THRIVE TORONTO

Mental health in decline

Toronto's first report card on mental wellness in the city

JANUARY 2026

Thrive Toronto brings together partners from municipal government, community organizations, healthcare and public health to drive meaningful action to improve the mental health of Torontonians. Our mission is to transform Toronto into a city where everyone can thrive.

About the Thrive Toronto Mental Health Report Card

This first report card on mental wellness, psychological health and the factors that promote mental health in Toronto is designed to highlight needs and promote actions that can be taken to address them in the city. It is one of five key actions of the Thrive Toronto Mental Health Plan and is meant to be repeated in future years in order to monitor and measure progress.

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Executive summary

Mental health is one of the most important aspects of life.

We all benefit from improved mental health. We all lose when mental health deteriorates.

In recent years, evidence of deteriorating mental health has led to calls for coordinated action at the federal, provincial and local levels.

To support this coordinated action, Thrive Toronto – a broad coalition of organizations active in mental health – came together in 2023 to develop a mental health plan for our city.

The first key action of this plan called for the development of an agreed way to measure mental health in Toronto across health, social and charity sectors. The second action was to assess the mental health and well-being of the city.

This report card highlights which populations in the city are flourishing, and which are facing greater challenges.

This report presents the agreed-upon indicators that will be used to measure and monitor mental health over time, and reports on the current state of mental health in Toronto. Many organizations and services across Toronto focus on the identification and treatment of mental illness. The focus of Thrive Toronto is mental wellness, which extends this work. This report card highlights which populations in the city are flourishing, and which are facing greater challenges.

Thrive Toronto's mental health report card initiative began with the creation of the Thrive Mental Health Indicator Framework – a defined set of mental health, sociodemographic and health determinant indicators that describe the state of mental health and well-being across both adult and children and youth populations. It includes indicators examining mental health and supportive services, and the extent to which they are meeting people's needs. There was also a focus on adverse childhood experiences, which are important determinants of both mental and physical health.

This Thrive Toronto Mental Health Report Card is the first in a series. The indicator framework will serve as a foundation for future reports, which will enable the monitoring of mental health trends over time and help to identify inequities.

And importantly, this report card highlights the need for action that ensures everyone has access to the resources they need to thrive – to live a healthy, meaningful, engaged life – as well as action on other social determinants of health. In uncovering mental health inequities in our city, it aims to communicate where strategy, action and investments are needed to improve psychological well-being in Toronto.

Report Card highlights

The mental health of Torontonians is getting worse.

- There was substantial decline in high perceived mental health in Toronto from 73 per cent in 2015 to 52 per cent in 2022.
- Compared to before the pandemic started, 31 per cent reported that their mental health had worsened.
- There was a steep decline in mental wellness in the early years of the pandemic, but declines were evident pre-COVID-19 and continue to be reported across Canada.

Not everyone is equally affected.

Concerning patterns are emerging among young people, 2SLGBTQ+ adults, and those affected by adverse childhood experiences or discrimination.

- Younger age groups were less likely to report high perceived mental health than older age groups, with only 41 per cent of 18- to 24-year-olds reporting high perceived mental health compared to 61 per cent of individuals aged 65 and over.
- Fewer people identifying as gay, lesbian, bisexual or as having another sexual orientation (36%) reported high mental health compared to heterosexual individuals (56%).
- The percentage of people who reported adverse childhood experiences (ACEs) and reporting high perceived mental health was lower (51%) than people who had not reported ACEs (69%).
- Fewer people who reported discrimination reported high perceived mental health (52%) compared to people who had not experienced any form of discrimination (67%).

Together, these trends point to marked differences in how equity-deserving communities across the city perceive and experience their health and well-being.

To help understand these trends, mental health outcomes were examined in relation to a range of social determinants of health including working conditions, cost of living pressures and concerns about climate change.

- More than one in 10 (14%) Torontonians were classified as moderately or severely food insecure and nearly one-third (32%) of the population reported finding it “difficult” or “very difficult” for their household to meet its financial needs in terms of transportation, housing, food, clothing and other necessary expenses.
- Over one-quarter (28%) of the population reported high levels of work stress and more than one in 10 (15%) felt they had low job security.
- Twenty-two per cent of the Toronto population reported a high level of life stress and 22 per cent reported lacking sufficient support from others to cope with their biggest source of daily stress.

The percentage of people with high perceived mental health was between 11-24% lower in these groups compared to the Toronto average.

The escalating stressors people are facing are experienced across their lives, from the growing burden of work and living conditions to the challenges in accessing services and supports. Together, these are contributing to lower levels of mental health and well-being in Toronto.

Moving from the large number of people with mental wellness and psychological health concerns to the relatively small number of people with mental illness, we investigated how services were meeting people’s needs.

The majority of people with mental illnesses who access services felt they were meeting the needs, but a substantial proportion have challenges accessing care and support.

- For Torontonians who were connected to community mental health services, 76 per cent of identified needs were met. While this is positive, 24 per cent of identified needs remained unmet, highlighting potential gaps in support.
- Demands for support services are rapidly rising, with the number of people waiting for support services nearly doubling between 2020/2021 and 2022/2023.

Introduction

Mental health is one of the most important aspects of health.[1]

It is more than just the absence of mental illness – it reflects a state of well-being and the ability of people to work and learn productively, engage with their community and manage life's stressors[2]. Concerns about deteriorating mental health have led to calls for coordinated action at the federal, provincial and local levels[3,4].

Thrive Toronto – a system-wide coalition of organizations – was formed to improve the mental health of people in Toronto. The foundational work of Thrive Toronto was to publish "A Mental Health Plan for our City," Toronto's first multi-sector mental health plan[5]. Building on the strategic direction of this mental health plan, Thrive Toronto's Advisory Committee outlined a series of actions to begin to address the mental health concerns of Torontonians. The first action was to develop an agreed upon set of indicators to measure mental health in the city, including both mental illness and mental wellness indicators. The second action was to use those indicators to develop a mental health report card for Toronto.

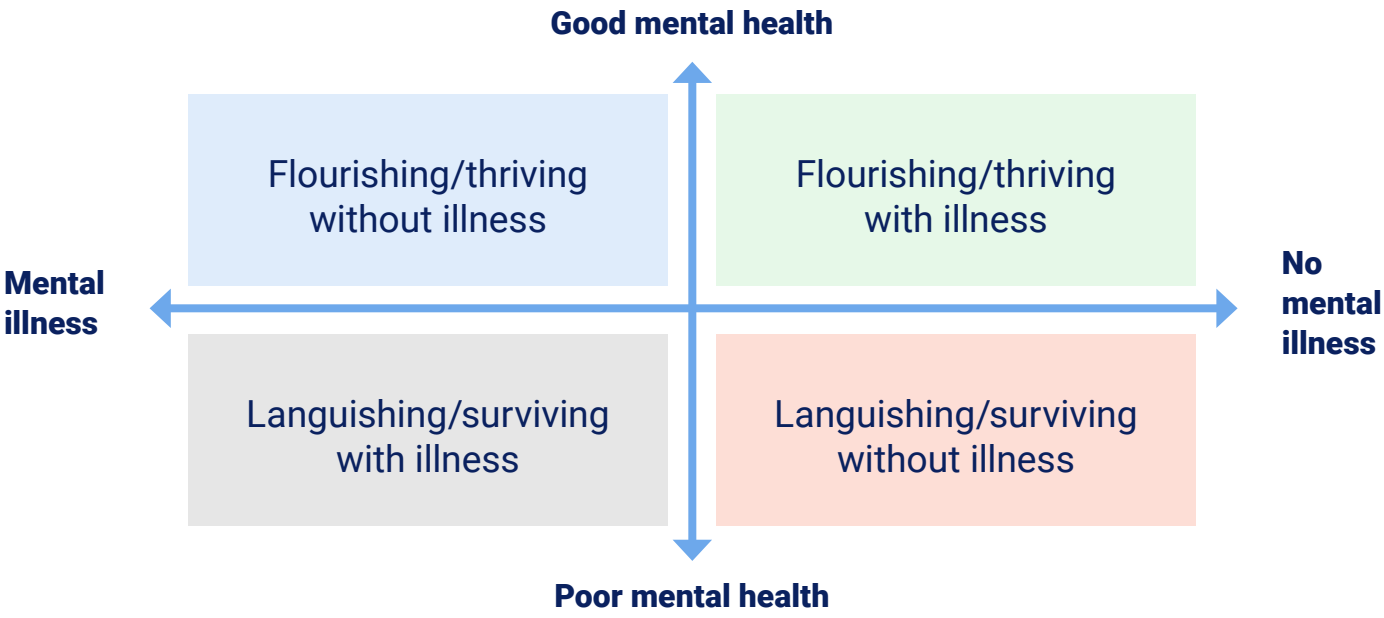
The goal of this report card is to help to uncover mental health inequities and communicate where strategy, action, and investment are needed to improve mental health in Toronto.

Designed to be action-oriented, this report card aims to produce a detailed mental health profile for Toronto. Rather than focusing solely on mental illness and poor mental health outcomes, this work emphasizes the thriving end of the mental health continua (see Figure 1).

It examines how mental health has changed over time, and how it differs by a range of social factors to explore which populations report high levels of mental health and which may be facing greater challenges. This also includes an assessment of mental health help-seeking behaviours, the availability of formal mental health services, and the extent to which these services are meeting the needs of the population. Ultimately, the goal of this report card is to help to uncover mental health inequities and communicate where strategy, action, and investment are needed to improve mental health in Toronto.

The Thrive Toronto Mental Health Report Card is the first in a series. It offers the baseline information from which future reports can measure success or identify problems.

Figure 1. **The two continua model of mental health based on the work of Keyes**[6].



Methods

Developing the Mental Health Indicator Framework

The first step in developing the mental health report was the co-production of the Thrive Toronto Mental Health Indicator Framework by Thrive Toronto partners. A small sub-committee of the Thrive Toronto Advisory Committee served as technical advisors to the construction and evolution of the framework.

Their work was informed by a review of indicator frameworks that brought together international evidence on mental health indicators. Through this process, the network reached consensus on the set of indicators that informed the Thrive framework.

The Thrive Toronto Mental Health Indicator Framework includes indicators related to mental health, sociodemographic characteristics, and determinant indicators that describe the state of mental health and well-being of both adult and children and youth populations. It also includes indicators that assess mental health and supportive services and how well they meet the needs of the population.

The framework builds on foundational work by the Public Health Agency of Canada's Positive Mental Health Indicator Framework (PMHIF) due to its focus on positive mental health and its determinants across the life course[7,8]. The technical sub-committee of the Thrive network and the wider Thrive Toronto Advisory Committee partners collaboratively selected which indicators to include in the framework, using the same criteria applied in the development of the PMHIF[7]. There was a particular focus on indicators that were both relevant and actionable. The framework was designed with the goal of enabling consistent reporting of Toronto's mental health profile over time.

Table 1. **Indicator selection criteria used to develop the PMHIF**[7]

Criteria	Description
Relevant	Is it meaningful?
Actionable	Can it usefully inform public health practice or policy?
Accurate	Is it high quality?
Feasible	Is the data accessible?
Ongoing	Is the data collected regularly?

The indicator framework is shown below, highlighting the themes within which the indicators are organized. Further details on specific indicators and their definitions can be found in Appendix 1 (Tables 1-3), Appendix 2 (Tables 6-8), and Appendix 3 (Table 10).

Because the report card's agreed focus is on thriving, the primary mental health indicator is high perceived mental health. This is based on the following question: *In general, how is your mental health? [1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Poor].* In line with reporting elsewhere[9,10], individuals with high perceived mental health were defined as those who responded to this question with "Excellent" or "Very good." This is a recognized and widely used indicator of population mental health[11].

The Thrive Toronto Mental Health Indicator Framework was designed with the goal of enabling consistent reporting of Toronto's mental health profile over time.

Table 2. **Thrive Toronto Mental Health Indicator Framework**

Mental health indicators	Sociodemographic indicators
• High perceived mental health (primary mental health indicator) • Resilience (coping with stress) • Chronic mental health conditions • Psychological distress (children and youth) • Perceived impact of COVID-19 pandemic on mental health	• Sex[1] • Age (school grade for children and youth) • Household income (adults) • Home ownership (adults) • Education (adults) • Sexual orientation • Racial group • Immigration status (adults) • Length of time in Canada • Living arrangement (adults)
Determinant indicators	**Mental health service indicators**
• Overall well-being and long-term health • Substance use (adults) • Financial difficulty (adults) • Life stress and support systems • The work environment (adults) • The neighbourhood environment (adults) • The school environment (children and youth) • Discrimination • Adverse childhood experiences (adults)	• Help-seeking for mental health support • Met needs in mental health services (age 16+) • Unique individuals on the waitlist for individual support services and supportive housing (age 16+) • Wait times for individual support services and supportive housing (age 16+)

[1] Sex at birth was used because counts for gender-diverse and trans individuals were too low, creating risk of identifiable information and low-quality estimates.

Developing the Mental Health Report Card

The Thrive Toronto Mental Health Indicator Framework served as a foundation for creating the report card, which drew upon a wide range of data to gather the most up-to-date insights into mental health in Toronto (see Table 3).

