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**MEMORANDUM**

**COM-C 7-2021**

**Subject: Responding to an information enquiry regarding a community request for the Region to declare a state of emergency on mental health, homelessness, and addiction**

**Date: February 16, 2021**

**To: Public Health and Social Services Committee**

**From: Adrienne Jugley, Commissioner, Community Services**

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Niagara Region has been asked to declare a state of emergency related to mental health, homelessness, and addiction. The request stems from a resolution put forth by the City of Niagara Falls that has also been supported by several local area municipalities. Further to a request from a number of councillors, this memo briefly outlines legal, policy, and funding considerations regarding this request.

**Legal Considerations**

- In Ontario the declaration of an emergency is governed by the [Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9 \(ontario.ca\)](#). The Act defines an “emergency” as “a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise”.
- In keeping with this, the Province’s [Emergency preparedness | Ontario.ca](#) webpage lists numerous types of natural, technological and human-caused hazards that the Act would apply to; including earthquakes, dam failures, floods, storms, nuclear incidents, and pandemics. These incidents are typically temporary in nature stemming from a specific extraordinary event of a magnitude that requires an immediate and co-ordinated response beyond the normal capacity or capabilities of a municipality to address in order to preserve public safety.
- The Act and emergency management regime were not designed to address social and economic problems of an ongoing systemic nature that cannot be resolved in

days, weeks or months but require the development of sustainable, long-term solutions.

- In a municipality, an emergency under the Act can only be declared by the Head of Council, and can be terminated by the Premier. Therefore if the Region were to declare an emergency related to mental health, homeless and/or addiction with a goal of seeking financial assistance from other levels of government, the Province could simply override the declaration.
- The intent of the declaration of an emergency is to allow for the implementation of the municipality's emergency plan and protect the property, health, safety and welfare of the inhabitants of the emergency area. The declaration does not provide a Head of Council, or anyone else in a municipality, with any extraordinary authorities that are not otherwise provided for in law. Moreover, the declaration of an emergency also does not impose an obligation on the part of the Provincial or Federal Government to provide financial support.

### **Policy and Funding Considerations**

- Treatment and supports for mental illness, addiction, and homelessness are predominantly funded and directed by the Province. Niagara Region does have one Regionally managed mental health program, but the program is fully funded through Ontario Health/ the LHIN. While Niagara Region Public Health has a small educational/prevention (cost shared) mandate for substance use, and with Provincial funding, provides a needle exchange program, it does not have a direct role in treatment. Local treatment centres in Niagara are also funded by Ontario Health/ the LHIN. Homelessness Services is a provincially mandated service area, and the Region, through funding from both the Provincial and Federal governments, manage the local homeless serving system. A small percentage of Regional levy dollars is provided to Homelessness Services, only as a result of Provincial underfunding concerns.
- While the concerns about the rising prevalence of homelessness, and the greater awareness of the need for treatment for mental illness and addiction have increased, it is important to recognize that these issues are distinct and should require their own policy and response solutions informed by evidence and best practice.
- As such, speaking of all three as if they are consistently interconnected, may lead to a public misunderstanding and an over simplified perception of issues and the people who struggle with them. A combined focus may also inadvertently increase

the risk of stigmatization, recognizing, for example, that a large majority of individuals who experience mental illness (or have experienced this in their lifetime) are not or ever have been homeless, nor are they dealing with substance use issues.<sup>1</sup> Although those experiencing addiction issues may be more likely to also have an underlying mental illness<sup>2</sup>, many do not; and again, it is not expected that all individuals with substance use concerns are concurrently experiencing homelessness as well<sup>3</sup>. While individuals struggling with homelessness (which is relatively a much smaller number) do often experience mental illness and addiction issues (or both)<sup>4</sup>, an understanding on how to properly support these individuals requires a multifaceted approach and will be quite distinct from the interventions from the two previously described groups.

- It is also important to note that the terms mental health and mental illness are not synonymous. Mental health can be defined as a state of psychological and emotional well-being that is a necessary resource for living a healthy life and a main factor in overall health.<sup>5</sup> A mental illness is characterized by changes in an individual's thinking, mood, or behaviour and is usually associated with significant distress or impaired functioning in social, occupational and other activities.<sup>6</sup>
- The terms mental illness and addiction refer to a wide range of conditions that require a continuum of appropriate and accessible treatments, delivered by trained and regulated practitioners. Primary care in fact provides a significant level of intervention for both mental health and substance use issues, with many individuals moving effectively through the process of assessment, treatment and recovery. Access to a further range of treatment, such as psychiatric care, outpatient treatment programs and/or inpatient programs are required and should reflect the unique needs of each individual. The amounts of service available should be informed by local needs, capacity and evidence of effectiveness. Some communities may have adequate resources in certain areas of care, but be at critically low levels of others. Local decision makers should have a clear understanding of local services and gaps in care when advocating for future investment.
- While addressing homelessness also requires a variety of policy solutions, a policy intervention highlighted as a best practice is first the provision of safe and affordable housing with the inclusion of required supports.<sup>7</sup>
- The conditions and the approaches to address mental illness, addiction and homelessness are not homogeneous.

