



Focus Toronto – Scarborough Rapid Evaluation Report

June 17, 2024

Prepared For:

FOCUS Toronto

1. Acknowledgements

1.1 Land Acknowledgement

FOCUS Toronto acknowledges that we are located on the traditional land of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples and is now home to many diverse First Nations, Inuit, and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands. Respecting these Treaties, we honour the teachings of Indigenous Peoples about the land we each call home, our responsibilities to the land and one another. We are committed to improving our relations and walking in solidarity with Indigenous Peoples. From coast to coast, we acknowledge the ancestral and unceded territory of the Inuit, Métis, and First Nations Peoples.

1.2 Additional Acknowledgements

This report was developed by Stephanie Procyk and James White of Meadow Consulting. The report was made possible by the contributions of the FOCUS Scarborough Rapid Evaluation Project Subcommittee: Lisa Bishop (Catholic Children's Aid Society), Andrew Burston (Ministry of the Solicitor General), Matthew Carrol (City of Toronto), Isaac Coplan (United Way Greater Toronto), Julianne Fernie (Ontario Probation and Parole Office), Gillian Harris-Sopinka (Strides Toronto), Michael Lacey (City of Toronto), Scerena Officer (City of Toronto), Tammie Orifa (Strides Toronto), Philestena McLeod (AGATA Resource Centre), Daniel Reed (United Way Greater Toronto), Joey Reeder (United Way Greater Toronto), Jennifer Shaw (Toronto Police Service), Brian Smith (Toronto Police Service), and Evon Smith (United Way Greater Toronto). This report would also not have been possible without the contributions of the numerous FOCUS Toronto members who participated in interviews, surveys, and a focus group. Their time and insights have made this a stronger report. The authors of this report and the FOCUS Toronto leads thank them for their time.

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3. Executive Summary

Since the beginning of the COVID-19 pandemic, the public has become increasingly aware of the extent of young people experiencing adverse mental health challenges across Canada. Even before the pandemic, there were signals that youth mental well-being was worsening as youth were experiencing increased hospitalizations and receiving increased medication prescriptions for anxiety and depression.¹ In spite of these growing concerns, the needs of youth are often unmet, as three out of four youth experiencing adverse mental health circumstances do not have access to specialized treatment services.²

Furthering Our Communities - Uniting Services (FOCUS) Toronto is one municipal strategy to meet the increasing demand for mental health services for youth facing the imminent risk of a mental health risk. FOCUS Toronto is a partnership between the City of Toronto, United Way Greater Toronto, and the Toronto Police Service. The program works across the city through a model that:

“Brings together the most appropriate community agencies at a weekly situation table to provide a targeted, wraparound approach to the most vulnerable individuals, families and places that are experiencing heightened levels of risk in a specific geographic location”³

In the years 2022 and 2023, there was an increase in the number of referrals for youth between the ages of 12-29 at the Scarborough Situation Table (FOCUS Scarborough). The submission forms for the youth referred to FOCUS Scarborough often included a high number of mental health risks. Based on this evidence, FOCUS Toronto commissioned this rapid evaluation report to help analyze the FOCUS data and to further understand these noted trends in greater depth. This report is based on quantitative data analysis, qualitative research through interviews; an online survey; a focus group, and a literature review to contextualize the research findings.

3.1 Key Findings

The Key Findings that emerged from the study illustrate the range of challenges experienced by youth in Scarborough. However, the benefits of the supports that are offered through FOCUS Scarborough were also noted throughout the various methods of research conducted during the rapid evaluation study.

3.1.1 Key Finding 1: There are signals that mental health and well-being is of growing concern for youth aged 12-29 in Scarborough

In Toronto, the large area of Scarborough appears to be more affected than other areas in the city with recent signals indicating that youth mental well-being may be a growing concern. While recent population-level data is not available for Scarborough youth, those who work with youth in the area note that in recent years they have experienced increases in mental health challenges and a deepening complexity in youth mental health cases. In addition, FOCUS Scarborough data notes that

¹ Canadian Institute for Health Information, 2024.

² CAMH, 2022.

³ City of Toronto, 2024a.

while mental health risk-related situations were growing between 2016 and 2020 for youth in Scarborough, there was a steeper increase in growth between the years of 2020 and 2023.

In Figure 1, we see:

- Mental health risk-related situations for youth in Scarborough increased from a low of 30 in 2016 to a peak of 187 situations in 2023.
- Mental health risk-related situations in Scarborough grew by 83% between 2016 and 2020 and grew 240% between 2020 and 2023.

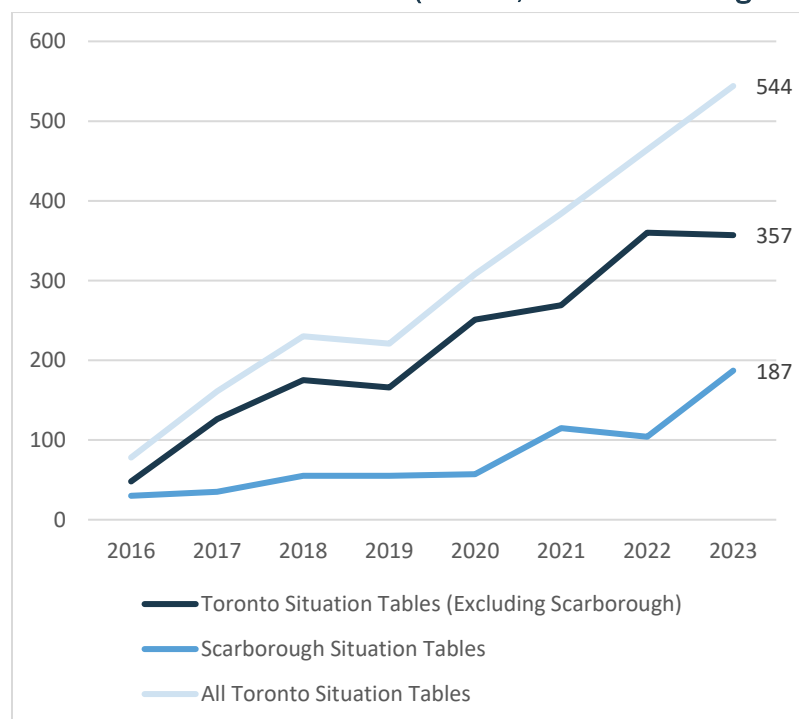
While Situation Tables across Toronto reported growth in mental health risks across the city, reported growth for situations in Scarborough was proportionately higher in recent years than for the rest of Toronto. In Figure 1, we see that:

- Mental health risk-related situations for youth aged 12-29 have been growing in the city of Toronto, excluding Scarborough, from 2016 to 2023.
- Mental health risk-related situations involving youth aged 12-29 in Toronto, excluding Scarborough, grew from a low of 48 in 2016 to a peak of 357 situations in 2023.

In comparing data in these geographies (Scarborough versus the rest of Toronto), we find:

- Mental health risk-related situations referred to FOCUS Scarborough comprised only 18% of the total FOCUS Toronto mental health risk-related situations in 2020. However, this number increased to 34% of the entire city's total in 2023.

Figure 1: Increase in number of youth Mental Health risk-related situations for 12-29 year-olds, FOCUS Toronto Situation Tables (Toronto, Toronto excluding Scarborough, Scarborough), 2016-2023



Source: FOCUS Toronto

The increase in Mental health risk-related situations over time, the increased proportion of youth mental health risk-related situations coming from Scarborough compared to the entire city and the aforementioned feedback from those who work with youth are some of the indicators illustrating that youth mental health and well-being needs attention in Scarborough.

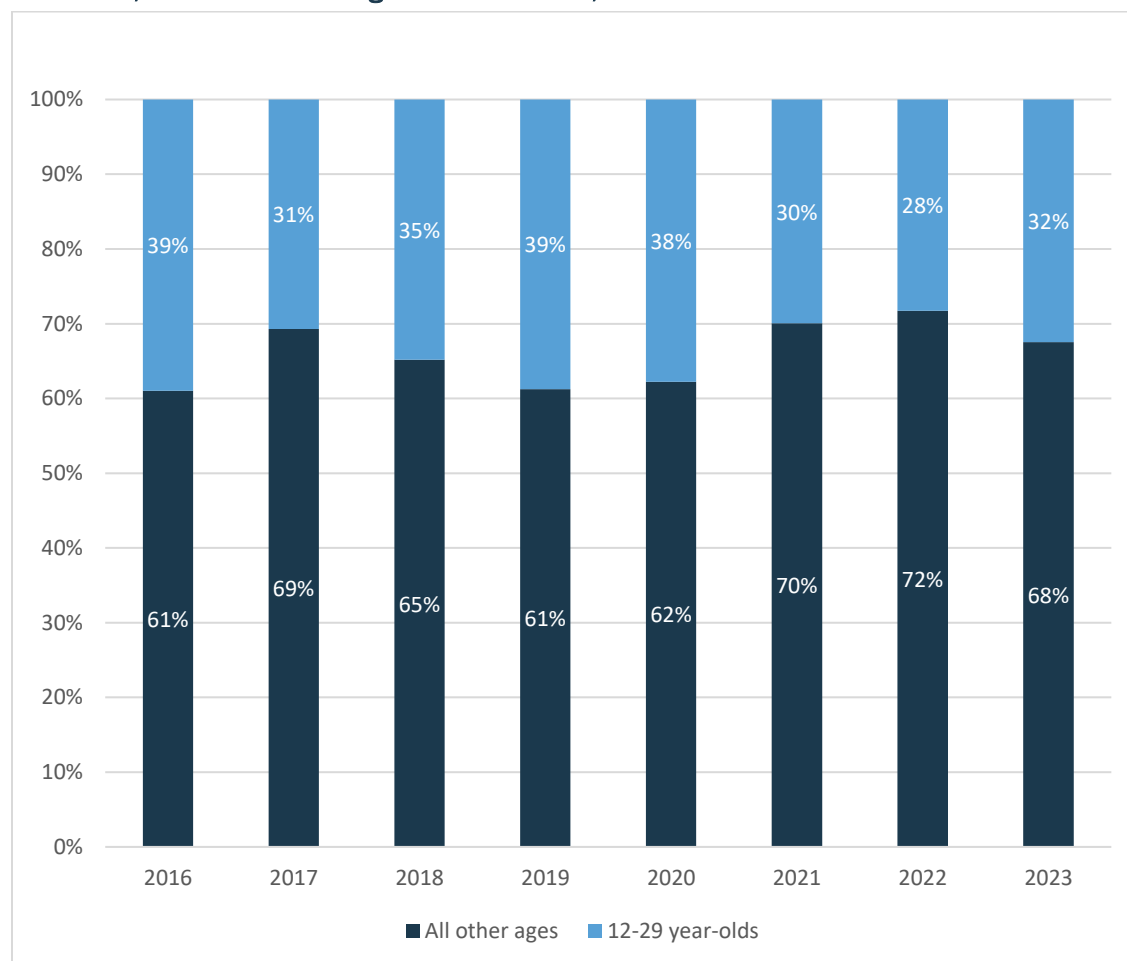
Pre-pandemic, Mental Health risk-related situations for youth grew much faster in areas outside of Scarborough than inside Scarborough. The growth of youth mental health situations occurred in Scarborough more sharply during the pandemic years compared to the rest of the city. However, it is important to note that FOCUS Toronto scaled up its operations during the post-pandemic years. This is evidenced by the number of new situations, which increased 423% between 2016 and 2020 and increased an additional 42% between 2020 and 2023. During this time, a number of new situation tables were added to FOCUS Toronto. This will be explored in greater depth in section 6.3.

For this reason, an additional piece of analysis was done, to better understand the proportionate increase of all Mental Health risk-related situations by age groups in Scarborough (Figure 2). The growth of youth mental health risk related situations at FOCUS Scarborough has grown relatively proportionately alongside mental health risk related situations for the other age groups served at the Situation Table. However:

- Between 2022 and 2023, the proportion of all mental health risk-related situations in Scarborough that were youth ages 12-29 grew from 28% to 32%

Thus, the conclusion that can be drawn from the data analysis and qualitative research is that there are signals that youth aged 12-29 may be experiencing greater challenges with mental health and well-being that need attention.

Figure 2: Increase in Mental Health risk-related situations for 12-29 year-olds by proportion of total situations, FOCUS Scarborough Situation Table, 2016-2023⁴



Source: FOCUS Toronto

3.1.2 Key Finding 2: Mental health issues are increasingly complex and are being exacerbated by multiple external stressors

Research conducted for this report through an online survey, interviews, focus group and through data analysis of correlated risks and study flags indicates that several systemic issues and social determinants of health are impacting youth referred to FOCUS Scarborough with mental health risks. Social determinants of health are:

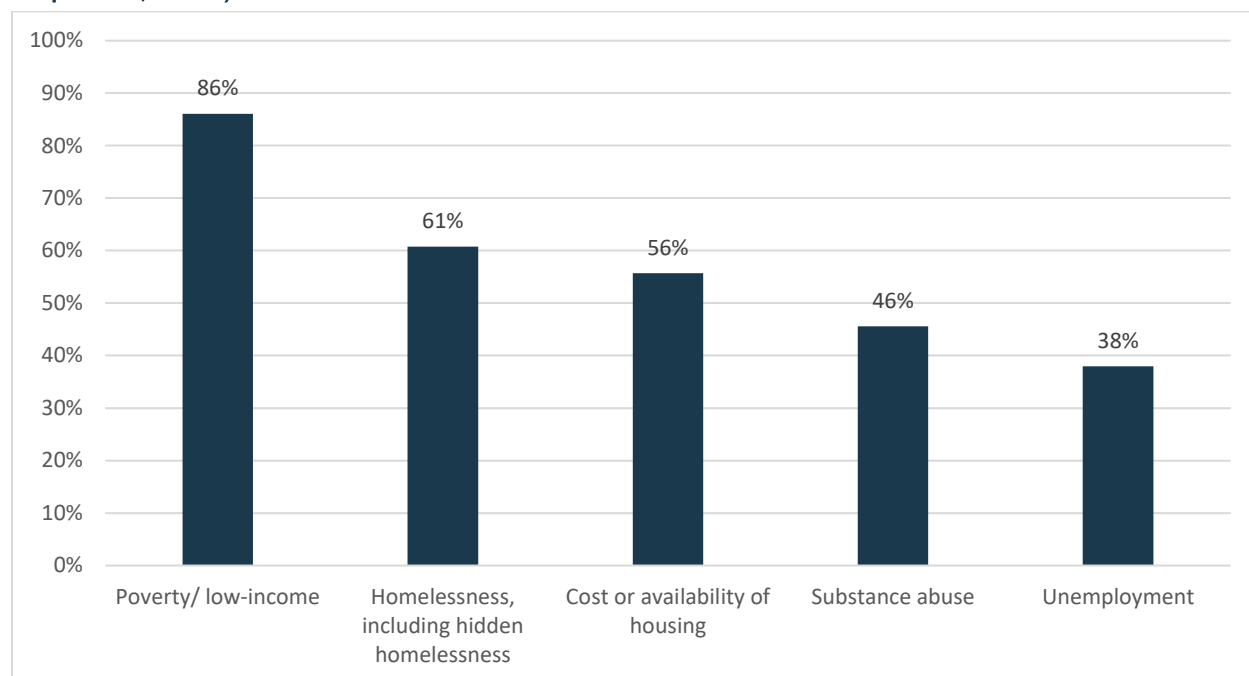
“the social, economic and political conditions in which people are born, grow, live, work and age. A combination of factors such as income, education, work, housing and discrimination interact and work together to shape people’s opportunities to be healthy. The unequal

⁴ Note: those aged 100+ have been excluded as there was only one situation in which someone was 100 years old or over during this time period and could be identifiable in the data if reported. However, FOCUS Toronto does collect this data for program purposes.

distribution of these determinants of health makes some people more vulnerable to disease and injury, and are shaped by the distribution of money, power, and resources.”⁵

In Scarborough, loss of housing/unsafe living conditions, homelessness, unmet basic needs, and unemployment emerge as significant risk factors that are often correlated with adverse mental health risks. The qualitative findings explore these correlated systemic issues in more depth, as shown in Figure 3.

Figure 3: Factors contributing to increased mental health risks in Scarborough, 2023 (online survey responses, 2024)



Note: while the online survey used the term substance abuse, which is used in the figure above, substance use disorder or substance use issues are the less stigmatizing alternatives used in the field of mental health and addictions.

3.1.3 Key Finding 3: Wraparound services like FOCUS Toronto are critical to meeting needs for mental health services

Although this report highlights multiple challenges, it also highlights an important good news story: part of the rise in mental health situations being brought to the FOCUS Toronto Situation Tables can be attributed to the increased capacity and the effectiveness of services like FOCUS Toronto.

Since it began in 2013, FOCUS Toronto has built its capacity to serve people experiencing “acutely elevated risks” (AER), as evidenced in Figure 4. The increase in mental health-related risks is linked to the increase in the capacity of Situation Tables to serve individuals and families experiencing often complex circumstances.

⁵ Toronto Public Health, 2023.

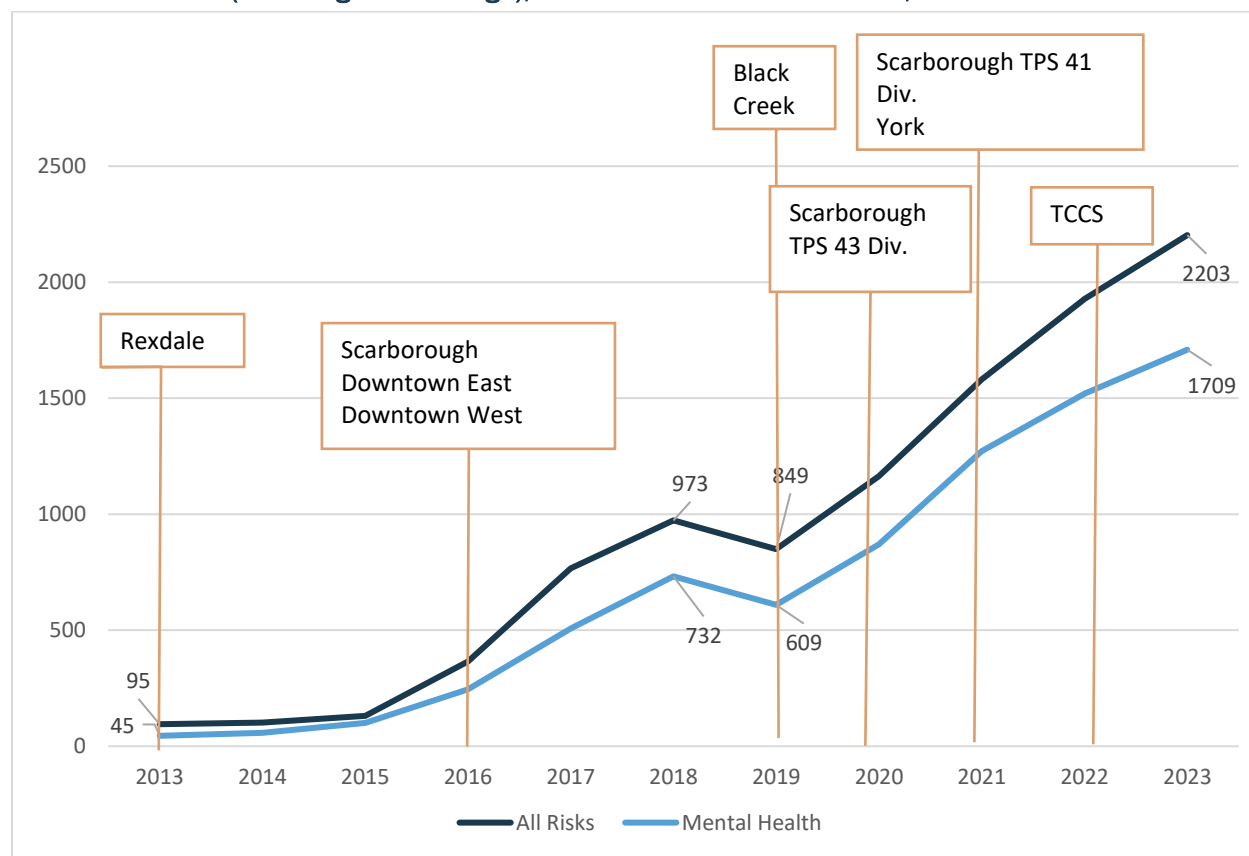
3.1.4 What are Risk Categories?

