Stress Report: A snapshot of socioeconomic status, housing quality and crime across Toronto neighbourhoods

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The Wellesley Institute is a research and policy institute that works to improve health equity in the GTA through action on the social determinants of health.

Statement on Acknowledgement of Traditional Land
We would like to acknowledge this sacred land on which the Wellesley Institute operates. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes.

Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

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Introduction: Cities & Stress

Epidemiologists, urban planners, and policy-makers have all sought to document and understand the links between cities and mental health.[1,2,3] The day-to-day stresses of a big city, such as a high cost of living and a lack of affordable housing options, can undoubtedly take a toll on mental health. City-dwellers can face higher risks of mental health challenges including depression, anxiety, and post-traumatic stress disorder.[4] At the same time, the rich social life of cities and the accessibility of essential services can be extremely beneficial. Cities provide diverse social, economic, and educational opportunities that can promote good health throughout the life course and strengthen peoples' sense of well-being. Policy-makers in Toronto have an opportunity to take action to minimize the stress of city living while bolstering the aspects of the urban environment that support good mental health.

The social, economic, and physical environment of the city are key determinants of mental health for urban residents.[5,6] Poverty and material deprivation are significant predictors of poor mental health and increased risk of mental illness. Physical features of the environment such as housing quality can also impact mental well-being. Social cohesion and feelings of safety are associated with improved mental health within neighbourhoods.[7,8] Neighbourhood crime is a risk factor for common mental disorders and poor general mental well-being, particularly for vulnerable populations.[9] Reported crime rates are an important indicator of safety and perceived safety of a neighbourhood. The complex interactions between these factors, and their links to mental health, are still being explored. Some factors may influence mental health directly, while other factors are indicative of broader benefits or challenges.

Importantly, these assets and stressors are highly localized may not be evenly distributed across the city. Different communities can experience the city in distinct ways depending on the social, economic, and physical environment in which they live. These differences in living conditions across neighbourhoods can drive inequities that can lead to poor mental health outcomes. As we strive for a healthier Toronto, it will be important to meaningfully address

1   Galea, S., & Vlahov, D. (2005). Urban health: evidence, challenges, and directions. *Annu. Rev. Public Health*, 26, 341-365.

2   Kennedy, D. P., & Adolphs, R. (2011). Social neuroscience: Stress and the city. *Nature*, 474(7352), 452.

3   Fitzgerald, D., Rose, N., & Singh, I. (2016). Living well in the Neuropolis. *The Sociological Review Monographs*, 64(1), 221-237.

4   Peen, J., Schoevers, R. A., Beekman, A. T. and Dekker, J. (2010), The current status of urban-rural differences in psychiatric disorders. *Acta Psychiatrica Scandinavica,* 121: 84–93.

5   Berry, H. L. (2008). 'Crowded suburbs' and 'killer cities': a brief review of the relationship between urban environments and mental health. *New South Wales Public Health Bulletin*, *18*(12), 222-227.

6   Gruebner, O., Rapp, M. A., Adli, M., Kluge, U., Galea, S., & Heinz, A. (2017). Cities and mental health. *Deutsches Ärzteblatt International*, *114*(8), 121.

7   De Silva, M. J., McKenzie, K., Harpham, T., & Huttly, S. R. (2005). Social capital and mental illness: a systematic review. *Journal of Epidemiology & Community Health*, *59*(8), 619-627.

8   Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban health*, *78*(3), 458-467.

9   Stafford, M., Chandola, T., & Marmot, M. (2007). Association between fear of crime and mental health and physical functioning. *American Journal of Public Health*, *97(*11), 2076-2081.

these inequities. First, we need a more detailed understanding of the pattern of stressors and assets across the city.

This report offers foundational information for a broader conversation about mental well-being in the city. It provides a brief descriptive snapshot of stressors including socioeconomic status, housing quality and crime, and assets across neighbourhoods related to general mental well-being, common mental disorders, like anxiety and depression, and more severe mental illnesses, like psychosis and schizophrenia. It highlights some disparities across neighbourhoods and explores relationships between different stressors. In doing so, it highlights areas where more action may be needed and where existing resources can be leveraged to improve mental health and well-being in Toronto.

Socioeconomic status

Poverty is widely considered a major determinant of mental well-being in urban environments.[6] This may be because individuals living on lower incomes are much more likely to experience high levels of stress that can trigger mental illnesses or exacerbate existing ones, and negatively impact their general mental well-being over time.[10,11] This stress may stem from fears about being unable to meet basic needs such as food and shelter, or due to other challenges that people in poverty often face, like unemployment, precarious work or housing instability.[11] While individuals may be able to adapt and manage different challenges, often those with low incomes are facing multiple stressors at once. Those in poverty also have fewer resources to cope with chronic stress. For example, they are less likely to have access to mental health services and supports than higher-income individuals.[12] There is considerable evidence that living in poverty is a major risk factor for a range of poor mental health outcomes. Individuals in the lowest income quintile are much more likely to rate their mental well-being as being fair or poor,[13] they are more likely to experience a common mental disorder such as anxiety or depression and are more likely to attempt suicide than those with higher incomes.[14]

The association between poverty and poor mental health is also evident at the neighbourhood level. Independent of individual income, living in a community with a high concentration

10 Canadian Mental Health Association, (2007). *Poverty and Mental Illness*. p.3. Retrieved from: https://ontario.cmha.ca/wp-content/uploads/2007/11/cmha_ont_poverty_backgrounder_112007.pdf

11 Baum, A., Garofalo, J. P., & Yali, A. N. N. (1999). Socioeconomic status and chronic stress: does stress account for SES effects on health? *Annals of the New York Academy of Sciences*, *896*(1), 131-144.

