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Hamilton

Historical Overview of Relevant Mental Health Policy and its Impact for the City of Hamilton

February 24, 2025

Office of the Medical Officer of Health
Public Health Services

Motion

MOTION (M. Wilson/Hwang):

Historical Overview of Relevant Mental Health Policy and its Implications for the City of Hamilton

THEREFORE, BE IT RESOLVED: That staff be requested to report back to the Public Health Committee by Q2 2025 with an overview of relevant mental health institutions, policy and implications for the City in its efforts to address the declared homelessness, mental health and substance use crises; specifically:

(a) An account of those mental health, addiction, and rehabilitation institutions in Hamilton working with the city and in what capacity in responding to the intersection of homelessness and mental health;

(b) A historic overview of the deinstitutionalization process in Ontario and any specific impacts on Hamilton;

(c) The *Mental Health Act of Ontario*; and

(d) The roles responsibilities and purview of authorities as set out in the *Mental Health Act of Ontario*.

Current Context

- In April 2023, Hamilton declared a **state of emergency** due to the escalating crises of homelessness, mental health, and substance use.
- These issues are deeply **interconnected** and **mutually reinforcing**, with estimates that three-quarters of individuals who are homeless have a mental health or substance use disorder.
- A voluntary survey of 545 individuals experiencing homelessness in Hamilton found **that 60% reported facing mental health challenges,** while **59% reported issues with substance use**.
- Mental health and substance use disorders not **only increase the likelihood of becoming homeless** but also make it **harder to escape homelessness**.
- Individuals with mental health and substance use comorbidities have **higher rates of chronic homelessness (49%)** compared to those **without these conditions (42%).**
- **Chronic homelessness is** a key indicator of **systemic failures**.

Current Context

- Homelessness can in turn **worsen both mental health and substance use**.
- **Past experiences of trauma,** especially **early in life**, serve as **significant risk** factors for homelessness, mental health disorders, and substance use disorders.
- Research has shown that **90% of adults experiencing homelessness** have been exposed to at least **one adverse childhood experience**, with over **half being exposed to four or more** adverse childhood experiences.
- Trauma isn't limited to childhood; it can also result from **later life events**, such as intimate partner violence, divorce, job loss, or eviction.
- Certain groups are more vulnerable to trauma, including those from marginalized communities, such as **Indigenous people, racialized people, 2SLGBTQ+ individuals, newcomers, and women**.
- **Homelessness** can result in **more trauma**, with individuals who experience homelessness often subject to **unsafe and degraded conditions**.

The History of Institutionalization & Deinstitutionalization

- Institutionalization emerged in the **late 19th and early 20th centuries** as a means of managing individuals with **mental health conditions, developmental disabilities**, and others thought to be **unable to integrate into society**.

- Many residents experienced **inadequate care, neglect, and dehumanizing conditions**.

- In response to these human rights concerns among factors, **deinstitutionalization began in the 1960's**, with a gradual shift away from **institutional care to community-based care**.

- The **Hamilton Psychiatric Hospital** was once one of the largest in the province. As de-institutionalization began, the number of **inpatients decreased**, and new programs like **outpatient clinics, day programs, and community outreach** were developed to support **reintegration** into the community.

The History of Institutionalization & Deinstitutionalization

- While deinstitutionalization led to **positive outcomes**, there were challenges with the **overall implementation.**

- To support better integration into the community, the process of de-institutionalization was intended to be paired with an **increase in support in the community**. The de-institutionalization process received criticism for **not being accompanied by adequate funding** for such community-based services.

- This under-resourcing of community-based services led to "**trans-institutionalization**", where former residents of large institutions were relocated to **smaller institutional settings** such as boarding houses, group homes, long-term care homes, or jails.

- The shortage of **affordable housing** intensified the issue, resulting in **homelessness** for many former residents.

Mental Health and Substance Use Services in Ontario

- The **insufficient investment in community-based services** during the deinstitutionalization process has had a lasting impact on Ontario's mental health and substance use system.
- In the Provincial government's Roadmap to Wellness, the Province recognizes that the current system is **fragmented, disconnected,** and has **significant barriers to care.**

Complicated system that is difficult to navigate	High demand, especially for intensive, specialized care
Limited coordination between different services and settings	Long waitlist for services
Overreliance on emergency services	Need for substance use treatment to respond to increasingly toxic drug supply

Mental Health and Substance Use Services in Ontario

- In Ontario, mental health and substance use services are provided across **a range of settings**, each playing a **distinct yet complementary role**.
- These settings are intended to work together to ensure a holistic approach, addressing the **diverse needs of individuals at every stage**— from prevention and mental health promotion to treatment, stabilization and recovery.
- The Province's Roadmap to Wellness outlines a vision for a **more integrated, accessible, and patient-centred system.**
- To support the vision in the Roadmap to Wellness**,** the province has developed the **Mental Health and Addictions Centre of Excellence** to oversee the delivery and quality of the entire system.