Risk categories are characteristics of a situation that contribute to it being identified as an Acutely Elevated Risk (AER). In total, there are 28 risk categories identified, which can be further broken down to 105 risk factors. For each situation, risk categories are first identified by the originating agency and updated based on the narrative descriptions outlined as part of the Situation Table process. For each Situation, multiple risk categories can be identified. Of the 28 risk categories, Mental Health has been consistently among the highest seen across FOCUS situations Tables.

FOCUS Toronto risk categories are:

- Mental Health
- Antisocial/Negative Behaviour
- Basic Needs
- Criminal Involvement
- Crime Victimization
- Drugs
- Gambling
- Missing School
- Gangs
- Unknown
- Elderly Abuse
- Sexual Violence
- Supervision
- Negative Peers
- Threat to Public Health and Safety
- Missing
- Poverty
- Social Environment
- Parenting
- Self-Harm
- Physical Violence
- Emotional Violence
- Suicide
- Alcohol
- Cognitive Functioning
- Unemployment
- Housing
- Physical Health

Figure 4: Increase in All Risks versus Mental Health risk-related situations for all ages, Toronto situations Tables (including Scarborough), with Situation Table additions, 2013-2023



Source: FOCUS Toronto

As FOCUS Toronto has grown as an essentially city-wide resource, it has also expanded its operations in Scarborough specifically. FOCUS Scarborough expanded its coverage by expanding the FOCUS catchment area to include two new Toronto Police Service (TPS) divisions and other agencies in those areas, in 2020-2021. With the addition of TPS 43 Division in the Fall of 2020 and TPS 41 Division in the Spring of 2021 to the weekly Situation Table, there has been dedicated support from TPS to be able to identify more people in need and refer them expediently to FOCUS Scarborough supports. Furthermore, with the introduction of the Toronto Community Crisis Service (TCCS) pilot project in the Scarborough area starting in 2021, there is a more seamless pathway to divert mental health calls away from the criminal justice system and towards crisis workers who specialize in mental health counselling and de-escalation. With TCCS as an active member at FOCUS Scarborough, there is an increased practice in utilizing FOCUS Toronto as a pathway to connect community members in imminent crises to short-term mental health support programs in order to reduce future emergencies.

3.2 Recommendations

The issue of mental health is increasingly impacting the lives of individuals, families and communities in Toronto. There are signals that this is becoming especially apparent in the Scarborough area of the city for youth between the ages of 12-29-years-old. To address this issue, a

cross-sectoral and collaborative approach that expands on the public-community partnership model offered by FOCUS Toronto members will be needed. Healthy individuals and healthy families mean people can reach personal and shared feelings of fulfilment, inclusion, and happiness. Stakeholders interviewed emphasized the range of assets that the area of Scarborough has to offer, which includes its unique and diverse population. To enable these communities to flourish, increased investments and supports will be needed. Thus, while FOCUS Toronto and its member agency partners provide immense support in helping reduce Acutely Elevated Risk and intervene in mental health crises, there are longer-term system building efforts that must occur concurrently in order to deliver longer-term sustainability.

Envisioning a way forward to build on Scarborough's foundational strengths of supporting community wellbeing, this report makes the following recommendations:

- **Recommendation 1: Improve funding for critically needed mental health services**
- **Recommendation 2: Expand culturally responsive services in Scarborough**
- **Recommendation 3: Address the underlying systemic issues and social determinants of health that further exacerbate mental health issues, starting with housing**
- **Recommendation 4: Fund more upstream ongoing and long-term wraparound services**
- **Recommendation 5: Improve processes within FOCUS Toronto**
- **Recommendation 6: Deepen research on mental health issues and their impacts**

In sum, there are growing signals that youth ages 12-29 are struggling with mental health challenges and concerns. There are many issues exacerbating mental health for both youth and their families. First and foremost amongst these issues are poverty and the lack of affordable housing. However, efforts such as FOCUS Toronto are helping support these youth and their families to reduce the impacts they may be experiencing in their lives.

Working together cross-collaboratively has enabled the agencies participating in FOCUS Scarborough to rise to the occasion and provide needed services to youth experiencing adverse mental health challenges. However, it is clear that FOCUS partners cannot eradicate these challenges alone, and that more supports and services will be needed to ensure that the short-term impacts on youth mental health do not turn into longer-term traumas for that will become more difficult to overcome as they age. It will be important for stakeholders to work collaboratively to support these youth and their families. Supporting FOCUS Toronto and its affiliated agencies to further their critical work is an important first step to doing so.

4. Introduction

Since the beginning of the COVID-19 pandemic, the public has become increasingly aware of the extent of young people experiencing adverse mental health challenges across Canada. Even before the pandemic, there were signals that youth mental well-being was worsening as youth were experiencing increased hospitalizations and receiving increased medication prescriptions for anxiety and depression.⁶ In spite of these growing concerns, the needs of youth are often unmet, as three out of four youth experiencing adverse mental health circumstances do not have access to specialized treatment services.⁷

Furthering Our Communities - Uniting Services (FOCUS) Toronto is one municipal strategy to meet the increasing demand for mental health services for youth facing the imminent risk of a mental health risk. FOCUS Toronto is a partnership between the City of Toronto, United Way Greater Toronto, and the Toronto Police Service. The program works across the city through a model that:

“Brings together the most appropriate community agencies at a weekly situation table to provide a targeted, wraparound approach to the most vulnerable individuals, families and places that are experiencing heightened levels of risk in a specific geographic location”⁸

In the years 2022 and 2023, there was an increase in the number of referrals for youth between the ages of 12-29 at the Scarborough Situation Table (FOCUS Scarborough). The submission forms for the youth referred to FOCUS Scarborough often included a high number of mental health risks. Based on this evidence, FOCUS Toronto commissioned this rapid evaluation report to help analyze the FOCUS data and to further understand these noted trends in greater depth. This report is based on quantitative data analysis, qualitative research through interviews; an online survey; a focus group, and a literature review to contextualize the research findings.

4.1 This Report

The purpose of this rapid evaluation is:

- To help FOCUS Toronto members understand the reason for a spike in submissions in the 12-29 age group to the situation tables related to mental health risks in Scarborough.
- To demonstrate the potential strength of FOCUS Toronto data and determine potential improvements in data collection for the future.
- To cultivate data points that FOCUS Toronto partners can leverage to inform advocacy, policy, operations, and funding applications.

This report will integrate content from three streams of research:

1. **Quantitative data analysis** of FOCUS data, which enabled analysis of data collected for situations between 2016-2023. This data was scoped to Scarborough situations for the 12-29 age group, with data on other areas of Toronto and other age groups being used to provide context and comparison. Some quantitative data was provided through other

⁶ Canadian Institute for Health Information, 2024.

⁷ CAMH, 2022.

⁸ City of Toronto, 2024a.

organizations such as Strides Toronto (a prominent youth mental health agency based in Scarborough and FOCUS Scarborough partner) and the Youth Wellness Hubs Ontario data from Scarborough.

2. **Qualitative research** that was conducted through individual interviews with 9 stakeholders, a survey of 79 FOCUS Scarborough Situation Table members, and a focus group with 7 FOCUS Scarborough Situation Table members. These findings built upon one another, with the interview findings further unpacked in the survey. Furthermore, the focus group unpacked the quantitative and survey findings during their discussion.
3. **A literature review** of existing research that summarized key synthesized quantitative and qualitative data to contextualize the findings.

The report will provide a high-level overview of Scarborough, followed by findings and recommendations for change.

Text box: What is a mental health related risk?

FOCUS Toronto assigns risk categories to situations of Acutely Elevated Risk (AER). AER refers to any situation impinging on individuals, families, groups, or places where circumstances indicate an extremely high probability of the occurrence of harms or victimization. Left unattended such situations may require a variety of emergency responses including police, fire, EMTs, Mental Health, Children's Aid, and others. Mental health related risks are those AER situations where an individual needs support and has been diagnosed with a mental health problem; or is experiencing deep sorrow; or is living with someone with a mental health problem; or is not following treatment; or has themselves reported having a problem; or is suspected of having a mental health problem; or has witnessed a traumatic event. This risk category incorporates two different but related definitions. The first is the definition of mental health as mental wellbeing and the second is mental health as mental illness, such as a diagnosed mental illness like generalized anxiety disorder.⁹ In either case, the person would be experiencing an acute elevated risk related to mental health that may be impacting them adversely in order to be brought to the Situation Table.

5. Context: Understanding Scarborough

The following section will provide context about Scarborough at a high level to help provide a better understanding of the findings.

Scarborough is one of the largest geographical areas in Toronto and has attracted many individuals and families throughout the years, due to its diverse communities, comparative affordability, and green spaces. It is situated in the East End of the city on the shore of Lake Ontario and borders the City of Pickering and the Rouge National Urban Park to the East, York Region to the North and is demarcated to the West by the City of Toronto's Victoria Park Avenue. Before the City of Toronto was amalgamated in the late 1990s, Scarborough was its own municipality.

⁹ See: Canadian Mental Health Association, 2024.

5.1 Scarborough is diverse

As of 2021, Scarborough has a higher proportion of racialized peoples¹⁰ than the city of Toronto, with 76.6% of the population being racialized, compared to 55.7% of the population in Toronto.¹¹ In Scarborough, the top five racialized groups are South Asian (27.7%), Chinese (17.3%), Black (11.3%), Filipino (8.8%), and West Asian (1.8%).¹²

Scarborough is also home to a higher proportion of immigrants and refugees than Toronto's city-wide average. Scarborough's population is 55.5% immigrants compared to 46.6% for the City of Toronto. Non-official languages are spoken at home in 34% of the households in Scarborough compared to 26% of the households in the City of Toronto overall.¹³

Those who identify as Indigenous comprise 0.8% of the population in Scarborough, though numbers of Indigenous peoples in Toronto are widely acknowledged to be undercounted by Statistics Canada.¹⁴ Some neighbourhoods, such as Kingston Galloway/ Orton Park (KGO), have been found to have higher rates of Indigenous peoples than the area's overall average – with the 2016 census identifying the population of KGO as 1.7% Indigenous.¹⁵

5.2 Scarborough is less geographically dense, but has higher density in households than Toronto

The population of Scarborough was 623,610 people in 2021. Scarborough is less dense than Toronto, with 33.1 people per hectare compared to Toronto's 43.4 as a whole. However, household size is also larger in Scarborough with three- and four-person households accounting for 18.7% and 16.7% compared to 15.4% and 12.7% respectively for Toronto. More than 14.6% of Scarborough households are five-person households compared to 8.3% for Toronto, indicating larger families either in terms of more children or more inter-generational co-habiting.¹⁶

In some ways Scarborough is comparable to Toronto: such as in the general proportion of age groups or the proportion of people in poverty, which is close to 13% for both areas. However, there is lower labour force participation in Scarborough than in Toronto, with 41.9% of individuals in Scarborough not in the labour force compared to 36.1% not in the labour force in Toronto. There are 50 dependents per 100 working-aged people in Scarborough compared to Toronto with 44 dependents for every 100 working-aged people.¹⁷

¹⁰ In this report, the term 'racialized peoples' is used to describe the groups that Statistics Canada describes as "visible minority."

¹¹ City of Toronto, 2021.

¹² Ibid.

¹³ Ibid.

¹⁴ Abebe et al., 2019.

¹⁵ Ibid.

¹⁶ City of Toronto, 2021.

¹⁷ Ibid.

5.3 Scarborough has a large share of Toronto's low-income neighbourhoods

Through research conducted by United Way Greater Toronto and the Neighbourhood Change Research Partnership, it was found that over the course of decades, Scarborough had shifted from being a primarily middle-income area of the city to an area that has become one of increasingly low- and very-low-income (See Map 1).¹⁸ This means that young people have less access to opportunities and are experiencing more disadvantages than in previous years.¹⁹ The City of Toronto has designated 9 neighbourhoods in Scarborough as Neighbourhood Improvement Areas (NIAs) in an effort to attract investments and resources into these areas for more equitable outcomes. Stakeholders interviewed in this report also noted that an additional factor that can make living in low-income neighbourhoods in Scarborough particularly challenging is that the area has a long history of being under-resourced and underserved by public investment.

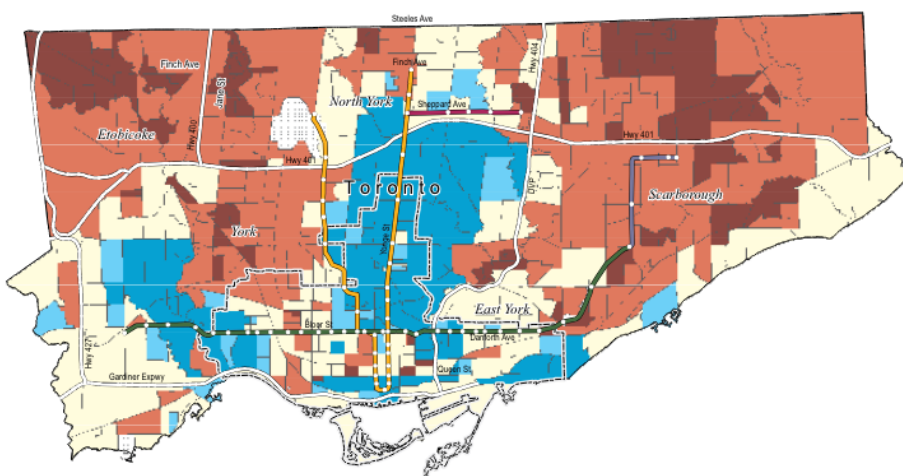
¹⁸ Dinca-Panaitescu et al, 2019.

¹⁹ Ibid.

Map 1: Average individual income, City of Toronto, 2015

Census Tract Average Individual Income Compared to the Toronto CMA Average of \$50,479

- Very High: 140% to 831% (94 CTs, 17% of the City)
- High: 120% to 140% (32 CTs, 6% of the City)
- Middle: 80% to 120% (165 CTs, 29% of the City)
- Low: 60% to 80% (190 CTs, 33% of the City)
- Very Low: 37% to 60% (88 CTs, 15% of the City)
- Not Available
- Subway / LRT (2016)



Source: Statistics Canada, Census Profile Series, 2016.

Notes: (1) Census tract and municipal boundaries are for 2016. (2) Average Individual Income is for persons 15 and over and includes income from all sources, before-tax.

Source: Dinca-Panaitescu, et al, 2019

This context of Scarborough is important to understand when unpacking the findings from the quantitative, qualitative, and literature review analyses because this context will contribute to a greater understanding of the opportunities and challenges facing youth in the area.

6. Key Findings

This next section will outline the key findings of this rapid evaluation report and contextualize them in the bigger picture of social, economic, and political trends impacting 12–29-year-olds and their families who are experiencing mental health challenges in Scarborough.

6.1 Key Finding 1: There are signals that mental health and well-being is of growing concern for youth aged 12-29 in Scarborough

As noted in the introduction, adverse mental health experiences for youth have become an increasing concern across Canada. Rates of mood and anxiety disorders have been growing in Canada for ten years and the COVID-19 pandemic accelerated these trends.²⁰ Youth Wellness Hub data also indicated that mental health was a primary reason for youth visits to their site in Scarborough. In 2023, the most visits to the Youth Wellness Hub site in Scarborough were by youth with mental health needs – the highest number of visits from 15-17 year-olds (46%) followed by 18-21 year-olds (24%).²¹

The pandemic proved to be a very challenging time for youth and families in Toronto. Communities in Scarborough were disproportionately affected by infections and hospitalizations from COVID-19 relative to those in other parts of Toronto. For example, the Malvern neighbourhood had almost 13,000 cases per 100,000 of Covid-19 and the Scarborough Village neighbourhood had almost 16,000 cases per 100,000. These numbers are significantly higher in comparison to higher income neighbourhoods like the Beaches (about 6,200 cases per 100,000) and Rosedale (slightly under 6,000 cases per 100,000).²² Ontario schools were closed for longer than any other provincial or territorial schools in the country, which led to social isolation, learning loss, and heightened parental stress.²³ Regarding social isolation, for example, 55% of people in Toronto stated that they had many or very many close family and friends in 2018, and only 44% said the same in 2022.²⁴ Furthermore, almost 60% of students responding to a 2021 survey during the pandemic felt depressed about the future due to Covid-19.²⁵

In addition, low-income individuals, recent immigrants, gender diverse people, racialized peoples (“visible minorities”), and Indigenous Peoples reported worse mental health outcomes like symptoms related to moderate or severe generalized anxiety during the pandemic.²⁶ Given the higher representation of low-income neighbourhoods, recent immigrants, racialized peoples, and youth in Scarborough, these trends would have had a disproportionate impact on families and communities in this area of the city.

6.1.1 Mental health risk-related situations in Scarborough and Toronto (excluding Scarborough) for ages 12-29

These trends are reflected in the data collected by FOCUS Toronto for the Scarborough Situation Table for youth aged 12-29-years-old. In Figure 5, we see:

²⁰ Stephenson, E., 2023.

²¹ Youth Wellness Hubs Ontario, 2024.

²² City of Toronto, 2022

²³ Gallagher-Mackay, K., et al, 2021.

