

Some Facts about Mental Health in Toronto

1. At least 20% of Toronto residents can expect to experience a diagnosable mental illness, or substance abuse issue each year. By age 40, 1 in 2 Toronto residents will have experienced mental illness or can expect to during their lifetime. The burden of mental illness is 1.5X that of cancer and 7X infectious disease.
2. The CAP project conducted by CAMH in 2004 found significant gaps in care- in particular over 50% of the people enrolled in community mental health and addiction programs were receiving less care than they required.
3. There have not been substantial investments in community mental health in Toronto since 2004-6, and these investments improved access but were not sufficient to impact at the system level according to the CAMH SEEI study Making a Difference.
4. Over 12,000 people are on the waitlist for supportive housing in Toronto. Waits for high support housing can be up to six years and average 3 years. TCHC estimates 28,000 of their tenants need access to mental health and addiction services.
5. It can take up to a year to access ACT or case management services.
6. There is a strong evidence base for programs such as housing first, ACTT, early psychosis intervention, peer support, but these programs need to be dramatically scaled.
7. Federal and provincial governments have not made any progress improving the mental health spend to 9% of health spending or increasing social spending by 2%. The province needs to come to an agreement with the federal government on the Health Accord that will target investments to mental health and supportive housing over the next 10 years.
8. **It is hard to understand how a 50% reduction in federal transfers which is what Ontario and other provinces who have not signed on will receive, is a better deal than 3.5% and more than \$4 billion for mental health and homecare. Targeted funding for community services will improve access and reduce pressure on hospitals which are the main drivers of increased health costs. Hopefully Ontario and the federal government can come to an agreement that will improve access and help Ontario implement its current mental health and addiction strategy. In 2010 the Select Committee reported that the mental health system in Ontario was in crisis. It still is.**

Recommendations

1. The City should work in partnership with community mental health and addiction agencies to increase capacity to respond to TCH tenants' mental health and addiction problems, and increase capacity for evidence based community mental health and addiction services

2. Service delivery should be based on the use of Housing First interventions and other evidence based services.
3. TCHC should work with TPS, EMS and agency partners in TCH neighborhoods to implement a community response that improves safety and access to services.
4. All three levels of government should create a sustainable funding pool of at least \$249,000,000 to increase mental health service capacity in TCHC. This could be phased in over 5 years at a cost of \$49,800,000 per year.

Federal and Provincial governments should make policy commitments to increase the mental health share of health spending to 9% and increase social spending by 2% over a 10 year period as recommended by the Mental Health Commission of Canada. On a per capita basis increasing the mental health share of health spending to 9% of health spending from 7% could be achieved by an investment of \$ 87.44 per Canadian, or \$3.1billion.

5. TCHC and the City should commission social impact bonds to kick start these investments and evaluate the results.
6. All levels of government should support the development of a minimum 30,000 units of supportive housing in Ontario over the next 5 years and at least 10,000 of these units should be developed in Toronto. An investment in social transfers and infrastructure financing could be leveraged to increase housing stock across the country. The Ontario minimum requirement is \$658 million.

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