12 Toronto Public Health. (2015). *The Unequal City 2015: Income and Health Inequities in Toronto*. p. 7. Retrieved from https://www.toronto.ca/legdocs/mmis/2015/hl/bgrd/backgroundfile-79096.pdf

13 Mawani, F.N., and Gilmour, H. (2010). *Validation of self-rated mental health*. Statistics Canada Catalogue no. 82-003-X. p.4 – 6. Retrieved from: https://www.statcan.gc.ca/pub/82-003-x/2010003/article/11288-eng.pdf

14 Sareen, J., Afifi, T. O., McMillan, K. A., & Asmundson, G. J. (2011). Relationship between household income and mental disorders: findings from a population-based longitudinal study. *Archives of General Psychiatry*, *68*(4), 419-427.

of poverty is associated with poor mental well-being[15] and a higher risk of common mental disorders including depression.[16,17] For example, one study found that low-income families that moved to an area with a higher average income experienced significant improvements in well-being, although their own income did not change. This improvement was equivalent to a $13,000 increase in household income.[15] Further research found that families who moved from lower-income neighbourhoods to higher-income neighbourhoods experienced a 33 per cent reduction in depressive symptom scores.[16] Another study found residents of lower-income neighbourhoods faced more than double the odds of developing depressive symptoms than those in higher-income neighbourhoods over 18 months.[17] The underlying mechanisms between neighbourhood-level poverty, stress, and mental health are still being explored, but there are several potential mechanisms. Individuals with lower socioeconomic status may compare themselves against others and through this process of social comparison lead to feelings of anxiety, insecurity and inferiority which has a negative impact on mental health.[18] Those living in lower-income neighbourhoods may also be exposed to many stressors such as facing a higher risk of violence, or experiencing stigma or discrimination based on negative perceptions of their community. [14,19,20] These community challenges may become a source of chronic stress.

Possible Actions

At the city level, Toronto is already addressing some of the stressors associated with poverty, particularly through the municipal *Poverty Reduction Strategy* adopted in 2015. This strategy has led to a range of investments including building more affordable housing units, expanding access to free recreational programs, and introducing more subsidized child care spaces.[21] These investments can make social services more affordable and accessible for the lowest-income residents in Toronto. The implementation of the Poverty Reduction Strategy is an opportunity to promote mental health across the city by alleviating some of the stress associated with meeting day-to-day material needs.

15 Ludwig, J., Duncan, G. J., Gennetian, L. A., Katz, L. F., Kessler, R. C., Kling, J. R., & Sanbonmatsu, L. (2012). Neighborhood effects on the long-term well-being of low-income adults. *Science*, *337*(6101), 1505-1510.

16 Leventhal, T., & Brooks-Gunn, J. (2003). Moving to opportunity: an experimental study of neighborhood effects on mental health. *American Journal of Public Health*, *93*(9), 1576-1582.

17 Galea, S., Ahern, J., Nandi, A., Tracy, M., Beard, J., & Vlahov, D. (2007). Urban neighborhood poverty and the incidence of depression in a population-based cohort study. *Annals of Epidemiology*, *17*(3), 171-179.

18 Wilkinson, R. G. (1999). Health, hierarchy, and social anxiety. *Annals of the New York Academy of Sciences*, *896*(1), 48-63.

19 Morenoff, J. D., Sampson, R. J., & Raudenbush, S. W. (2001). Neighborhood inequality, collective efficacy, and the spatial dynamics of urban violence. *Criminology*, 39(3), 517-558.

20 Schulz, A., Williams, D., Israel, B., Becker, A., Parker, E., James, S. A., & Jackson, J. (2000). Unfair treatment, neighborhood effects, and mental health in the Detroit metropolitan area. *Journal of Health and Social Behavior*, 314-332.

21 City of Toronto (2015). *TO Prosperity: Toronto Poverty Reduction Strategy.* Retrieved from: https://www.toronto.ca/wp-content/uploads/2017/11/9787-TO_Prosperity_Final2015-reduced.pdf

At the neighbourhood level, strong social support networks can mitigate the stress of living in poverty.[22] Living in a community with a high level of social capital is similarly beneficial, because these communities have more control over stressors like violence.[23] To that end, place-based policies and programs that build social connections and social capital between neighbours have the potential to improve mental health in lower-income neighbourhoods. Toronto has already made progress towards building these goals: for example, the *Strong Neighbourhoods Strategy* has a focus on investing in multi-service community hubs, which offer a range of social, educational, and recreational services to residents in the same facility.[24]

Evidence from across North America suggests that local community hubs can facilitate social connections and social capital within neighbourhoods.[25] There are already several examples of successful community hubs within Toronto, such as the East Scarborough Storefront located in the Kingston-Galloway-Orton Park neighbourhood[26] [27]. The Storefront's innovative 'backbone model' has a strong emphasis on involving residents in the organization's governance and facilitating resident organizing and advocacy on local issues.[28] Expanding in Toronto's existing network of community hubs could be an important place-based approach for improving mental health.