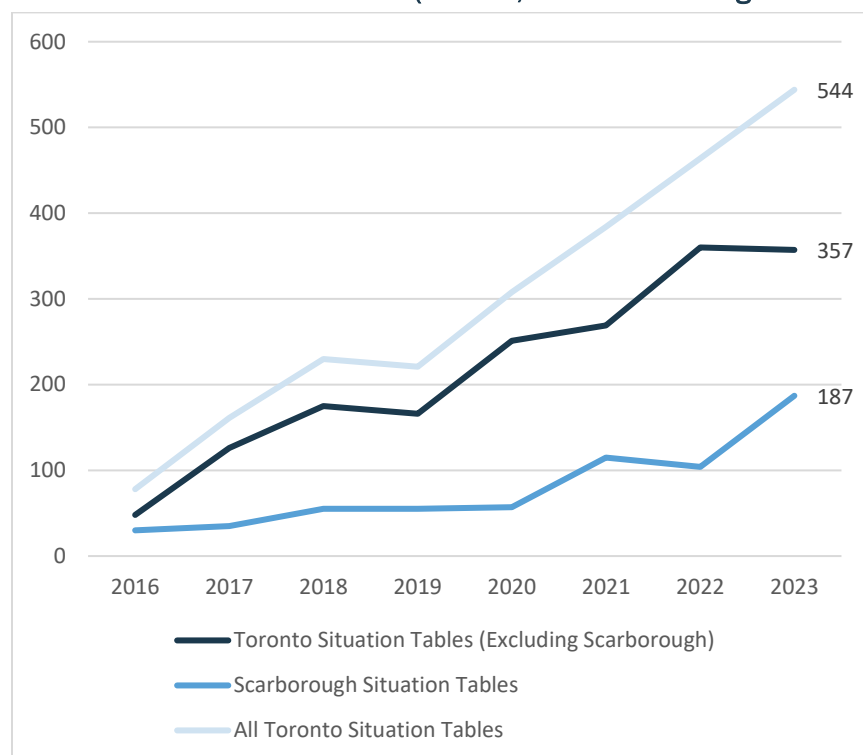
²⁴ Toronto Foundation, 2023.

²⁵ Boak, A., Elton-Marshall, T., & Hamilton, H., 2021.

²⁶ Statistics Canada, 2021.

- Mental health risk-related situations involving youth aged 12-29 at FOCUS Scarborough increased between 2016 and 2020 and, experienced even steeper growth between 2020 and 2023.
- Unique mental health risk-related situations involving youth aged 12-29 at FOCUS Scarborough increased from a low of 30 in 2016 to a peak of 187 situations in 2023.
- Unique mental health risk-related situations involving youth aged 12-29 at FOCUS Scarborough increased by 83% between 2016 and 2020 and then by another 240% between 2020 and 2023.

Figure 5: Increase in number of youth Mental Health risk-related situations for 12-29 year-olds, FOCUS Toronto Situation Tables (Toronto, Toronto excluding Scarborough, Scarborough), 2016-2023



Source: FOCUS Toronto

Youth mental health risks grew across all Situation Tables in Toronto. However, the growth for situations in Scarborough was higher in recent years than for the rest of Toronto. In Figure 5, we see that

- Mental health risk-related situations involving youth aged 12-29 have been growing in the city of Toronto, excluding Scarborough, from 2016 to 2023.
- Mental health risk-related situations involving youth aged 12-29 grew from a low of 48 in 2016 to a peak of 357 situations in 2023.

In comparing data from different geographies in this figure, we find:

- Youth mental health risk-related situations at FOCUS Scarborough comprised only 18% of the total youth mental health risk-related Situation at FOCUS Toronto in 2020. However, this number increased to comprise 34% of the total in 2023.

The increase in Mental health risk-related situations over time, the increased proportion of youth mental health risk-related situations coming from Scarborough compared to the entire city and the aforementioned feedback from those who work with youth are some of the indicators illustrating that youth mental health and well-being needs attention in Scarborough.

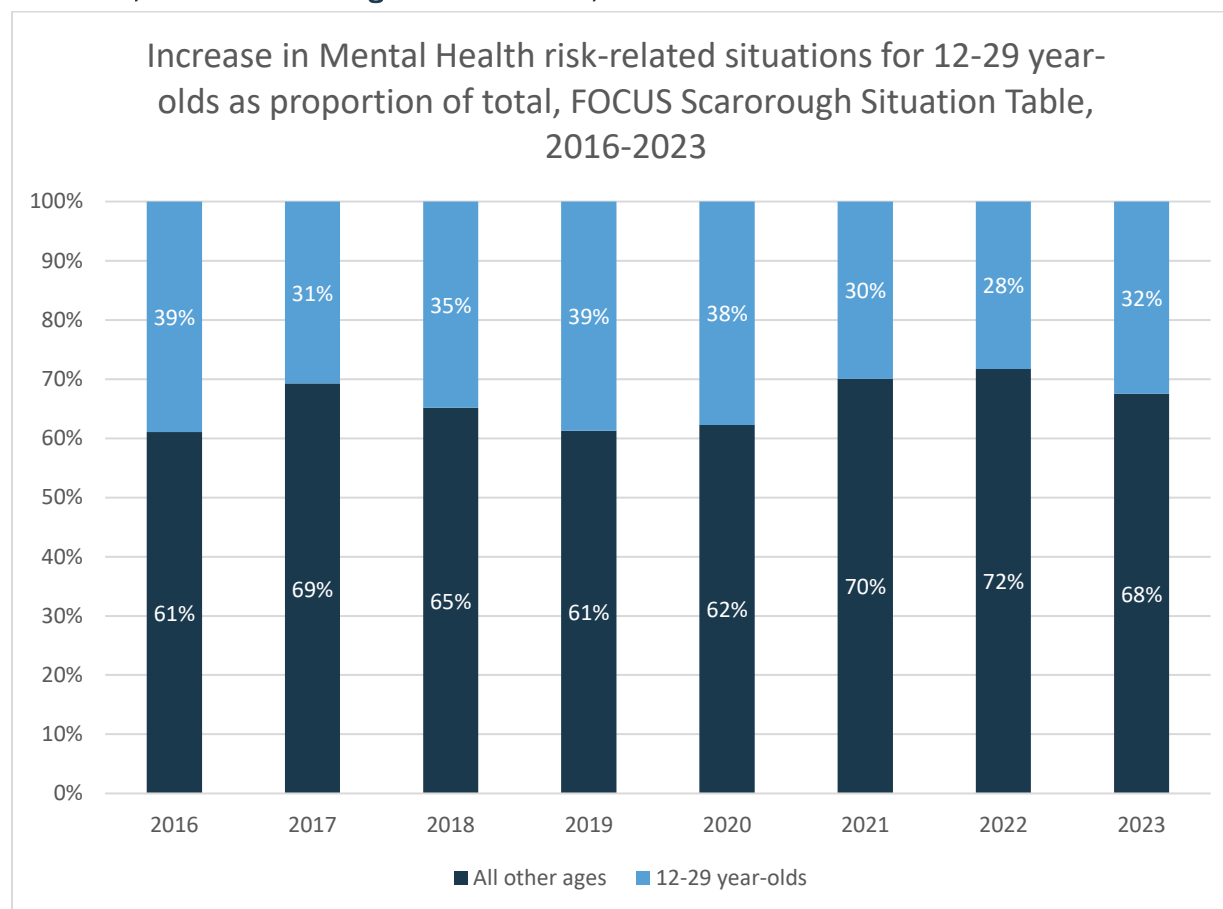
Pre-pandemic, Mental Health risk-related situations for youth grew much faster in areas outside of Scarborough than inside Scarborough. The growth of youth mental health situations occurred in Scarborough more sharply during the pandemic years compared to the rest of the city. However, it is important to note that FOCUS Toronto scaled up its operations during the post-pandemic years. This is evidenced by the number of new situations, which increased 423% between 2016 and 2020 and increased an additional 42% between 2020 and 2023. During this time, a number of new situation tables were added to FOCUS Toronto. This will be explored in greater depth in section 6.3.

For this reason, an additional piece of analysis was done, to better understand the proportionate increase of all Mental Health risk-related situations by age groups in Scarborough (Figure 6). The growth of youth mental health risk related situations at FOCUS Scarborough has grown relatively proportionately alongside mental health risk related situations for the other age groups served at the Situation Table. However:

- Between 2022 and 2023, the proportion of all mental health risk-related situations in Scarborough that were youth ages 12-29 grew from 28% to 32%

Thus, the conclusion that can be drawn from the data analysis and qualitative research is that there are signals that youth mental aged 12-29 may be experiencing greater challenges with mental health and well-being that need attention.

Figure 6: Increase in Mental Health risk-related situations for 12-29 year-olds by proportion of all situations, FOCUS Scarborough Situation Table, 2016-2023²⁷



Source: FOCUS Toronto

FOCUS Toronto data also breaks down the mental health risk category into further subcategories. This provides greater insight into the factors at play within each AER Situation that is presented to a FOCUS Toronto Situation Table. These subcategories, which are fully defined in Appendix A, are:²⁸

- Diagnosed mental health problem
- Grief
- Mental health problem in the home
- Not following prescribed treatment
- Self-reported mental health problem
- Suspected mental health problem
- Witnessed traumatic event

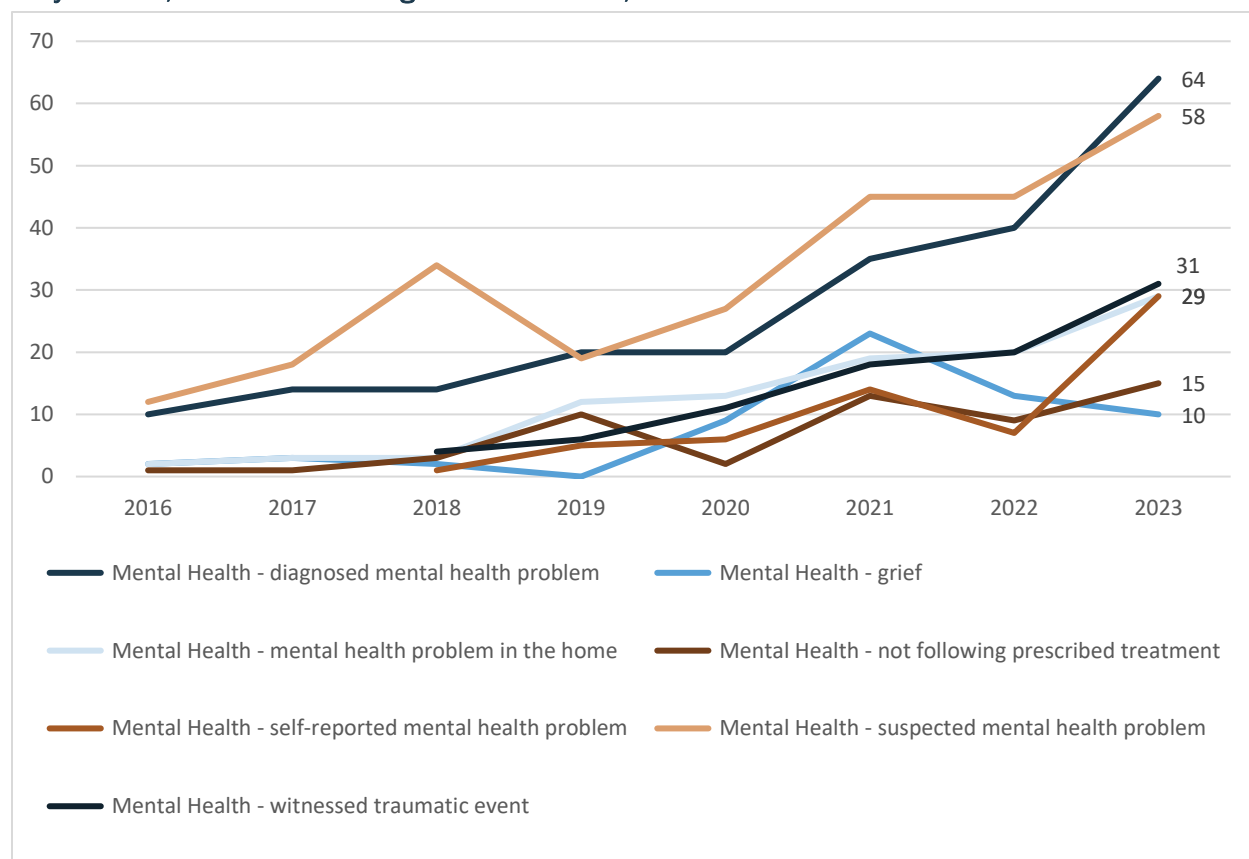
²⁷ Note: those aged 100+ have been excluded as there was only one situation in which someone was 100 years old or over during this time period and could be identifiable in the data if reported. However, FOCUS Toronto does collect this data for program purposes.

²⁸ Note that risk factors and definitions are provided by the provincial Risk Tracking Database operated by the Minister of the Solicitor General.

Figure 7 illustrates significant growth across multiple mental health risk subcategories involving youth at FOCUS Scarborough, with the greatest prevalence among the 'diagnosed mental health problem' and 'suspected mental health problem' subcategories.

- FOCUS Toronto data highlights the following changes between 2020 and 2023: There is nearly double the number of situations involving youth aged 12-29 in Scarborough with diagnosed mental health problems as youth with suspected mental health problems. Youth with diagnosed mental health problems increased to 220% (from 20 to 64), while youth situations with suspected mental health problems increased by 115% (from 27 to 58).
- Youth situations involving self-reported mental health problems nearly quadrupled with an increase of 383% (from 6 to 29 situations).
- Nearly twice the number of youth situations that involved witnessing a traumatic event increased by 182% (from 11 to 31 situations). Youth mental health situations that involved mental health problems in the home also increased by 182%(from 11 to 31 situations).

Figure 7: Increase in number of youth Mental Health risk-related situations by subcategories for 12-29 year-olds, FOCUS Scarborough Situation Table, 2016-2023

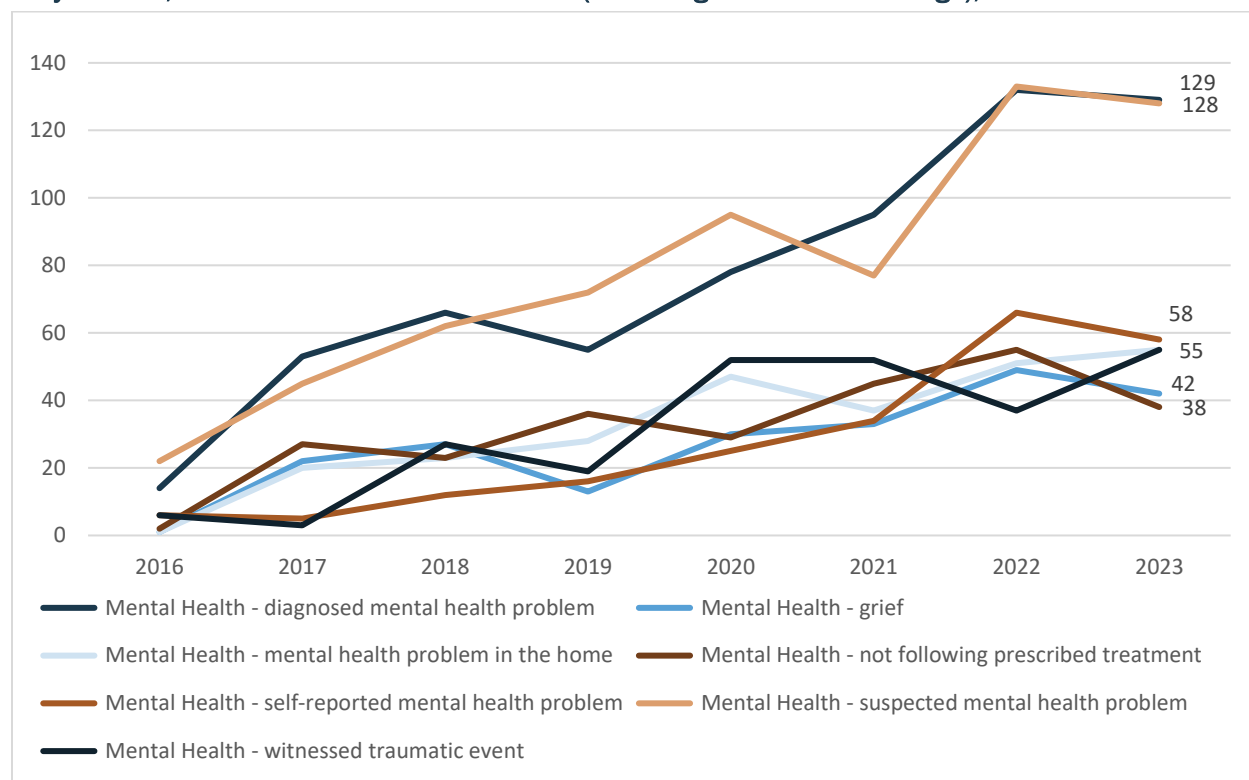


Source: FOCUS Toronto

Figure 8 demonstrates the growth by mental health subcategories for youth in Toronto (excluding FOCUS Scarborough):

- The 'diagnosed mental health problem' and 'suspected mental health problem' mental health risk subcategories are also the most prevalent subcategories for youth aged 12-29 in the rest of Toronto.

Figure 8: Increase in number of youth Mental Health risk-related situations by subcategories for 12-29 year-olds, FOCUS Toronto Situation Tables (Excluding FOCUS Scarborough), 2016-2023



Source: FOCUS Toronto

Table 1 illustrates a comparison of youth mental health Situation growth rates between Toronto (including Scarborough) and Scarborough. When assessing the growth in these risk factor subcategories between 2020 and 2023, it is notable that:

- Diagnosed mental health risk factors increased more than twice as fast in Scarborough compared to the city average. (220% versus 97%) For comparison, the same mental health risk factors increased by 85% at the FOCUS Downtown East Situation Table during the same period.
- Suspected youth mental health risk factors increased at double the rate at FOCUS Scarborough compared to the rest of FOCUS Toronto (115% versus 52%) Though, the FOCUS Downtown West Situation Table also experienced an increased growth rate in this category for youth that exceeded FOCUS Scarborough (156%).
- Roughly five times as many youth witnessed a traumatic event at Scarborough compared to the rest of the city (182% versus 37%). This risk factor has also been quite elevated in Downtown East (433%), Downtown West (200%) and York (200%) – though the York comparison differs somewhat due to the situation tables beginning in 2021.