Table 3. **Thrive Toronto Mental Health Report Card data sources**

Adults (age 18+)	Children and youth (grades 7 to 12)	Mental health services
Statistics Canada Canadian Community Health Survey [CCHS] (2021, 2022)[12,13] Mental Health & Access to Care [MHACS] (2022)[14] General Social Survey [GSS] (2019)[15] Canadian Housing Survey (2022)[16]	**Centre for Addiction and Mental Health (CAMH)** Ontario Student Drug Use and Mental Health Survey [OSDUHS] (2023)[17]	**Ontario Health** Ontario Common Assessment of Need (OCAN) data[18] **The Access Point** Waitlist data (counts and wait times) for individual support services and supportive housing[19]

To understand the distribution of mental health outcomes across Toronto's population, descriptive analyses were conducted on each dataset to calculate the weighted percentages of individuals reporting high perceived mental health, along with 95 per cent confidence intervals. These results were then disaggregated by sociodemographic and social determinant factors, as identified in the Thrive Toronto Mental Health Indicator Framework, to explore inequalities in mental health.

Additionally, the report card assessed the extent to which mental health services were meeting support needs and reviewed waitlist data for individuals seeking mental health support to examine the availability of services.

Analyses were carried out at the Toronto city level where possible. If data were unavailable or the sample size was too small to allow for meaningful stratified analysis, the Toronto Census Metropolitan Area (CMA) was used instead, which included the City of Toronto as well as surrounding regional municipalities of Halton, Peel, York and Durham (see Appendix 4).

Further details on the included data sources, indicator definitions and analysis can be found in Appendix 5.

Results

A detailed mental health profile for both adult and child and youth populations in Toronto is presented below. For each population, the results are organized to examine how mental health outcomes have changed over time, how they compare to patterns observed in other regions, and how it is influenced by a range of sociodemographic and social factors. Finally, trends for mental health service access, including access to mental health supports, as well as wait times for mental health services, are explored at the end.

Together, these findings offer an up-to-date snapshot of the current state of mental health in Toronto and the complex social and structural factors associated with thriving mental health.

Adult mental health

Mental health among adults in Toronto has been declining since 2015, and some groups are worse off than others.

Changes in mental health over time, comparisons with other regions and differences between sociodemographic groups are presented below. Furthermore, because mental well-being does not exist in a vacuum, several potential drivers of mental health are analyzed.

A snapshot

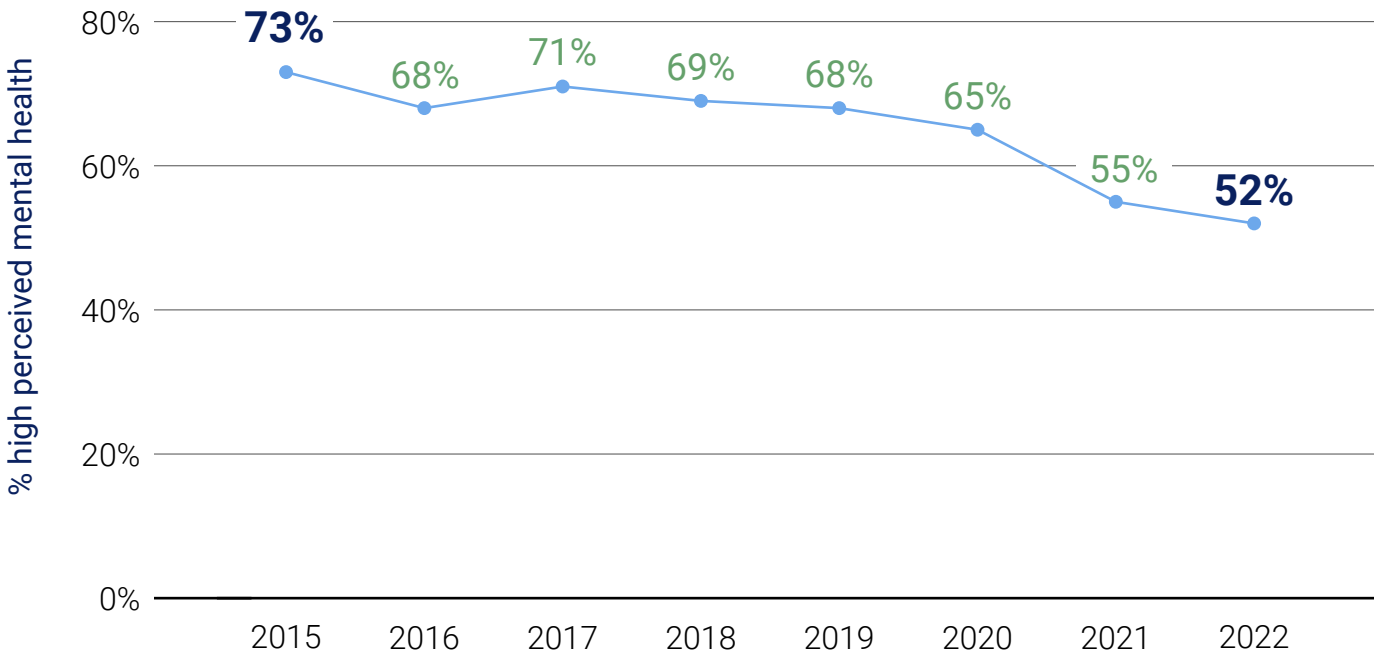
- There was substantial decline in high perceived mental health in Toronto **from 73% in 2015 to 52% in 2022**.
- Compared to before the pandemic started, **31%** reported that their mental health had worsened.
- **16%** of adults reported having a chronic mental health condition.
- Despite these mental health challenges, **61%** reported their coping ability to handle day-to-day demands as "excellent" or "very good."

How is mental health changing over time?

Mental health in Toronto has been declining since 2015 (see Figure 2). In the period of 2015 to 2022, the percentage of people who rated their mental health as "excellent" or "very good" declined **21 percentage points**, from 73 per cent to 52 per cent. The steepest decline was observed from 2020 to 2021, with a **10-percentage point drop** from 65 to 55 per cent. In 2022, mental health showed no signs of bouncing back to pre-COVID-pandemic levels, with a further **3-percentage point drop** compared to the previous year. Appendix 1 (Tables 4-5) provide a further breakdown on the trends in mental health over time and by dataset.

Figure 2. **Percentage of adults aged 18 and over reporting high perceived mental health between 2015 and 2022; from the annual CCHS, reported on Toronto Public Health's Mental Health and Substance Use dashboard.**

In the City of Toronto, the percentage of adults reporting **"excellent"** or **"very good"** mental health **dropped 21 percentage points** between 2015 and 2022.



How does mental health in Toronto compare to other regions?

Mental health indicators for the City of Toronto were compared to regional, provincial and national estimates to examine whether local patterns were reflective of larger trends.

Overall, however, there was no evidence of significant differences in the percentage of high perceived mental health between residents of the City of Toronto, the rest of Toronto CMA, Ontario and Canada (see Table 4).

Table 4. **Geographical differences in reporting of high perceived mental health**

Area	% high perceived mental health
City of Toronto	52
Toronto CMA	56
Ontario	52
Canada	55

How does mental health differ by sociodemographic group?

Mental health outcomes were examined by a range of sociodemographic characteristics to help identify inequities in mental health. While there were no differences by sex, income, home ownership, racialized group or living arrangements, significant differences emerged by age, education, sexual orientation and immigration status.

Sociodemographic differences in high perceived mental health are presented in Table 5, along with how each group differs relative to the City of Toronto average. Additional details on sociodemographic characteristics, indicators and other statistical output can be found in Appendix 1. For these analyses two years of data were combined so the percentage of people with high mental health in Toronto was 54 per cent.

Age: Younger age groups were generally less likely to report high perceived mental health than older age groups. There was a significant difference between 18- to 24-year-olds (41%) and individuals aged 65 and over (62%).

Education: Fewer people with lower levels of education reported high perceived mental health. Specifically, a significantly lower percentage of those with less than secondary school education reported high perceived mental health (35%) compared to those with post-secondary education (55%).

Sexual orientation: The percentage high perceived mental health amongst individuals identifying as gay, lesbian, bisexual or as having another sexual orientation (36%) was markedly lower than that of heterosexual individuals (56%).

Immigration status: Canadian citizens by birth were less likely to report high perceived mental health (49%) relative to landed immigrants or non-permanent residents (58%).

Table 5. **Sociodemographic differences in high perceived mental health**

Socio-demographic indicator	Sub-group	% reporting high perceived mental health	%-point difference to Toronto average
Sex	Male	**58**	**+4**
	Female	**50**	**-4**
Age*	18 to 24[C]	**41**	**-13**
	25 to 34	**49**	**-5**
	35 to 44	**54**	**0**
	45 to 54	**54**	**0**
	55 to 64	**59**	**+5**
	65 to 79	**62**	**+8**
	80 and over	**60**	**+6**
Income (household)	Quintile 1 (lowest 20%)	**45**	**-9**
	Quintile 2	**54**	**0**
	Quintile 3	**54**	**0**
	Quintile 4	**57**	**+3**
	Quintile 5 (highest 20%)	**58**	**+4**
Home ownership	Yes, owns	**56**	**+2**
	No, rents	**52**	**-2**
Education*	Less than secondary school graduation[C]	**35**	**-19**
	Secondary school graduation, no post-secondary education	**54**	**0**
	Post-secondary certificate, diploma, university degree	**55**	**+1**
Sexual orientation*	Heterosexual	**56**	**+2**
	Gay, lesbian, bisexual, or other sexual orientation[C]	**36**	**-18**
Racialized group	Racialized	**57**	**+3**
	Non-racialized	**51**	**-3**

Table 5. **Sociodemographic differences in high perceived mental health** (continued)

Socio-demographic indicator	Sub-group	% reporting high perceived mental health	%-point difference to Toronto average
Racialized group (stratified)	South Asian	**63**	**+9**
	Black	**61**	**+7**
	Southeast Asian	**57**	**+3**
	Middle Eastern	**47**	**-7**
	East Asian	**53**	**-1**
	Another racialized group/multiple racial identities	**53**	**-1**
	Non-racialized	**51**	**-3**
Immigration status*	Non-immigrant (citizen at birth)	**49**	**-5**
	Landed immigrant or non-permanent resident	**58**	**+4**
Time in Canada (immigrant population)	Less than five years	**58**	**+4**
	Five to 10 years	**61**	**+7**
	11 to 20 years	**56**	**+2**
	Over 20 years	**58**	**+4**
Living arrangements	Unattached individual living alone	**52**	**-2**
	Unattached individual living with others	**50**	**-4**
	Individual living with spouse/partner	**58**	**+4**
	Single parent and child/children	**51**	**-3**
	Parents or parent and partner/spouse living with child/children	**51**	**-3**
	Other living arrangement	**58**	**+4**

* Indication of statistically significant group differences based on non-overlapping confidence intervals.

[c] Estimates for these groups have high sampling variability so should be interpreted with caution. However, differences by age, education and sexual orientation remain statistically significant.

Two years of CCHS data (2021 and 2022) were combined for these analyses.

What other social determinants drive mental health?

Mental health outcomes were examined in relation to a range determinants relating to general health, substance use, financial difficulties, life stress, work environment, neighbourhood environment, discrimination and exposure to adverse childhood experiences. As shown in Table 6, the percentage of people reporting high perceived mental health significantly differed across all determinant indicators, except for chronic physical health conditions and heavy drinking. Further descriptive information on the selected determinants, associated indicators and further statistical output can be found in Appendix 1. For these analyses two years of data were combined so the percentage of people in Toronto reporting high mental health is 54 per cent.

Overall well-being and long-term health: Those who reported a lower level of general health were also less likely to report high perceived mental health.

Forty-one per cent of Torontonians reported lower general health. Amongst people with lower-rated general health, only 27 per cent reported high perceived mental health, compared to 72 per cent in people who reported “excellent” or “very good” general health.

Financial difficulty: High perceived mental health is less commonly reported among people struggling to make ends meet.

More than one in 10 (14%) Torontonians were classified as moderately or severely food insecure and nearly one-third (32%) of the population reported finding it “difficult” or “very difficult” for their household to meet its financial needs in terms of transportation, housing, food, clothing and other necessary expenses.

Amongst individuals who were classified as moderately or severely food insecure, only 36 per cent reported high perceived mental health, compared to 57 per cent among those with higher food security. Likewise, far fewer people who reported struggling financially reported high perceived mental health (33%) compared to those who find it easier to make ends meet (53%).