Current Situation

The map below represents the proportion of people living below the low-income cut off (LICO) after taxes for each neighbourhood. LICOs are income thresholds below which a family is likely to spend a significant amount of income on necessities like food and shelter compared to an average household.[29] In Toronto overall, 17.1 per cent of people are low-income as measured by the LICO. However, the map shows that the neighbourhoods with the highest concentration of low-income persons are in the inner suburbs of the city such as

22 Ahern, J., & Galea, S. (2011). Collective Efficacy and Major Depression in Urban Neighborhoods. *American Journal of Epidemiology*, *173*(12), 1453–1462.

23 Bertotti, M., Watts, P., Netuveli, G., Yu, G., Schmidt, E., Tobi, P., ... & Renton, A. (2013). Types of social capital and mental disorder in deprived urban areas: a multilevel study of 40 disadvantaged London neighbourhoods. *PloS one*, *8*(12), e80127.

24 City of Toronto (2017). *Toronto Strong Neighbourhoods Strategy 2020.* Retrieved from: https://www.toronto.ca/legdocs/mmis/2017/cd/bgrd/backgroundfile-101394.pdf

25 Siegel, B., Kwass, P. et. Al. (2011). *Measuring Collaboration: The Benefits and Impacts of NonProfit Centers.* Prepared for Tides Canada Nonprofit Centers Network. Retrieved from: https://kresge.org/sites/default/files/Uploaded%20Docs/HS%20MeasuringCollaborationExSum051311.pdf

26 Roche, B. & Roberts, J. (2007) *The East Scarborough Storefront Project: A successful inter-organizational service collaboration.* Wellesley Institute.

27 Ware, E. (2017). *Community Capital: Leveraging Interorganizational Networks to Improve Youth Employment Equity.* Wellesley Institute.

28 East Scarborough Storefront Theory of Change. (2015) Retrieved from: http://www.thestorefront.org/tc2015/ESS-TheoryOfChange-booklet.pdf

29 Statistics Canada. (2015). *Low Income Cut Offs.* Retrieved from: http://www.statcan.gc.ca/pub/75f0002m/2012002/lico-sfr-eng.htm

Thorncliffe Park located in East York. Some are located in the inner city such as Regent Park. Thorncliffe Park and Regent Park are home to large social housing sites, so it is unsurprising that many residents in these neighbourhoods are lower-income. The Bay Street Corridor is located near several post-secondary institutions, so the neighbourhood is home to many students with low or no income. Different strategies may be needed to address the mental health needs in different neighbourhoods depending on the context. For example, an approach for low-income households living permanently in Thorncliffe Park and Regent Park may differ compared to individual students living for a short period of time in the Bay Street Corridor.

Overall City	17.1%

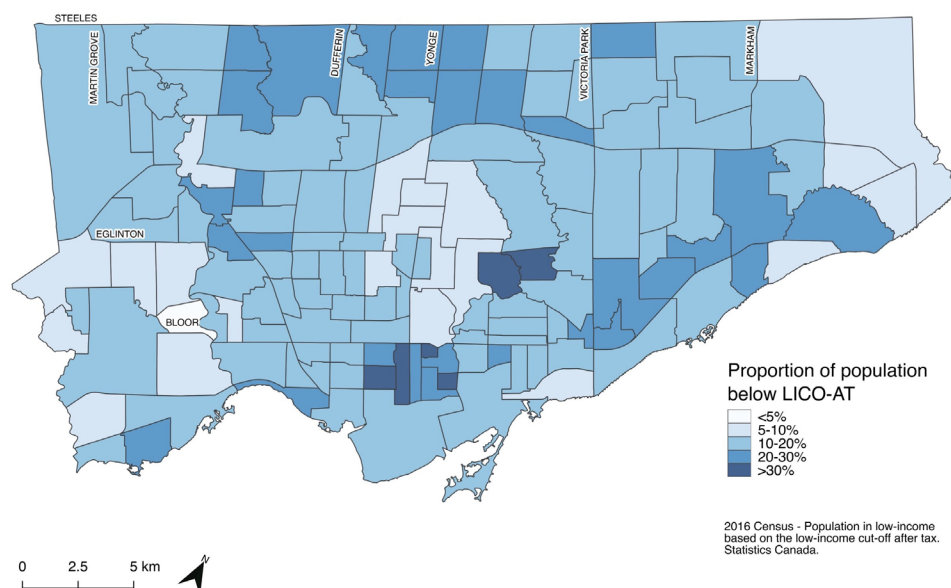**Lowest Income**
1. Thorncliffe Park 36.4%
2. Bay Street Corridor 36.1%
3. Regent Park 35.3%

Highest Income
1. Kingsway South 4.1%
2. Centennial Scarborough 5.3%
3. Runnymede-Bloor West Village 5.8%