Table 1: Growth in youth Mental Health risk-related situations by risk factor subcategories for 12-29 year-olds, by City-Wide and Individual Situation Table geographies, 2020-2023

Increase between 2020-2023	Diagnosed mental health problem	Grief	Mental health problem in the home	Not following prescribed treatment	Self-reported mental health problem	Suspected mental health problem	Witnessed traumatic event
Toronto Tables	97%	33%	40%	71%	181%	52%	37%
Scarborough	220%	11%	123%	650%	383%	115%	182%
Downtown East	85%	-71%	88%	117%	525%	17%	433%
Downtown West	20%	200%	200%	-25%	75%	156%	200%
Black Creek	0%	160%	-55%	-43%	88%	-7%	-47%
Rexdale	50%	-17%	50%	800%	-67%	45%	-31%
York (Starting from 2021)	91%	100%	175%	100%	167%	-29%	200%

Source: FOCUS Toronto

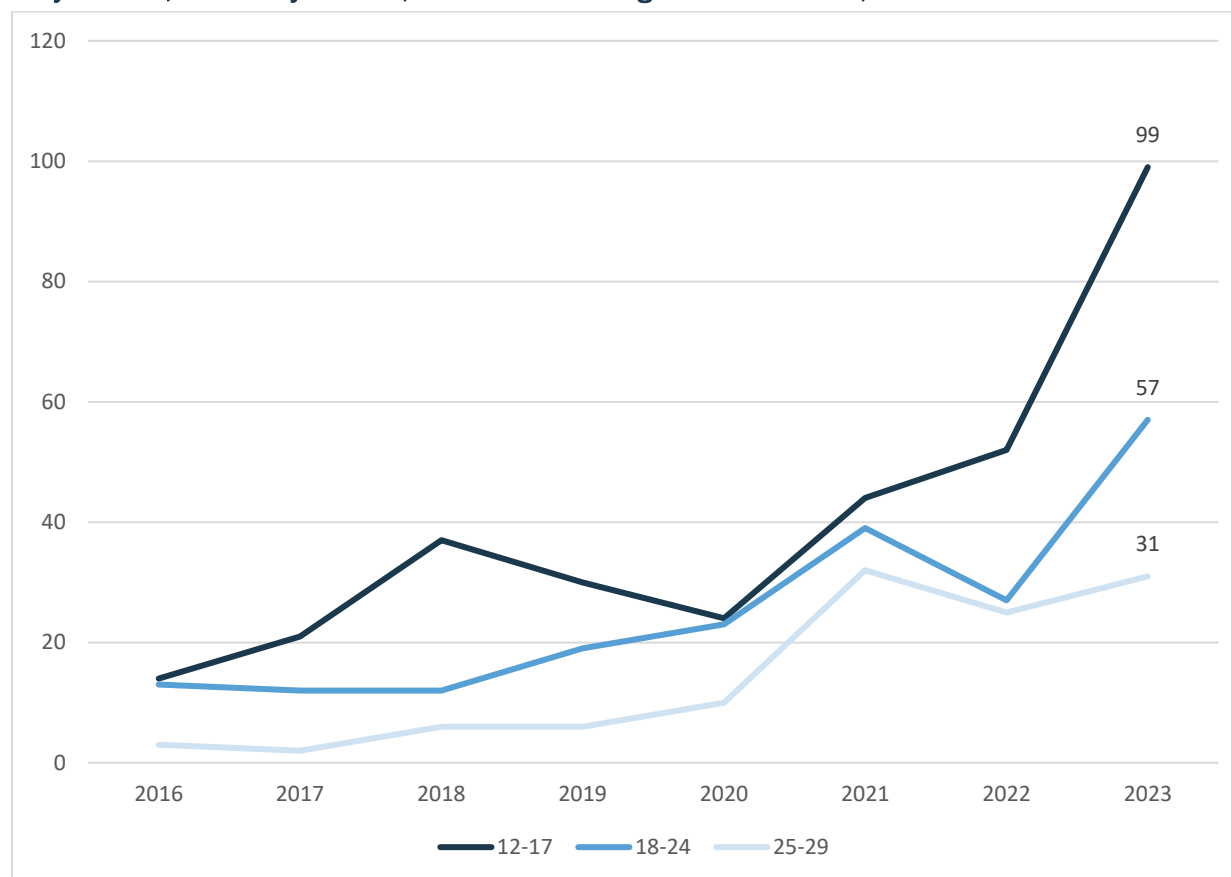
6.1.2 Mental health risk-related situations at FOCUS Scarborough are growing fastest for the 12-17 and 18-24 age groups

Three distinct age groups were explored in the analysis: 12-17, 18-24 and 25-29. Rolled-up together, these three age groups comprise what FOCUS Toronto members identify as the youth age group. While situations involving all distinct three age groups experienced an increase in mental health-related risks between 2020 and 2023, the rate of growth was much higher for both the 12-17 and 18-24 age groups at FOCUS Scarborough.

Figure 9 depicts:

- An increase of 313% for situations involving 12–17-year-olds experiencing mental health risks at FOCUS Scarborough (from 24 situations in 2020 to 99 situations in 2023)
- An increase of 148% of situations involving 18–24-year-olds experiencing mental health risks at FOCUS Scarborough (from 23 situations in 2020 to 57 situations in 2023)
- An increase of 210% of situations involving 25–29-year-olds experiencing mental health risks at FOCUS Scarborough (from 10 situations in 2020 to 31 situations in 2023)

Figure 9: Increase in number of youth Mental Health risk-related situations for 12-17 year-olds, 18-24 year-olds, & 25-29 year-olds, FOCUS Scarborough Situation Table, 2016-2023



Source: FOCUS Toronto

6.1.3 Mental Health risk-related situations are becoming more common for female youth, reversing the pre-pandemic trend²⁹

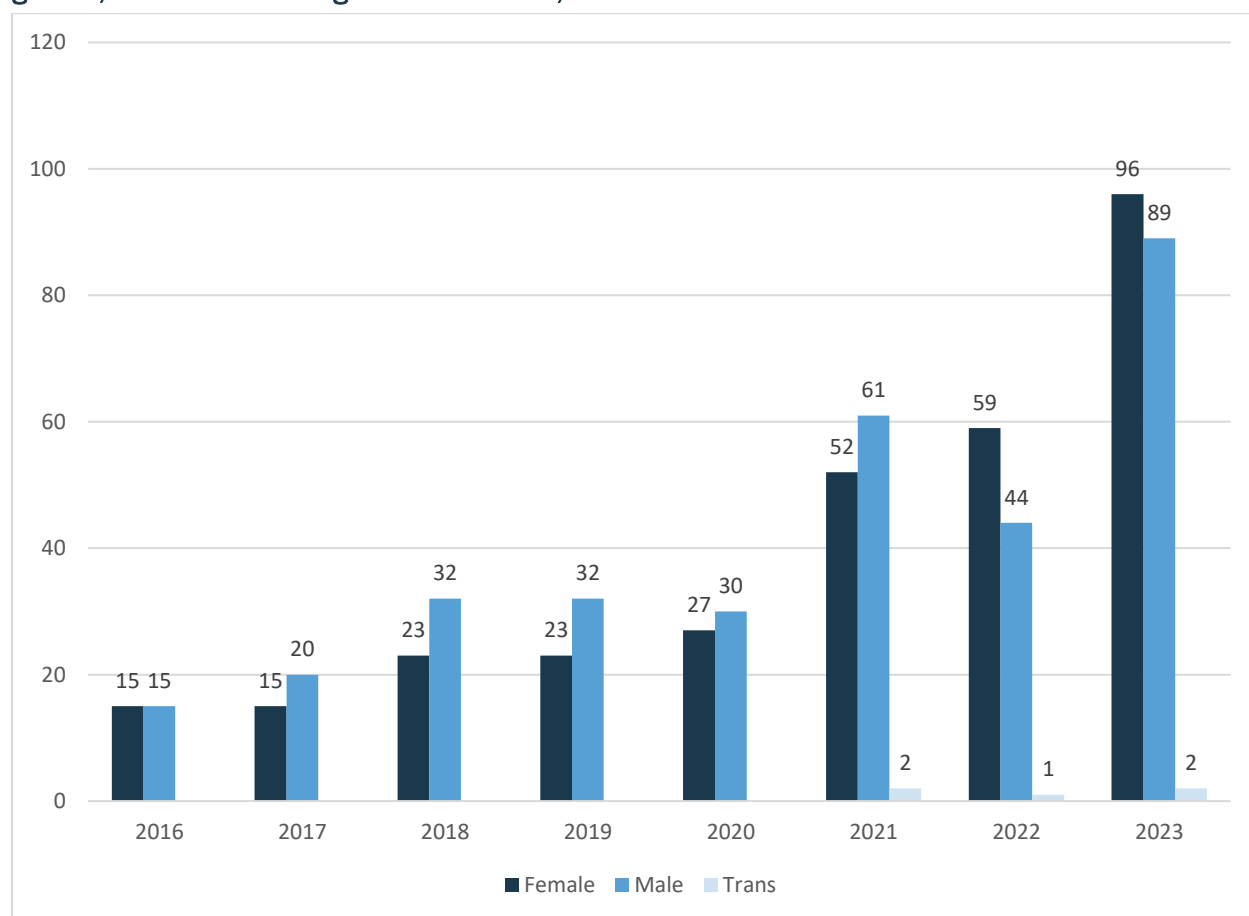
The data analysis of FOCUS Toronto situations also revealed that mental health risk-related situations were becoming more prevalent among female youth than for other genders since 2022. This reverses the past trend of situations involving male youth being more prevalent between the years of 2017 and 2022 (Figure 10). This more recently identified trend is consistent with evidence found by the Canadian Institute for Health Information, which found that hospitalization rates for mental illness was 58% for female aged 5-24 compared to 42% for males. Furthermore, hospitalization rates were twice as high for female youth aged 15-17 compared to male youth.³⁰

²⁹ In this report, the terms 'male,' 'female,' and 'trans' are used as opposed to terms such as male-identifying, female-identifying and gender diverse, in order to reflect FOCUS Toronto's current practices. In addition, because gender is assessed by FOCUS Toronto participants and not by self-identification, this report does not use the term 'identifying' as this may not be how individuals would identify themselves. Trans is also used as a term to capture gender diverse individuals that may include non-binary individuals, trans individuals and other gender diverse individuals. Again, this is assessed by FOCUS Toronto participants and not self-identification. FOCUS Toronto is currently reassessing how gender is defined, including who is included under the label trans.

³⁰ Canadian Institute for Health Information, 2024.

FOCUS Toronto began to collect data on situations involving trans individuals in 2021.³¹ FOCUS Toronto has defined Trans as a slightly larger population including intersex, those identifying as transsexual, transgender (binary and/or nonbinary), agender, genderfluid and/or gender nonconforming. The quantitative data shows very few 'trans' youth involved in mental health situations since the gender definition categories were expanded. However, this is highly likely to be a result of undercounting the number of young people who identify as trans as well as individuals who identify with other gender identities (such as 2-Spirit, non-binary, genderqueer, gender non-confirming, agender, etc.).

Figure 10: Increase in number of youth Mental Health risk-related situations for 12-29 year-olds by gender, FOCUS Scarborough Situation Table, 2016-2023

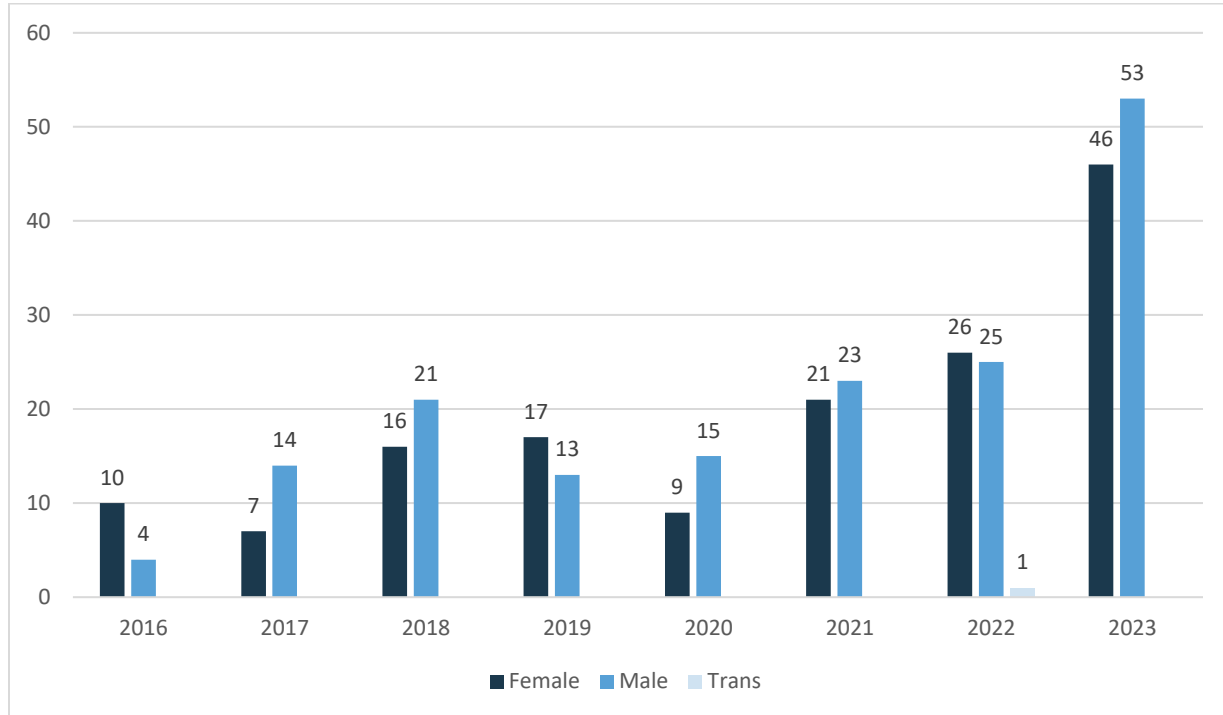


Source: FOCUS Toronto

Figure 11 correlates how gender and age may interact in regard to youth experiencing mental health risk-related factors. Since 2020, FOCUS Scarborough situations involving male youth aged 12-17 have been slightly more prevalent than situations involving female youth. This gendered gap increased especially in 2023.

³¹ See footnote above for more information.

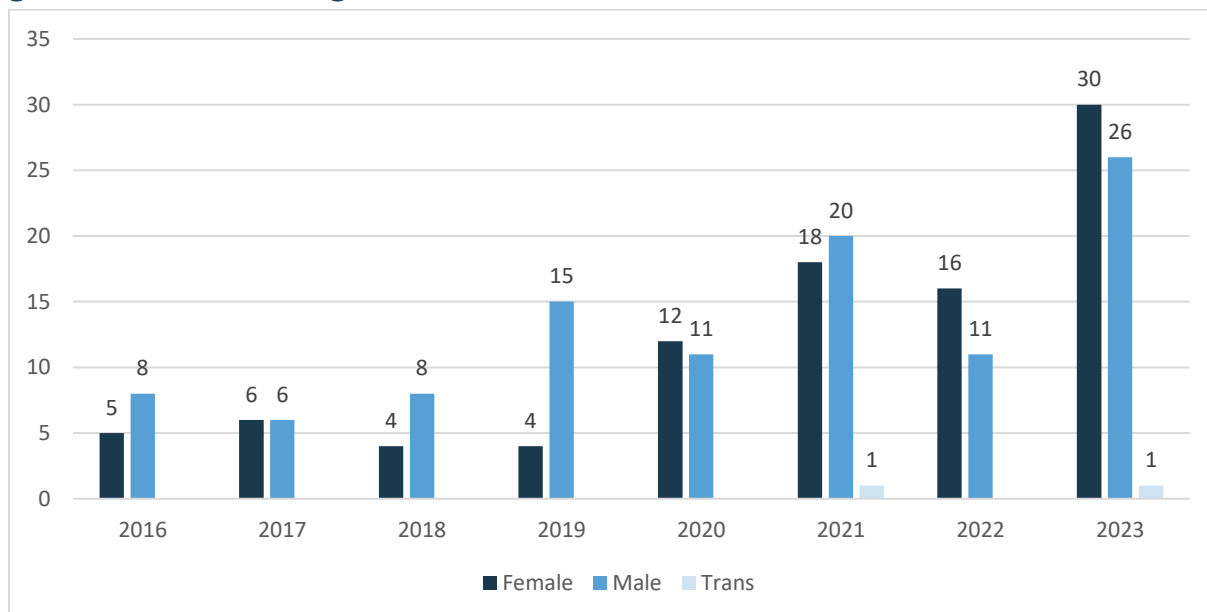
Figure 11: Increase in number of youth Mental Health risk-related situations for 12-17 year-olds by gender, FOCUS Scarborough Situation Table, 2016-2023



Source: FOCUS Toronto

Since 2016, there were more mental health risk-related situations at FOCUS Scarborough for female youth than male youth for the age group of 18-24 (Figure 12).

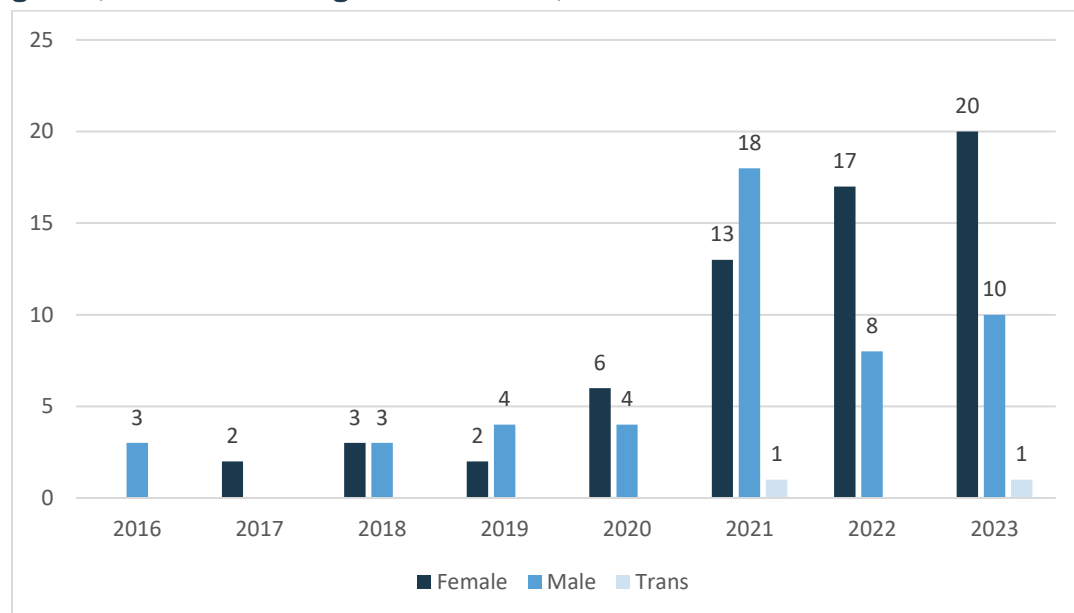
Figure 12: Increase in number of youth Mental Health risk-related situations for 18-24 year-olds by gender, FOCUS Scarborough Situation Table, 2016-2023



Source: FOCUS Toronto

Finally, since 2016, there were twice as many more mental health risk-related situations at FOCUS Scarborough for female youth than male youth for the age group of 25-29 (Figure 13).

