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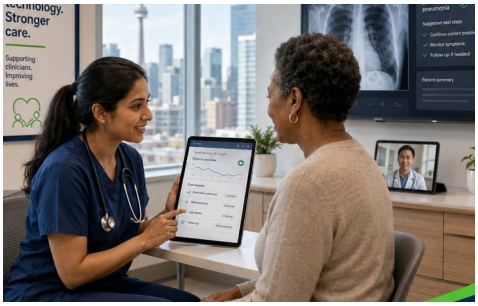
TORONTO LEADS AGAIN

Mental Health Support & Resources

Make help easier to find, improve crisis response and follow-up, strengthen prevention and connect residents to the right care without criminalizing illness.

Campaign Policy Proposal - Not a City of Toronto Publication



Jamie Atkinson for Mayor of Toronto

Public release | August 2026

People first. Families first. Machines serve. Democracy decides. Nature sets the constraint. Art gives the future meaning.

Contents

Why this matters

A city cannot promise that no one will experience mental illness, grief, addiction, trauma or crisis. It can make support easier to find, reduce the number of people bounced between systems, send a more appropriate response when someone is in distress, and build stronger handoffs between municipal services and the health system.

The resident promise

If you or someone you care about needs help, Toronto should make the next step clearer: who to call, what will happen, what is urgent, what is not, and how support continues after the immediate crisis.

Executive Summary

Mental Health Support & Resources is a resident pathway strategy. Toronto cannot replace Ontario's clinical health system, but it can make help easier to find, improve crisis routing, support warm handoffs and follow-up, and connect mental health with housing, homelessness, substance use, youth, transit and community services.

The strategy builds forward from the citywide Toronto Community Crisis Service, 211 and existing emergency pathways. It preserves police and emergency medical response where risk requires them while expanding community-based response when it is the safer and more appropriate fit.

The first term focuses on one clear navigation layer, follow-up standards, youth and caregiver supports, TTC/public-space coordination and better service data without creating a new clinical bureaucracy at City Hall.

Major commitments

- Build a clear mental-health navigation layer around 211/TCCS, 988, emergency, youth, housing and community services.
- Strengthen Right Response crisis routing while preserving emergency response for imminent risk.
- Create warm-handoff and follow-up standards for City-funded or coordinated pathways.
- Improve youth, family and caregiver navigation with age-appropriate safeguards.
- Coordinate housing, homelessness and substance-use pathways for people with recurring crisis.
- Develop TTC and public-space crisis protocols with clear responder roles and follow-up.

How this fits the governing program

Financial treatment: first-term actions in this report must reconcile to Report 03. Unsigned partner funding and unverified technology savings are not booked in the municipal base case.

Toronto Today and Inherited Services

Toronto Community Crisis Service is already citywide, free and confidential. Residents age 16 and older can reach it through 211; the service provides crisis intervention, case management, system navigation/referrals and harm-reduction supports. Toronto also operates SafeTO and numerous housing, shelter, youth and community programs, while health care itself is primarily provincial jurisdiction.

The 2026 growth pathway for TCCS focuses on increasing diversion of eligible 9-1-1 calls and expanding access, including work related to TTC subway stations. This report therefore does not propose replacing TCCS. It proposes a clearer citywide mental-health support architecture built around it and around existing health, community and provincial services.

Guiding Principles and Resident Promise

- No wrong door: City staff should know how to connect residents to appropriate support rather than simply refer them away.
- Right response: emergency medical or police response remains available where risk requires it; community-based crisis response should be used when it is the better fit.
- Warm handoffs: a referral is not complete until the next service connection is realistic and understood.
- Follow-up matters: repeat crisis often reflects gaps after the first contact.
- Youth and family needs require age-appropriate pathways, consent rules and caregiver supports.
- Housing, income, food, substance use and social isolation are often part of the mental-health picture and should not be treated as unrelated files.
- Privacy, dignity and voluntary support are the default; coercive authority remains limited to lawful circumstances.

Vision and Outcomes

The resident experience should be a connected pathway, not a maze of disconnected services.

- No wrong door for residents seeking help.
- The right responder arrives for the situation.
- Referrals become realistic connections rather than dead ends.
- Youth and families can understand where to turn.
- Housing and substance-use needs are recognized as part of recurring crisis.
- Privacy, dignity and voluntary support remain the default.

Strategic Priorities

Strategic Priority 1 - One mental-health front door

Build a clear public navigation layer around 211/TCCS, 988, emergency services, youth supports, community health, hospital services, housing and substance-use resources. The goal is not one giant new agency; it is one understandable map with warm handoffs and multilingual access.

- Publish a plain-language resource ladder that explains when to use 211/TCCS, 988, 911 and community or clinical services.
- Measure whether residents reach an appropriate next service, not only whether a referral was issued.