- Further, the challenges associated with accessing treatment to address mental illness<sup>8</sup> and addictions<sup>9</sup>, and providing affordable housing for those experiencing homelessness are not unique to Niagara<sup>10</sup>. The overall incidence rate of mental illness, addiction, and homelessness in Niagara, is not greater by any significant degree when compared to municipalities across the Province.

### **Declaring a State of Emergency on Mental Health, Addiction, and Homeless across other Jurisdictions**

- A number of municipalities across the Province have been approached over the last few years to make similar declarations, but most have refrained further to similar considerations included in this memo. To date, there have not been any declarations that combine the issues of mental health, addiction, and homelessness.
- In January 2021, the City of Ottawa declined to declare an emergency but instead passed a motion that recognized an emergency created by the critical lack of affordable housing and the growing prevalence of homelessness. The motion recognizes that the City has insufficient resources to address these issues alone, and that City Council must continue to advocate to both the Provincial and Federal governments for additional funding. The motion also highlights that City staff increase efforts and further prioritize a framework for action to address affordable housing and homelessness.

### **Niagara Region's Existing Priorities on Mental Health, Homelessness and Housing**

- Niagara Regional Council established its priorities (prior to the pandemic) through the 2019 – 2022 Council Strategic Plan (Plan). The Plan identifies addressing mental health and well-being and affordable housing, as key Council priorities, with specific objectives noted in the Plan.
- Council has accepted the national challenge to end chronic homelessness and is one of a handful of municipalities across Canada that has become a “Built for Zero” community. Council has also endorsed Niagara’s 10-year Housing and Homelessness Action Plan, and supported funding and policy development on a number of critical initiatives to address homelessness and the need for increased affordable housing in Niagara. These existing efforts highlight Council’s commitment to actively address homelessness, while also being more aligned with the Region’s

funding mandate, as the majority of funding for affordable/community housing comes from the Region's levy.

- Further, through the development of Niagara's Community Safety and Well-Being plan, Council also has the opportunity to prioritize access to mental health and addiction services, and addressing homelessness.

Respectfully submitted and signed by

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Adrienne Jugley, MSW, RSW, CHE  
Commissioner

*This memo was prepared in consultation with Donna Gibbs, Director, Legal & Court Services and Pam Abeysekara, Integrated Planning and Policy Advisor.*

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<sup>1</sup> Hulchanski, J. (2009). *Finding Home: Policy Options for Addressing Homelessness in Canada*. The Homeless Hub. [Link to Finding Home: Policy Options for Addressing Homelessness in Canada](#).

<sup>2</sup> Centre for Addiction and Mental Health. (n.d.). *Mental Illness and Addiction: Facts and Statistics*. [Link to Mental Illness and Addiction: Facts and Statistics](#).

<sup>3</sup> The Homeless Hub. (n.d.). *Substance Use & Addiction*. [Link to Substance Use & Addiction](#).

<sup>4</sup> Canadian Mental Health Association, Ontario. (2014). *Housing and Mental Health*. [Link to Housing and Mental Health](#).

<sup>5</sup> Government of Canada. (2020). *About Mental Health*. [Link to About Mental Health](#).

<sup>6</sup> Public Health Agency of Canada. (2020). *Mental Illness in Canada*. [Link to Mental Illness in Canada](#).

<sup>7</sup> Canadian Mental Health Association, Ontario. (2014). *Housing and Mental Health*. [Link to Housing and Mental Health](#).

<sup>8</sup> According to the Centre for Addiction and Mental Health, only about half of Canadians experiencing a major depressive episode receive and have access to "potentially adequate care."

<sup>9</sup> The Canadian Institute for Health Information highlights that access to harm reduction and addiction treatment services are often limited, even in the in the biggest cities across Canada.

<sup>10</sup> Association Municipalities of Ontario. (2019). *Fixing the Housing Affordability Crisis*. [Link to Fixing the Housing Affordability Crisis](#)