Figure 13: Increase in number of youth Mental Health risk-related situations for 25-29 year-olds by gender, FOCUS Scarborough Situation Table, 2016-2023



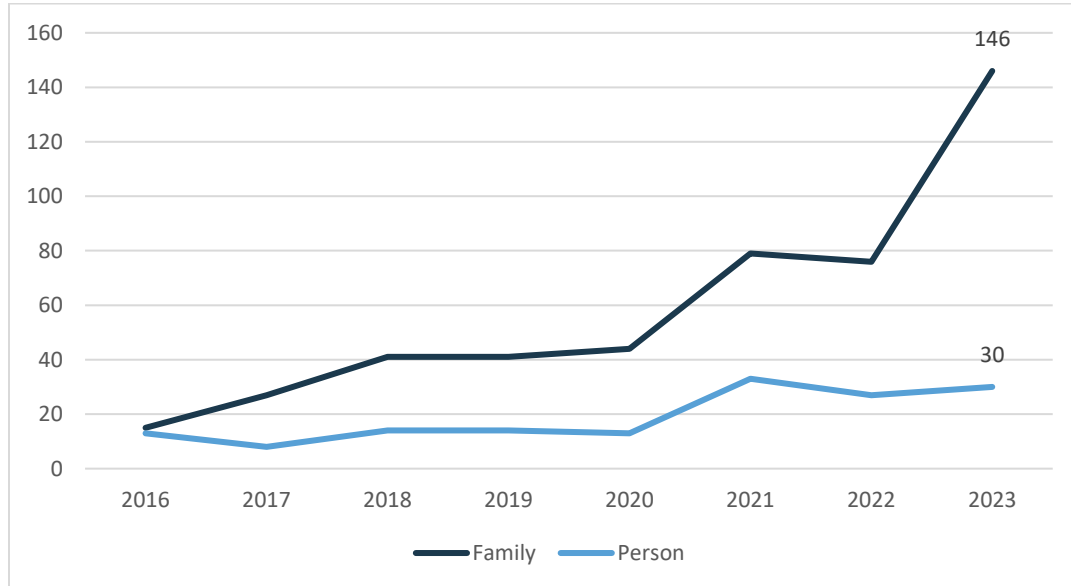
Source: FOCUS Toronto

6.1.4 Youth mental health risk-related situations are more often correlated with family interventions

FOCUS Toronto assesses whether each situation submission involves a family or an individual. As indicated from the data, there has been a clear growth in family interventions compared to interventions for individual youth experiencing mental health-related-risks in recent years. Figure 14 demonstrates the increase in youth mental health risk-related FOCUS Scarborough situations for the following instances:

- Family-related situations involving youth experiencing mental health-related risks increased by 232% from 2020 to 2023 (from 44 to 146 situations)
- Individual-related situations involving youth experiencing mental health-related risks increased by 131% from 2020 to 2023 (from 13 to 30 situations)

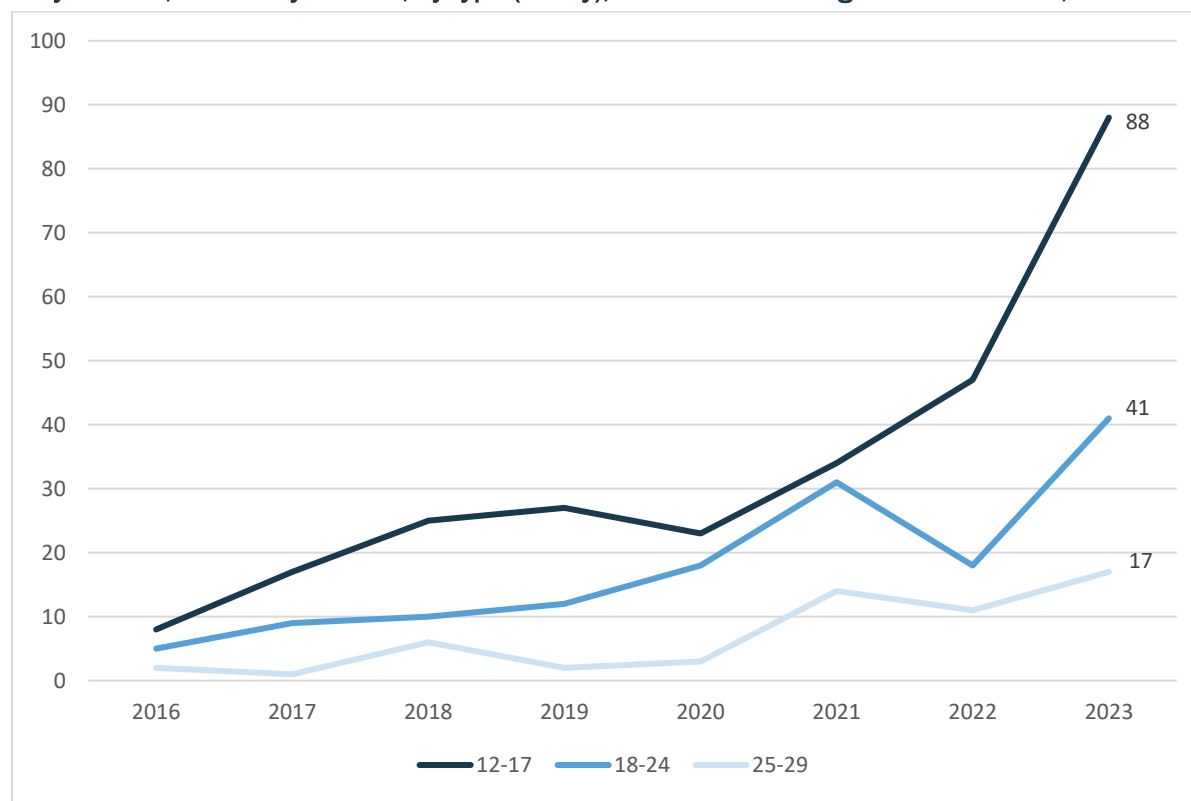
Figure 14: Increase in number of youth Mental Health risk-related situations for 12-29 year-olds by type (family versus person), FOCUS Scarborough Situation Table, 2016-2023



Source: FOCUS Toronto

When further segmented by individual age group, mental health risk-related situations appear to be most associated with the 12-17 year-old age group. This statistic is unsurprising due to 12-17 year-olds being the most likely age group to still be living in a family unit.

Figure 15: Increase in number of youth Mental Health risk-related situations for 12-17 year-olds, 18-24 year-olds, & 25-29 year-olds, by type (family), FOCUS Scarborough Situation Table, 2016-2023



Source: FOCUS Toronto

Figure 16 captures the challenges for caregivers living with youth in family situations referred to FOCUS Scarborough that involved mental health risk-related situations. This set of data collects family interventions for age groups who tend to be of caregiving age and were not captured in previous data analysis (the age groups of 30-39, 40-49, and 50-59).³² Furthermore, Figure 16 indicates that after 2020, there was growth in mental health risk-related situations for the combined age groups of 30-59. Thus, further suggesting that parents in families are experiencing elevated risk of adverse mental health challenges.

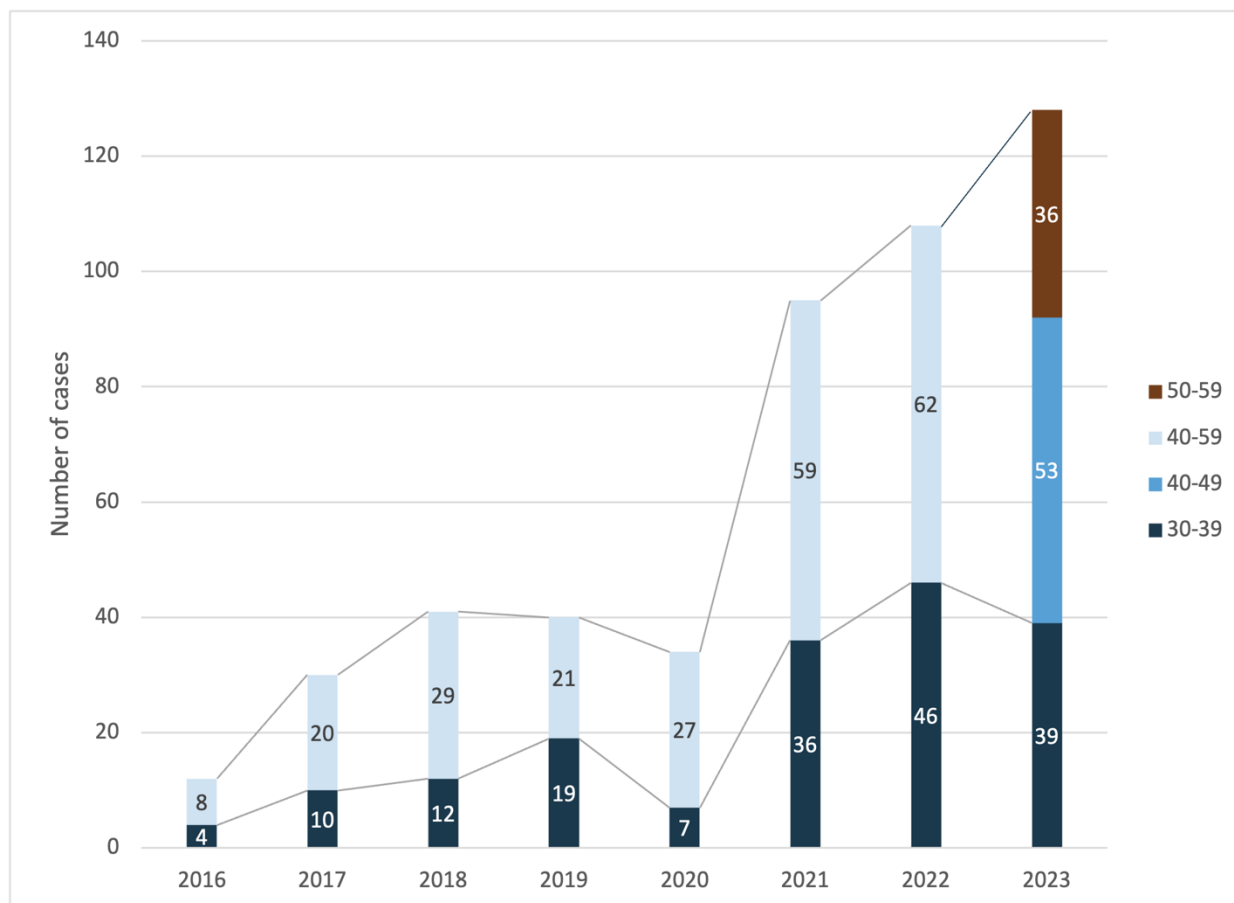
The researchers of this report conducted additional data analysis to further expand on this correlation between mental health risks and caregivers of youth in family situations referred to FOCUS Scarborough. They discovered that:

- Those who were designated the responsibility of being the primary caregivers of their families experienced a higher rate of mental health related risks since 2016, as the number of situations with primary caregivers of situations involving youth and mental health risks increased from 52 to 328 (more than a six-fold increase over an 8-year period).
- FOCUS Toronto collects data on parenting risk factors, as well. The parenting risk category includes three parenting risk sub-categories: 'parent-child conflict,' 'person not providing proper parenting,' and 'person not receiving proper parenting.' The vast majority of parenting

³² Note that in 2023, FOCUS Toronto began disaggregating the age group 40-59 into two separate age groups of 40-49 and 50-59.

risks correlated with mental health risks occurred most frequently with the parenting risk sub-category of 'parent-child conflict.' This increase has materialized acutely since 2020. This was true for both male and female individuals who were part of situations that contained both mental health-related risk factors and parenting-related risk factors.

Figure 16: Increase in number of Mental Health risk-related situations for 30-39 year-olds, 40-50 year-olds, 40-49 year-olds, & 50-59 year-olds by family type, FOCUS Scarborough Situation Tables, 2016-2023



Source: FOCUS Toronto

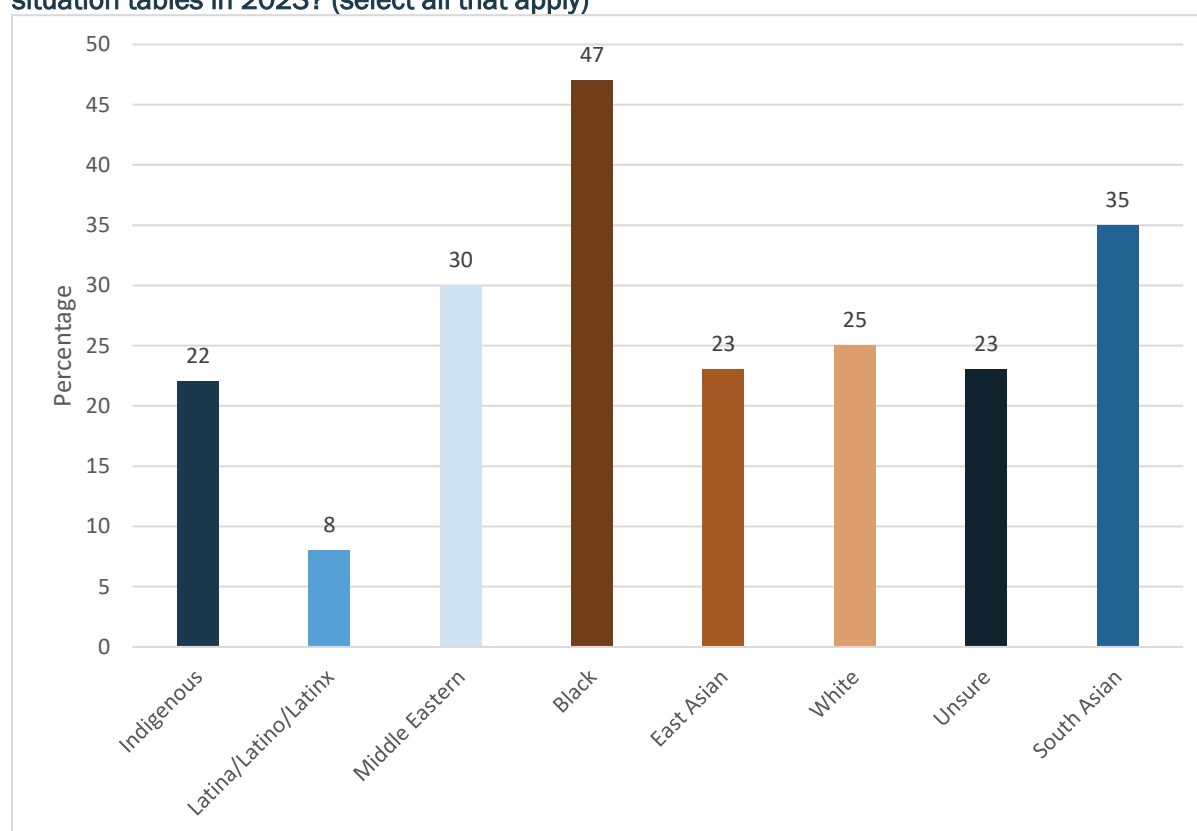
6.1.5 Mental Health risk-related situations in Scarborough seem to impact people who are racialized and Indigenous Peoples to a larger extent, according to qualitative research

FOCUS Toronto does not collect the demographic data of individuals based on race, ethnicity, culture or Indigenous identity. The reasons for this are associated with the population that FOCUS Toronto serves and the process by which it serves them. FOCUS serves individuals who are experiencing acutely elevated risk, which means that they are most often in circumstances of high degrees of vulnerability. FOCUS Toronto members requesting demographic information from vulnerable individuals in crisis situations could be perceived as insensitive, with reluctance for some individuals in sharing this information. Further, responses may be interpreted incorrectly or inconsistently between different partners. For example, FOCUS members in the Public Service, such as the Toronto Police Service (TPS), have strict legal requirements as per the Ontario Anti-Racism Act on how

demographic data is gathered and used. With this in mind, qualitative feedback through interviews prompted the inclusion of a survey question that asked FOCUS Scarborough Situation Table members to identify the ethnocultural backgrounds of the people who they believe have been most impacted by an increase in mental health risks when referred to the FOCUS Scarborough Situation Table. Respondents could select more than one response. Figure 17 indicates the top survey responses:

- The majority of the 79 respondents indicated that individuals from Black communities (47) were the most impacted by mental health risks in Scarborough.
- Additional communities perceived as most impacted by mental health risks in Scarborough included South Asian communities (35) and Middle Eastern communities (30).

Figure 17: Survey responses to the question, “In your experience, people from which background have been most impacted by an increase in mental health risks identified at the FOCUS Scarborough situation tables in 2023? (select all that apply)”



Source: FOCUS Toronto

These findings are likely a result of the demographic characteristics of Scarborough’s overall population. As noted above, the majority of the population in Scarborough is racialized, meaning that, compared to Toronto, there is a higher likelihood that racialized communities in Scarborough will experience the impacts of Scarborough-specific trends. In addition, the qualitative research indicates that FOCUS Toronto tends to serve clientele who are much more likely to be low-income.

Relative to White communities, racialized communities experience disproportionately higher rates of low-income which is at least partially related to unequal employment and earnings disadvantages.³³

However, it is of note that stakeholders so prevalently highlighted the Black and Indigenous communities, given that the population of people who identify as Black is only 11.3% of Scarborough's population, and those who identify as Indigenous is very low.³⁴ These findings suggest that further research would be beneficial to better interpret these responses and unpack the barriers and opportunities facing communities from a wide range of ethno-cultural demographic backgrounds in Scarborough.

6.1.6 Mental Health Related Risks appear to be impacting youth across Scarborough

In addition to background, survey respondents were also asked which neighbourhoods they thought were most impacted by increasing mental health risks. The most prevalent answers to this question were:

- Unsure (21)
- Kingston Galloway-Orton Park (KGO)/ West Hill (16)
- Malvern (13)
- All neighbourhoods (7)
- Scarborough Village (7)
- Kennedy Park (5)
- Low-income (5)
- Agincourt (4)
- Eglinton East (4)

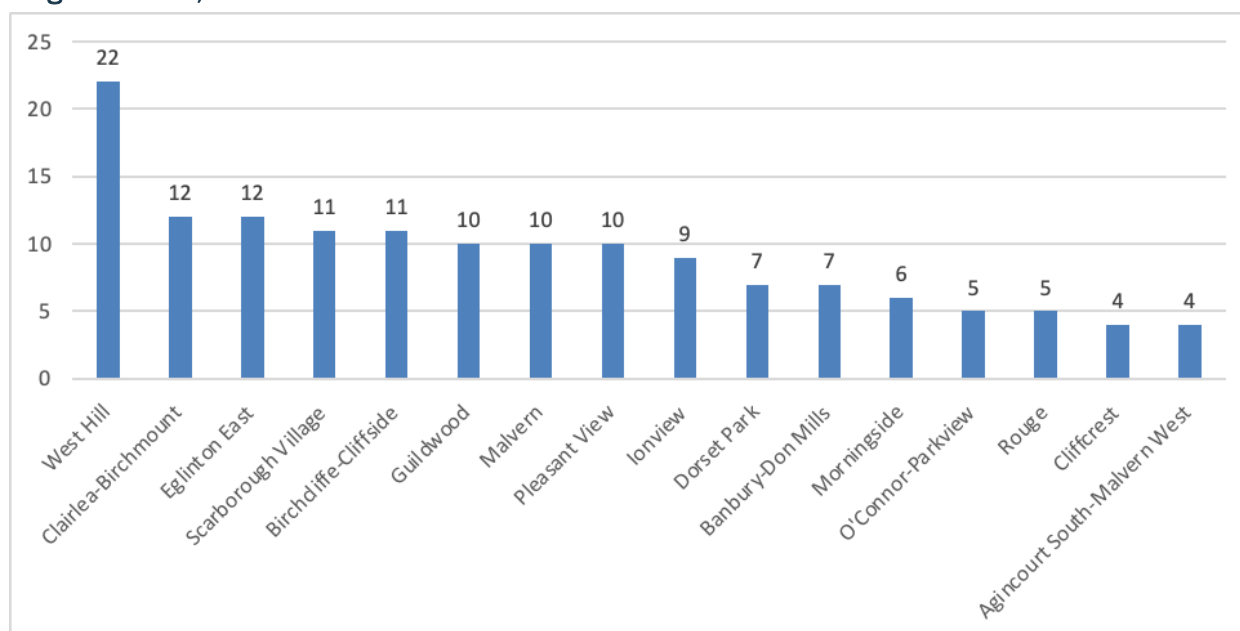
Of the neighbourhoods identified, West Hill (which includes KGO), Scarborough Village, Kennedy Park, and Eglinton East are City of Toronto-designated Neighbourhood Improvement Areas (NIAs).

