

# **Simplify information sharing to improve specialized mental health care for people experiencing homelessness**

**Submitted by: The Greater Oshawa Chamber of Commerce**

**Co-sponsors:** Sault Ste-Marie Chamber of Commerce, Chamber of Commerce of Brantford-Brant, Scugog Chamber of Commerce, Whitby Chamber of Commerce, Guelph Chamber of Commerce

## **Issue**

There is a lack of integration among care professionals when caring for the complex mental health needs of people experiencing homelessness and experiencing acute mental health crises, leading to a disproportionate number of hospital emergency department visits, and an increase in preventable overdoses and deaths. The 'circle of care' model put forward by the Information and Privacy Commissioner does address information sharing for several health information custodians, but it fails to include two of the most common service providers involved in the case management of individuals experiencing homelessness with complex mental health needs: law enforcement and social services.

## **Background**

Healthcare providers and community service providers must be able to collaborate to meet the unique mental health needs of people experiencing homelessness<sup>1</sup> in order to ensure stronger socioeconomic opportunities and safeguard health system capacity. The misapplication and restrictive nature of current privacy laws prevents the necessary and timely collaboration of professionals when addressing the ongoing and complex mental health needs of those experiencing homelessness. One intention of the *Personal Health Information Protection Act, 2004* (PHIPA) is to provide practitioners with the right information at the right time. Without access to the full scope of information from all providers involved in an individual's case management, emergency healthcare providers and emergency responders are unable to assess and tend to an individual's needs effectively and appropriately.

This results in inadequate care for people experiencing homelessness and mental health and/or addictions challenges, which can lead to the continuation of those complex challenges. It also directly creates missed opportunities to adequately and more quickly address some of the individuals' acute needs, effectively short-circuiting any chance to stabilize the person in a more timely fashion.

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<sup>1</sup> <https://www.homelesshub.ca/sites/default/files/attachments/s41572-020-00241-2.pdf>

With growing rates of homelessness and mental health and addictions challenges in communities across the province, municipalities and local businesses are unable to manage the associated business, economic, and health system costs and impacts. For example, individuals experiencing homelessness make up a disproportionate share of Canadian emergency department visits in the absence of adequate and affordable housing and/or mental health supports.<sup>2</sup> This puts additional and unnecessary strain on our hospitals, healthcare resources, and the community at large. The lack of specialized mental health care for people experiencing homelessness is evident through the inability of all service providers to integrate specific case knowledge in the care planning process and through a system that fails to provide accessible care environments for all demographics. This lack of specialized care is also evident in the suboptimal discharge planning provided by hospitals and the justice systems (e.g., access to affordable housing, mental health and addictions supports, etc.) and the high rates of readmission among people experiencing homelessness.<sup>3</sup> The direct impact to businesses is that these barriers to care are directly correlated to a slowing down of many individuals' pathways to becoming re-housed/re-integrated, posing significant, ongoing pressures on local communities, the health care system, and the economy more broadly.

## **Recommendations**

The Ontario Chamber of Commerce urges the Government of Ontario to:

1. Review relevant sections of the Personal Health Information Protection Act that prevent sharing of information among service providers involved in clinical case management of people experiencing homelessness, specifically, non-healthcare related sector service providers such as social service and emergency service providers.
2. Ensure a provincial funding commitment to specialized mental health care for people experiencing homelessness.

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<sup>2</sup>

<https://www.theglobeandmail.com/canada/british-columbia/article-western-canada-the-growing-impact-of-homelessness-on-emergency/>

<sup>3</sup> <https://www.homelesshub.ca/sites/default/files/attachments/s41572-020-00241-2.pdf>