Low Income

Proportion of population below LICO-AT
- <5%
- 5-10%
- 10-20%
- 20-30%
- >30%

2016 Census - Population in low-income based on the low-income cut-off after tax. Statistics Canada.

Housing Quality

The quality of the built environment, especially housing, may be an important risk indicator for common mental disorders.[30, 31, 32] Housing quality encompasses a range of physical characteristics of a housing unit, including structural damage, health hazards like mold or pests, adequate heating and ventilation, and adequate space to accommodate families. The mechanisms linking housing to mental health are still being explored, but research suggests that those in poor quality housing experience chronic stress related to their living conditions[30]. They may be concerned about safety and health hazards themselves or may worry about hassle of interacting with landlords or maintenance teams to address these hazards.[28] Moreover, housing is an important indicator of social status. Living in poor quality housing can be extremely stigmatizing and isolating, undermining the social support networks that are critical for mental well-being.[28, 30]

The daily stress of living in substandard housing may drive common mental disorders, including depression. Adults living in housing with at least one major structural problem face 40% higher odds of having a common mental disorder.[33] Children may be particularly vulnerable; housing quality is positively correlated with young children's psychological distress scores, a strong predictor of common mental disorders in adolescence and later life.[34] This relationship extends beyond the individual household. One study demonstrated that those living in neighbourhoods characterized by a poor-quality built environment, including housing and other buildings, were 36-64 per cent more likely to report lifetime depression compared to those living within better built environments.[35]

Possible Actions

Investing in the safety and quality of housing can increase the mental health and well-being of residents. Programs that renovate and rehabilitate substandard homes, especially those that involve upgrades to energy and heating systems, are associated with improved mental

30 Evans, G. W., Wells, N. M., & Moch, A. (2003). Housing and mental health: a review of the evidence and a methodological and conceptual critique. *Journal of Social Issues*, 59(3), 475-500.

31 Pevalin, D. J., Reeves, A., Baker, E., & Bentley, R. (2017). The impact of persistent poor housing conditions on mental health: A longitudinal population-based study. *Preventive medicine*, 105, 304-310.

32 Krieger, J., & Higgins, D. L. (2002). Housing and health: time again for public health action. *American journal of public health*, 92(5), 758-768.

33 Weich, S., & Lewis, G. (1998). Material standard of living, social class, and the prevalence of the common mental disorders in Great Britain. *Journal of Epidemiology & Community Health*, *52*(1), 8-14.

34 Evans, G. W., Saltzman, H., & Cooperman, J. L. (2001). Housing quality and children's socioemotional health. *Environment and Behavior, 33*(3), 389-399

35 Galea, S., Ahern, J., Rudenstine, S., Wallace, Z., & Vlahov, D. (2005). Urban built environment and depression: a multilevel analysis. *Journal of Epidemiology & Community Health*, *59*(10), 822-827.

health outcomes including lower rates of depression and anxiety and higher self-reported mental health.[36]

Within Toronto, the redevelopment and renovation of social housing and 'tower communities' has the potential to substantially improve the mental well-being of residents. For example, in a study of residents' experiences throughout the revitalization of Regent Park, tenants who moved from older social housing units into newly-constructed units experienced a decrease in anxiety and mental distress after one year in their new homes.[37] The ongoing redevelopment of other social housing sites may be an opportunity to improve community mental health through improvements to housing.

Similarly, Toronto's Hi-RIS program offers low-cost loans for energy retrofits in apartment buildings across the city.[38] The program is one part of the city's Tower Renewal initiative which is aims to improve the built and social environments in older high-rise buildings in neighbourhoods across the city. The program is currently still in the pilot phase and remains limited in scope but creating a permanent and larger-scale program that prioritizes the communities with the greatest housing needs may provide real mental health benefits for tenants.

Current Situation

The map below displays the proportion of households reporting their dwellings were in need of major repairs. Major repairs needs are an indicator of poor-quality dwellings, and can include defective plumbing, electrical wiring, and structural repairs to walls, floors or ceilings.[39] An average of 6.9 per cent of households in Toronto need major repairs. The neighbourhoods with more poor quality housing are Black Creek, Scarborough Village and South Parkdale. Neighbourhoods like Scarborough Village and Black Creek, and others within Toronto's inner suburbs, have an aging housing stock with many high-rise apartment towers that are falling into disrepair.[40] Investment in improving housing quality is important for improving living conditions for residents and can contribute to better mental health.

36   Thomson, H., Thomas, S., Sellstrom, E., & Petticrew, M. (2009). The health impacts of housing improvement: a systematic review of intervention studies from 1887 to 2007. *American Journal of Public Health*, *99*(S3), S681-S692.

37   Dowbor, T. (2014). *Toronto Social Housing & Health Study*. Centre for Research on Inner City Health. Available from: https://www.ontariohealthstudy.ca/en/about-study (accessed 15 May 2015).