The data analysis also enabled an assessment of the individual neighbourhoods in Scarborough. Figure 18 shows the mental health risk-related situations for the 12-29 age group in Scarborough by neighbourhood. One can see that West Hill has the highest number, validating stakeholder input. In addition, Clairlea-Birchmount, Eglinton East, Scarborough Village, and Birchcliffe-Cliffside are in the top 5 neighbourhoods.

³³ Banting & Thompson, 2021; Block, Galabuzi, & Tranjan, 2021; Chen & Hou, 2019; in Schimmele, C. et al, 2023.

³⁴ City of Toronto, 2021.

Figure 18: Youth mental health risk-related situations for 12-29 year-olds, by Scarborough neighbourhood, 2023



Source: FOCUS Toronto

6.2 Key Finding 2: Mental health issues are increasingly complex and being exacerbated by multiple stressors

One of the key themes that emerged throughout the qualitative research, including interviews, survey and focus groups, was that mental health issues are often compounded by complexity and are often correlated with multiple stressors that are difficult to disentangle from specific mental health concerns.

6.2.1 Mental health risks for youth are most often correlated with risks of antisocial/negative behaviour, physical violence, and cognitive functioning disabilities

FOCUS Toronto situations are labeled with a range of risks. The quantitative data available from FOCUS Scarborough submissions involving youth ages 12-29 was analyzed for the top 5 risk categories most often correlated with mental health. Figure 19 indicates that the most correlated risk factors with youth mental health risks includes:

- Antisocial/Negative Behaviour (85 situations)
- Physical Violence (81 situations)
- Crime victimization (72 situations)
- Criminal involvement (64 situations)
- Cognitive Functioning (62 situations)

'Cognitive functioning' is the risk factor collected by FOCUS Toronto members that is used to identify a variety of sub-categories related to the experience of cognitive disability. Cognitive functioning risk

subcategories include: ‘diagnosed,’ or ‘self-reported,’ or ‘suspected’ cognitive impairments/limitations. One of the key themes that emerged in stakeholder interviews was around the identification and diagnosis of Autism Spectrum Disorder (ASD) in youth in Scarborough. A range of stakeholders noted a prevalence of undiagnosed autism, which can have high comorbidity (meaning co-occurrence) with mental health issues. In addition, low-income families face high barriers to accessing autism support services, as the prevalent underfunding of autism services has meant years-long wait lists. Furthermore, for families who have been able to afford autism support services for youth sometimes must pay up to \$40,000 a year.³⁵ This amount of money would be significantly out of reach for low-income families whose children require these services in Scarborough.

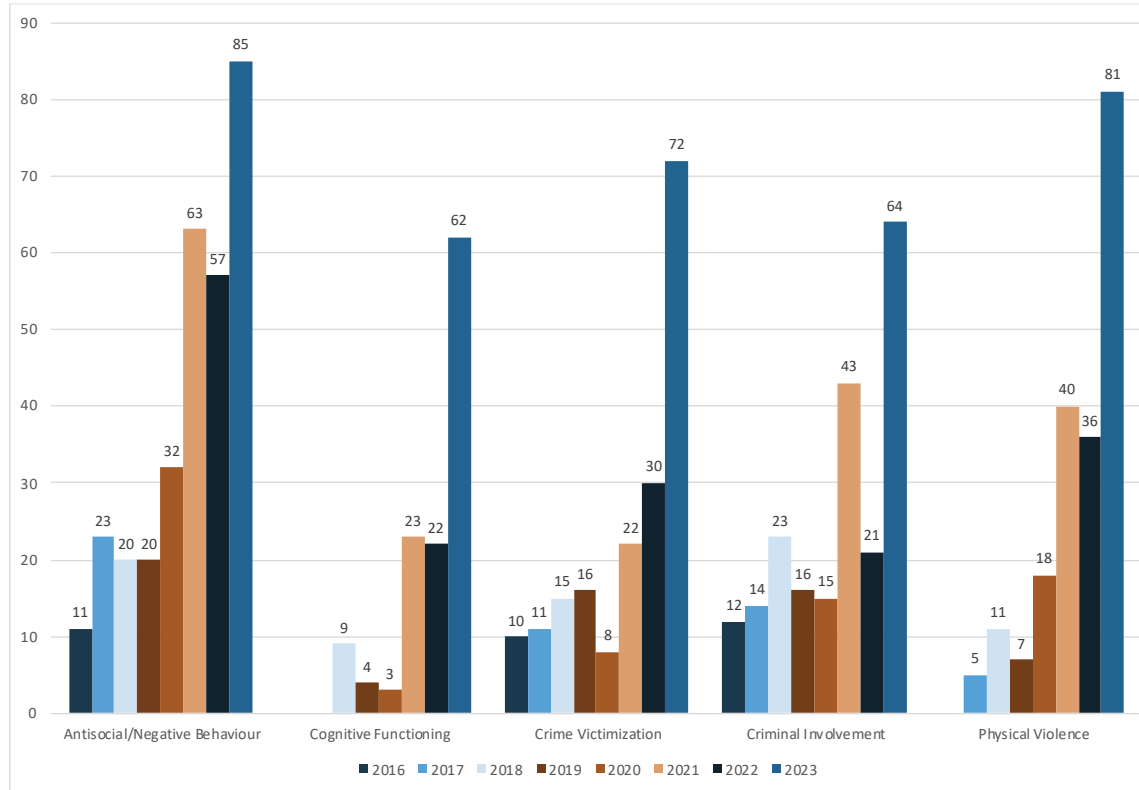
In addition, stakeholders noted that the risk category of ‘antisocial/negative behaviour’ could capture a range of behaviour that may emerge from untreated mental health issues. ‘Antisocial/negative behaviour’ is defined as either residing or engaging in a lack of consideration for others, resulting in damage to other individuals or the community such as disruptive behaviour.

When FOCUS Scarborough quantitative data was analyzed by age group, the picture of risk correlation with youth mental health was somewhat different:

- For 12–17-year-olds between 2016-2023, the top five most correlated risks were: Parenting (46), Antisocial/Negative Behaviour (45), Physical Violence (39), Crime Victimization (35) and Criminal Involvement (35)
- For 18–24-year-olds between 2016-2023 the top five most correlated risks were: Physical Violence (31), Antisocial/Negative Behaviour (29), Cognitive Functioning (24), Crime Victimization (23), and Criminal Involvement (22)
- For 25–29-year-olds between 2016-2023, the top five most correlated risks were: Basic Needs (16), Emotional Violence (14), Unemployment (14), Crime Victimization (14), Physical Violence (11), Antisocial/Negative Behaviour (11). *It is important to note that youth of this age group begin to experience mental health risks alongside systemic issues such as basic needs and unemployment that are not as widely experienced by youth in the lower age ranges. This may be due to more instances of youth in 25-29 range living independently and aging out of previous support services.*

³⁵ Ogilvie, 2023.

Figure 19: Increase in the number of youth Mental Health risk-related situations correlated with top five risk categories for 12-29 year-olds, FOCUS Scarborough Situation Table, 2016-2023



Source: FOCUS Toronto

6.2.2 Mental Health risks are most often correlated with study flags of recent escalation, child involved, and cultural considerations

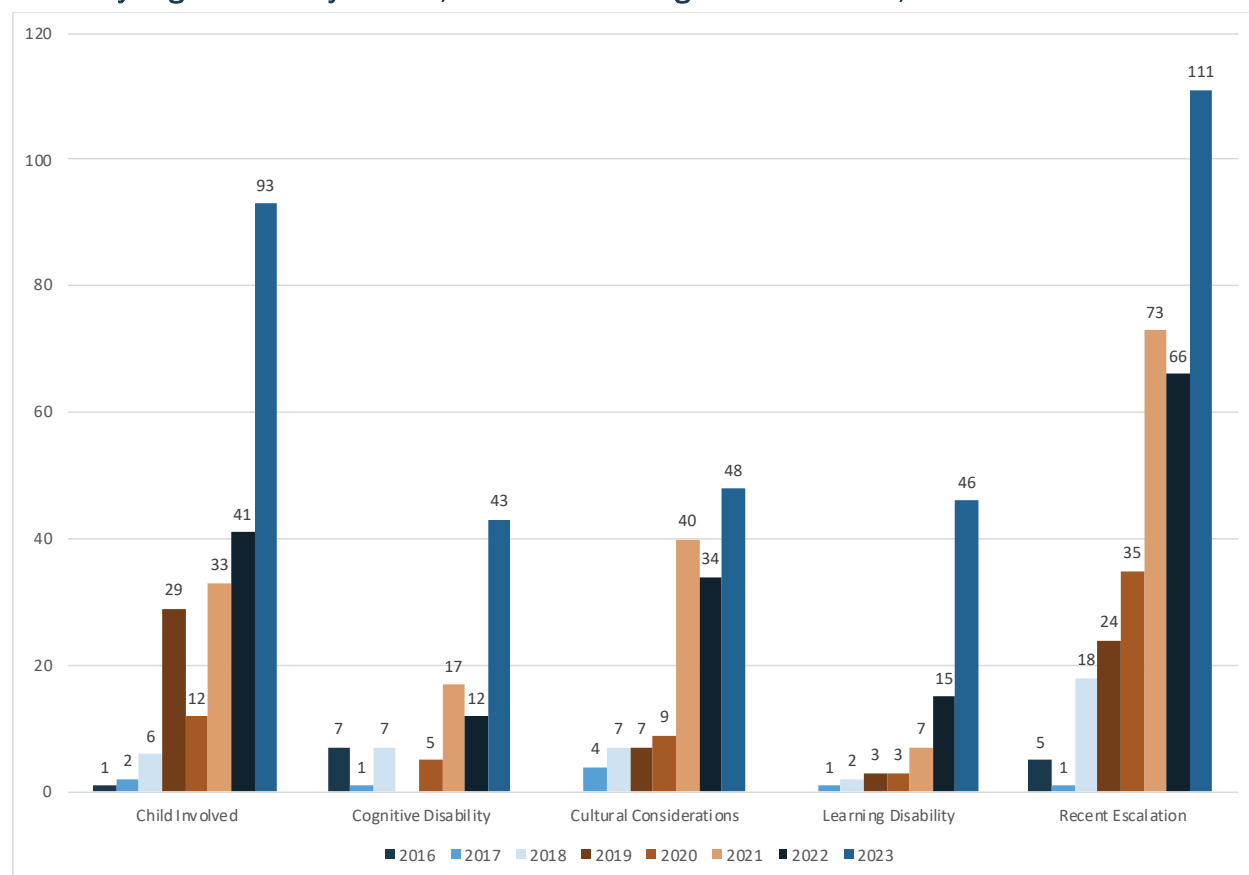
FOCUS Toronto also includes study flags in the data that it collects. Study flags are used to “flag” specific issues and trends in communities that may fall outside the scope of individual risk factors (e.g., cyber-bullying, hoarding, domestic violence, etc.). However, it is important to capture Study Flags for later research and advocacy efforts, as specific study flags may indicate the prevalence of larger systemic barriers. The top five study flags correlated with mental youth health risks at FOCUS Scarborough can be viewed in Figure 20 and indicates:

- The top study flag is recent escalation (111 situations in 2023), followed by:
- Child involved (93 situations);
- Cultural considerations (48 situations);
- Learning disability (46 situations);
- Cognitive disability (43 situations)
- While some of these above mentioned study flags have consistently been elevated since 2016 (such as recent escalation), these trends started to become more prominent in 2021 and continued to peak in 2023.

Further data analysis disaggregated by age and correlated with youth experiencing mental health risks at FOCUS Scarborough found:

- The top five most correlated study flags 12-17-year-olds included: ‘child involved (70),’ ‘recent escalation (61),’ ‘cultural considerations (26),’ ‘learning disability (26),’ and ‘risk of losing housing/unsafe living conditions (24)’
- The top five most correlated study flags for 18-24-year-olds included: ‘recent escalation (33),’ ‘learning disability (18),’ ‘cultural considerations (17),’ ‘cognitive disability (17),’ and ‘child involved (14)’
- The top six most correlated study flags for 25-29-year-olds³⁶ included: ‘recent escalation (17),’ ‘child involved (9),’ ‘homelessness (8),’ ‘cultural considerations (5),’ ‘domestic violence (5),’ and ‘risk of losing housing/unsafe living conditions (5)’

Figure 20: Increase in the number of youth Mental Health risk-related situations correlated with top five study flags for 12-29 year-olds, FOCUS Scarborough Situation Table, 2016-2023



Source: FOCUS Toronto

³⁶ In this case, the authors have highlighted the top six as cultural considerations, domestic violence and risk of losing housing/unsafe living conditions were all tied for fourth place.

6.2.3 Youth Mental Health risks are being exacerbated by non-medical related systemic issues

The FOCUS data illustrated in the prior section regarding the correlation of additional risks factors and study flags with mental health related risks highlights numerous systemic issues, especially how youth mental wellness in Scarborough is being adversely affected by inequitable access to the social determinants of health. Social determinants of health are “are the social, economic and political conditions in which people are born, grow, live, work and age. A combination of factors such as income, education, work, housing and discrimination interact and work together to shape people’s opportunities to be healthy. The unequal distribution of these determinants of health makes some people more vulnerable to disease and injury, and are shaped by the distribution of money, power, and resources.”³⁷ For example, the risk factors and study flags such as, ‘loss of housing/unsafe living conditions,’ ‘homelessness,’ ‘unmet basic needs,’ and unemployment emerge as prevalent material issues that are correlated with individual mental health risks and can exacerbate mental health for youth and their families. A 2021 report that analyzed data for FOCUS Toronto and another similar program operated by the City of Toronto, called Specialized Program for Interdivisional Enhanced Responsiveness Vulnerability (SPIDER),³⁸ found that mental health, housing, poverty, access, and equity were all issues that impacted community safety and wellbeing in Toronto.³⁹

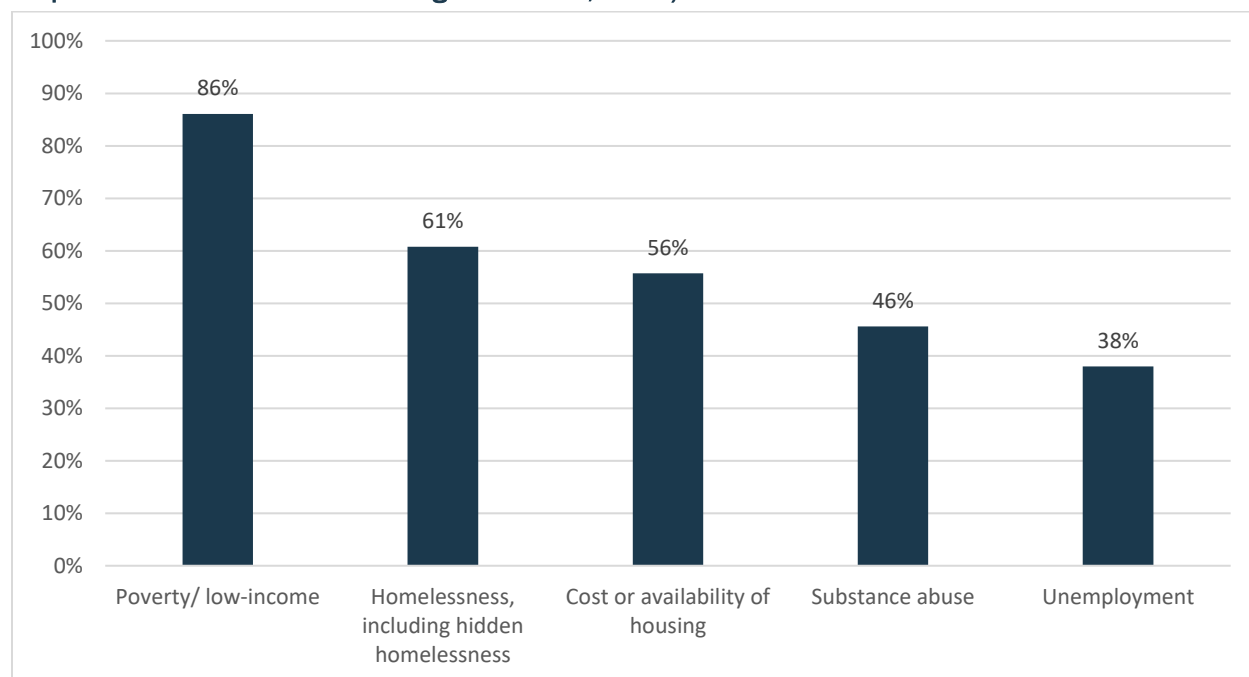
Through this Scarborough Rapid Evaluation research study’s qualitative findings, many of these correlated systemic issues were explored in more depth (Figure 21). The following points analyze these findings and contextualize them within what is known about the contemporary barriers experienced by individuals living in Scarborough.

³⁷ Toronto Public Health, 2023.

³⁸ SPIDER is a collaborative risk-driven model consisting of multiple City Divisions and Community Partners. SPIDER’s mandate is to reduce the recurrence of complex health and safety risks, and ensure safe integration and inclusion of vulnerable Torontonians in their neighbourhoods and communities by: ensuring City of Toronto responses are coordinated; ensuring existing health care, social and community services are made available; and identifying and driving needed systemic reforms. City of Toronto, 2024b.

³⁹ Taylor, T. (2021). Final Data Analysis: Examination of FOCUS & SPIDER Data in Relation to CSWB Planning.

Figure 21: Factors contributing to increased mental health risks in Scarborough, 2023 (Online survey responses from FOCUS Scarborough members, 2024)



Source: FOCUS Toronto

Poverty and low-income

The vast majority of survey respondents (86%) indicated that poverty/low-income has contributed to increased mental health risk related situations for youth in Scarborough. The child poverty rate in Canada rose in 2021 after briefly falling in 2020 due to pandemic-related income supports.⁴⁰ It is of little doubt that experiences of poverty and low-income impact one's personal mental health and well-being. This stress occurs by prohibiting one's ability to access non-subsidized services, pay for food, and afford stable and sustainable housing.⁴¹ The high cost of living following the emergency phase of the COVID-19 pandemic has impacted the mental health of residents in Canada, increasing financial insecurity, and exacerbating pressures on food and housing affordability.⁴² These trends are very likely transpiring more acutely in Scarborough. Even when people were receiving income-related supports as a result of the COVID-19 pandemic in 2021 the overall poverty rate was still 13%. Since then, the cost of living has grown precipitously.

