

## Beyond Blue Monday

# From Crisis to Care: Addressing Ontario's Mental Health and Addictions Crisis

**Ontario's interrelated mental health, addictions, and homelessness crisis are systemic, persistent, and increasingly visible across workplaces, downtown cores, schools, health-care settings, and community spaces.** Alongside lengthy wait times for mental health and addictions care and treatment, there are more than 36,000 people on waitlists for supportive housing in Ontario.<sup>1</sup> While the provincial government has made notable strides through the [Roadmap to Wellness](#) and the launch of the [HART Hubs](#) model, Ontario's approach remains predominantly reactive. By relying on emergency services and law enforcement as default responders, the system misses critical opportunities for a coordinated, community-driven approach to prevention, early intervention, and treatment.

The Ontario Chamber of Commerce represents 60,000 Ontario businesses and more than 140 local chambers of commerce and boards of trade, which are directly experiencing the impacts of the mental health and addictions crisis across workplaces and communities. Employers are frequently among the first to observe its impacts - from workplace disruptions to safety concerns - and have an important role to play, alongside community partners, in reducing stigma and supporting prevention and recovery.

That is why, on [Blue Monday](#), the Ontario Chamber of Commerce, in partnership with Indivior Canada, convened a cross-sector roundtable with representatives from front-line services, non-profits, chambers of commerce, government, and research institutions to explore innovative strategies to expand access, integrate care, and address systemic gaps in mental health and addiction recovery across Ontario. Participants shared best practices in prevention, treatment, community safety, and cross-sector collaboration, emphasizing the need for a more responsive, equitable and recovery-focused system.

**A central message emerged:** Ontario must adopt a true continuum-of-care model that coordinates prevention, early intervention, crisis response, and integrated supports that reflect the realities facing communities across the province. This means treating mental health and addictions first and foremost as health issues, supported by coordinated planning for housing, employment, and community infrastructure. **The cost of inaction - measured in emergency responses, lost productivity, homelessness, and repeated crises - now far exceeds the cost of system reform.**

<sup>1</sup> [Addictions and Mental Health Ontario Releases Groundbreaking Report on Supportive Housing in Ontario - Addictions & Mental Health Ontario](#)

## DISCUSSION THEMES

### 1. Strengthening Prevention and Early Intervention

**Mental health and addiction crises rarely begin at the point of emergency response.** Early warning signs often emerge years earlier, in schools, workplaces, and community settings. Yet, systems remain poorly equipped to respond at those stages. In fact, there is a rising need across Ontario, with average wait times for addictions case management being 80 days and for addictions treatment exceeding 250 days.<sup>2</sup> **The longer the wait time to receive mental health and addictions care, the worse a crisis can become, leading to extended time in care.**<sup>3</sup>

**In workplaces, employers often observe the first signs of a crisis through absenteeism, declining performance, or conflict.** Employers often lack guidance, referral options, and partnerships with community services to help their employees seek care. Stigma around using workplace mental health supports further compounds this issue and limits early help-seeking.

**Stigma continues to delay access to care, isolate services, and strain economic resources, leading to inefficient, siloed approaches.** In Canada, 60 per cent of individuals with a mental health challenge or illness will not seek help due to a fear of being labelled.<sup>4</sup> To address challenges with community-wide stigma, normalizing early conversations about mental health is crucial, with a focus on clearly distinguishing prevention and treatment from normalizing harmful substance use.

**Ontario's youth are experiencing worsening mental health outcomes, with increased anxiety, substance use, and crisis presentations.** Approximately one in five children and youth in Ontario experience a mental health challenge, and by age 25, approximately one in five Canadians are diagnosed with a mental illness.<sup>5</sup> This underscores the imperative to begin education early with dedicated support for youth at schools, and to build system capacity to ensure resources are available for those suffering from addictions. While community-based youth organizations and peer-led initiatives have proven effective, access remains uneven and dependent on geography and local capacity.

**Community-wide partnerships are needed to develop early intervention approaches across Ontario.** For example, public forums were held to build support for [Brockville's Cabin Project](#), which provides transitional housing and wraparound care. Forums like these have proven to help reduce stigma, shift perceptions and strengthen community buy-in for new supports and programs.