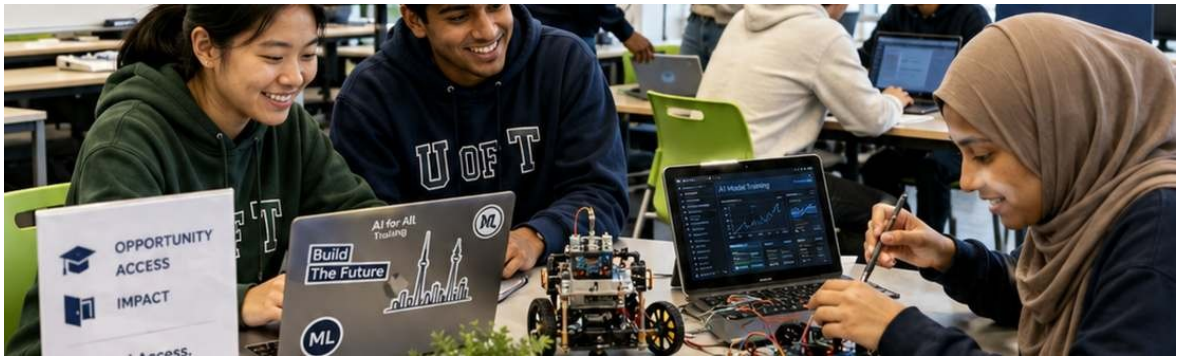
Strategic Priority 2 - Right response in crisis

Continue expanding appropriate diversion of eligible crisis calls to trained community-based teams while preserving rapid 911/EMS/police escalation when there is immediate danger, serious medical need, violence or another lawful emergency requirement.

- Maintain clear dispatch and escalation criteria for community crisis response, paramedics, fire and police based on actual risk.
- Review repeat crisis contacts to identify service gaps rather than treating each incident as isolated.

Strategic Priority 3 - Warm handoffs and follow-up

Create shared service expectations for follow-up after crisis encounters where consent and legal authority permit. Track whether people actually connect to care, housing, income, food, harm-reduction or other supports rather than counting referrals as completed outcomes.



- Set follow-up expectations for City-funded or coordinated pathways where consent and service capacity permit.
- Track failed handoffs and unresolved barriers so system problems become visible to accountable managers.

Strategic Priority 4 - Youth and family supports

Ensure under-16 pathways are clear and strengthen transitions for teenagers, post-secondary students and young adults. Provide caregivers with understandable navigation, crisis planning resources and school/community connections while respecting youth privacy and consent law.

- Create age-appropriate navigation for children, teens, post-secondary students and caregivers, with clear consent and privacy information.
- Connect schools, libraries, recreation, youth services and health partners around prevention and early support without shifting clinical responsibility to the City.

Strategic Priority 5 - Housing, homelessness and substance use

Integrate mental-health response with housing and homelessness services. Outreach should include pathways to shelter, supportive housing, income and harm-reduction/addiction services. Public-space management should avoid treating illness or homelessness as a simple enforcement problem.

- Integrate crisis response with shelter, housing, outreach, income and substance-use pathways for residents with recurring needs.
- Use repeat contacts to trigger coordinated case/system review while protecting dignity and avoiding punitive labelling.

Strategic Priority 6 - Transit and public-space response

Build forward from current TTC-related crisis-response work. Establish clear dispatch, safety and handoff protocols for stations, vehicles and public spaces; design environments that reduce avoidable crisis triggers; and measure response quality, not only removal from a location.

- Establish TTC/public-space protocols for when community crisis response is appropriate and when emergency services are required.
- Measure safe resolution, repeat contact and connection to support rather than simply removal from a location.

Strategic Priority 7 - Prevention, workplaces and community capability

Support community organizations, libraries, youth spaces, employers and neighbourhood institutions with practical navigation tools, mental-health literacy and pathways into professional care. Prevention includes social connection, recreation, housing stability, food security and access to work - not only clinical services.

- Equip libraries, recreation, community organizations and employers with practical navigation and mental-health literacy tools.
- Link prevention measures to social connection, food, housing stability and access to professional care where needed.

Rights, privacy and clinical boundaries

The Mayor and City Council do not diagnose patients, direct clinical care or replace Ontario's health-care system. City policy should focus on municipal services, crisis response, housing and social supports, navigation, public space, prevention and intergovernmental coordination. Personal health information should not be repurposed for generalized surveillance, behavioural scoring or unrelated enforcement.