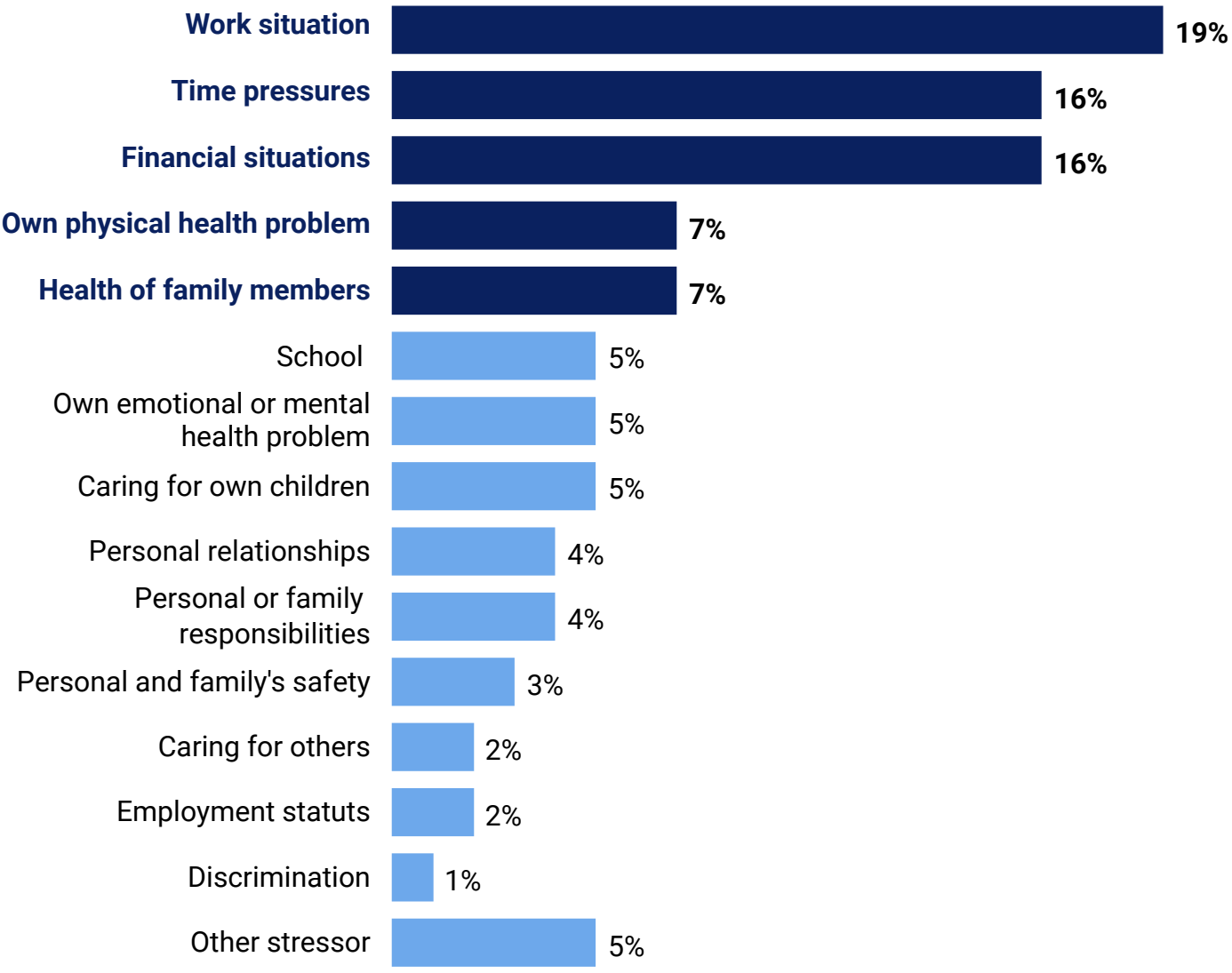
Life stress and support systems: The percentage of people with high perceived mental health was lower among people with higher life stress and weaker support systems.

Twenty-two per cent of the Toronto population reported a high level of life stress and 22 per cent reported lacking sufficient support from others to cope with their biggest source of daily stress (see Figure 3 for stress sources).

Only 30 per cent of people with high life stress reported high perceived mental health compared to 60 per cent in those with lower life stress.

Figure 3. **Top sources of stress reported by Toronto CMA respondents in the 2022 MHACS.**

Top 5 stressors among Torontonians relate to **work**, **time** and **financial pressures**, and **personal and family health**.



Individuals with lower social support had worse mental health, with just over one-third of people with low social support reporting high perceived mental health (34%) compared to those who reported higher levels of social support (56%).

The work environment: High perceived mental health was less common amongst people who perceive their workplace as unstable and stressful.

Over one-quarter (28%) of the population reported high levels of work stress and more than one in 10 (15%) felt they had low job security.

There was a lower percentage of individuals reporting high perceived mental health amongst those with high work stress (41%), than those with lower work stress (58%). Likewise, fewer people who perceived low job security reported high perceived mental health (40%) compared to those with high higher job security (54%).

The neighbourhood environment: Fewer people reported high perceived mental health among those who had a weaker sense of belonging to their local community, felt their neighbours do not help each other, or felt less safe from crime.

One-third (33%) reported a somewhat or very weak sense of belonging to their local community. Seventeen per cent felt their neighbours do not help each other where they live. One-quarter reported low satisfaction with their personal safety from crime.

The percentage of high perceived mental health was lower among people with lower community belonging (40%) relative to those who reported a very strong or somewhat strong sense of belonging (60%).

Of those who reported that their neighbours would not help each other, a lower percentage of people reported high perceived mental health (53%), relative to those who perceived their neighbours as helpful (65%).

Fewer people reported high perceived mental health among those with low satisfaction with their personal safety from crime (55%) than those who reported feeling safer from crime (67%).

Discrimination: Reporting of high perceived mental health is less common in individuals who have experienced discrimination.

One-quarter reported having experienced discrimination in the past five years based on their sex, ethnicity or culture, race or skin colour, physical appearance, religion, sexual orientation, gender identity or expression, age, physical or mental disability, language, or another reason.

Fewer people who reported discrimination reported high perceived mental health (52%) compared to people who had not experienced any form of discrimination (67%).

Adverse childhood experiences: There was a lower percentage of people reporting high perceived mental health among those who reported having experienced any form of adverse childhood experience (ACE).

Thirty-one per cent of the adult population reported having experienced at least one type of ACE. Amongst these individuals, 24 per cent had experienced one to two types of ACEs and seven per cent reported having experienced three or more types.

Emotional abuse was the most common type of ACE reported (23%), followed by household violence (15%), physical abuse (11%), sexual abuse (4%) and neglect (2%). The finding for neglect should be interpreted with caution.

As shown in Figure 4, the percentage of people who reported ACEs reporting high perceived mental health was significantly lower (51%) than people who had not reported ACEs (69%).

Figure 4. **The different rates of high perceived mental health between adults in the Toronto CMA who have and have not been exposed to ACEs, reported on the 2019 GSS.**

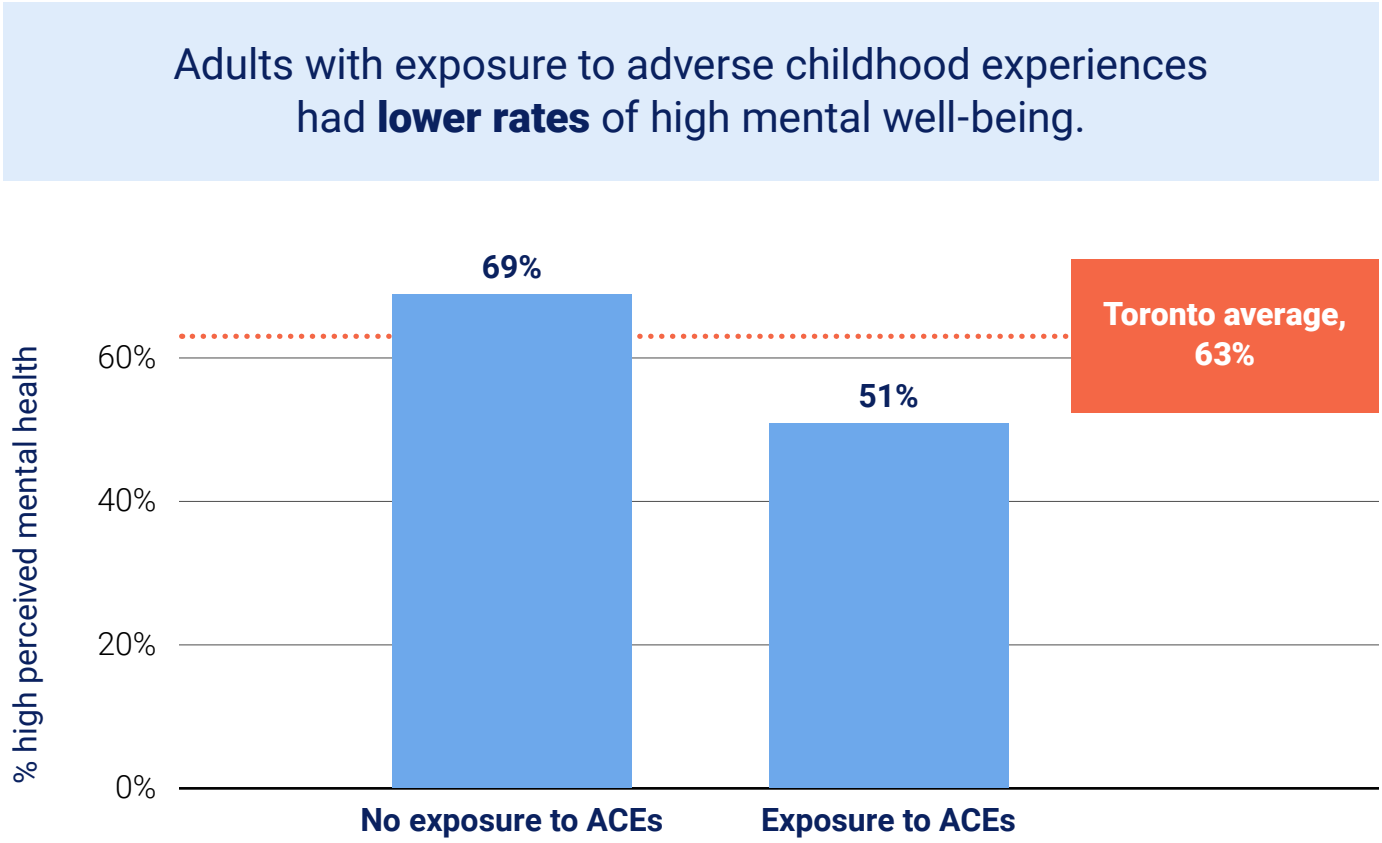


Table 6. **Differences in high perceived mental health by determinants**

Determi-nants category	Indicator	Data source	Sub-group	% reporting high perceived mental health	%-point difference to Toronto average
Overall well-being and long-term health	General health*	CCHS (2021, 2022)	High	**72**	**+18**
			Lower	**27**	**-27**
	Chronic physical health conditions	CCHS (2021, 2022)	None	**57**	**+3**
	Chronic mental health conditions	CCHS (2021, 2022)	At least one	**49**	**-5**
Substance use	Heavy drinking	CCHS (2021, 2022)	No	**54**	**0**
			Yes	**45**	**-9**
Financial difficulty	Food insecurity*	CCHS (2021, 2022)	None or marginal	**57**	**+3**
		CCHS (2021, 2022)	Moderate or severe	**36**	**-18**
	Perceived financial difficulty in meeting basic needs*	CHS (2022)	No	**53**	**+6**
		CHS (2022)	Yes	**33**	**-14**
Life stress and support systems	Life stress*	CCHS (2021, 2022)	Low	**60**	**+6**
			High	**30**	**-24**
	Social support*	MHACS (2022)	High	**56**	**+5**
			Low	**34**	**-17**

Table 6. **Differences in high perceived mental health by determinants** (continued)

Determinants category	Indicator	Data source	Sub-group	% reporting high perceived mental health	%-point difference to Toronto average
The work environment	Work stress*	CCHS (2021, 2022)	Low	**58**	**+4**
			High	**41**	**-13**
	Job security*	MHACS (2022)	High	**53**	**+2**
			Low	**40**	**-11**
The neighbourhood environment	Community belonging*	CCHS (2021, 2022)	High	**60**	**+6**
			Low	**40**	**-14**
	Perceived neighbourhood support*	GSS (2019)	Yes	**65**	**+2**
			No	**53**	**-10**
	Satisfaction with personal safety from crime*	GSS (2019)	High	**67**	**+4**
			Low	**55**	**-8**
Discrimination	Reported discrimination*	GSS (2019)	No	**67**	**+4**
			Yes	**52**	**-11**
Adverse childhood experiences	Reported exposure to ACEs*	GSS (2019)	No	**69**	**+6**
		GSS (2019)	Yes	**51**	**-12**

* Indication of statistically significant group differences based on non-overlapping confidence intervals.

Children and youth mental health

How is mental health changing over time?

Mental health for children and youth in Toronto has been on the decline since 2019. The percentage of children and youth reporting "excellent" or "very good" mental health **dropped 11-percentage points**, from **44 per cent** in 2019 to **33 per cent** in 2023. Due to data limitations, it was not possible to compare this trend to data in other regions, provincially or nationally.