Because statistics on poverty and low-income often lag a couple of years behind due to the infrequency of Census-related data collection strategies, there are other markers of growing poverty and economic inequality that are increasingly apparent. One of the key indicators of this is food bank usage, as food bank usage rates are a real-time measure of poverty and unaffordability rates. For example, food bank usage in Scarborough increased by 36% in 2023. This measure is also important because children and adolescents who live in food insecure households are 55% more

⁴⁰ Campaign 2000 End Child & Family Poverty, 2024.

⁴¹ Mental Health Commission of Canada, 2023.

⁴² Ibid.

likely to receive outpatient care for mental or substance use disorders compared to their food secure counterparts.⁴³

Housing insecurity and homelessness

A majority of respondents also believed that housing insecurity was a major driver for the growth in youth experiencing adverse mental health risks. Housing insecurity includes instances of: sheltered/unsheltered homelessness and hidden homelessness (61%) or individuals who can barely afford the cost of housing (56%). The cost and availability of housing is a major stressor that emerged as an associated study flag for youth experiencing mental health risks. In addition, stakeholders noted that hidden homelessness and overcrowding are more common in Scarborough as families try to cope with high housing costs. Stakeholders also noted that these conditions led to learning loss and high stress environments for youth who lived in these homes during the years of widespread virtual schooling.

In 2023, there were over 10,000 people experiencing homelessness in Toronto compared to just over 7,000 in 2021.⁴⁴ In 2021, of those people who were unhoused, 11% identified as youth, 23% as Indigenous, and 12% as LGBTQ2S+.⁴⁵ Some estimates have noted that the average rent for a 2-bedroom apartments in Scarborough is \$2,680 per month.⁴⁶ On the other hand, social assistance rates range from \$854 a month for an unattached single person to \$2,780 for a couple with two children. When factoring the average cost of rent in the area, even this high end of social assistance would leave virtually no money to pay for other basic needs.⁴⁷

It was discussed during the stakeholder interviews that the majority of individuals with identified mental health conditions do not have access to affordable housing⁴⁸ and even those who are experiencing mental health issues and manage to obtain housing can struggle to maintain their place of residence.

Substance use challenges

Almost half of the online survey respondents (46%) indicated that substance use played a contributing role in mental health issues as well. There is a high rate of correlation between mental health issues and substance use issues, as people with mental health challenges are twice as likely to have substance use challenges⁴⁹ compared to the general population.⁵⁰ People with mental health challenges may also use substances to cope in lieu of or in the absence of other medication or treatment.⁵¹ Substance abuse/drugs was found to be one of the top ten risk categories overall for FOCUS Toronto submissions in 2021 and 2022.⁵²

⁴³ Akeileh, O., Allen, C., Bronstein, T., & Mizanur Shuvra, M., (2023). and Anderson, K., Clemens, K., Le, B., Zhang, L., Comeau, J., Tarasuk, V., and Shariff, S.Z., 2023.

⁴⁴ Homeless Hub, 2023.

⁴⁵ Note that this is the term used by the original source. Homeless Hub, 2022.

⁴⁶ Urbanation & Rentals.ca, 2024.

⁴⁷ Calculated using annual social assistance data from Maytree, 2024.

⁴⁸ Canadian Mental Health Association, 2014.

⁴⁹ The original source notes substance use problem and it is not clear whether this is a diagnosed issue or not.

⁵⁰ CAMH, 2024a.

⁵¹ Harris, K.M. & Edlund, M.J., 2005).

⁵² FOCUS Annual Report, 2022.

Unemployment

Finally, 38% of the survey respondents listed unemployment as the fifth-most contributing factor towards adverse mental health risks experienced by youth in Scarborough. While Scarborough and Toronto measured similar unemployment rates of 9% in 2021, the rates of labour force participation provide even further context. The rate of individuals not in the labour force is higher in Scarborough (42%) compared to the rest of Toronto (36%). This suggests that there are more people who are not employed or actively looking for work in Scarborough. Unfortunately, due to the nature of labour force statistics, the most recently available data at this geographic level is for 2021, preceding the increasingly strained economic challenges of 2022, 2023, and 2024.

The rising cost of living in Scarborough has also been harshly affected by the reality of precarious employment in today's age of the 'gig economy.' While higher income families have experienced constrained budgets through rising inflation and interest rates, lower income households are much more likely to experience this budgetary strain through their already reduced purchasing power for as basic needs like food, shelter, and transportation. Furthermore, this correlates with the hypothesis that negative mental health outcomes can be often tied to lower income levels.⁵³

Other challenges

There were other challenges raised by This rapid evaluation study's stakeholders raised additional noteworthy challenges through survey responses, interviews, and the focus group. These previously unmentioned challenges voiced by the study's stakeholders included the increase of: gender-based violence (GBV) or Interpersonal Violence (IPV), human trafficking and/or sexual exploitation, racism/discrimination based on race, and social challenges related to the pandemic-induced rate of a high dependency on screen time. Nearly one-third of Ontario students spent five hours or more online during the pandemic.⁵⁴ In addition, younger Canadians (ages 16-34) who spend six or more hours per day on screens are three times more likely to report anxiety, three times more likely to report severe symptoms of mental health distress, and three times more likely to show signs of cannabis dependency.⁵⁵

The study's stakeholders also often mentioned the additional challenge of the lack of available mental health services for youth in Scarborough. This challenge will be addressed in the next section.

6.3 Key Finding 3: Wraparound services like FOCUS Toronto are critical to meeting needs for mental health services

Youth in Canada often experience challenges receiving mental health care services. Youth-focused services tend to be fragmented, are not always designed for youth, and youth eligible for these services may experience long wait times for access.⁵⁶ The latest available data found that before the post-pandemic surge in demand, youth were already waiting for as long as 2.5 years to access mental health services.⁵⁷ The number of youth and children on waitlists in Ontario for mental health treatment is significant, as wait-list numbers doubled between 2017-2020 alone.⁵⁸ In addition, stakeholders in our qualitative research pointed out that youth often abruptly lose access to services

⁵³ Mental Health Commission, 2023.

⁵⁴ CAMH, 2022.

⁵⁵ Mental Health Research Canada, 2024.

⁵⁶ Canadian Institute for Health Information, 2023.

⁵⁷ CMHO, 2020b.

⁵⁸ CMHO, 2020a.

once they turn the age of 18. This type of ageing-out of services is a harsh reality for new 18-year-olds who often experience little bridging support to new supports in the adult mental health services sector. Low-incomes can also act as a barrier to accessing mental health services in adulthood, as many mental health treatment and maintenance services are not covered by public health benefits and are typically capped by employee assistance benefits programs.⁵⁹

6.3.1 The lack of availability of needed services

In the FOCUS online survey sent to FOCUS Scarborough members, 37% of the respondents noted that they felt the lack of availability of community services and the growing length of wait lists contributed to mental health related risks. Survey respondents noted that Scarborough often receives insufficient mental health and health care resources and services.

In addition, in the FOCUS online survey, 32.9% of respondents felt that a lack of culturally appropriate community services contributed to increased mental health risk related situations in Scarborough. This was unpacked in the interviews and dedicated focus groups as some of the trends that disproportionately impact racialized communities. Stakeholders discussed the stigma attached to mental illness in some communities, which creates a barrier to accessing support services. This stigma can also have a compounding effect when multiple generations in a family are struggling with mental illness but have not received adequate support. Having culturally responsive services can help mitigate these barriers, however stakeholders also pointed out that there is a lack of culturally responsive services in Scarborough that could meet this possible demand.

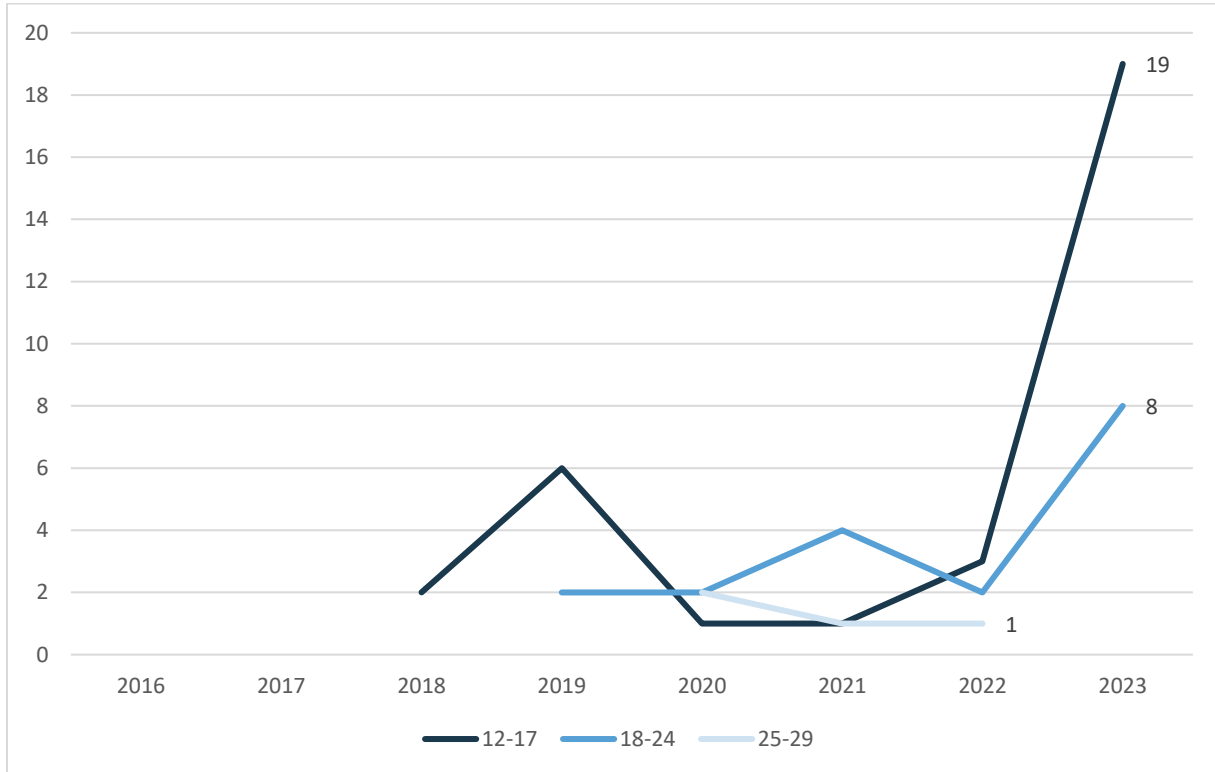
Stakeholders noted the congruence between stigma and culturally responsive services and noted that it is important for individuals to choose and receive care that reflects their personal identities. For example, due to stigma in cultural communities, a person may not trust services that are provided by members outside of their own community. Although this was most prevalently shared by stakeholders regarding the Black community, these trends could also be applicable to other racialized communities, Indigenous communities, and other communities that have been systematically marginalized based on their shared social identities (such as members of 2SLGBTQIA++ communities).

Figure 22 illustrates that there has been an increase in study flags for wait list amongst 12-29 years olds in Scarborough with mental health risks.

- Between 2022 and 2023, mental health risks with a study flag for 12-29 year-olds brought to the situation tables in Scarborough grew more than six times as large, from 3 to 19 situations.

⁵⁹ Mental Health Commission of Canada, 2023.

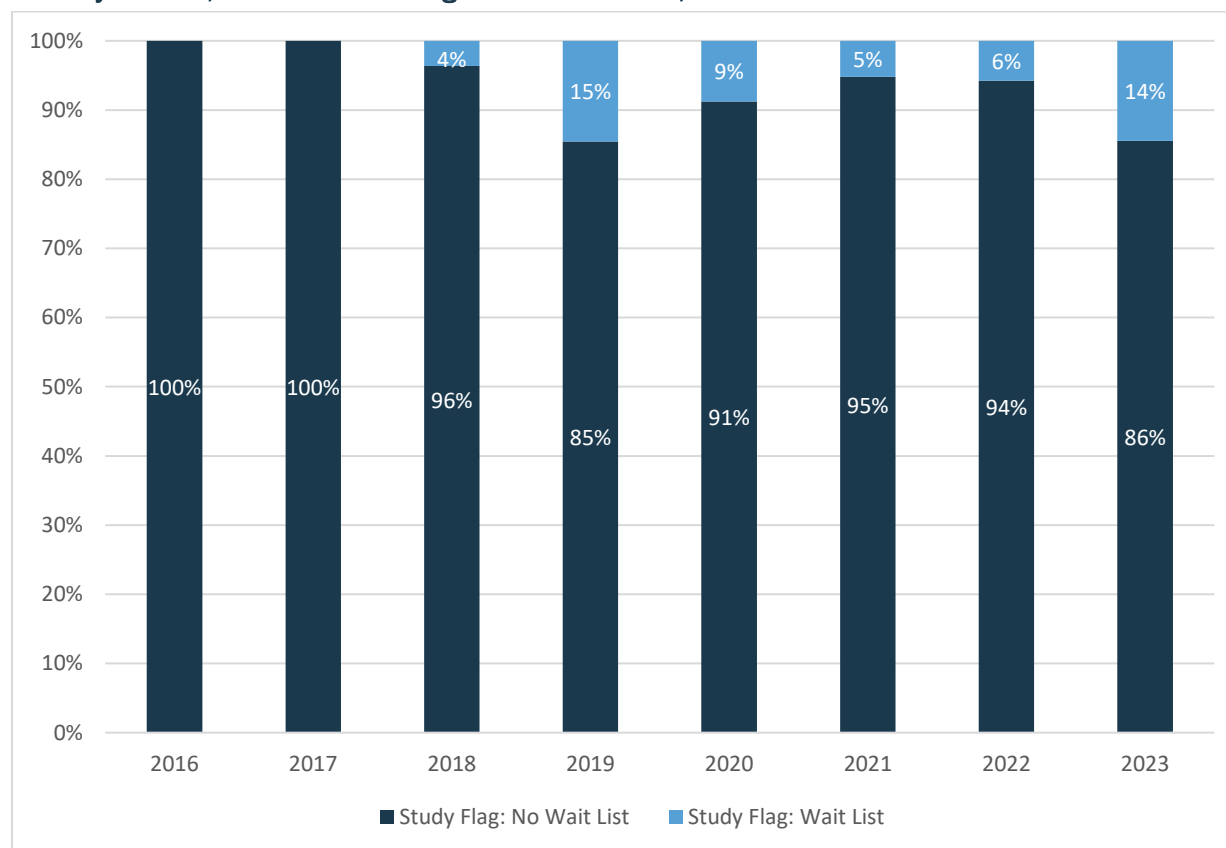
Figure 22: Increase in Study Flag-Wait List filtered by Mental Health Risk for 12-17 year-olds, 18-24 year-olds, & 25-29 year-olds, FOCUS Scarborough Situation Table, 2016-2023



Source: FOCUS Toronto

Figure 23 illustrates that this risk also grew proportionally from 6% of cases in 2022 of all mental health risk-related situation cases for youth aged 12-29 in 2022 to 14% in 2023.

Figure 23: Study Flag-Wait List filtered by Mental Health Risk as Proportion of Mental Health Risk for 12-29 year-olds, FOCUS Scarborough Situation Tables, 2016-2023



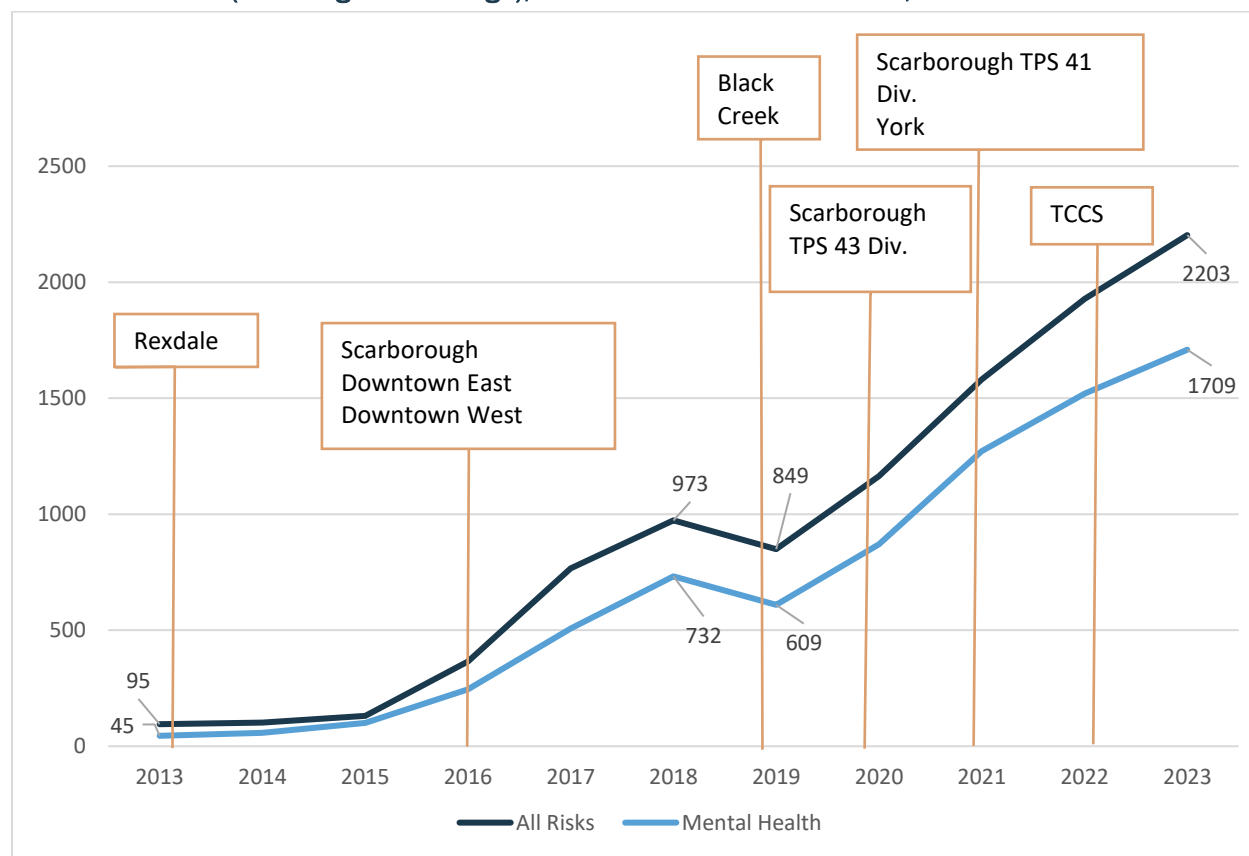
Source: FOCUS Toronto

6.3.2 FOCUS Toronto Scarborough organizations have increased capacity to serve people

It is essential to support youth experiencing adverse mental health risks by providing expanded access to both mental health services and wraparound support programming. FOCUS programming, which enables people facing acute elevated risk to get the supports they need is particularly important in areas of the city where communities face multiple barriers to wellbeing and opportunity. This is particularly critical in Scarborough.

Since its inception in 2013, FOCUS Toronto has built its capacity to serve more-and-more people experiencing AER (Figure 24). The increase in mental health related risks is linked to the ability of the Situation Tables to serve individuals, families, and communities in need.