38   City of Toronto (2017). *Home Energy Loan Program & High-Rise Retrofit Improvement Support Program Evaluation.* City of Toronto Chief Corporate Officer & Social Development, Finance & Administration. Retrieved from: https://www.toronto.ca/legdocs/mmis/2017/pe/bgrd/backgroundfile-102272.pdf

39   Statistics Canada (2017). Housing Reference Guide, Census of Population, 2016. Retrieved from: http://www12.statcan.gc.ca/census-recensement/2016/ref/guides/005/98-500-x2016005-eng.cfm

40   Leon, S. (2017). *Tall Order: Understanding Change in Toronto's Inner Suburban Rental Towers.* Wellesley Institute. Retrieved from: http://www.wellesleyinstitute.com/wp-content/uploads/2017/05/Tall-Order-Final.pdf

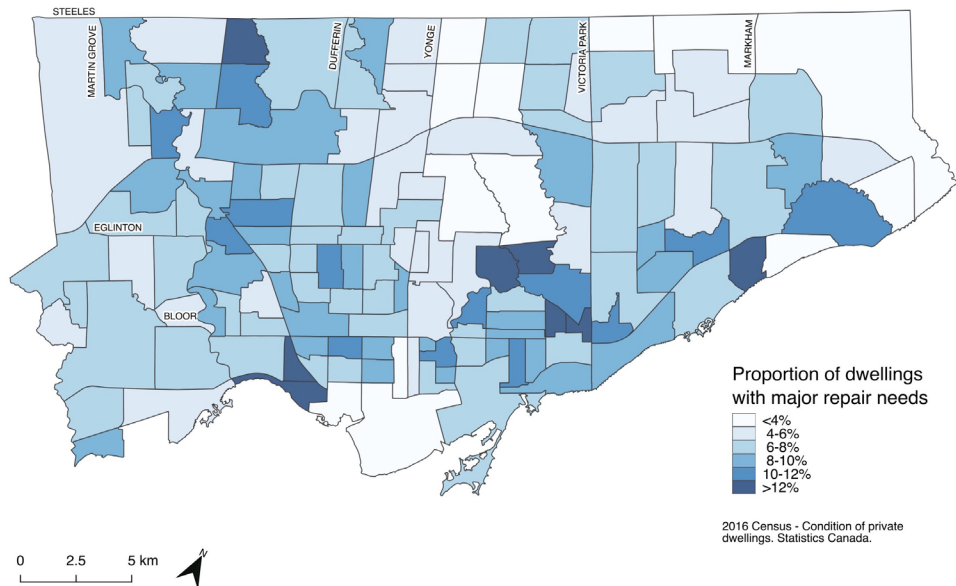| Overall City	6.9%

Highest % of Households in Need of Housing Repairs
1. Black Creek 13.7%
2. Scarborough Village 12.8%
3. South Parkdale 12.7%

Lowest % of Households in Need of Housing Repairs
1. Kingsway South 4.1%
2. Centennial Scarborough 5.3%
3. Runnymede-Bloor West Village 5.8%

Housing Quality

Proportion of dwellings
with major repair needs
<4%
4-6%
6-8%
8-10%
10-12%
>12%

2016 Census - Condition of private
dwellings. Statistics Canada.

0   2.5   5 km

Crime

Neighbourhood crime is a risk factor for common mental disorders and poor general mental well-being, particularly for vulnerable populations.[41] Being the victim of a crime, and particularly a violent crime, is an extremely traumatic experience that puts individuals at substantially higher risk of developing post-traumatic stress disorder (PTSD), anxiety, and depression throughout their lifetimes. For example, PTSD has been observed in over 25 per cent of crime victims, compared to 9 per cent of people who have not been victimized.[42] Even without directly experiencing a crime, the fear of crime is a risk factor for common mental disorders. One large study found that residents who reported being highly afraid of crime in their community were 56 per cent more likely to experience symptoms of a common mental disorder, and had worse overall well-being scores, compared to those who felt less fearful.[37] The link between fear of crime and mental health seems to be driven by social isolation. Those who are fearful of crime may not trust other people in their community, and tend to become isolated by restricting their involvement in the community and limiting social contact with their neighbours, leading to social isolation that can be harmful to mental health.[37,43]

In addition, recent evidence from the United States points to the link between the criminal justice system and community-level mental health. Individuals who have committed crimes and have been through the process of getting arrested, awaiting a trial, or being incarcerated, experience trauma that negatively affects their mental health. Residents of neighbourhoods in Detroit, with a high rate of incarceration (approximately 5 adults per 1,000 or higher) faced more than double the odds of experiencing depression or anxiety disorders over their lifetime, although they were not incarcerated themselves.[44] It is plausible that a high rate of incarceration can lead to fragmented social and family networks within the community, or may create stigma around the community; both factors may create more stressful circumstances for residents. Children who experience traumatic events related to crime, like losing a parent to violence or incarceration, can experience poor mental health throughout

41   Stafford, M., Chandola, T., & Marmot, M. (2007). Association between fear of crime and mental health and physical functioning. *American Journal of Public Health*, *97*(11), 2076-2081.

42   Kilpatrick, D. & Acierno, R. (2003). Mental health needs of crime victims: Epidemiology and outcomes. *Journal of Traumatic Stress. 16*(2): 119-132.

43   Whitley, R., & Prince, M. (2005). Fear of crime, mobility and mental health in inner-city London, UK. *Social Science & Medicine*, *61*(8), 1678-1688.