A snapshot

- In **2023**, the percentage of high perceived mental health in children and youth in Toronto was **33%**, which was comparable to the rest of Ontario (**37%**).
- **55%** reported that the COVID-19 pandemic had a moderate to extreme negative impact on their mental health.
- **35%** rated their ability to handle unexpected and difficult problems as "excellent" or "very good."
- **54%** were classified as having moderate to severe psychological distress and 27% had serious distress.
- **17%** reported having a chronic mental health condition.
- **46%** reported feeling depressed about the future because of climate change, with **20%** feeling worried about climate change.

Mental health for children and youth in Toronto has been on the decline since 2019.

How does mental health differ by sociodemographic group?

To assess inequalities in mental health among children and youth in Toronto, the proportion reporting high perceived mental health was examined across a set of sociodemographic characteristics (see Table 7). Due to limitations of available data, sociodemographic characteristics were limited to school grade, racialized group, sex, sexual orientation and time in Canada, with only school grade and sex showing significant differences. A further breakdown of sociodemographic characteristics, mental health indicators and additional statistical output can be found in Appendix 2.

School grade: Older children were less likely to report high perceived mental health. Reporting of high perceived mental health was significantly lower in those in grades 9-12 (28%) than in those in grades 7-8 (42%).

Sex: Fewer females reported high perceived mental health compared to males. The percentage of females reporting high perceived mental health was markedly lower (20%), compared to males (45%).

Table 7. **Sociodemographic differences in high perceived mental health**

Sociodemographic indicator	Sub-group	% reporting high perceived mental health	%-point difference to Toronto average
School grade*	Grades 7-8	42	**+9**
	Grades 9-12	28	**-5**
Racialized group	Racialized	34	**+1**
	Non-racialized	33	**0**
Sex (assigned at birth)*	Female	20	**-13**
	Male	45	**+12**
Sexual orientation (grades 9-12)	Heterosexual	29	**+1**
	Other sexual orientation[C]	19	**-9**
Time in Canada	Whole life	31	**-2**
	Less than whole life	38	**+5**

* Indication of statistically significant group differences based on non-overlapping confidence intervals.
[C] Estimate has high sampling variability so should be interpreted with caution.

What other social determinants drive mental health?

Rates of high perceived mental health among Toronto's children and youth were examined in relation to a range of determinants relating to general health, life stress, school environment and discrimination. As shown in Table 8, significant differences were identified for all determinant indicators, except for chronic physical health conditions. Further descriptive information on the selected determinants, associated indicators and further statistical output can be found in Appendix 2.

Overall well-being and long-term health: Children and young people who reported having lower physical health were less likely to report high perceived mental health.

About half (51%) reported having lower physical health. Very few individuals who reported lower levels of physical health reported high perceived mental health (16%) compared to children and young people who rated their physical health as "excellent" or "very good" (52%).

Life stress and support systems: High perceived mental health was markedly lower in children and young people who reported having high life stress and loneliness.

Thirty-eight per cent of young Torontonians reported high life stress, and the majority reported feeling lonely occasionally, often, or always (63%).

Among those with high stress, only 11 per cent reported high perceived mental health compared to 46 per cent among those reporting lower levels of stress. However, the CV for high perceived mental health among the high stress group was 23 per cent so should be interpreted with caution.

Children and young people who reported higher levels of loneliness had a markedly lower percentage of high perceived mental health (16%) compared to those who rarely or never experienced loneliness (62%).

The school environment: Fewer children and young people who reported lower school enjoyment reported high perceived mental health, and high perceived mental health was markedly lower in children who experienced bullying at school.

Most children and young people in Toronto (65%) reported only enjoying school a little or not liking it very much or at all. Twenty-one per cent of children and youth reported experiencing bullying at school, including physical or verbal attacks, theft or damage to their belongings.

Of those who reported lower school enjoyment, one-quarter reported high perceived mental health compared to 46 per cent in those who reported enjoying school quite a bit or very much.

Among children who experienced bullying at school, only 16 per cent reported high perceived mental health compared to 37 per cent in children who had not been bullied.

Discrimination: Reporting of high perceived mental health was lower among children who had experienced discrimination.

Thirty-nine per cent of children and young people reported at least one occasion of discrimination based on either their race or ethnicity, religion or faith or disability.

Among those who had experienced discrimination, fewer reported high perceived mental health (23%) compared to those who reported never having experienced discrimination (39%).

Table 8. **Differences in high perceived mental health by determinants**

Determinant category	Indicator	Sub-group	% reporting high perceived mental health	%-point difference to Toronto average
Overall well-being and long-term health	Physical health*	High	52	**+19**
		Low	16	**-17**
	Chronic health conditions	None	35	**+2**
		At least one	28	**-5**
Life stress and support systems	Life stress*	Low	46	**+13**
		High	11	**-22**
	Loneliness*	Low	62	**+29**
		High	16	**-17**
The school environment	School enjoyment*	High	46	**+13**
		Low	26	**-7**
	Bullying*	No	37	**+4**
		Yes	16	**-17**
Discrimination	Reported discrimination*	No	39	**+6**
		Yes	23	**-10**

* Indication of statistically significant group differences based on non-overlapping confidence intervals.

Mental health services

A snapshot

- **76%** of needs identified for clients receiving community mental health services were met. However, there were gaps in meeting needs related to food, alcohol use and caring for other dependents.
- Demands for support services are rapidly rising, with the number of people waiting for support services nearly **doubling from 2020/2021 to 2022/2023**.
- Supportive housing wait times are also increasing, with the median wait time increasing every year since 2016, reaching as high as **1,848 days** in 2022/2023.

To what extent are services meeting people's needs in Toronto?

Access to mental health services was a challenge for some Torontonians. Among adults, 10 per cent reported needing help for their emotions, mental health or substance use in the past 12 months but did not receive this support. For children and youth, 35 per cent reported they did not seek support in the past 12 months despite feeling like they needed professional help for mental health concerns. Among those individuals, 29 per cent reported they did not know where to turn for help. Similarly, only half of children and youth reported knowing how to access mental health support through their school, with the remaining reporting they did not know (24%) or were not sure (26%).

For Torontonians who were connected to community mental health services, 76 per cent of identified service needs were met. This was comparable to other Ontario health regions (75%). However, there were regional differences within specific types of needs.

Access to mental health services was a challenge for some Torontonians.

Basic needs (relate to accommodation, food and daytime activities): Within this cluster, food was an area where needs were less often met in Toronto. Specifically, 64 per cent of food needs were met, which is significantly lower than other Ontario regions (76%).

Health needs (relate to physical health, psychotic symptoms, psychological distress, safety to self and others, alcohol use, drug use and other addictions): In Toronto, 62 per cent of identified needs related to alcohol use were met, lower than the 73 per cent reported in other Ontario health regions. No other regional differences were observed.

Functional needs (assessed need in relation to personal care, looking after the home, education, finances, child care and caring for other dependents): Toronto clients reported lower levels of met need in relation to caring for other dependents, at 65 per cent, compared to 87 per cent in other Ontario health regions.

See Appendix 6 (Tables 11-12) for additional data, including Ontario Modified Met Needs Index (OMMNI) scores for all individual need domains and OMMNI scores by sociodemographic characteristics.

Demand for support services and supportive housing

Wait times for both support services and supportive housing within the City of Toronto have been on the rise.

Support services: For the fiscal year 2022/2023, **2,401** individuals were on the waitlist for support services. The number of people waiting for support services nearly doubled from 2020/2021, when it was **1,235**.

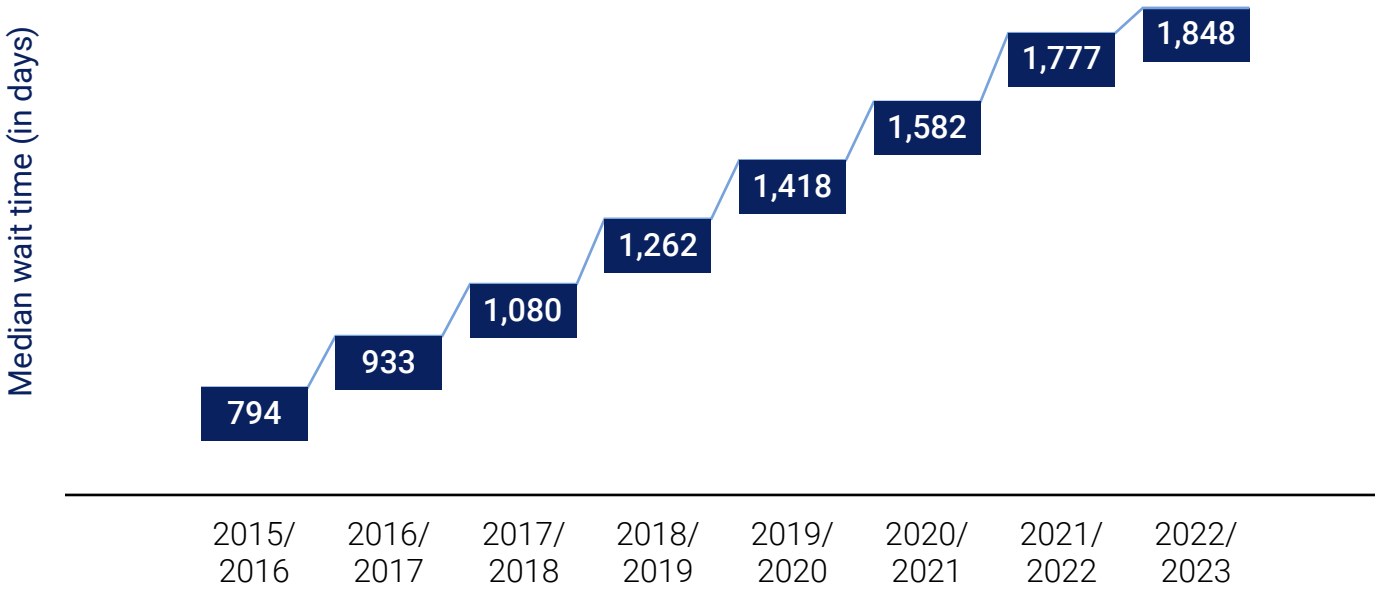
The median time people were waiting for support services in 2022/2023 was **214 days**; in 2020/2021 it was **147 days**.

Supportive housing: In 2022/2023, the number of individuals on the waitlist for supportive housing was **25,641**; an increase from **20,949** in 2020/2021.

As of 2022/2023, the median wait time for supportive housing was **over five years** (1,848 days). The median wait has increased every year since 2016 (See Figure 5). Additional data, including trends over time, subregional and sociodemographic differences can be found in Appendix 7 (Table 13-14).

Figure 5. **Median wait times for supportive housing from The Access Point.**

Wait times for **supportive housing** have steadily **increased** from 2015/2016 to 2022/2023.



Discussion

For Torontonians to experience thriving mental health they must have access to a society and social environment that promotes a healthy and fulfilling life.

This includes financial stability, a healthy diet, safe and adequate housing, quality education and employment, reliable transportation, access to quality healthcare, personal care, physical activity and meaningful social participation[20].

Achieving thriving mental health is becoming increasingly difficult because of the challenges and uncertainties facing Toronto and society more broadly. This includes the ongoing impacts of the COVID-19 pandemic, climate change, rising affordability challenges in housing, food and utilities and of a widening gap between the richest and the poorest[21].

Toronto has the highest income inequality of any major Canadian city[22,23]. For those higher up the economic ladder, the quality of life in Toronto is excellent. However, it is estimated that approximately half of Toronto households lack access to the necessary resources to thrive[24].

The escalating stressors people are facing are being mirrored in the downward trends in mental health identified in this report, signalling a shift towards lower levels of mental well-being in Toronto. These declines are evident in adult and children and youth populations and echo similar findings at provincial and national levels[9].

COVID-19 and subsequent responses to the pandemic are worth noting for their impact on mental health and well-being. Over the course of the pandemic, reports of increased anxiety, stress and vulnerability were well documented[25]. Social and economic challenges were also commonly reported across communities. Financial difficulties, job loss, housing precarity and additional caregiving needs placed a greater burden on mental health for many across the GTA[25,26]. These effects have been reported among people from racialized communities, women, youth and working-age adults. Moreover, the rise in mental health concerns also had an impact on health and community services and their ability to respond[27-29].

While it is important to recognize this context and acknowledge that COVID may have been a critical factor in the steep decline of mental health, it is worth noting that declines were evident prior to the pandemic and continue to be reported in population-level surveys across Canada[30,31].

In the current report, rates of high perceived mental health remained below pre-COVID-19 pandemic levels for both adults (measured in 2022) and children and youth (measured in 2023). Many adults and youth reported that the pandemic worsened their mental health. In addition, nearly one in three said they were struggling to meet their basic financial needs, such as food and housing.

It is worth noting that declines in mental health were evident prior to the COVID-19 pandemic.

Mental health trends among young people are concerning, with many reporting high levels of loneliness and psychological distress, especially among young females. These downward trends have also been reflected in other analyses of the Ontario Student Drug Use and Health Survey[32]. This study showed that rates of moderate to severe psychological distress among students remained consistently high from 2021 to 2023, significantly exceeding levels reported between 2013 and 2019. The steepest declines in mental health were similarly observed among young females.