---

<sup>2</sup> [AMHO Pre-Budget Submission 2025](#)




<sup>3</sup> [AMHO Pre-Budget Submission 2025](#)

<sup>4</sup> [Anti-Stigma - Mental Health Commission of Canada](#)

<sup>5</sup> [Child and Youth Mental Health: Signs and Symptoms](#) ; [SoMH-youth-factsheet.pdf](#); [Overall trends for child and youth mental health | CIHI](#)

**At the core of this work is a recognition that pathways to treatment differ for each person.** However, services must be properly equipped to help people when they are ready. Unfortunately for many, custody remains the only point of access to mental health and addictions care, underscoring long waitlists and chronic underfunding in the province.

## Calls to Action

-  **Scale Integrated [Youth Wellness Hubs](#):** With youth and younger Canadians being 50 per cent more likely to access mental health services, continued investments in youth wellness hubs are needed, alongside resources in schools to strengthen early intervention approaches.<sup>6</sup>
-  **Incentivize Workplace Training:** Provide guidance for small- and medium-sized enterprises (SMEs) to create stigma-free environments and clear cross-sector referral partnerships with community health providers, drawing on examples such as [Workplace Safety North \(WSN\)'s Mental Health Guide for Small Businesses](#).
-  **Expand Pre-Charge Diversion Programs:** With resourcing for policing being a pressing issue in many communities, repeat interactions with the legal system can be reduced by pursuing a “health-first” approach to scaling programs that connect individuals to support and care, before charges are laid for certain offences.<sup>7</sup>

## 2. Bridging the Fragmented Recovery System

**Ontario’s mental health and addictions system remains highly fragmented**, particularly for individuals with complex needs such as concurrent disorders, homelessness, or justice system involvement. **Housing instability is one of the greatest barriers to sustained recovery**, highlighting opportunities for scalable, evidence-based solutions that balance compassion, safety, and long-term sustainability.<sup>8</sup>

**Rates of homelessness have risen significantly, with 85,000 Ontarians experiencing homelessness in 2025** - a 7.8 per cent increase since 2024. Of those, 53 per cent are chronically homeless, reflecting a systemic issue.<sup>9</sup> Long waitlists for supportive housing remain misaligned with clinical and recovery timelines. To address chronic homelessness, Ontario needs more than 75,000 new supportive and affordable housing units.<sup>10</sup>

---

<sup>6</sup> [A Generation at Risk: The State of Youth Mental Health in Canada](#)

<sup>7</sup> [Evidence for the effectiveness of police-based pre-booking diversion programs in decriminalizing mental illness: A systematic literature review - PMC; 4.0 Use of alternative measures -II. A Descriptive Profile - Police Discretion with Young Offenders - A Descriptive Profile - Use of alternative measures; Canada's first pre-charge Indigenous diversion program launches | Globalnews.ca](#)

<sup>8</sup> [The State of Mental Health in Canada 2024](#)





<sup>9</sup> [MunisUnderPressure1YearUpdateReport2026-01-13.pdf](#)

<sup>10</sup> [2024-Homeless\\_Dec2024\\_6](#)

Additionally, after their release from custody, treatment, or a health facility, a growing number of people attempt to reintegrate with no housing options, leading to immediate instability, heightened relapse risk, and repeated crisis interactions. A report by the John Howard Society of Ontario, [From Incarceration to Encampment](#), found that in 2023-24, over 7,400 people were released from Ontario's provincial jails with no fixed address, which represented 10 per cent of Ontario's unhoused population.<sup>11</sup> **Transitional housing that integrates clinical, social, and employment supports would help address this challenge with tri-lateral cross-sector collaboration – including public, private, and community partners.**

**Treatment cannot be time-limited or location-bound.** Recovery trajectories vary, and individuals from different populations have different needs and often require ongoing support beyond traditional program timelines.