44   Hatzenbuehler, M. L., Keyes, K., Hamilton, A., Uddin, M., & Galea, S. (2015). The collateral damage of mass incarceration: risk of psychiatric morbidity among nonincarcerated residents of high-incarceration neighborhoods. *American Journal of Public Health*, *105*(1), 138–143. http://doi.org/10.2105/AJPH.2014.302184

their life course including suicidal ideation and depression.[45,46] The intergenerational impacts of crime on families and communities can perpetuate a cycle of poor mental health.

Possible Action

Strengthening collective efficacy, which refers to the degree to which neighbours work together to tackle community challenges, may be an important avenue for improving real and perceived neighbourhood safety. Higher neighbourhood collective efficacy is associated with lower rates of violent crime.[47] As noted in the *Poverty Reduction Strategy* and *Strong Neighbourhoods Strategy,* expanding recreational programming, supporting resident-led initiatives, and investing in public gathering spaces are promising approaches for building stronger social connections between neighbours, which is an important foundation for improving collective efficacy.[48] In Toronto the Action for Neighbourhood Change (ANC) initiative of United Way of Greater Toronto supports resident groups to identify challenges in the community and work together to take action in Toronto's 13 neighbourhood improvement areas.[49] There is limited research on specific interventions that strengthen collective efficacy to improve neighbourhood safety.[50] However, there is evidence from the UK that suggests the importance of building community capacity and strengthening local ties.

The Connected Communities program focused on improving social connections and promoting social inclusion through 6 community based interventions across 7 sites in the UK.[51] These local initiatives emphasized the co-design of community interventions; where community members worked with researchers to identify and address community identified needs such as creating social groups for single parents and developing outreach programs for marginalized communities. Key findings from this Connected Communities Program found that investing in the community through supporting interventions that promoted social relationships led to greater well-being and empowerment and enhanced opportunities for

45 Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., Williamson, D. F., & Giles, W. H. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *Journal of the American Medical Association*, *286*(24), 3089-3096.

46 Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, *82*(2), 217-225.

47 Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277(5328), 918-924.

48 Carriere, J. (2016). Neighbourhood Collective Efficacy: A Scoping Review of Existing Research. Neighbourhood Change Research Partnership, University of Toronto. Retrieved from: http://neighbourhoodchange.ca/documents/2016/07/neighbourhood-collective-efficacy.pdf

49 City of Toronto. (2018). Action for Neighbourhood Change Project. Retrieved from: https://www.toronto.ca/311/knowledgebase/kb/docs/articles/social-development,-finance-and-administration/community-resources/action-for-neighbourhood-change-anc-project.html

50 Ohmer, M. L., Teixeira, S., Booth, J., Zuberi, A., & Kolke, D. (2016). Preventing violence in disadvantaged communities: Strategies for building collective efficacy and improving community health. *Journal of Human Behavior in the Social Environment*, 26(7-8), 608-621.

51 RSA Action and Research Centre. Community Capital: The Value of Connected Communities Retrieved from: https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities

employment and training.[52] In Toronto, the East Scarborough Storefront uses a connected communities approach to work with people in the community through connections with the local economic system, creating a platform for social service agencies in the neighbourhood and building resident capacity.[53] By building resident capacity, strengthening networks between community members and organizations and promoting social connections these efforts improve collective efficacy.[54] Community members feel supported by their larger community and feel safer in their neighbourhood.

Current Situation

Toronto ranks as one of the top safest large cities in the world.[55] Despite the relative safety of Toronto certain communities are more vulnerable. For example, there was an increase in the total number of hate crimes reported in the city from 134 in 2015 to 145 in 2016.[56] Additionally the crime rates in the city may differ depending on location. The map below uses data from Toronto Police Services on reported crimes to illustrate differences by neighbourhood. Reported crimes include arson, property theft, vehicle theft, break-ins, homicide, assault, sexual assault and drug-related offences. However, it is important to note that reported crime does not necessarily capture all crime activity. In some neighbourhoods crimes may be underreported due to the community's perception and past experiences with police services resulting in a lack of trust in law enforcement. Nonetheless, reported crime rates are an important indicator of safety and perceived safety of a neighbourhood. This map shows the highest crime rates are in inner-city neighbourhoods and the north west parts of the city.

52   RSA Action and Research Centre. Community Capital: The Value of Connected Communities Retrieved from: https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities

53   East Scarborough Storefront. (2015) Theory of Change. Pg. 22-24 Retrieved from: http://www.thestorefront.org/tc2015/ESS-TheoryOfChange-booklet.pdf

54   Ohmer, M. L. (2007). Citizen participation in neighborhood organizations and its relationship to volunteers' self-and collective efficacy and sense of community. *Social Work Research*, 31(2), 109-120.