Bullying, discrimination and low school enjoyment were linked to lower levels of high perceived mental health in this study. Climate change is also a significant mental health stressor among young people.

As with national data, younger adults, those with lower educational attainment, and individuals who identify as gay, lesbian, bisexual or another sexual orientation reported lower mental health. Other studies have also found negative mental health trends among the 2SLGBTQ+ community, extending beyond perceived mental health, including elevated risks for mental health challenges and suicidality.

Findings by immigration status and racialized group should be viewed with some caution. While at a glance they would suggest alignment with Canada-wide trends[33], there is significant diversity in mental health scores between sub-groups of immigrants, which aggregate presentations of data may oversimplify and fail to recognize the diversity that exists across population groups.

Working conditions emerged as a key determinant of mental health in this report. More than one in four respondents reported high work stress, and more than one in 10 felt they had low job security. Individuals in these groups were significantly less likely to report high perceived mental health. Additionally, financial strain, work demands, and time pressures were among the most common sources of stress for people in Toronto.

The mental health impacts of childhood adversity and discrimination are well-established[34]. In one study, nearly one-third of respondents had experienced at least one type of ACE, and high perceived mental health was less common among this group. Discrimination was also linked to poorer mental health outcomes.

Finally, the findings suggest that mental health services are generally meeting the needs of those who can access them. However, demand is growing and wait times remain long. This raises concerns about delayed care and missed opportunities for early intervention.

When considering mental health of people in Toronto, it is important to consider both mental illness as well as mental wellness. There has been a tendency to focus efforts on the small proportion of the population who develop mental health problems, with less attention towards positive mental health for everyone. Both the Province of Ontario and the City of Toronto have developed strategies for mental illness. This report and recommendations focus on the decline in good mental health and access to services that promote mental wellness. This work looks upstream and considers the social conditions that foster thriving mental health for all.

A summary of key findings

Mental health of Torontonians is getting worse.

- Fewer people are reporting that they have “very good” or “excellent” mental health.

Not everyone is equally affected.

- Good mental health was less common in 2SLGBTQ+ adults, and those affected by bullying, ACEs or discrimination.
- There are concerning patterns emerging among young people, especially young females, with only 20% reporting high perceived mental health.
- More than half of Toronto’s children and youth experience moderate to severe psychological distress.

There are many reasons for poorer mental health.

- Working conditions, financial difficulties and time pressures were among the top reported stressors in Toronto.
- High perceived mental health was less common among groups facing greater social and economic challenges.
- High perceived mental health was less common among adults and youth reporting poor physical health.
- Many young people report feeling sad about the future due to concerns about climate change.

Services are meeting the needs for those who can access them, but too many cannot get access to care and support.

- For those who are able to access mental health services, their social needs are often met.
- Demand for services is growing and wait times for both services and supportive housing continue to rise, leaving many without the support they need.
- More than 10% of adults and 34% of children and youth reported there was a time in the past 12 months when they needed support for mental health but did not seek or receive the support they needed.

Recommendations

Thrive Toronto will continue to track the concerning directions identified in this report card over time. However, there are many ways to advance Torontonians towards thriving – towards having the resources needed to live a healthy, meaningful, engaged life – and many ways to improve their mental well-being.

Worsening mental wellness among adults, children and youth across Toronto is worrying. These widespread declines suggest that simply expanding mental health services may not be the most effective or sustainable solution. Instead, addressing the root causes through upstream approaches and tackling the social determinants of mental health are likely to yield greater impact. These determinants include economic stability, education, and social inclusion, which shape mental well-being long before mental health services are needed. Central to this approach is a commitment to creating supportive and inclusive environments in schools and communities to ensure all adults, children and youth in Toronto can thrive.

Worsening mental wellness among adults, children and youth across Toronto is worrying.

The report card authors, along with the Thrive Toronto committees, make several recommendations for next steps that would address some of the specific findings of this report.

1. Target strategies and support to populations most impacted.

Evidence in this report card shows that different groups are experiencing declining mental health at different rates. Young people, 2SLGBTQ+ populations and those with lower education levels are at greater risk of having low perceived mental health. It will be important to develop targeted supports that improve access to mental health services and social determinants of health for these populations. Access to high-quality, timely and disaggregated data will be essential to monitor the impacts of these strategies at improving mental well-being for equity-deserving populations.

2. Strengthen social support networks and connections to communities.

For adults in Toronto, a lack of a support system, a low sense of belonging to the local community and a feeling of not being able to rely on neighbours for help were associated with lower rates of high perceived mental health. Similarly for children and youth, a sense of loneliness and low connections to the school environment were associated with lower rates of high perceived mental health.

Strategies to foster a sense of community, strengthen social ties and reduce isolation and loneliness in school environments, neighbourhoods and communities more broadly will help address these drivers of low mental wellness.

3. Promote high-quality, thriving work environments.

For adults in Toronto, work was a major source of life stress and poor-quality work environments and low job security were linked with lower rates of high mental health. Furthermore, financial pressures and struggles meeting basic needs enhanced stress and reduced mental health.

Thriving jobs are more than just adequate wages. Previous research shows that job security and advancement, access to health and retirement benefits, and healthy working conditions are all important. Creating quality work environments that promote thriving health may help address the drivers identified in this report card and reduce the impact of low-quality work environments on mental well-being.

Thriving workplaces are just one step towards a healthy, meaningful and engaged life. Thriving health is more than just meeting basic needs. It reflects the necessary income level and resources needed to have financial stability, a healthy diet, adequate housing, quality education and employment, reliable transportation, quality healthcare, personal care, physical activity and meaningful social participation. Ensuring that everyone has access to resources needed to thrive will increase the rate of people reporting good mental health.

4. Increase access to mental health promoting services across the continuum.

While most people in Toronto who access mental health services generally have their needs met, waitlists have been growing and many people who need services are going without. There was also evidence in this report card that there were certain needs related to food security, alcohol dependency and caregiving that were not being fully met. Crucially, the waitlists for supportive housing have almost doubled in the past few years. For Toronto to meet the needs of individuals with mental health problems, more supportive housing and greater attention to key support services will be needed.

Strengthening mental health promotion initiatives across the continuum will increase well-being across the population, not just for those in crisis or in need of mental health services. Examples used in other jurisdictions include increased access to youth mental health hubs, where youth access social services; online cognitive behavioural therapy to support management of minor psychological distress, and; social prescribing initiatives in primary care to decrease social isolation and distress and stop distress from becoming a mental health crisis.

Although not profiled in this report, it is important to acknowledge that climate change is expected to be a significant driver of mental health decline in the future. In light of this, Thrive Toronto partners suggest getting ahead of the curve by addressing the mental health impacts of climate change. For young people experiencing high rates of climate anxiety, developing a specific action plan to reduce the impact of climate change on mental health may be important for promoting mental wellness.

Limitations

While this is a robust analysis of mental health trends in Toronto, there are some important limitations to the data sources and analyses that must be considered.

First, with the exception of the OMMNI data which are based on needs met over the course of care, many of these analyses were cross sectional and descriptive in nature. This means they cannot make assumptions about causation but can identify potential mental health inequities that exist. Second, the primary indicator of this report card was thriving mental health or high perceived mental health. Therefore, it is not possible to draw conclusions about low mental health outcomes for specific mental health conditions. For instance, there is some evidence that certain racialized groups have poorer mental health outcomes and higher rates of mental health conditions in Canada[35].

There were also several data limitations. While the most up-do-date data sources were accessed for this report card, there is a considerable data lag that must be acknowledged. Furthermore, for both the adult and child and youth population, sample sizes were not sufficient to derive a reliable estimate of mental health in trans and gender-diverse populations in Toronto, populations that face significant mental health inequities.

This report did not include analyses of mental health among Indigenous populations. For reports on mental health within Indigenous populations in Toronto, refer to Well Living House's "Our Health Counts" Urban Aboriginal Health Database, Toronto[36]. Our Health Counts is an Indigenous-led community-based research project that ran from 2014-2018. It aimed to assess and improve the health of urban Indigenous people. Findings include a range of fact sheets covering various health and social outcomes, including in-depth information on mental health and illness among Indigenous communities[36].

Conclusion

Thrive Toronto's first mental health report card has identified a concerning overall trend of lower mental well-being, with fewer Torontonians reporting "very good" or "excellent" mental health.

While this decline does not affect everyone equally, civil society, policymakers and all Torontonians are urged to pay special attention to the declines for children and youth, particularly females, 2SLGBTQ+ individuals, and those impacted by bullying, adverse childhood experiences and discrimination. The report found a diversity of causes, including work and financial stability, climate change and other social and economic challenges. It also noted that mental health services are not adequately supported to meet current needs.

This report card highlights the need for action that ensures everyone has access to the resources they need to thrive – to live a healthy, meaningful, engaged life – as well as action on other social determinants of health. It discusses actions downstream of the social determinants of health that would directly improve well-being. It also demonstrates the need for actions that recognize specific groups are equity-deserving in terms of their well-being. These groups deserve particular emphasis in responses.

"It's time for action… It's time for well-being."

It is absolutely possible for policy leaders, governments and agencies, the broader public service, employers, the community sector and everyone living in Toronto to build a better future for Toronto. Meaningful action on the social determinants of health, on well-being and for equity-deserving groups can enhance mental well-being. Better well-being is not only an obvious good and an economic advantage, it will also play a role in preventing some Torontonians from needing access to mental illness services that are already inadequate.

It's time for action that will deliver the health, economy and protection Toronto needs. It's time for well-being.

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Appendices

Appendix 1:
Adult mental health indicator tables

Table 1. **Adult mental health indicators**

Variable	Dataset, geography	Description	Per cent (95% CIs)	CV
High perceived mental health	CCHS (2022), City of Toronto	Rated general mental health as "excellent" or "very good"	51.7 (47.2 – 56.2)	5.345
Coping	MHACS (2022), Toronto CMA	Rated ability to handle the day-to-day demands in your life as "excellent" or "very good"	60.7 (58.0 – 63.3)	2.201
Self-reported mental health condition	CCHS (2022), City of Toronto	Responded "Yes" to having an anxiety disorder, post-traumatic stress disorder (PTSD) or a mood disorder	16.0 (13.2 – 18.8)	8.937
Mental health impact of COVID-19	CCHS (2022), City of Toronto	Responded "Somewhat worse now" or "Much worse now" to "Compared to before the pandemic started, how would you say your mental health is now?"	30.8 (27.0 – 34.6)	6.334

Table 2. **Adult sociodemographic indicators (CCHS 2021 & 2022 combined)**

Variable	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Sex (assigned at birth)	Male	Responded "Male" to sex at birth	48%	57.8 (53.1 – 62.4)	4.116
	Female	Responded "Female" to sex at birth	52%	49.7 (45.2 – 54.2)	4.626
Age*	18 to 24	Continuous age variable grouped into age bands	10%	41.3 (28.6 – 54.0)	15.676[C]
	25 to 34		24%	49.0 (41.1 – 56.9)	8.199
	35 to 44		18%	53.9 (46.7 – 61.1)	6.798
	45 to 54		17%	53.5 (45.0 – 62.0)	8.068
	55 to 64		13%	58.9 (51.2 – 66.7)	6.728
	65 to 79		15%	61.9 (56.6 – 67.1)	4.349
	80 and over		5%	59.6 (49.7 – 69.6)	8.498
Income (household)	Quintile 1 (lowest 20%)	Derived Statistics Canada variable of deciles of distribution of household income at the health region level grouped into quintiles	20%	45.1 (37.9 – 52.3)	8.120
	Quintile 2		19%	53.7 (45.7 – 61.8)	7.654
	Quintile 3		20%	54.2 (46.7 – 61.7)	7.036
	Quintile 4		21%	57.1 (50.4 – 63.8)	5.965
	Quintile 5 (highest 20%)		20%	57.5 (51.3 – 63.8)	5.547

Table 2. **Adult sociodemographic indicators (CCHS 2021 & 2022 combined)** (continued)

Variable	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Home ownership	Yes, owns	Responded "Yes, owned, even if it is still being paid for" to "Is this dwelling owned by a member of this household?"	57%	55.9 (51.8 – 59.9)	3.706
	No, rents	Responded "No, rented, even if no cash rent is paid" to "Is this dwelling owned by a member of this household?"	43%	51.6, (46.3 – 57.0)	5.283
Education*	Less than secondary school graduation	Highest level of education (derived Statistics Canada variable)	6%	34.7 (22.8 – 46.6)	17.438[C]
	Secondary school graduation, no post-secondary education		21%	53.5 (45.5 – 61.5)	7.634
	Post-secondary certificate/ diploma/ university degree		74%	55.3 (51.8 – 58.9)	3.266
Sexual orientation*	Heterosexual	Responded "Heterosexual"	93%	55.5 (52.1 – 58.9)	3.115
	Gay, lesbian, bisexual, pansexual or other sexual orientation	Responded "Lesbian or gay", "Bisexual" or "Other – please specify"	7%	35.7 (24.7 – 46.7)	15.727[C]

Table 2. **Adult sociodemographic indicators (CCHS 2021 & 2022 combined)** (continued)