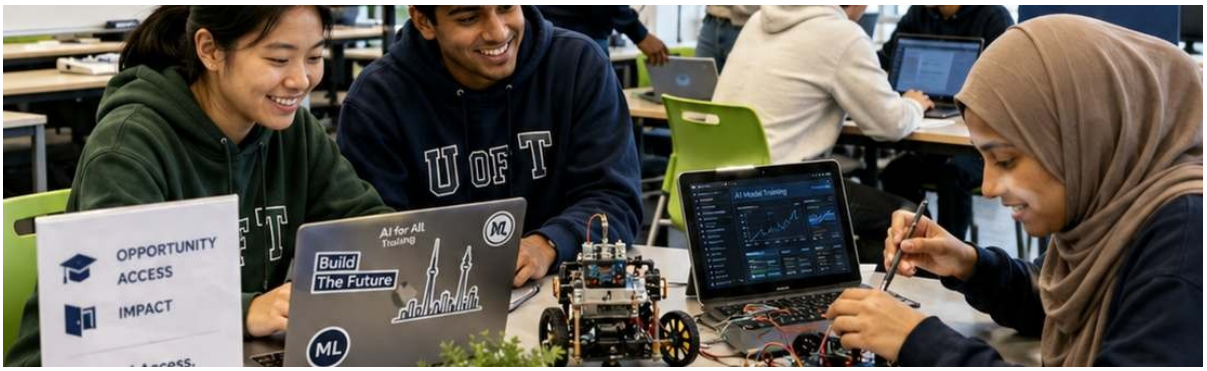
Practical Delivery Tools

Action	Lead / authority	Timing	Financial treatment	Public result
Citywide mental-health resource map / front door	City + 211 + health/community partners	First 100 days	Safety/Caring + existing	Residents know where to start
TCCS expansion / diversion support	City + TCCS partners + 911/EMS/TTC	2027-2030	Existing + Safety/Caring	More eligible crises receive appropriate response
Warm-handoff standard	City + service partners	2027	Operating / partner	Referrals convert into real connections
Repeat-crisis review	City + partners	2027-2030	Operating	System gaps identified

Action	Lead / authority	Timing	Financial treatment	Public result
				without blaming individuals
Youth/family navigation	City + youth/health partners	2027	Jobs/Safety/Caring + partner	Clearer age-appropriate routes
Public-space and TTC response protocols	City/TTC + partners	First term	Safety/Caring	Safer, more humane crisis response

Visualizing the Strategy

These campaign visuals summarize the systems and human outcomes described in the report. They are explanatory illustrations; commitments, targets, costs and jurisdiction are defined in the accompanying text and tables.



Prevention starts before crisis: young people need accessible places to learn, belong, ask for help and build confidence.

Mental-health support works best when residents can reach people, community and practical resources - not only emergency response.

A simple resource ladder

Situation	Start here	What it is for	Escalation
Mental-health crisis, age 16+	211 / Toronto Community Crisis Service	Community-based crisis intervention, de-escalation, navigation, case management and harm reduction	911/EMS/police when immediate danger or medical/emergency criteria require
Suicide crisis or concern	Call or text 988	National suicide crisis support	911 for imminent life-threatening emergency when required
Under age 16	211	Connection to youth-appropriate supports	911 for immediate danger/emergency
General social-service navigation	211	Food, shelter, health and community-service navigation	Specialized service or emergency response as appropriate
Immediate medical or safety emergency	911	Emergency medical, fire or police response	Emergency department / specialized response

Resident journeys - what better coordination should feel like

Adult in acute distress at home

A family member reaches 211, the situation is screened, an appropriate team responds, immediate safety needs are addressed, and the person receives a warm handoff to relevant health/social supports with follow-up where consent permits.

Young person whose needs cross school, family and health systems

The family receives age-appropriate navigation instead of being told to call multiple disconnected programs. Privacy and consent are explained, and crisis escalation is clear.

Person in crisis on the TTC

Transit staff and dispatch have a clear protocol for when community crisis response is appropriate and when emergency services are required. The measure is a safe resolution and connection to support, not simply removal from the station.

Person experiencing homelessness with recurring crisis

Housing, shelter, outreach, harm reduction, income and clinical pathways are treated as connected needs. Repeat contacts trigger a system-gap review rather than a punitive label.

Caregiver who is exhausted and unsure what to do

Navigation includes support for the caregiver, crisis planning and realistic next steps while preserving the rights and privacy of the person receiving care.

Service standards and data governance

- Publish access and response measures without turning personal health information into a public-performance dataset.
- Use minimum-necessary information sharing, clear purpose limits and role-based access.
- Measure warm-handoff completion, repeat contacts and unresolved barriers, not only call volume.
- Do not use mental-health data for generalized surveillance, advertising, eligibility scoring or unrelated enforcement.
- Include accessibility, language, cultural safety and disability considerations in service design and evaluation.
- Ensure frontline staff have clear escalation pathways when a situation becomes medically or physically unsafe.

Provincial partnership agenda

Many gaps that residents experience cannot be closed by the City alone. Toronto should maintain a standing provincial negotiation file on community mental-health capacity, hospital discharge and follow-up, supportive housing, youth transitions, addiction services, data-sharing rules and workforce capacity. The City contribution should be explicit; the provincial ask should be explicit; and the public should be told when an outcome depends on health-system capacity outside municipal control.

