IN FOCUS >

Mental health in ONTARIO

Population: 15,996,989 | **Rural:** 17%

In the aftermath of the pandemic, Ontario saw a dramatic increase in mental health and addictions-related harms, including due to opioids and alcohol. Long wait times for counseling and other mental health services continue to be a problem, especially for youth. Ontario's entire healthcare sector is facing a crisis in health human resources (HHR), including a shortage of mental health service providers. While a higher number of psychiatrists are practicing in the larger urban centres, this is not the case in rural and remote areas of the province.

The Ontario Government has been shifting its policy support for harm reduction to bed-based addictions care. Concerningly, Ontario has the second highest rates of core housing need after BC, with housing unaffordability affecting many Ontarians.

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Indicator		Indicator Category	ON	CAN
1.1a	Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	5.9%	6.3%
1.1b	Bilateral Health Spending for MHASU	Policy	40.5%	31%
1.2	MHASU Strategy	Policy	Moderately comprehensive	Out of date
1.3	Decriminalization policy	Policy	–	Low support
1.4	Harm reduction policy	Policy	Low support	High support
1.5	Mental Health Acts	Policy	Moderate concern	–
2.1	Perceived mental health – poor/fair	Population Mental Health (MH)	26.4%	26.1%
2.2a	Prevalence of mood/anxiety disorders (12-month)	Population MH	10.9%	10.6%
2.2b	Prevalence of substance use disorders (lifetime)	Population MH	18.9%	20.7%
2.3	Rate of death by suicide	Population MH	9.6	10.9
2.4	Rate of hospitalization for self-harm	Population MH	63.0	64.9
2.5	Rate of apparent opioid toxicity deaths	Population MH	16.6	20.8
2.6	Rate of hospitalizations caused entirely by alcohol	Population MH	214	262
3.1	Percentage of population needing mental health care but needs are unmet or partially met	Service access	7.8%	7.8%
3.2	Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	61%	61%
3.3	Number of psychiatrists per 100,000 population	Service access	13.4	13.1
3.4	Supply of MHASU healthcare providers	Service access	1,609.9	1,721.4
3.5	30-day hospital readmission rates for MHASU concerns	Service access	13.7%	13.4%
4.1	Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	18.1%	15.8%
4.2	Poverty rate	SDOH	8.3%	8.1%
4.3	Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	43%	46.1%
5.1	Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	10.3%	9.1%
5.2	Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community	Stigma and discrim	55.4 %	54.4%
5.3	Reported rate of drug-related offences	Stigma and discrim	98	162

Note: Values in the table above that do not have a percentage indicate a rate per 100,000 population **1**

IN FOCUS: ONTARIO

POLICY

Funding

In 2024-25, Ontario will spend approximately $2 billion on mental health, which amounts to 5.9% of the overall health budget. Ontario is dedicating a higher share of its bilateral health funding to mental health, addictions and substance use (MHASU) health care. Combined, the *Working Together Agreement* (2023 Bilateral Health Agreement) and the renewed commitment for the Shared Health Priorities Agreement (2017) dedicate 40.5% of their total funding to mental health, addictions and substance use (MHASU) (for the 2023-2026 cycle), which is higher than the Canadian average (31%).

Strategy

Ontario has a MHASU strategy (*Roadmap to Wellness*, 2020-2030) that commits $3.8 billion over 10 years to MHASU health care. The plan has three core areas: addressing long wait times, funding shortfalls, and increasing data on MHASU service need and uptake. The strategy created the Mental Health and Addictions Centre of Excellence to collect data and improve systems performance, which is important given the higher-than-average barriers to service access reported here.[115]

WORK IN PROGRESS

10-year strategy will close care gaps for those with highest needs but does not look at preventing worsening mental health.

Mental Health Scoreboard

While *Roadmap to Wellness* strives to build an evidence-based, accessible MHASU system, the primary focus is on the most acute care. The strength of this approach is that service gaps for those in urgent need will be addressed first, but the shortcoming is that it does not look upstream to prevent worsening mental health.

In the 2023 budget, community mental health organizations received a much needed and one-time 5% boost to their base funding, the first increase in over a decade. However, longstanding concerns linger. Healthcare investments, including for MHASU, continue to be "physician-centered" which has inherent limitations for meeting the MHASU healthcare needs in the province.[116] The pay equity gap between the community health sector and other parts of the health system (such as hospitals) means that healthcare workers employed in community mental health settings are often paid 20 to 30 per cent less than healthcare workers employed in other health care settings, creating a health human resources (HHR) crisis in Ontario's community mental health and addictions services.

NOTEWORTHY

Bump in investment to community mental health organizations in 2023, but pay equity gap puts pressure on their workforce.

Policy response to the toxic drug crisis

Greater policy action is needed to support the health of people who use drugs in Ontario. Ontario is experiencing mounting harms stemming from the toxic drug supply; however, the government's policy response has not kept up with population health needs. Despite the high rates of harm, support for harm reduction has waned over recent years. In 2021, the Ontario Government introduced a new model known as "Consumption and Treatment Services" (CTS), which capped the number of sites and created additional requirements for the services to operate.[117] In the fall of 2023, the province launched a "critical incident review" (the Review) of CTS sites, and, citing safety issues, paused approval of new sites, and froze all new funding for CTS sites.