Variable	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Racial group	Racialized	"Visible minority" (Statistics Canada derived variable)	51%	56.6 (51.8 – 61.4)	4.308
	Non-racialized	"Not a visible minority" (Statistics Canada derived variable)	49%	51.3 (47.0 – 55.5)	4.211
Racial group (stratified)	South Asian	South Asian	12%	62.6 (52.6 – 72.6)	8.159
	Black	Black	9%	60.7 (49.5 – 71.8)	9.350
	Southeast Asian	Southeast Asian or Filipino	8%	57.0 (43.9 – 70.1)	11.745
	Middle Eastern	West Asian or Arab	4%	47.3 (31.9 – 62.7)	16.599[C]
	East Asian	Chinese, Korean or Japanese	11%	52.6 (43.3 – 61.8)	8.971
	Another racialized group/multiple racial identities	Latin American, Multiple visible minorities, or Visible minority not otherwise identified.	7%	52.5 (36.6 – 68.4)	15.472[C]
	Non-racialized	"Not a visible minority"	48%	51.3 (47.0 – 55.5)	4.211
Immigration status*	Non-immigrant (citizen at birth)	Non-immigrant (citizen by birth) (Statistics Canada derived variable)	46%	48.6 (43.9 – 53.3)	4.933
	Landed immigrant or non-permanent resident	Immigrant (landed immigrant or citizen by naturalization) or non-permanent resident (Statistics Canada derived variables)	54%	58.3 (54.1 – 62.6)	3.707

Table 2. **Adult sociodemographic indicators (CCHS 2021 & 2022 combined)** (continued)

Variable	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Time in Canada (immigrant population only)	Less than five years	Continuous variable of number of years in Canada since immigration split into groups	16%	57.5 (45.1 – 70.0)	11.034
	Five to 10 years		17%	60.7 (48.7 – 72.8)	10.109
	11 to 20 years		18%	56.4 (45.1 – 67.6)	10.153
	Over 20 years		49%	58.3 (52.3 – 64.3)	5.277
Living arrangement	Unattached individual living alone	"Unattached individual living alone"	21%	51.9 (47.3 – 56.5)	4.520
	Unattached individual living with others	"Unattached individual living with others"	7%	50.2 (36.6 – 63.8)	13.823
	Individual living with spouse/ partner	"Individual living with spouse/partner"	20%	58 (51.5 – 64.5)	5.745
	Single parent and child/ children	“Single parent living with children”, “child living with a single parent” or “child living with a single parent and siblings”	12%	51.4 (40 – 62.8)	11.282
	Parents or parent and partner/spouse living with child/children	“Parent living with spouse/ partner and children”, “child living with two parents” or “child living with two parents and siblings”	31%	50.6 (44.5 – 56.6)	6.105
	Other living arrangement	“Other"	9%	58.3 (44.3 – 72.3)	12.257

[c] Marginal CV

* Indicates significant differences between groups based on non-overlapping confidence intervals.

For a larger sample for stratified analyses, CCHS 2021 and 2022 were combined. The Toronto-level average for high perceived mental health for the combined sample is 53.6 (50.3 – 56.8). Racial groups were grouped in line with Toronto Public Health’s Population Health Status Indicators dashboard.

Table 3. **Adult determinant indicators**

Category	Indicator	Dataset	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Overall well-being and long-term health	General health*	CCHS (2021 & 2022) City of Toronto	High general health	Responded "Excellent" or "Very Good" to "In general, how is your health?"	59%	71.5 (67.6 – 75.4)	2.804
			Low general health	Responded "Good" or "Fair" or "Poor" to "In general, how is your health?"	41%	27.0 (23.0 – 31.0)	7.632
	Chronic physical health conditions	CCHS (2021 & 2022) City of Toronto	No chronic physical health condition	Responded "No" to all chronic conditions	54%	57.3 (52.6 – 61.9)	4.159
			At least one chronic physical health condition	Responded "Yes" to at least one chronic condition	46%	49.3 (45.0 – 53.7)	4.485
Substance use	Heavy drinking	CCHS (2021 & 2022) City of Toronto	No, not a heavy drinker	Responded "Never" to "Less than once a month" to "How often in the past 12 months have you had [5 (male)/ 4 (female)] or more drinks on one occasion?"	79%	54.4 (50.2 – 58.6)	3.930
			Yes, a heavy drinker	Responded "Once a month", "2 to 3 times a month", "Once a week", or "More than once a week" "How often in the past 12 months have you had [5 (male)/ 4 (female)] or more drinks on one occasion?"	21%	45.0 (36.4 – 53.5)	9.659

Table 3. **Adult determinant indicators** (continued)

Category	Indicator	Dataset	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Financial difficulty	Food insecurity*	CCHS (2021 & 2022), City of Toronto	Food secure or marginally food insecure	Classified as "Food secure" or "Marginally food insecure" (Statistics Canada derived variable dichotomized into two groups)	87%	56.9 (53.5 – 60.4)	3.127
			Moderately or severely food insecure	Classified as "Moderately" or "Severely" food insecure" (Statistics Canada derived variable dichotomized into two groups)	14%	35.5 (26.6 – 44.5)	12.826
	Perceived financial difficulty in meeting basic needs*	CHS (2022), Toronto CMA	No financial difficulty	Responded "Neither difficult nor easy", "Easy" or "Very easy" to "In the past 12 months, how difficult or easy was it for your household to meet its financial needs in terms of transportation, housing, food, clothing and other necessary expenses?"	68%	52.7 (46.6 – 58.7)	5.845
			Yes, financial difficulty	Responded "Difficult" or "Very difficult" to "In the past 12 months, how difficult or easy was it for your household to meet its financial needs in terms of transportation, housing, food, clothing and other necessary expenses?"	32%	33.4 (25.2 – 41.6)	12.475

Table 3. **Adult determinant indicators** (continued)

Category	Indicator	Dataset	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Life stress and support systems	Life stress*	CCHS (2021 & 2022) City of Toronto	Lower life stress	Responded "Not at all stressful", "Not very stressful" or "A bit stressful" to "Thinking about the amount of stress in your life, how would you describe most of your days?"	78%	60.2 (56.5 – 63.9)	3.149
			High life stress	Responded "Quite a bit stressful'" or "Extremely stressful" to "Thinking about the amount of stress in your life, how would you describe most of your days?"	22%	29.9 (24.2 – 35.7)	9.801
	Social support*	MHACS (2022), Toronto CMA	High social support	Responded "Strongly agree" or "Agree" to "Now think about this biggest source of stress in your day-to-day life. Please tell me how much you agree with the following statements. When faced with this source of stress, you can count on people that you know to help you deal with the situation. Do you...?"	78%	56.2 (53.0 – 59.3)	2.867
			Lower social support	Responded "Neither agree nor disagree", "Disagree" or "Strongly disagree" to "Now think about this biggest source of stress in your day-to-day life. Please tell me how much you agree with the following statements. When faced with this source of stress, you can count on people that you know to help you deal with the situation. Do you...?"	22%	33.6 (28.0 – 39.1)	8.421

Table 3. **Adult determinant indicators** (continued)

Category	Indicator	Dataset	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
The work environment	Work stress*	CCHS (2021 & 2022), City of Toronto	Lower work stress	Responded "Not at all stressful" "Not very stressful" or "A bit stressful" to How would you describe most days at work?	72%	57.9 (53.1 – 62.6)	4.214
			High work stress	Responded "Quite a bit stressful" or "Extremely stressful" to "How would you describe most days at work?"	28%	41.3 (34.1 – 48.5)	8.842
	Job security*	MHACS (2022), Toronto CMA	High job security	Responded "Strongly agree" or "Agree" to "Your job security was good."	85%	53.4 (49.7 – 57.0)	3.474
			Lower job security	Responded "Neither agree nor disagree", "Disagree" or "Strongly disagree" to "Your job security was good."	15%	39.7 (30 – 49.4)	12.438

Table 3. **Adult determinant indicators** (continued)

Category	Indicator	Dataset	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
The neighbourhood environment	Community belonging*	CCHS (2021 & 2022), City of Toronto	High sense of community belonging	Responded "Very strong" or "Somewhat strong" to "How would you describe your sense of belonging to your local community?"	67%	60.4 (56.3 – 64.6)	3.498
			Lower sense of community belonging	Responded "Somewhat weak" or "Very weak" to "How would you describe your sense of belonging to your local community?"	33%	40.1 (34.8 – 45.4)	6.773
	Perceived neighbourhood support*	GSS (2019), Toronto CMA	Yes, neighbours help each other	Responded "Yes" to "Would you say this neighbourhood is a place where neighbours help each other?"	83%	65.2 (61.7 – 68.6)	2.680
			No, neighbours do not help each other	Responded "No" to "Would you say this neighbourhood is a place where neighbours help each other?"	17%	52.9 (46.4 – 59.3)	6.244
	Satisfaction with personal safety from crime*	GSS (2019), Toronto CMA	High perceived safety from crime	Responded "Very satisfied" or "Satisfied" to "In general, how satisfied are you with your personal safety from crime?"	75%	66.5 (63.3 – 69.8)	2.487
			Lower perceived safety from crime	Responded "Neither satisfied nor dissatisfied", "Dissatisfied" or "Very dissatisfied" to "In general, how satisfied are you with your personal safety from crime?	25%	54.7 (48.5 – 60.9)	5.793

Table 3. **Adult determinant indicators** (continued)

Category	Indicator	Dataset	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Discrimination	Reported discrimination*	GSS (2019), Toronto CMA	No reported discrimination	"No" to Victim of discrimination – Last 5 years (Statistics Canada derived variable)	75%	67.0 (63.7 – 70.4)	2.569
			Yes, reported discrimination	"Yes" to Victim of discrimination – Last 5 years (Statistics Canada derived variable)	25%	51.7 (45.6 – 57.9)	6.099
Adverse childhood experiences (ACEs)	Reported exposure to ACEs*	GSS (2019), Toronto CMA	No exposure to ACEs	Exposure to physical abuse, sexual abuse, emotional abuse, neglect, or violence in the household (exposure defined using Childhood Experiences of Violence Questionnaire guidelines)	69%	69.1 (65.5 – 72.7)	2.6440
			Yes, exposure to ACEs	Exposure to physical abuse, sexual abuse, emotional abuse, neglect, or violence in the household (exposure defined using Childhood Experiences of Violence Questionnaire guidelines)	31%	51.4 (46.5 – 56.3)	4.8730

* Indicates significant differences between groups based on non-overlapping confidence intervals.

Chronic conditions include diabetes, cancer, heart disease, heart attack, high blood pressure, high blood cholesterol, stroke, osteoporosis, fibromyalgia, arthritis, back problems, Alzheimer's/other dementia, chronic fatigue syndrome, multiple chemical sensitivities. Discrimination questions include discrimination or unfair treatment in Canada in the past five years on the basis of sex, ethnicity or culture, race or skin colour, physical appearance, religion, sexual orientation, gender identify or expression, age, physical or mental disability, language, or another reason.

Table 4. **Percentage of high perceived mental health in adults (18+) from 2015-2022 in the City of Toronto (CCHS)**

Year	Per cent high perceived mental health (95% CI)	Percentage point change from previous year
2015	73.4 (69.3 – 77.1)	NA
2016	69.2 (65.0 – 73.0)	-4
2017	71.4 (67.7 – 74.9)	+2
2018	68.9 (64.7 – 72.8)	-2
2019	67.8 (64.3 – 71.0)	-1
2020	65.1 (61.1 – 68.9)	-3
2021	55.4 (50.7 – 60.2)	-10
2022	51.7 (47.2 – 56.2)	-3

Data from 2015-2020 is taken from Toronto Public Health's Population Health Status Indicators dashboard.