55   The Economist. Safe Cities Index 2017. (2017). Retrieved from http://safecities.economist.com/safe-cities-index-2017

56   Toronto Police Services. (2016). Annual Hate/Bias Crime Statistical Report. Retrieved from: https://www.torontopolice.on.ca/publications/files/reports/2016hatecrimereport.pdf

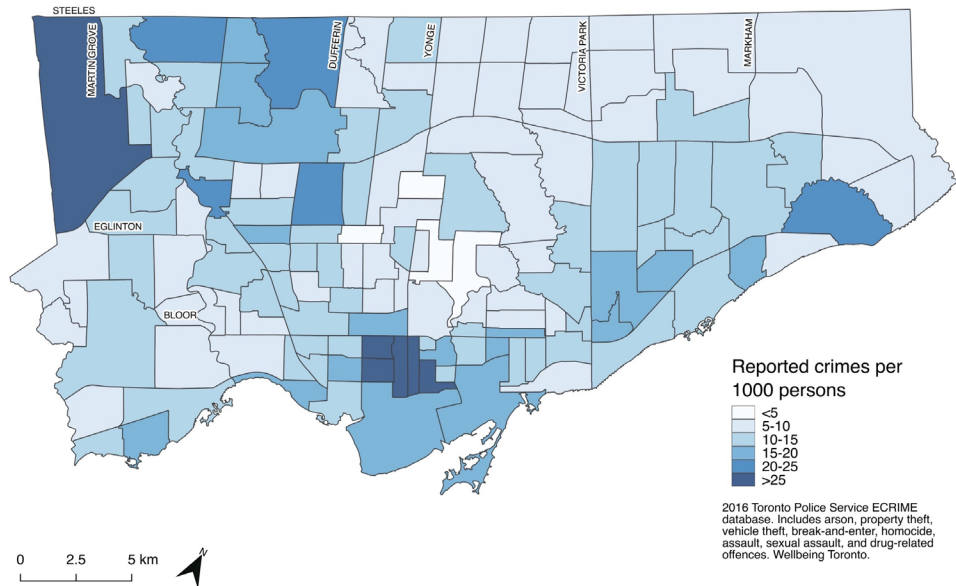| **Overall City Average**	**1.20%**

Lowest Incidence of Reported Crimes
1. Mount Pleasant 0.36%
2. Forest Hill North 0.45%
3. Leaside-Bennington 0.50%

Highest Incidence of Reported Crimes
1. Kensington-Chinatown 3.33%
2. Bay Street Corridor 4.21%
3. Moss Park 4.26%

Crime Rate

Reported crimes per 1000 persons
- <5
- 5-10
- 10-15
- 15-20
- 20-25
- >25

2016 Toronto Police Service ECRIME database. Includes arson, property theft, vehicle theft, break-and-enter, homocide, assault, sexual assault, and drug-related offences. Wellbeing Toronto.

0   2.5   5 km

Intersecting Stressors

The three stressors described in this report -- low income, housing need, and crime -- often correlate with one another and, experiencing multiple stressors simultaneously can intensify the impacts on mental health and well-being.[57] To capture how these three stressors intersect with one another, we categorized each neighbourhood based on whether it scored in the top quartile for all, some, or none of the three stressors. This process highlighted that many neighbourhoods across Toronto are experiencing high levels of all three stressors (depicted in grey in the map below). Of the 140 neighbourhoods in Toronto, 12 of them have high scores for all three stressors, dispersed throughout the northwest, downtown, and southeast areas of the city. The west side of the city has more neighbourhoods with above-median crime rates while the east side of the city has more neighbourhoods with above-median low-income rates, while neighbourhoods with above-median housing repair needs are more dispersed throughout the city.

There is some overlap between the neighbourhoods with multiple stressors identified here and those designated as Neighbourhood Improvement Areas in the Toronto Strong Neighbourhoods Strategy.[58] The discrepancies stem from different methodological approaches: Neighbourhood Improvement Areas are determined based on a set of indicators of general social and health equity,[59] whereas this analysis is specifically focused mental health and indicators were chosen based on the strength of evidence linking them to mental health outcomes.

Of the 12 neighbourhoods experiencing high levels of all three stressors, 9 of them are Neighbourhood Improvement Areas. The remaining three neighbourhoods – Kensington-Chinatown, Cabbagetown-South St. James Town, and Blake-Jones – are located within the central city. In fact, Kensington-Chinatown has the highest combined ranking across all three stressors. Although these communities generally benefit from good transit access, a density of community services, and close proximity to mental health services, this analysis highlights that they also face real and persistent challenges in terms of poverty, housing quality, and crime. This suggests that these neighbourhoods may be stressful environments for residents and that further understanding of community mental health needs may be needed.

57 Berry, H. L. (2008). 'Crowded suburbs' and 'killer cities': a brief review of the relationship between urban environments and mental health. *New South Wales Public Health Bulletin*, *18*(12), 222-227.

