertise) to support implementation
- Fostering intersectoral relationships and collaboration
- Supporting recruitment of individuals for additional consultations or potential working groups, as may be required
- Championing action on recommendations and communicating implementation efforts with networks
- Providing feedback on the annual Our Health, Our City Progress Report

Implementation Panel

Terms of Reference Overview

- Chaired by Board of Health Director
- 6 individuals with lived/living experience
- 6 experts from the mental health and/or substance use sectors
- 6 representatives from City Divisions
- Bi-monthly meetings
- Stipend for those with lived/living experience

Recruitment Process

- Applications open for 3 weeks starting March 27, 2024
- Report back to BOH on panelist recommendations for appointment



Questions?