Table 5. **High perceived mental health by dataset**

Dataset	Per cent high perceived mental health (95% CIs)
CCHS (2021), City of Toronto	55.4 (50.7 – 60.2)
CCHS (2022), City of Toronto	51.7 (47.2 – 56.2)
CCHS (2021 & 2022), City of Toronto	53.6 (50.3 – 56.8)
MHACS (2022), Toronto CMA	51.4 (48.6 – 54.2)
CHS (2022), Toronto CMA	46.5 (41.5 – 51.4)
GSS (2019), Toronto CMA	63.2 (60.3 – 66.1)

Appendix 2: Child and youth mental health indicator tables

Table 6. **Child and youth mental health indicators (OSDUHS, 2023)**

Variable	Description	Per cent (95% CIs)	CV
Perceived high perceived mental health	Rated mental or emotional health as "excellent" or "very good"	33.0, (29.5 – 36.5)	5.345
Coping	Rated ability to handle unexpected and difficult problems, such as a family or personal crisis as "excellent" or "very good"	35.1 (30.5 – 39.7)	6.721
Psychological distress (moderate to severe)	Kessler Psychological Distress Scale (K6) 8+ score: scores of 8 or higher on the K6 scale indicates moderate-to-serious psychological distress (based on those who responded to all 6 scale items) (OSDUHS derived variable)	54.3 (50.0 – 58.6)	4.037
Psychological distress (severe)	K6 13+ score: scores of 13 or higher on the K6 scale indicates serious psychological distress (based on those who responded to all 6 scale items) (OSDUHS derived variable)	27.0 (24.1 – 30.0)	5.509
Self-reported mental health condition	Responded yes to having a mental health problem (such as depression or anxiety)	17.0 (13.5 – 20.6)	10.649
Mental health impact of COVID-19	Responded with "Moderately", "Very much" or "Extremely" to "How much do you think the COVID-19 pandemic has negatively affected your mental health?"	55.3 (50.8 – 59.8)	4.137
Climate sadness	Responded "Strongly agree" or "Somewhat agree" to "I feel depressed (sad) about the future because of climate change."	45.5 (39.3 – 51.7)	6.977
Climate worry	Responded "Very worried" or "Extremely worried" to "How worried are you about climate change?"	20.4 (15.4 – 25.5)	12.555

Table 7. **Child and youth sociodemographic indicators City of Toronto (OSDUHS, 2023)**

Variable	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
School grade	Grades 7-8	School grades 7-8	32%	42.4 (38.1 – 46.7)	5.185
	Grades 9-12	School grades 9-12	68%	28.4 (23.7 – 33.2)	8.577
Racial group	Racialized	Selected any racialized group	69%	33.6 (29.3 – 37.8)	6.414
	Non-racialized	Selected White only	31%	32.5 (23.8 – 41.3)	13.707
Sex (assigned at birth)*	Female	Responded "Female" to "Were you born male or female?"	48%	20.2 (16.0 – 24.4)	10.637
	Male	Responded "Male" to "Were you born male or female?"	52%	44.7 (39.7 – 49.7)	5.701
Sexual orientation	Hetero-sexual	Responded yes to Straight/Heterosexual	73%	29.1 (24.1 – 34.1)	8.767
	Another sexual orientation	Responded yes to any of: Asexual, Bisexual, Gay, Lesbian, Pansexual, Queer, Questioning/Not sure, my sexual orientation is not listed above	27%	19.2 (10.1 – 28.3)	24.113[C]
Time in Canada	Whole life	Responded "All of my life" to "How long have you lived in Canada?"	68%	30.8 (26.1 – 35.5)	7.764
	Less than whole life	Responded "2 years or less", "3 to 5 years" "6 to 10 years" or "11 years or longer" to "How long have you lived in Canada"	32%	37.6 (31.8 – 43.4)	7.837

[C] Marginal CV

* Indicates significant differences between groups based on non-overlapping confidence intervals.

OSDUHS 2023 was the only year available for analysis. Racialized groups are: Black (African, Afro-Caribbean, African-Canadian descent), East Asian (Chinese, Korean, Japanese, Taiwanese descent), Latino/Latina/Latinx (Latin American, Hispanic descent), Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish), South Asian (East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean), Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent), Another race category not listed above. Non-racialized are respondents who selected White only (English, German, Irish, Italian, Portuguese, European descent). It was not possible to examine high perceived mental health by stratified racial and ethnic groups due to small sample sizes.

Table 8. **Child and youth determinant indicators City of Toronto (OSDUHS, 2023)**

Category	Indicator	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Overall well-being and long-term health	Physical health*	High physical health	Rated physical health as "Excellent" or "Very Good"	49%	52.0 (46.1 – 57.9)	5.781
		Low physical health	Rated physical health as "Good" "Fair" or "Poor"	51%	15.7 (11.2 – 20.2)	14.515
	Chronic health conditions	No chronic health condition	Responded no to all chronic conditions	72%	35.0 (31.3 – 38.7)	5.441
		At least one chronic health condition	Responded yes to any chronic condition	28%	28.0 (20.0 – 35.9)	14.547
Life stress and support systems	Life stress*	Low life stress	Responded "Yes, some", "Yes, a little" or "No, not at all" to feeling stress strain or pressure in the last 4 weeks	62%	46.4 (41.6 – 51.1)	5.219
		High life stress	Responded "Yes, almost more than I could take" or "Yes, a lot" to feeling stress strain or pressure in the last 4 weeks	38%	11.2 (6.1 – 16.4)	23.296[c]
	Loneliness*	Low loneliness	Responded "Never" or "Hardly ever" to "How often do you feel lonely?"	37%	61.8 (55.1 – 68.6)	5.565
		High loneliness	Responded "Occasionally", "Sometimes" or "Often or always" to "How often do you feel lonely?"	63%	16.1 (12.7 – 19.6)	10.887

Table 8. **Child and youth determinant indicators City of Toronto (OSDUHS, 2023)** (continued)

Category	Indicator	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
The school environment	School enjoyment*	High enjoyment	Responded "I like school very much" or "I like school quite a lot" to "How do you feel about going to school?"	35%	46.0 (38.4 – 53.6)	8.382
		Low enjoyment	Responded "I like school a little bit, "I don't like school very much" or "I don't like school at all" to "How do you feel about going to school?"	65%	25.7 (21.1 – 30.3)	9.115
	Bullying*	Not bullied at school	Responded "Was not bullied at school" to "Since the beginning of the school year, in what way were you bullied the most at school?"	79%	37.4 (33.0 – 41.7)	5.958
		Bullied at school	Responded "Physical attacks (for example, beat you up, pushed or kicked you)", "Verbal attacks (for example, teased, threatened, spread rumours about you)" or "Stole from you or damaged your things" to "Since the beginning of the school year, in what way were you bullied the most at school?"	21%	15.6 (10.4 – 20.7)	16.921[C]

Table 8. **Child and youth determinant indicators City of Toronto (OSDUHS, 2023)** (continued)

Category	Indicator	Group	Description	%	Per cent high perceived mental health (95% CIs)	CV
Discrimination	Reported discrimination (race/ethnicity, religion/faith or disability)*	No reported discrimination	Responded "Never" to all: "During this school year, how often have you felt that you were excluded (not accepted) or discriminated against (treated negatively) at school because of any of the following reasons? (your race or ethnic background, your religion or faith, or a disability you may have)."	61%	38.9 (34.9 – 43.0)	5.310
		Yes, reported discrimination	Responded to any: "Rarely", "Sometimes" or "Often" to "During this school year, how often have you felt that you were excluded (not accepted) or discriminated against (treated negatively) at school because of any of the following reasons? (your race or ethnic background, your religion or faith, or a disability you may have)."	40%	23.3 (17.9 – 28.7)	11.795

[c] Marginal CV

* Indicates significant differences between groups based on non-overlapping confidence intervals.

Chronic conditions include: Attention Deficit Hyperactivity Disorder (ADHD), Autism/Asperger Syndrome, Drug or alcohol use problem, Fetal Alcohol Syndrome Disorder (FASD), Hearing problem/deafness, Learning disability (such as dyslexia), Mental health problem (such as depression, anxiety), Other developmental disability (such as Down syndrome, mild intellectual disability), Pain (constant), Physical disability (such as cerebral palsy) or mobility/movement problems, Seeing problem/low vision, Speech or language problem, Other health condition(s) not listed above. Percentages may not always add up to 100 because of rounding.

Table 9. **Percentage of high perceived mental health (OSDUHS 2023), 95% confidence intervals and coefficients of variance (CVs) for the City of Toronto and Ontario (excluding the City of Toronto)**

Area	Per cent high perceived mental health (95% CIs)	CV
City of Toronto	33.0 (29.5 – 36.5)	5.345
Ontario (excluding City of Toronto)	36.7 (34.0 – 39.3)	3.696

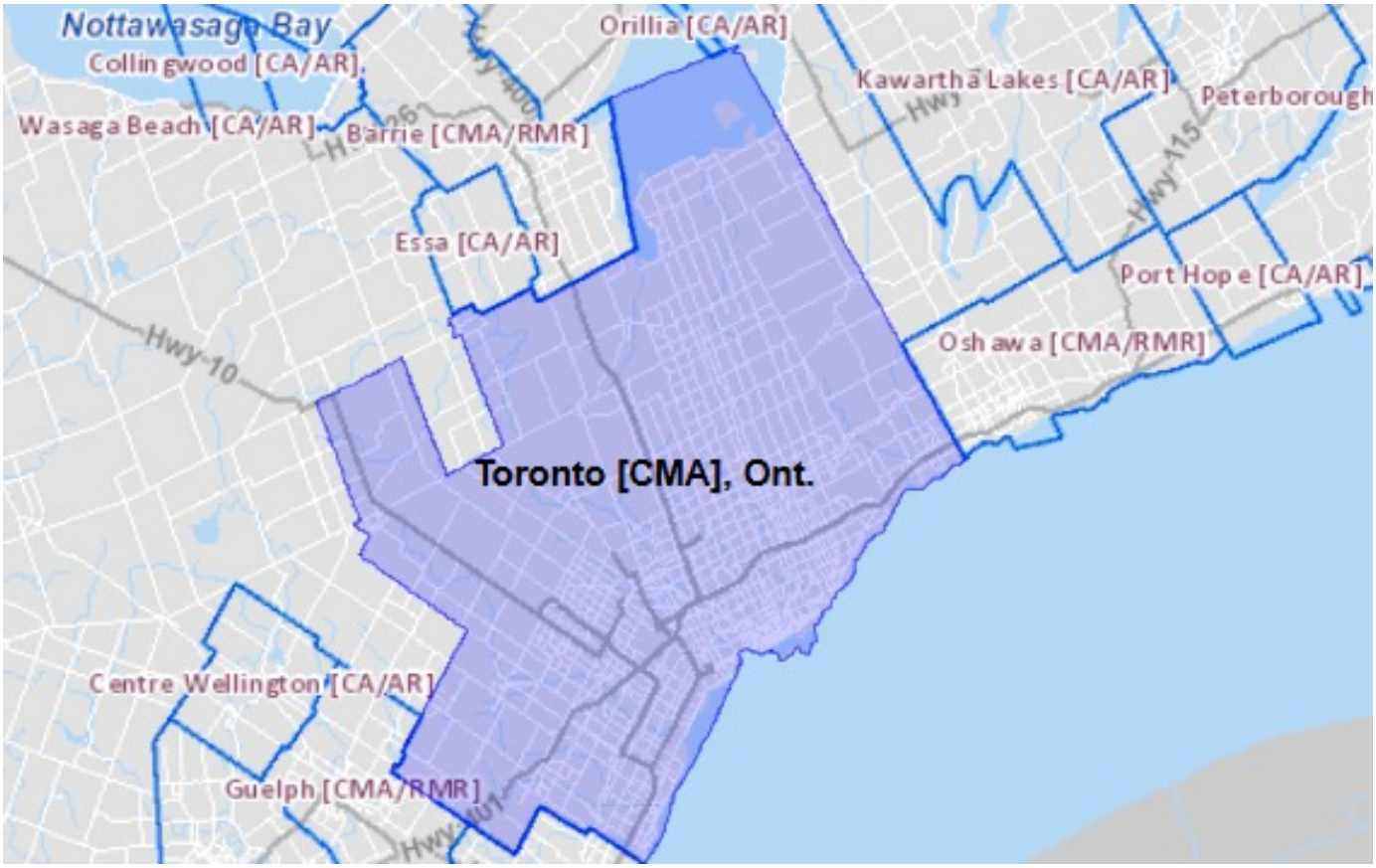
Appendix 3: Mental health services indicators

Table 10. **Mental health services indicators**

Variable	Dataset, geography	Description	Per cent (95% CIs)
Help-seeking for mental health support (adults)	MHACS (2022), Toronto CMA	Responded "Yes" to "During the past 12 months, was there ever a time when you felt that you needed help for your emotions, mental health or use of alcohol or drugs, but you didn't receive it?"	10.4 (8.6 – 12.1)
Help-seeking for mental health support (children and youth)	OSDUHS (2023) City of Toronto	Responded "Yes" to "In the last 12 months, was there ever a time when you felt you might need professional help (such as from a doctor, counsellor or other mental health worker) for mental health concerns (problems with emotions, behaviours), but you did not seek help?"	34.5 (28.3 – 40.6)
		Of those above, responded "I didn't know where to turn to for help" to "What are the reasons you did not seek professional help?"	29.3 (22.6 – 36.1)
Knowledge of mental health support through school		Responded "Yes" to "Do you know how to access mental health support (such as counselling) through your school, if you needed it?"	49.8 (45.4 – 54.2)
		Responded "No" to "Do you know how to access mental health support (such as counselling) through your school, if you needed it?"	24.4 (20.5 – 28.3)
		Responded "Not Sure" to "Do you know how to access mental health support (such as counselling) through your school, if you needed it?"	25.9 (22.1 – 29.6)

Appendix 4: Toronto Census Metropolitan Area Boundary

Figure 1. **Toronto Census Metropolitan Area boundary (Statistics Canada, 2021)**



Boundary used in the 2021 Census of the Population.

Appendix 5: Data analysis methods

Analysis of the adult data

This report card provides a descriptive analysis of secondary, cross-sectional data.

For Statistics Canada data, analysis was carried out at the University of Toronto's Research Data Centre (RDC). Sampling weights and bootstrap weights provided by Statistics Canada were applied to adjust for the survey's complex design, ensuring more accurate and representative population estimates.