58 City of Toronto Social Development, Finance, & Administration Division (2014). T*oronto Strong Neighbourhoods Strategy 2020 – Recommended Neighbourhood Improvement Areas.* Staff Report. Available at: https://www.toronto.ca/legdocs/mmis/2014/cd/bgrd/backgroundfile-67382.pdf
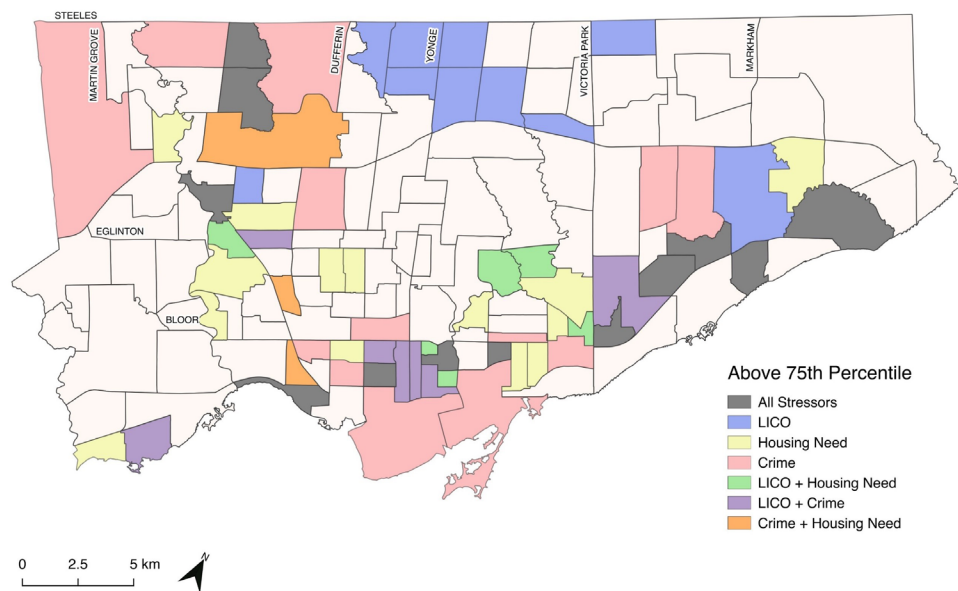
59 City of Toronto Social Policy Analysis & Research Division (2014). *TNS 2020 Neighbourhood Equity Index: Methodological Documentation.* Available at: https://www.toronto.ca/legdocs/mmis/2014/cd/bgrd/backgroundfile-67350.pdf

Neighbourhoods in Top Quartile for All Stressors (by Combined Rank)

1. Kensington-Chinatown
2. Oakridge
3. Black Creek
4. South Parkdale
5. Scarborough Village
6. West Hill
7. Weston
8. Cabbagetown-South St. James Town
9. Kennedy Park
10. Glenfield-Jane Heights
11. Eglinton East
12. Blake-Jones

Intersecting Stressors

Above 75th Percentile
- All Stressors
- LICO
- Housing Need
- Crime
- LICO + Housing Need
- LICO + Crime
- Crime + Housing Need

Conclusions: Moving Forward

This report illustrates that Torontonians experience a different city depending on where they live, work and play. While the risk factors and indicators identified in this report each have an independent impact on mental health, they often overlap geographically. Some neighbourhoods in Toronto are facing multiple stressors at once, suggesting that they may face increased risks to their mental health.

Mental well-being, common mental disorders, and psychosis are driven by a range of social, economic and physical stressors. Although living in cities can be stressful, they can also provide stimulating and supportive environments that promote mental health. Many Toronto residents are living in environments that are safe, economically secure, and socially vibrant. The challenge now is to strengthen neighbourhoods that are facing substantial stressors, so all residents can live in environments where they can truly thrive. Reducing inequities across the city is an important and necessary step towards improving mental health and understanding the stressors that are impacting residents can help to prioritize local interventions to address these underlying stressors.

This report has identified some of the promising opportunities for policy and program development to reduce inequities and improve mental health in Toronto's neighbourhoods. Initiatives to make essential services like childcare and transit more affordable for the lowest-income Torontonians can reduce the stress associated with poverty. Improving housing quality, by investing in neighbourhood revitalization and by expanding retrofit programs focused on individual buildings, can ensure that all tenants have a safe and healthy place to live. Place-based programs and services that foster stronger social connections between residents, such as multi-service community hubs, can further mitigate the negative mental health impacts of poverty and crime and provide a foundation for building collective efficacy. Toronto is already making progress towards these goals through the *Poverty Reduction Strategy,* the *Strong Neighbourhoods Strategy,* and the *Tower Renewal* initiative, but there is room to expand these actions and to target them towards the communities where they are most needed.

Alongside broader city-wide policy change, it will be important to develop place-based actions that are responsive to community needs. As this report demonstrates, different neighbourhoods are experiencing different degrees and types of stressors. Moreover, each neighbourhood has different social, economic, and cultural assets that can be built upon to support mental health. Given the diversity of experiences across the city, appropriate and effective solutions will look somewhat different in each community. The knowledge and skills of community members and of community-based organizations are critical resources that can be drawn upon to develop place-based actions to support mental health.

Moreover, a single intervention alone cannot address the many different factors that impact mental health. Instead, a holistic approach that addresses the diverse determinants of mental health is needed. This approach will require participation from multiple stakeholders: local government, mental health care providers, social service providers, community-based organizations, and community members all have a role to play in creating a healthier city. This work is a starting point for a broader conversation about mental health in Toronto. Future Wellesley Institute research will explore additional determinants of mental health, such as social support and built environment, to identify inequities and highlight opportunities for action. This work can support evidence-informed action towards better mental health in the city.