In August 2024, the government released the Review and announced they were banning CTS sites within 200 metres of schools and child-care centres which would result in the closure of nine provincially funded sites and one self-funded site. It also plans to introduce legislation to prohibit municipalities or any organization from starting new CTS sites; participating in safe supply initiatives; or requesting the decriminalization of illegal drugs from the federal government. The closure of any CTS site was not recommended in the Review.

The Ontario Government is not supportive of many forms of harm reduction to address substance use harms or the drug poisoning crisis. The province's policy focus remains on bed-based addictions care without consideration of the continuum of care needed to fully support people who are managing addiction or substance use.

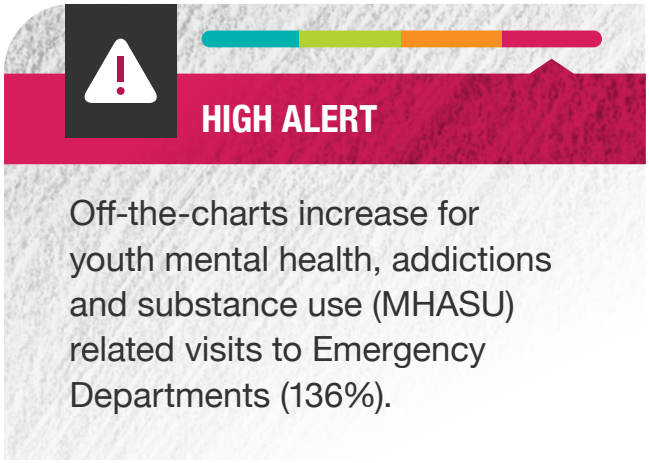
POPULATION MENTAL HEALTH

When it comes to the population mental health indicators, Ontario's rates are similar to the national average. The prevalence of poor or fair mental health (26.4% compared to 26.1) and mood and anxiety disorders (10.9% compared to 10.6%) are marginally higher than the Canadian average, while the rate of SUDs is slightly lower (18.9% compared to 20.7%). Although the rate of apparent opioid toxicity deaths for Ontario is also lower than the Canadian average, at 16.6 per 100,000 compared to Canada's rate of 20.8 per 100,000, this is a significant hike from the pre-pandemic 2019 rate, which was 10.6 per 100,000.

SERVICE ACCESS

While Ontario is close to the Canadian average for access to services, the need for better access is evident: in 2021, Ontario Health reported a 47% increase in emergency department visits and a 23% rise in the hospitalization rate for MHASU health care. In particular, the hospitalization rate for youth ages 14-17 with MHASU concerns has increased by 136%.[118] Although the number of psychiatrists in Ontario is higher than the Canadian average per 100,000, the distribution of psychiatrists *within* the province is inequitable. Research has found a greater number of practitioners clustered in urban areas and serving populations with lower needs.[119]

To address some of the barriers to access, the Ontario government expanded the Ontario Structured Psychotherapy Program (OSP), which provides free cognitive behavioural therapy for people experiencing depression and anxiety. The program offers various levels of support based on need, and services are delivered by trained mental health coaches or clinicians over the phone, virtually, or in person.



SOCIAL DETERMINANTS OF HEALTH

Ontario is facing a housing crisis. There's a shortage of housing stock and home prices and rents in many urban areas have risen faster than incomes.[120] At 18.1%, the core housing need among people reporting poor-to-fair mental health is higher than the Canadian average (15.8%). The housing problem is intertwined with poverty, which disproportionately impacts people with mental illnesses. Housing is often unaffordable for a significant number of recipients of income assistance. Among those who receive disability income supports in Ontario, up to 50% report having a mental illness or substance use disorder.[121]

Poverty, food insecurity, lack of social connection, and lack of housing all contribute to the deterioration of a person's mental health, and supportive housing models are crucial for many people with mental illnesses and addictions. However, the capital and operational funding for supportive housing in Ontario is often uncoordinated, with different models for agencies and the private market. Rent supplements help maintain stable housing but cannot keep up with competitive market rents in Ontario's urban areas and are of no value in areas where there is no housing supply. Due to stigma, clients needing supportive housing face additional barriers to renting in the private market.

The creation of new supportive housing requires the coordination of all three levels of government to fund new builds, allow zoning permissions, and with community agencies to provide the support services.

STIGMA AND DISCRIMINATION

The rate of drug offences is lower in Ontario, at 98 offences per 100,000 compared to the Canadian average of 162 per 100,000. This may in part be driven by a reduction in the number of drug possession cases in Ontario which dropped by 40.5% between 2019 and 2021. However, there are some regions where the rates were virtually unchanged, suggesting that the federal guidelines not to prosecute for simple possession were not equally heeded throughout the province.[122]