

YSSN SIGNALS

Data-informed perspectives on crisis, mental health and developmental services.



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In this issue of YSSN Signals, we show how more than 25 years of community-based crisis response experience and strong partnerships are helping connect people experiencing mental health crises to the right support sooner, while keeping emergency resources focused where they're needed most.

COLLABORATION IN ACTION: CREATING BETTER RESPONSES TO MENTAL HEALTH CRISIS

When people experience a mental health crisis, they often find themselves in the emergency system. But police and hospital emergency departments are not always the best places to provide the support they need.

For more than 25 years, YSSN has provided community-based crisis response across York Region and South Simcoe. As a service hub, YSSN has built strong connections across the health, emergency and social service systems. That experience gives YSSN a unique perspective on where gaps exist, and on the partnerships that can create better pathways through crisis.

Today, YSSN is working with partners to bring mental health expertise into emergency pathways and connect people to community supports sooner. Two examples show how this approach is creating better options for people while making more effective use of emergency resources.

KEY SIGNALS

- Collaborative responses are essential for improving outcomes for people experiencing mental health crises.
- Timely community mental health supports can significantly ease pressure and free up hospital emergency department resources.
- Investing in coordinated community support helps public resources go further.



Learn More

YSSN is a hub for Developmental, Mental Health and Children's Services that helps people navigate services to live their best life. In the last fiscal year, 32,694 people received services from YSSN including 16,874 who needed support with a crisis.

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At the Emergency Department: Community Supports Can Ease ED Pressure

One example emerged in response to an identified opportunity at Southlake Hospital in Newmarket, where significant pressure from repeating mental health-related ED visits highlighted the potential to intervene earlier. Data showed that some people were returning multiple times within six months. Many had a family doctor, and most were not admitted. What they needed was timely, coordinated community support, not another hospital visit.

In 2024, the Northern York South Simcoe Ontario Health Team endorsed a pilot outreach position to support Southlake crisis workers in providing timely community-based support for people arriving with police involvement or self-referring. YSSN, Southlake Hospital and the NYSS OHT subsequently developed the pilot program.

People with repeat ED visits for mental health concerns, or those arriving with police, are contacted by a YSSN outreach worker within 48 hours. The worker provides practical, individualized support, including developing a wellness plan, connecting people to counselling and crisis services, and helping navigate applications and next steps.

Between November 2025 and June 2026, the initiative received 80 referrals and successfully connected with 67 individuals, with most receiving multiple contacts to build rapport and provide individualized support and connections to community services. Early indications suggest very few participants have returned to the ED for mental health concerns. The approach demonstrates how connecting people to community support sooner can improve continuity of care while easing pressure on emergency departments.

At 911: Connecting People to Supports Better Suited to Their Needs

The same principle is being applied at the point of 911 response. When a call involves mental health, police are not always the most appropriate first response. Through YSSN's Call Diversion Unit (CDU), trained crisis workers are embedded within 911 communications centres. When a dispatcher identifies a non-emergency mental health call, it can be transferred directly to a YSSN crisis worker for immediate support, de-escalation and connection to community services.

In 2025–26, the CDU managed 2,856 contacts and diverted 801 calls from frontline police officers, an increase of 34.8% over the previous year. Each diverted call connects a person to support better matched to their needs while preserving police capacity for urgent public safety situations. The CDU is part of a broader partnership involving YSSN, police, paramedics and community organizations, including Mobile Crisis Response Teams and Safe Spaces.

Together, these examples demonstrate how collaboration can create new pathways through a mental health crisis. By bringing community-based mental health expertise into emergency pathways, YSSN and its partners are helping people access support better matched to their needs while enabling emergency resources to remain focused where they are needed most.

The opportunity is not simply to respond differently to individual crises. It is to build a more connected system in which hospitals, police, paramedics and community providers work together to provide the right response at the right point in every person's journey.