Implementation and Delivery

First 100 Days

The opening 100 days improve the resident pathway without pretending the City can rebuild the health system: publish the resource ladder, map handoff failures, set coordination standards and convene key partners.

- Publish one plain-language mental-health resource ladder linking 211/TCCS, 988, 911 and appropriate community/clinical routes.
- Map recurring handoff failures across City-funded crisis, shelter, housing and outreach services.
- Propose warm-handoff and follow-up standards for covered City pathways.
- Convene TTC, TCCS, emergency and health partners on transit/public-space crisis routing.
- Create a youth/family/caregiver navigation working group with appropriate health and education partners.

2027-2030 First-Term Action Plan

During 2027-2030, Toronto strengthens warm handoffs, follow-up, youth/family navigation, TTC/public-space crisis protocols and integrated housing/substance-use pathways while Ontario remains responsible for clinical capacity.

Phase	Action	Lead / authority	Resident result
Navigate	One mental-health front door around existing services	211 / TCCS / City coordination	Residents can identify the right next step more easily.
Respond	Right Response crisis routing	TCCS / emergency services	More eligible crises receive

Phase	Action	Lead / authority	Resident result
		/ partners	appropriate community response.
Follow up	Warm handoffs and follow-up standards	City-funded/coordinated providers	Fewer residents fall through gaps after first contact.
Support youth	Age-appropriate youth/family pathways	City / health / education / community partners	Families receive clearer navigation and support.
Connect housing	Recurring crisis, homelessness and substance-use pathways	Shelter & Support / TCCS / health partners	Service plans address recurring underlying needs.
Coordinate transit	TTC/public-space crisis protocols	TTC / TCCS / emergency / health partners	Frontline staff have clearer roles and escalation routes.

2031-2051 Long-Term Direction

The long-term objective is a city where prevention, connection, housing stability and understandable pathways reduce avoidable crisis, while clinical mental-health care remains properly funded and delivered through the health system.

- Strengthen prevention, belonging, housing stability and community capability so fewer situations reach crisis intensity.
- Use data sharing only where lawful, necessary and proportionate; avoid building a surveillance record of vulnerable residents.
- Maintain clear provincial responsibility for clinical care while improving municipal navigation and coordination.

Risks and dependencies

Risk	Specific mitigation
Navigation layer becomes another referral list	Measure completed warm handoffs and follow-up, not link clicks or referral counts alone.
Clinical responsibilities shift to the City	Define municipal navigation/crisis roles and negotiate health-system responsibilities with Ontario.
Privacy is compromised	Minimize data, use consent where appropriate and limit cross-service sharing to lawful need.
Crisis responders face unsafe situations	Use eligibility, dynamic risk assessment and emergency escalation protocols.
Service demand grows faster than capacity	Track demand, response time and repeat crisis; phase expansion with staffing and funding evidence.

Review and renewal

Mental-health coordination measures will be reviewed with service providers, people with lived experience and rights/privacy expertise, with provincial capacity gaps maintained as explicit negotiation items.

Performance framework

Immediate resources

For an immediate mental-health crisis in Toronto, residents can call 211 for Toronto Community Crisis Service support. If there is imminent danger or a medical emergency, call 911. For suicide crisis support in Canada, call or text 988. These resources are current public services and are included here so the report is useful as well as strategic.

Mental-health reporting will focus on appropriate response, warm-handoff completion, repeat contacts, unresolved gaps, access and equity while protecting personal health information from becoming a public surveillance dataset.

Metric	Baseline	Target / direction	Horizon	Responsible body	Reporting
Eligible crisis calls receiving community response	Existing TCCS baseline	Increase where safe and appropriate	First term	TCCS / emergency partners	Quarterly
Warm handoffs completed	Establish baseline	Increase	First term	Covered service providers	Quarterly
Repeat crisis contacts after intervention	Establish baseline	Reduce where effective follow-up is available	First term	TCCS / partners	Quarterly
Youth/family navigation completion	Establish baseline	Increase successful connections	First term	City / partners	Annual
Response time / service demand for TCCS	Existing TCCS baseline	Maintain/improve as access expands	First term	TCCS	Quarterly

Sources and Notes

Primary public sources are listed by organization and title. Campaign commitments, targets, scenarios and long-range aspirations are distinguished from adopted government policy throughout the report.

- City of Toronto - Toronto Community Crisis Service: What We Do
- City of Toronto - TCCS Resources & Reporting
- City of Toronto - TCCS Growth Pathway, Executive Committee EX33.2 (2026)
- City of Toronto - SafeTO
- 211 Ontario
- 9-8-8 Suicide Crisis Helpline