Community Settings

Acute Settings

Mental Health and Substance Use Services in Ontario

Community Settings

Primary Care

This setting is often the **first point of contact** for individuals seeking help, primary care plays a crucial role in **early identification and management** of mental health and substance use issues. It provides ongoing support and helps individuals navigate the system.

Community Settings

Community-Based Services

This setting offers **comprehensive**, **specialized** mental health and substance services that are **tailored to the needs of individuals** and the community. They aim to reduce barriers to treatment, build trust, and offer flexible ongoing support.

Supportive Housing

This setting provides **stable, long-term housing** with **integrated supports** for individuals with chronic mental health or substance use conditions.

Mental Health and Substance Use Services in Ontario

Acute Settings

Out-Patient Services

This setting provides **structured, intensive care without the need for full hospitalization**. It allows individuals to manage their mental health and substance use disorders, receive ongoing treatment, and maintain their daily routines and responsibilities.

In-Patient Services

This setting offers **24-hour supervision** and care for individuals in **acute crisis.** These services are designed for those who pose a risk to themselves or others and cannot manage their condition in the community**.**

Bed-Based Treatment

This setting provide **intensive, short-term care** for individuals seeking **substance use treatment.** This setting offers structured, **24-hour care** with a focus on stabilization and recovery.

Acute Settings

Mental Health Act

- *The **Mental Health Act***, introduced in 1967, was created to **protect** individuals with mental health disorders by establishing a legal framework for their treatment and care. It aims to ensure that people with receive appropriate treatment, while also safeguarding their rights and autonomy.

- It outlines the criteria for **involuntary psychiatric care,** allowing it when someone is at **risk of harming themselves or others**, or **unable to care for themselves** due to a mental health disorder.

- **Forms** completed by **physicians and Justices of the Peace** authorize involuntary care, starting with a **72-hour assessment periods that** can extended if **criteria is met**.

- If needed, police can **detain an individual** after the **appropriate form has been completed** to **safely transport** the individual to **the hospital or specialized mental health centers** for assessment.

- Under **Section 17** of the *Mental Health Act*, police have the authority to detain a **person without the completion** of a form if they have reasonable grounds to believe the person is acting in a disorderly manner due to a mental health disorder and poses an immediate danger to themselves or others.

Mental Health Act

- In response to the escalating mental health and substance use crises and concerns for public safety, there have been increasing discussions around **expanding involuntary care.**

- Under the *Mental Health Act*, involuntary care is specifically permitted for individuals with mental health disorders, **not for those with substance use disorders.**

- There are **concerns** about expanding the *Mental Health Act* to **include substance use disorders** due to the lack of evidence to **either support or refute involuntary treatment** for individuals with substance use disorders.

- Involuntary care for substance use disorders has **not been shown to decrease substance use or relapse rates**. Instead, there are concerns related **to potential harms**, such as a higher risk of **drug poisoning following treatment discharge due to reduced tolerance.**

- Involuntary treatment for mental health disorders **has led to short-term benefits**, such as short-term benefits like symptom stabilization, and reduced immediate harm; however, **long-term outcomes**, like sustained mental health improvements, risk of suicide, enhanced social integration are **less consistent.**

Conclusion

The Role of the Municipality

- The mental health, addictions, and homelessness crises in Hamilton **are complex and deeply interconnected.**
- Addressing these issues effectively means **moving beyond siloed approaches** that address only a single aspect of the issue.
- The City of Hamilton can play a continued role in this work, this includes:
    - **Supporting the coordination** of mental health and substance use services;
    - **Continuing to invest in mental health and substance use services** provided by the City of Hamilton to ensure comprehensive support from prevention to crisis response;
    - **Advocating for consistent, sustained funding** across the spectrum of services;
    - **Applying the principles of the Housing First approach** to address the interrelated issues of homelessness, mental health, and substance use; and
    - **Adopting short-term and long-term** solutions to housing and homelessness crisis, including **emergency shelters** and **supportive housing.**