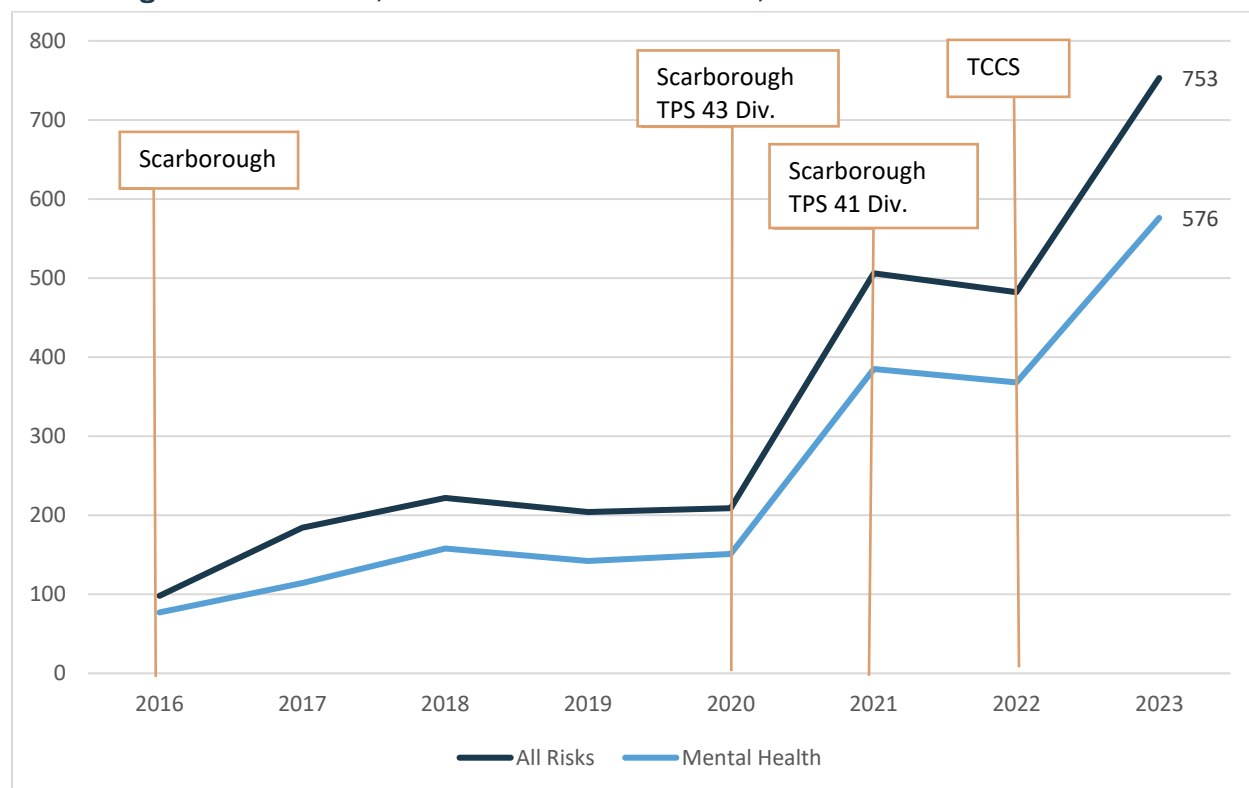
Figure 24: Increase in Risk (all) and Mental Health risk-related situations for all ages, Toronto situations Tables (including Scarborough), with Situation Table additions, 2013-2023



Source: FOCUS Toronto

The above is true for FOCUS Scarborough as well, as there were several important operational changes established that improved the FOCUS Scarborough Situation Table to meet such ever-increasing demands for service (Figure 25). First, the Toronto Police Service (TPS) Divisions of 43 and 41 joined the FOCUS Scarborough Situation Table in late 2020 and early 2021. This addition allowed for dedicated representatives from those TPS divisions to more swiftly identify imminent crises and refer them to FOCUS Scarborough supports. In addition, in 2022, the Toronto Community Crisis Service (TCCS) pilot program was launched as an additional emergency pathway to redirect policy calls to community crisis workers. In an effort to synthesize these services, the TCCS programs are FOCUS Toronto members and support this diversion strategy by responding to both FOCUS referrals and crisis calls. In addition, FOCUS Toronto Situation Table meetings became virtual due to the pandemic, which has increased capacity for FOCUS member agencies to attend meetings, ultimately enabling more people to be served.

Figure 25: Increase in Risk (all) and Mental Health risk-related situations for all ages, FOCUS Scarborough Situation Tables, with Situation Table Additions, 2016-2023



Source: FOCUS Toronto

FOCUS Toronto's ability to successfully connect individuals with services is visualized in Table 2 below. The data in Table 2 assesses the outcomes from mental health risk-related situations for youth aged 12-29-years-old at FOCUS Scarborough since 2016. The majority of FOCUS Toronto mental health risk-related situations were resolved by individuals being connected to services. Recently between 2020 and 2023, this number has ranged between 77% and 88%, with 2023 seeing 86% of the AER situations involving youth experiencing mental health risks resolved through the successful connection to various social services.

Table 2: Proportion of Mental Health Risk-Related Outcomes by percentage per year for ages 12-29 years-old, FOCUS Scarborough Situation Table, 2016-2023

Situation outcomes	2016	2017	2018	2019	2020	2021	2022	2023
Other - Deceased	0%	0%	0%	0%	0%	0%	1%	0%
Other - New information reveals AER did not exist to begin with	0%	3%	4%	9%	0%	0%	0%	0%
Other - Relocated	0%	6%	0%	0%	0%	0%	0%	1%
Other - Unable to locate	0%	6%	2%	2%	4%	2%	7%	3%
Overall risk lowered - Connected to personal supports	0%	0%	2%	0%	0%	1%	2%	2%

Situation outcomes	2016	2017	2018	2019	2020	2021	2022	2023
Overall risk lowered - Connected to services	83%	71%	67%	65%	88%	77%	84%	86%
Overall risk lowered - Connected to services in another jurisdiction	0%	3%	4%	2%	0%	0%	0%	0%
Overall risk lowered - Through no action of the Situation Table	10%	0%	5%	7%	7%	3%	1%	1%
Still AER - Informed about services; not yet connected	0%	0%	9%	0%	2%	7%	5%	3%
Still AER - Refused of services; uncooperative	7%	11%	7%	15%	0%	10%	1%	0%
Unknown (Note: this captures situations that are still open)	0%	0%	0%	0%	0%	0%	0%	5%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: FOCUS Toronto

Survey respondent were asked about what helped them the most when they needed to refer youth experiencing mental health related risks to the FOCUS Scarborough Situation Table. Respondents noted the following as the most valuable aspects of the FOCUS Toronto Situation Table initiative:

- The ability to learn about the variety of organizations and support services that attend the Situation Table
- The ability to quickly and easily connect to services
- The number and variety of agencies around the Table
- The ability to obtain the support needed for clients
- The extremely significant life-saving supports that are offered at FOCUS Toronto

7. Recommendations

The issue of mental health is increasingly impacting the lives of individuals, families and communities in Toronto. There are signals that this is becoming especially apparent in the Scarborough area of the city for youth between the ages of 12-29-years-old. To address this issue, a cross-sectoral and collaborative approach that expands on the public-community partnership model offered by FOCUS Toronto members will be needed. Healthy individuals and healthy families mean individuals who can reach personal and shared feelings of fulfilment, inclusion, and happiness. Stakeholders interviewed emphasized the range of assets that the area of Scarborough has to offer, which includes its unique and diverse population. To enable these communities to flourish, increased investments and supports will be needed. Thus, while FOCUS Toronto and its member agency partners provide immense support in helping reduce Acutely Elevated Risk and intervene in mental health crises, there are longer-term system building efforts that must occur concurrently in order to deliver long-term sustainability.

Based on this vision of building on the foundational strengths of Scarborough to create more wellbeing, this report makes the following recommendations.

Recommendation 1: Improve funding for critically needed mental health services

As noted previously, mental health risk-related situations are growing faster in Scarborough than the rest of Toronto for youth between the ages of 12-29-years-old. This has been especially true in the past three years since the beginning of the COVID-19 pandemic in 2020. One of the key contributing factors to this rise is the lack of accessible and appropriate services for youth experiencing mental health risk factors in Scarborough. The first recommendation is for the provincial government to work in partnership with service providers, community partners, and other stakeholders to fund more mental health services that can be accessed by youth living in Scarborough. This increased funding should reflect the increases in demand for services. Hospitals, foundations, and other institutions can also contribute to this effort, building on examples such as the Scarborough Health Network's campaign to raise \$100 million in additional funding to improve healthcare access in Scarborough.

Recommendation 2: Expand culturally responsive services in Scarborough

Stakeholders in Scarborough noted the need for culturally responsive services to appropriately and effectively meet the demand for the types of services needed by community. For example, services that are designed for those community members who are Black, Indigenous or refugees.⁶⁰ There are existing models that could be built on and expanded. For example, governments and funders could leverage the expertise of service providers that meet the needs of specific communities like TAIBU Community Health Centre and AGATA Resource Centre. Adequate resourcing of these programs and expansion of these programs to other service providers will ensure that a range of culturally responsive services are being offered in the community. It is not enough to only fund hospitals: longer-term community support services should be scoped out and included in costing endeavours when program funding initiatives are activated. In addition, it is important to consider how to best fund and support community driven services that work at a grassroots level to create culturally responsive services in communities, as they often run into barriers when trying to get funding.

Recommendation 3: Address the underlying systemic issues and social determinants of health that further exacerbating mental health issues, starting with housing

The second key finding that emerged from this study was that mental health issues are increasingly complex and exacerbated by multiple stressors. Mental health issues impacting youth in Scarborough do not exist in a vacuum and will not be solved by investments in mental health services alone. A range of critical supports to address poverty and the lack of affordable housing in Scarborough are urgently needed. This recommendation calls for these supports to start with housing as stakeholders noted that this was a major driver of stress and challenges for individuals experiencing mental health concerns. In addition, evidence-based programs called 'Housing First' recommend that housing be provided first alongside a range of wraparound supports as a way to tackle chronic homelessness.⁶¹

Recommendations that could help reduce homelessness and housing unaffordability include:⁶²

⁶⁰ Note that these specific groups have been highlighted as they were mentioned by stakeholders. However, this recommendation is certainly applicable for a range of groups.

⁶¹ Government of Canada, 2022.

⁶² United Way Greater Toronto, 2024.

- Supplying housing stabilization and eviction prevention supports and strengthening tenant protections to help renters access and maintain affordable and secure homes.
- Making surplus lands and assets available to non-profit and co-operative housing providers to grow deeply affordable and supportive housing options across Ontario.
- Increasing investment in and improving greater access to financing for the development of affordable and deeply affordable homes across Ontario.

Recommendation 4: Fund more upstream ongoing long-term wraparound services

As noted in the findings, the FOCUS Toronto Situation Table model is currently addressing many of the acute elevated risks presented each week. However, FOCUS Toronto and FOCUS Scarborough partners cannot do this alone. More funding is needed for wraparound services and urgent services in Scarborough and especially for youth. Stakeholders noted that there is a high success rate of connecting individuals and families with services, but there are often insufficient ongoing supports that people can be referred to for long-term support. These services would be most effective if they were ongoing and upstream services to enable youth to smoothly access them even after initial support has been received. For example, when youth receive support with finding housing, they may require ongoing support to stabilize and maintain their housing. However, they are often not eligible for this support and must cobble together the help they need or become at risk of losing their support. These critically needed services could include addressing needs that appear to be correlated with mental health concerns, such as the need for services for autism and other cognitive-related disabilities. In addition, this could include services for those issues identified by FOCUS members as needing attention: poverty, homelessness, the cost of housing, substance use and unemployment.

Recommendation 5: Improve processes within FOCUS Toronto

FOCUS Toronto members can also consider how their organizational processes and programming opportunities may be improved to better serve the communities in which they work. This would include the piloting of processes to collect demographic data and improving the efficiency of communication by using responsive and efficient communication tools that are different from typical email announcements such as Slack or Teams group chats.

Stakeholders noted that FOCUS Toronto can:

- Provide more connections with mental health resources by inviting more mental health service providers to joining the FOCUS Scarborough Situation Table
- Continue to advocate on external but intrinsically-connected issues that impact people experiencing mental health-related risks such as housing, poverty, and community services funding
- Continue to enact data-driven decisions, by evaluating the rich datasets emerging from FOCUS and using them to inform program decisions
- Increase resourcing of FOCUS Toronto and facilitate more training opportunities, including cultural competency training for FOCUS Toronto members

Recommendation 6: Deepen research on mental health issues and their impacts

One of the key challenges of conducting this type of data analysis and research is that there is a tremendous dearth of up to date, current, responsive information that can be accessed on population mental health. This is especially true of population mental health statistics disaggregated by ethno-cultural and other key social identities. Deeper analysis could help organizations and governments better understand where to target resources. The community sector, academics and funders can all explore how to deepen research on mental health issues and their impacts. One way for FOCUS Toronto to engage in this is to partner with academic institutions to have academics analyze the data and publish work on the findings. This would enable learning to grow and expand knowledge mobilization efforts around the FOCUS data at the same time.

8. Conclusion

In sum, there are growing signals that youth ages 12-29 are struggling with mental health challenges and concerns. There are many issues exacerbating mental health for both youth and their families. First and foremost amongst these issues are poverty and the lack of affordable housing. However, efforts such as FOCUS Toronto are helping support these youth and their families to reduce the impacts they may be experiencing in their lives.

Working together cross-collaboratively has enabled the agencies participating in FOCUS Scarborough to rise to the occasion and provide needed services to youth experiencing adverse mental health challenges. However, it is clear that FOCUS partners cannot eradicate these challenges alone, and that more supports and services will be needed to ensure that the short-term impacts on youth mental health do not turn into longer-term traumas for that will become more difficult to overcome as they age. It will be important for stakeholders to work collaboratively to support these youth and their families. Supporting FOCUS Toronto and its affiliated agencies to further their critical work is an important first step to doing so.

9. Appendix A: Glossary of Terms

Acutely Elevated Risk (AER): Any situation impinging on individuals, families, groups or places where circumstances indicate an extremely high probability of the occurrence of harms or victimization.

Age Group: A number of people, or things classed together as being of similar age.

Discussion Type:

- **Person:** Applied when the immediate discussion involves one individual at acutely elevated risk. Others may be helped as a result of the intervention
- **Family:** Applied when the risks exhibited are the same for all family members who have been identified to be at acutely elevated risk
- **Neighbourhood:** Applied when the risks identified have broad impacts to a neighbourhood within the community
- **Environment:** Applied when the risks identified have broad impacts to an area or group of people that may not necessarily live in the same neighbourhood but who have all been identified to be at acutely elevated risk due to the environmental circumstances (e.g., school)
- **Dwelling:** Applied when the risks identified have broad applicability/impacts to a number of individuals within a dwelling (e.g., apartment building or rooming house) and based on those risks, an acutely elevated risk of harm exists

Gender: The range of characteristics pertaining to, the behaviours, actions and roles linked to the individual's identification and experience. Within the FOCUS context, the following gender differentiation are used: male, female, trans, and unknown.

HUB Model: A government-led community safety strategy centered on a collaborative and community-centric approach to addressing policing issues. (http://results4america.org/wp-content/uploads/2017/07/LandscapeCS_Canada_4.pdf)

Mental Health Subcategory Definitions:

- **Diagnosed mental health problem:** Has a professionally diagnosed mental health problem
- **Grief:** Experiencing deep sorrow, sadness or distress caused by loss
- **Mental health problem in the home:** Residing in a residence where there are mental health problems
- **Not following prescribed treatment:** Not following treatment prescribed by a mental health professional; resulting in risk to self and/or others
- **Self-reported mental health problem:** Has reported to others to have a mental health problem(s)
- **Suspected mental health problem:** Suspected of having a mental health problem (no diagnosis)
- **Witnessed traumatic event:** Has witnessed an event that has caused them emotional or physical trauma

Mobilization Type: How individuals involved in a Situation connected or failed to connect with services.

Newcomer Status: Eligibility to connect to the appropriate supports related to their status as newcomers in the country. Related to lack of locally recognized professional credentials.

Risk Category: Characteristics of a situation that contribute to it be an Acutely Elevated Risk (AER)

Recidivism: The same risks experienced by the individual frequently resurface despite services has previously been provided, and risks were lowered

Sectors:

- Justice: Promoting and maintaining the safety of individuals and communities by providing law enforcement, criminal prosecution, victims' assistance, and offender management and rehabilitation.
- Housing: Provision, coordination and regulation of accommodation and housing, including services provided in residential settings.
- Education: Development, administration and regulation of programs, curricula and other learning opportunities that increase mental, physical and emotional skills, knowledge and abilities of participants.
- Health: Delivery of services and supports to address the physical and mental health issues of individuals and ensure the adoption of healthy attitudes, behaviours, environments and policies to improve the health of all.
- Community and Social Services: Supports and services that help keep individuals healthy, active, and independent and engaged in inclusive, resilient communities.
- Child and Youth Services: Community, custodial programs and/or services provided to improve outcomes for children and youth, successfully transition youth out of custody and/or create opportunities for children and youth at risk.

Services Mobilized: The services mobilized as a result of the intervention.

- Informed of Services: Letting the individual/family know what services are available to
- reduce risks identified
- Connected to Services: Facilitating the individual's/family's communication with a service provide
- Engaged with Services: Individual/family actually begins receiving services/supports from an agency
- No Services Available: Services not available in the community to refer individual/family to
- Refused Services: Individual/family refused services recommended by service provider

Situation Resolution: The status upon conclusion and the closing of the situation.

Situation Type: The location, environment, individual, or family of an acutely elevated risk.

Study Flag: Specific issues and trends in communities that may fall outside the scope of individual risk factors (e.g., cyber-bullying, hoarding, domestic violence, etc.).

- Cognitive Disability: Dysfunction related to memory, language, orientation, judgement, problem solving etc. Formerly known as organic brain disorders, they include amnesic disorders, Huntington disorder, delirium, dementia, and the formal criteria for mental retardation (this is still a diagnosis in the DSM). Some acquired brain injury can also fit the bill especially as it is seen as declining as one ages. Head trauma or other or declining mental status in the areas first listed due to other physical conditions would be classified as cognitive disorder not otherwise specified.

- Countering Violent Extremism: Individual is exhibiting behaviours that may make them susceptible for recruitment or pose a potential for violence based on a particular ideology (e.g., political, racial, religious, etc.)
- Language Barrier: Sight or hearing difficulties, as well as difficulty accessing services in a client's preferred language.
- Homelessness: The situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.
- Recent Escalation: Recent increase or change in behaviours and/or circumstances (e.g., number of police calls, ED visits, missing, physical violence, etc.) which is contributing to the acutely elevated risk of the individual or family.
- Recidivism: Chronic tendency towards the repetition of criminal behaviour.
- Risk of losing housing: Person is at risk of being evicted or living conditions are not adequate from a health and safety perspective (e.g., hoarding, pest infestation).
- Settlement Challenges: Recent immigrants/newcomers/refugees are having difficulty integrating into the community or adjusting to their new living environment.
- Social Isolation: Person does not have access to family or social supports and/or has limited social connections.

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