## Calls to Action

-  **Treat Housing as Core Health Infrastructure:** Recognize safe, stable housing as a foundational health intervention and scale supportive housing models that provide on-site or closely linked clinical and wrap-around services.
-  **Address Geographic Inequities in Services:** Extend community-based mental health and addictions services and supportive-housing capacity beyond urban centres by prioritizing investments in rural, northern, and remote areas.
-  **Replicate and Expand Scalable Solutions:** Enable local partners through cross-sector collaboration to adapt wrap-around services by replicating models that are currently working well. For example, [The Lighthouse in Orillia](#) is a non-profit that has been providing emergency shelter, supportive housing and transitional supports for 30 years; in Waterloo, [an old hotel](#) was converted into a homeless shelter with common spaces for group therapy and access to nurses; and in Belleville, [the Bridge Integrated Care Hub](#) provides individuals experiencing homelessness with mental health and addictions counselling, food assistance, primary health care, and connections to housing through a partnership between local health and social services.
-  **Strengthen Continuity of Care During System Transitions:** Ensure people leaving hospitals, treatment centres, shelters, or correctional facilities receive long-term outpatient supports with coordinated follow-up, recognizing that the highest risk of disengagement, overdose, or crisis occurs during system transitions.

---




<sup>11</sup> [Press-Release-JHSO-Rethinking-Justice-From-Incarceration-to-Encampment.pdf](#)

### 3. Shifting to a Health-Led, Proportionate Crisis Response

Ontario's crisis response model has often relied too heavily on law enforcement and emergency response for situations that are primarily health-related, citing perceived risks to public safety. This not only strains public safety resources but often fails to meet the needs of individuals in crisis. As a result, [Mobile Crisis Response Teams \(MCRTs\)](#) have been implemented across the province. They provide a tailored response that allows officers and health partners to work together to reduce impacts on policing and hospital resources and improve safety.<sup>12</sup>

**Community-based crisis response models and MCRTs, in which health professionals, outreach workers, and peer supporters lead the response, are already making a positive impact across Ontario.** The [Downtown Community Outreach Response and Engagement \(CORE\) Program](#) in Toronto's Yonge-Dundas neighbourhood, for example, has built an effective partnership in which public health nurses work alongside police constables to provide low-barrier, mobile outreach and connect people to voluntary, trauma-informed harm reduction supports.<sup>13</sup> Likewise, formal partnerships have enabled touchpoints between Indigenous Friendship Centres and Ontario Provincial Police (OPP) representatives, involving collaboration through municipal safety networks aimed at building trust and training the OPP in mental health crisis response. These types of models can be more effective in de-escalation, trust-building, and connection to care.

#### Calls to Action

-  **Differentiate Health Crises from Safety Incidents:** Ensure clear protocols are in place for both law enforcement and health teams, so crisis responses can differentiate between safety-related incidents and health emergencies.
-  **Scale Health-led Crisis Response Teams:** Expand crisis response teams to ensure regional availability across Ontario, with diverse funding sources to ensure long-term planning, and evening/weekend coverage, enabling equitable access to health-first crisis care across all regions in Ontario.<sup>14</sup>
-  **Integrate Peer Support into Crisis Pathways:** Strengthen engagement and continuity of care by embedding trained peer-support workers into crisis teams and post-crisis follow-up. For example, the [Hard Hats peer support hotline](#) for the construction sector serves as a model for providing safe access to help and connections to regional care teams.

<sup>12</sup> [New resource launched to support individuals in crisis: Crisis Response Teams in Action – Human Services and Justice Coordinating Committee – HSJCC: Developing-Mobile-Crisis-Response-Teams-Framework.pdf](#)

<sup>13</sup> [Downtown Community Outreach Response & Engagement \(CORE\) Team – City of Toronto](#)

<sup>14</sup> [Crisis Response Teams in Action – Human Services and Justice Coordinating Committee – HSJCC](#)

## 4. Aligning Funding with Outcomes

**Funding for mental health, addictions, housing, and community safety remains fragmented across ministries and orders of government.** Municipalities often bear the financial and operational burden of crisis response, housing, and community impacts despite limited fiscal capacity.<sup>15</sup>

**Current short-term, program-specific funding serves as a major barrier to workforce stability, continuity of care, and long-term planning.** Although some regions are seeing increases in capital investments for housing and infrastructure, operational funding for staffing and supports has not kept pace. Many community-based mental health and addictions organizations must reapply for program funding annually, with base increases falling below inflation due to the current funding model. While the 2025 Ontario Budget's four per cent increase in operational funding was a critical step in stabilizing the sector, continued investments will support the rise in service demand.<sup>16</sup>