To obtain a larger sample for stratified analysis, two years of the Canadian Community Health Survey (CCHS) 2021/2022 data were combined. Bootstrap weights and final sampling weights were multiplied by 0.5 for each year. This adjustment is necessary because the data from two years are being pooled, and multiplying the weights by 0.5 ensures that each year contributes equally to the final weighted estimates. This approach has been recommended by Statistics Canada for pooling multiple years of survey data, including the CCHS[37,38].

The analysis of mental health by sociodemographics uses only the combined CCHS 2021 and 2022 data. The analysis of mental health by determinants used City of Toronto-level data from the CCHS (2021 and 2022), and Toronto CMA-level data from the Mental Health and Access to Care Survey 2022 (MHACS), Canadian Housing Survey 2021 (CHS) and the General Social Survey 2019 (GSS). The Toronto averages for high perceived mental health for these datasets are 54 per cent (CCHS 2021 and 2022), 51 per cent (MHACS, 2022), 47 per cent (CHS, 2022), and 63 per cent GSS (2019). Note, GSS is from 2019, hence the higher percentage compared to more recent datasets (from 2021 and 2022).

Analysis of the child and youth data

For CAMH data, analysis of OSDUHS incorporated primary sampling units, stratification and final sampling weights to account for the survey's complex structure. Taylor series linearization was used to estimate variation. It was not possible to combine two years of OSDUHS data for stratified analysis, as only one year of Toronto-level data was available for analysis. Since perceived mental health was not asked of all respondents in the OSDUHS data, fewer indicators were available for the child and youth analysis.

For both the adult and child and youth analysis, the "survey" package in R studio was used[39,40]. The analysis calculated a weighted percentage of individuals with high perceived mental health and 95 per cent confidence intervals. To identify potential mental health inequities, it then examined whether the percentage of individuals with high perceived mental health differs by the sociodemographic and determinant indicators included in Thrive Toronto's indicator framework. Differences between groups were considered statistically significant if their confidence intervals did not overlap. To compare with the Toronto average, the percentage point difference for each indicator was calculated relative to the respective Toronto-level average.

To assess the quality of estimates, coefficients of variation (CVs) were calculated, following the sampling variability guidelines adapted from Statistics Canada (see Appendix 8). Estimates with unacceptable CVs (greater than 35%) are not reported, while those with marginal CVs (between 15% and 35%) are flagged as C (15%-25%) or D (25%-35%) to indicate high sampling variability. These estimates should be interpreted with caution due to their lower precision.

Analysis of the mental health services data

Statistics Canada and OSDUHS data were used to calculate weighted percentages, 95 per cent confidence intervals, and coefficients of variation for indicators related to mental health help-seeking, following the methods described above.

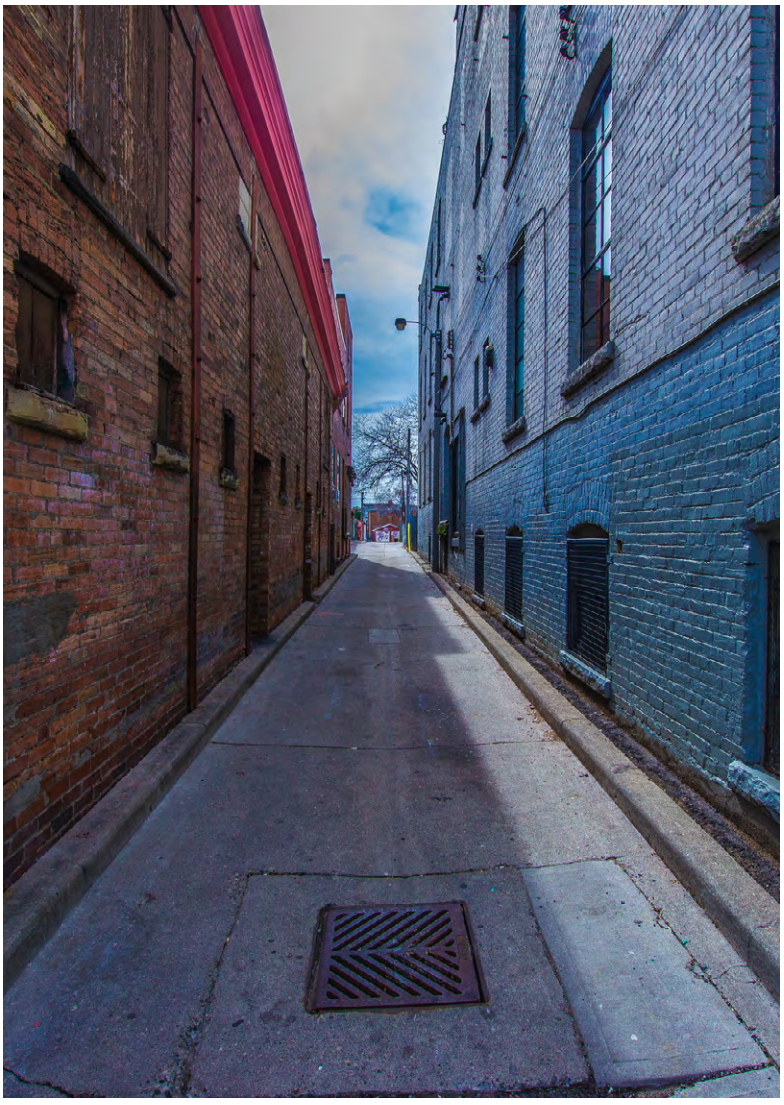
The Ontario Common Assessment of Need (OCAN) data was used to examine the extent to which mental health services are meeting clients' needs. OCAN data is collected every six months through a standardized assessment that is conducted with individuals who seek or receive support through community mental health services.

The OCAN, based on the Camberwell Assessment of Need[41], is designed to evaluate a person's needs across five need clusters – basic needs, health needs, functional needs, social needs, and service

needs, each comprising several need domains. The dataset included clients enrolled in case management, assertive community treatment, early psychosis intervention or supportive housing services who had completed least two OCAN assessments between 2010 and 2022. For this analysis, only clients whose most recent assessment was completed in 2022 were included.

The OMMNI, shown as a percentage, is the indicator used in this report. It is calculated by dividing the total number of needs addressed by the total number of needs identified. It is used to identify the extent services are meeting client needs overall and within each of needs clusters. Further details about statistical methods can be found elsewhere[42]. For this analysis, OMMNI was calculated using all assessments from the most recent episode of care and were computed for City of Toronto health region, compared to all other health regions in Ontario. Differences in met needs by sociodemographic characteristics were also examined.

The Access Point data waitlist data were used to examine access to individual support services and supportive housing in Toronto. For individual support services, the data represent unique individuals waiting for Intensive Case Management, Early Psychosis Intervention, or Assertive Community Treatment Teams. For supportive housing, the data represent unique individuals waiting for housing programs. However, individuals may appear on more than one waitlist depending on their eligibility (e.g., Mental Health Supportive Housing, Mental Health and Justice Housing Initiative, Supportive Housing for People with Problematic Substance Use). Unique client counts and median wait times were calculated for both individual support services and supportive housing. Waitlist trends were also analyzed over time (2015–2022), by sociodemographic characteristics, and subregions within Toronto.



Ethics approval for this analysis was granted by the Toronto Metropolitan University Research Ethics Board (REB 2024-471).

Appendix 6: Ontario Common Assessment of Need (OCAN) data

Table 11. **OMMNI (met needs) scores for individual need domains: Toronto Health Region compared to all other Health Regions in Ontario (2022)**

		Toronto Health Region		All other Health Regions Ontario	
Needs cluster	**Need domains**	**OMMNI scores**	**# clients**	**OMMNI scores**	**# clients**
Basic needs	Accommodation	83%	703	85%	2,235
	Food	**64%**	**377**	**76%**	**1,714**
	Daytime activities	73%	694	66%	2,515
Health needs	Physical health	73%	680	70%	2,247
	Psychotic symptoms	81%	512	79%	1,757
	Psychological distress	73%	781	67%	2,763
	Safety to self	83%	219	86%	1,111
	Safety to others	88%	128	86%	499
	Alcohol	**62%**	**174**	**73%**	**610**
	Drugs	59%	219	65%	791
	Other addictions	59%	195	60%	992
Functional needs	Self-care	76%	368	76%	1,223
	Looking after home	78%	500	76%	1,652
	Education	81%	178	81%	761
	Money management	69%	504	72%	1,850
	Child care	75%	65	69%	311
	Other dependents	**65%**	**56**	**87%**	**352**
Social needs	Company	74%	507	67%	2,163
	Intimate relationships	65%	223	57%	1,185
	Sexual expression	51%	87	57%	1,231
Service needs	Information on condition and treatment	85%	426	84%	1,785
	Communication	85%	165	82%	1,641
	Transportation	81%	270	82%	1,403
		83%	321	85%	1,198

Bold represents differences of more than 10 points in OMMNI scores (Toronto Health Region compared to all other Health Regions in Ontario).

Table 12. **OMMNI (met needs) scores by demographic group in Toronto Health Region (2022)**

Sociodemographic characteristic	Group	OMMNI scores
Age	**16-24**	**72%**
	25-64	77%
	65+	75%
Gender	Female	76%
	Male	74%
	Trans/non-binary	**90%**
	Unknown	**91%**
Racial group	Asian	79%
	Black	77%
	Other racialized	77%
	White	**74%**
	Unknown	78%
Preferred language	English	76%
	Other	76%
	Unknown	**61%**
Sexual orientation	Heterosexual	75%
	2SLGBTQ+	76%
	Unknown	76%

Bold represents statistically significant group differences. Clients aged 16-24 had lower met needs scores than 25- to 64-year-olds. Trans/non-binary clients had higher met needs scores than males and females. White clients had lower met needs scores than racialized groups and the unknown group. For preferred language, the unknown group had lower met needs scores than clients preferring English or another language.

Appendix 7: The Access Point data

Table 13. **Number of clients on waitlist and median wait times for support services from 2015/2016 to 2022/2023**

Fiscal year	Support services (# people on waitlist)	Support services (median wait time – days)	Supportive housing (# people on waitlist)	Supportive housing (median wait time – days)
2015/2016	1,700	198	11,024	794
2016/2017	2,067	249	12,752	933
2017/2018	1,969	267	14,628	1,080
2018/2019	1,264	486	16,593	1,262
2019/2020	1,167	319	18,896	1,418
2020/2021	1,235	147	20,949	1,582
2021/2022	2,394	175	22,460	1,777
2022/2023	2,401	214	25,641	1,848

Table 14. **Percentage of cases and wait times for intensive case management by subregion for 2022/2023**

Region	Per cent of cases	Median wait time for region (days)
North Scarborough	2.8%	149
South Scarborough	13.5%	185
East Toronto	14.2%	247
Mid-East Toronto	14.5%	254
Mid-West Toronto	22.4%	301
West Toronto	0.4%	122
South Etobicoke	3.8%	322
North Etobicoke	3.8%	322
North York West	9.8%	190
North York Central	6.5%	147
North Toronto	4.7%	203
No specific subregion	3.7%	370
Overall City of Toronto	**100%**	**225**

Table 15. **Percentage of cases on wait lists for support services and supportive housing by sociodemographic characteristics as of March 31, 2023**

Sociodemographic characteristic	Group	Support services – Per cent of cases	Supportive housing – Per cent of cases
Age	16-24	6.9%	2.9%
	25-34	23.9%	20.0%
	35-44	20.2%	23.0%
	45-54	16.7%	19.1%
	55-64	18.4%	20.5%
	65-74	9.3%	11.3%
	75 and over	4.7%	2.9%
	Not stated	0.0%	0.1%
Gender	Female	45.9%	38.6%
	Male	46.7%	56.0%
	Transgender/ Non-binary*	3.8%	1.9%
	Unknown	3.6%	3.5%
2SLGBTQ+	Yes	9.7%	2.8%
	No	41.7%	11.4%
	Unknown	48.6%	85.9%
Racial group	White	25.9%	7.8%
	East Asian	5.8%	3.3%
	South Asian	5.9%	2.9%
	Southeast Asian	4.0%	2.7%
	Black	17.3%	13.6%
	Middle Eastern	4.1%	3.4%
	Another racialized group	7.3%	7.1%
	Unknown	29.6%	59.2%

"Unknown" refers to not stated, prefer not to answer or do not know. Data are not stratified by Indigenous identity. Indigenous individuals are included under "Another Racialized group."

* Transgender/Non-binary is presented as an aggregate category and includes individuals who identify as transgender female, transgender male, non-binary (genderqueer, genderfluid, agender).

Table 16. **Wait times for support services and supportive housing by racial identity as of March 31, 2023**

Racial identity	Support services (median wait time, days)	Supportive housing (median wait time, days)
White	157	338
East Asian	177	1,905
South Asian	169	1,424
Southeast Asian	238	1,600
Black	185	1,401
Middle Eastern	220	1,412
Another racialized group	157	1,568
Unknown	245	3,292

"Unknown" refers to not stated, prefer not to answer or do not know. Data are not stratified by Indigenous identity. Indigenous individuals are included under "Another Racialized group."

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