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HOMELESSNESS, ADDICTION, AND MENTAL HEALTH, REVISITED

NORTHWESTERN ONTARIO MUNICIPAL ASSOCIATION CONFERENCE 2023

MERCEDES LABELLE, APRIL 28, 2023, THUNDER BAY PREPARED BY HOLLY PARSONS

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- ...a think tank that conducts independent policy work, to provide evidence-based solutions to sustain and grow the regions of Northern Ontario.
- The Northern Analyst Collective (NAC), a project of Northern Policy Institute, allows members to "time share" a professional policy analyst

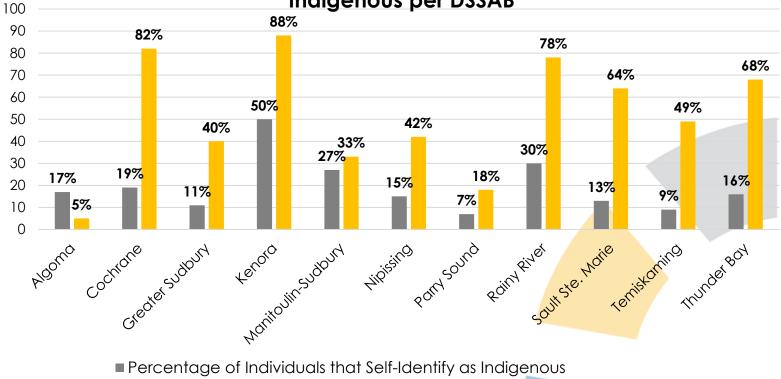


Homelessness, Addiction, and Mental Health

- In 2022, a baseline was established, and recommendations provided, regarding the state of homelessness, mental health, and addictions in Northern Ontario
- The 2023 follow-up paper explores the following three strategies:
 - 1. Support culturally safe and supportive housing for Indigenous peoples
 - 2. Establish a northern "centre of excellence" for addiction and mental health
 - 3. Define a northern "service hub" community based on migration trend studies and Our Health Count studies

1. Support Culturally Safe and Supportive Housing for Indigenous Peoples

Percentage of individuals who self-identify as Indigenous per census district versus the percentage of the homeless population that self-identify as Indigenous per DSSAB



Percentage of the Homeless Population that Self-Identify as Indigenous

Source: Author's calculations from 2021 Homeless Point-in-Time counts and Statistics Canada, 2021 Census.

Culturally Appropriate Homes (CAH)

- CAH can reduce homelessness by having a positive impact on:
 - Equity
 - Economic security
 - Wellbeing and health
 - Continuation of cultural traditions
 - Disaster resilience

- CAH design features for Indigenous peoples include:
 - A healing room
 - Backyard area for ceremonies
 - Access to land for landlearning with children
 - A ga<mark>rden</mark>
 - Craft and teaching rooms

Supportive Community Housing

- Offer a range of on-site clinical and non-clinical supports
- Improves social supports, independence, self-esteem, health, and overall quality of life
- Alleviates pressure on public health and social services
- Costs between \$15 to \$115 a day for high-support program per resident vs. between \$330 to \$681 per day for a psychiatric hospital bed and between \$200 to \$800 per emergency room visit

Case Studies

- 1. Sioux Lookout Supportive Housing Program
 - KDSB, OAHS, First Step Women's Shelter, Nishnawbe-Gamik Friendship Centre, and OPP
 - Reduced OPP calls for service by 34.8%
- 2. Kenora Supportive Housing Program
 - KDSB, OAHS, CMHA, and NeChee Friendship Centre
- 3. Suswin "Nest" Village, North Bay
 - North Bay Indigenous Friendship Centre and OAHS



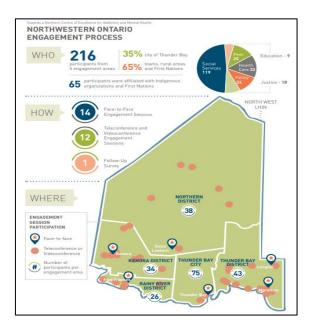


Recommendations

- Culturally safe and supportive housing recommendations
 - Identify strategic partners and local champions
 - Partners should seek and implement 'best practices' from existing supportive housing programs
 - The provincial government should allocate long-term funding for new and existing supportive housing program in the North

2. Establish a Northern "Centre of Excellence" for Addiction and Mental Health

Northern Centre of Excellence for Addiction and Mental Health, **2018**



Centre of Excellence for Addiction and Mental Health, **2020**

Roadmap to wellness: a plan to build Ontario's mental health and addictions system

Learn about Ontario's new plan for the mental health and addictions system.



Mental Health and Addictions - Our Vision:

A province where all Ontarians have access to high-quality, easily accessible mental health and addictions support throughout their lifetime, where and when they need it. Mental Health and Addictions Research and Training Institute, **2022**



The Mental Health and Addictions Research and Training Institute

- Location: Algoma District
- Community partners: Algoma University, Northern Ontario School of Medicine (NOSM U), Sault Area Hospital, Sault College, Shingwaulk Kinoomaage Gamig (SKG)
- Focus:
 - Treatment and prevention
 - Developing education programs to train generations of workers
 - Leading in building evidence-informed, comprehensive, social determinants of health-based system of prevention, treatment and healing
 - Deliver on its vision of "Minoeyawin"

Recommendations

- Mental health and addictions "centre of excellence" recommendations
 - Support additional "spokes" of the Mental Health and Addictions Research and Training Institute
 - Support mental health and addictions research in Northern Ontario via the Research and Training Institute
 - Engage with post-secondary institutions in Northern Ontario

3. Define northern "service hub" communities based on migration trend studies and Our Health Counts studies

- Wide range of health and social services
- Well defined catchment areas
- Two challenges:
 - 1. In-migration of Northerners from rural and remote communities
 - 2. Undercount of urban Indigenous peoples

Migration Trends Studies

- Adapt methodologies from other migration trends studies to fit needs
- Research questions could include:
 - From which community are people coming from to access services?
 - What specific services are people accessing?
 - Why did people choose to come to this community?
 - What other communities have people travelled to for access to services?
 - How often are people required to travel to access services?

Our Health Counts Studies

 The problem: Census data perpetually undercounts 'hard-toreach' populations and populations made marginal

Our Health Counts: Urban Indigenous population estimates

| Canadian Census Estimate | OHC Estimate | Undercount Factor |
|--------------------------------|---|---|
| 3,155 | 8,448 - 12,892 | 2.6 - 4 |
| 8,410 | 17,108 - 22,155 | 3 - 4 |
| 1,145 | 3,361 | - |
| 13,490 | 42,359 | 3.1 |
| 19,270 | 45,000 - 73,000 | 2 - 5 |
| | Census Estimate 3,155 8,410 1,145 13,490 | Census Estimate3,1558,448 - 12,8928,41017,108 - 22,1551,1453,36113,49042,359 |

Source: Our Health Counts, 2021.

Recommendations

- Northern Service Hub recommendations
 - Ontario Health Teams should conduct migration trend studies and Our Health Count studies
 - Based on these studies, funding should be allocated based on catchment population size.
 - The Ministry of Health should fund data collection initiatives
 - Resources should be allocated to understanding discrepancies between OHC and Census population estimates

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THANK YOU. MARSEE. Pصف^dFO> MERCI. MIIGWECH.

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