**Sector-specific supports for vulnerable industries can provide targeted and responsive resources,** particularly in the construction sector, which suffers from significant mental health and addictions challenges.<sup>17</sup> The [De Novo Treatment Centre](#), developed through collaboration between management and unionized members of the Ontario Construction and Building Trades, provides a strong model. The Centre provides addictions treatment through a 35-day Residential Addiction Treatment Program with a 12-step approach to address stigma and ensure workers can access specialized care.<sup>18</sup>

### Calls to Action

-  **Ensure Predictable and Inflation-Responsive Funding:** Front-line and community-based services need predictable funding to ensure they can maintain service continuity, retain staff, and meet rising demands. Multi-year funding approvals can reduce capacity strain from annual funding applications and ensure reductions in service disruption.
-  **Pair Capital Investments with Sustained Operations:** Tie capital investments in facilities and hubs with operational funding to ensure programs, staffing, and infrastructure are fully functional and remain stable over time. For example, HART Hubs have been critical to supporting communities; however, additional operational funding is needed to meet regional demand and to integrate on-site clinical and wrap-around services.
-  **Implement a Provincial Identity-Based Data Strategy:** Adopt a province-wide identity-based mental health and addictions framework – capturing standardized social determinants of health and identity indicators, to uncover inequities in access and outcomes, support culturally safe and community-responsive care, and strengthen coordination across Ontario's health, social, education and justice systems.

<sup>15</sup> [AMHO Pre-Budget Submission 2025; Integrated Approach to Mental Health and Addictions 20220802 RPT.pdf](#)

<sup>16</sup> [CMHA Ontario deeply grateful for 2025 budget investments for community mental health and addictions care](#)

<sup>17</sup> ['Silence is costly': One in three construction workers report poor mental health](#)

<sup>18</sup> [Residential - De Novo Treatment Centre](#)



## 5. Public Perception, Equity, and Economic Resilience

Mental health and addictions challenges have become increasingly visible in business districts, workplaces, and public spaces, directly affecting economic confidence and community wellbeing. **Untreated mental illness and addiction contribute towards workforce shortages, reduced productivity, and rising public-safety costs, especially for SMEs that may need to reinforce their storefronts with security measures.**

**Equity remains a central concern.** As mentioned above, people leaving incarceration or treatment remain at high risk of homelessness and relapse without appropriate transitional support.<sup>19</sup> Employment is a key stabilizing factor, yet pervasive stigma and criminal records continue to limit access to work. With 1 in 9 Canadians holding a criminal record, significant economic potential is lost by excluding such a large talent pool, particularly amid stagnating population growth.<sup>20</sup>

**Investments in mental health and addictions are essential to economic resilience and long-term cost reduction.** Far from discretionary social spending, longer-term investment can have lasting economic benefits.

### Calls to Action

-  **Treat Income Security as Core to Recovery:** Strengthen income-support programs and employment pathways to prevent cycling through crisis services, and to encourage long-term mental health and addictions recovery. For example, [Fair Chances Coalition](#), aims to address barriers to employment for individuals with a criminal record.
-  **Tie Economic Impact to Equity-Informed Care:** Workforce disruptions, productivity losses and increased public-safety pressures, underscore the need for a cross-sector approach rooted in transparency, data, and targeted interventions to strengthen outcomes across communities.

---

<sup>19</sup> [Press-Release-JHSO-Rethinking-Justice-From-Incarceration-to-Encampment.pdf](#)

<sup>20</sup> [4 million Canadians have a criminal record. Companies not hiring them are missing out, say advocates | CBC News](#)

## CONCLUSION

Ontario's mental health and addictions crisis cannot be addressed through isolated programs, siloed and fragmented approaches, or short-term responses. A coordinated, health-led system grounded in early-intervention, prevention, treatment, integrated care, sustainable funding, and cross-sector collaboration would improve outcomes for individuals, strengthening communities, and supporting long-term economic growth.

The calls to action in this document are integral components of a full continuum of care, which must be supported by clear accountability and sustainable funding. Public and private partnerships across all levels of government, with support from local businesses and communities, front-line services, non-profits, research institutions, and healthcare leaders are important components to addressing the mental health and addictions crisis across Ontario.

*This document summarizes insights from a roundtable consultation held by the Ontario Chamber of Commerce and Indivior Canada in Toronto on January 19, 2026.*