

CANADIAN ALLIANCE ON
MENTAL ILLNESS AND
MENTAL HEALTH



ALLIANCE CANADIENNE POUR
MALADIE MENTALE ET
LA SANTÉ MENTALE

**Submission to Federal Government's
*Let's Talk Budget 2024***

February 9, 2024

1. Background

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is the national voice for mental health in Canada. Established in 1992, CAMIMH is a member-driven alliance of 18 mental health and substance use health organizations comprised of people with lived or living experience, their families and caregivers, and health care providers. For more information, please go to www.CAMIMH.ca.

2. Recommendations

1. That the federal government pass a companion piece of legislation to the *Canada Health Act* called the ***Mental Health and Substance Use Health Care For All Parity Act*** – which equally values mental health, substance use health with physical health.
2. That the Canadian Institute of Health Information (CIHI) have the necessary resources to work collaboratively with the provinces and territories, and other stakeholders, to develop: (1) a national public, community-based, and private health expenditure data series; (2) comprehensive health system performance indicators in mental health and substance use health; and (3) a comprehensive and ongoing mental health and substance use health workforce sector analyses to identify gaps and project future needs.
3. That the federal government provide long-term funding to the Canadian Institutes of Health Research (CIHR) to ensure mental health and substance use health research funding across its Institutes and its four pillars is proportional to mental health and substance use health's burden of disease.

Recommendation 1

That the federal government pass a companion piece of legislation to the *Canada Health Act* called the *Mental Health and Substance Use Health Care For All Parity Act* – which equally values mental health, substance use health with physical health.

The lack of timely, equitable, accessible, inclusive, and affordable mental health and substance-use health care has long been a very serious problem in Canada. To underscore this point, CAMIMH recently released its second annual *Mental Health-Substance Use Health Report Card* where Canadians gave the federal and provincial governments a resounding “F” in meeting their mental health and substance use health needs.¹

The survey noted that finding and getting timely access to publicly funded mental health care services is important to 90% of Canadians, and 83% agree that provincial governments should hire more mental health care providers. When it comes to supporting the mental health and substance use health of the people of Canada, failure is not an option.

While the provision of health care is the primary responsibility of the provinces and territories there is a significant leadership role that the federal government can play when it comes to improving and expanding access to accessible and inclusive mental health and substance use health programs, services and supports.

Specifically, CAMIMH is of the view that an appropriate and sustainable envelope of federal funding should be embedded within a new legislative framework that identifies a clear set of objectives and accountabilities (e.g., guiding principles, performance indicators, national standards) that need to be adhered to by the provinces and territories in order to receive ongoing funding.

To provide for a more transparent and mutually accountable relationship between the federal, and provincial and territorial governments, CAMIMH continues to call on the federal government to pass a companion piece of legislation to the *Canada Health Act* called the ***Mental Health and Substance Use Health Care For All Parity Act***.² The *Act* calls on the federal government to:

1. Enshrine in federal legislation the provision of, and timely access to, inclusive and accessible mental health and substance use health programs, services and supports that are equally valued to those provided for physical health problems and conditions.
2. Ensure that a full array of publicly funded and evidence-based mental health and substance use health programs, services and supports are available to Canadians on an equitable basis, when and where they need it, and extend beyond traditional hospital and physician settings (as set out in the *Canada Health Act*).
3. Recognize the fundamental importance of investing in health promotion, prevention and education, and the social determinants of health.
4. Include clear accountabilities and meaningful national health system performance indicators.
5. Be linked to appropriate and sustainable federal funding to the provinces and territories for expanded access to mental health care services.

¹ Canadians give governments an ‘F’ in meeting their mental health and substance use health needs: CAMIMH Poll. January 18, 2024. https://www.camimh.ca/files/ugd/db0d0e_e142574173a04142b3c4931440e77922.pdf.

² CAMIMH. *From Out of the Shadows and Into The Light...Achieving Parity in Access to Care Among Mental Health, Substance Use and Physical Health*. June 2021.

In meeting the objectives of the *Act* it is understood that it will require sustained investment from the federal government, along with additional financial support from the provinces and territories to ensure the people of Canada have timely access to the mental health and substance use health care they need, when they need it. There can be no health without mental health.

Recent publicly available data suggest that Canada’s public mental health investments account for 5% of its health budgets,³ which falls significant below the recommendation of **12%** by the Royal Society of Canada,⁴ and which CAMIMH supports.

While a 10-year agreement was presented by the federal government and accepted by the provinces and territories in February 2023, CAMIMH was deeply disappointed that it did not contain the long-promised Canada Mental Health Transfer of \$4.5 billion over five years. While the agreement allocates \$2.5 billion over each of the next 10 years for four specific priorities, of which mental health and substance use health is one – recently signed bilateral agreements set aside a very modest amount for mental health and substance use health care services and supports. We look forward to seeing the details of each agreement that is signed between the federal and provincial and territorial governments.

CAMIMH can no longer accept a patchwork approach that is unaccountable and does not improve and expand system access and performance. This is particularly important where 23% of Canadians are likely to have symptoms of moderate to severe depressive disorder, and 15% having moderate to severe anxiety symptoms.⁵ Furthermore, 78% of Canadians believe that substance use health is an urgent issue; with 80% wanting more access to substance use health information and services to increase lifelong wellness.⁶

Fixing the inequities in Canada’s mental health and substance use health care systems will require targeted, long-term, and sustainable funding.

³ Institute for Health Economics. *IHE Mental Health In Your Pocket – A Handbook of Mental Health Statistics* (2019).

⁴ Royal Society of Canada. *Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada. October 2020.*

⁵ Mental Health Research Canada. *Understanding the Mental Health of Canadians through COVID-19 and Beyond: Poll #16.* May 2023.

⁶ Community Addiction Peer Support Association/Canadian Centre for Substance Use and Addiction. *Knowledge About Substance Use Health and Associated Services in Canada.* 2023

Recommendation 2

That the Canadian Institute of Health Information (CIHI) have the necessary resources to work collaboratively with the provinces and territories, and other stakeholders, to develop: (1) a national public, community-based, and private health expenditure data series; (2) comprehensive health system performance indicators in mental health and substance use health; and (3) a comprehensive and ongoing mental health and substance use health workforce sector analyses to identify gaps and project future needs.

The Canadian Institute for Health Information (CIHI) is the country's preeminent health data collection agency, and its work/analysis is essential to how our health systems are managed, measured and monitored.

As all governments consider how to effectively integrate mental health and substance use health programs, services and supports into their respective health systems, CIHI needs to have the focus and capacity to capture the breadth of mental health and substance use health expenditures across the public, private and community-based not-for-profit/charitable sectors.

Currently, CIHI has a limited amount of mental health and substance use health expenditure data from governments (mostly at the hospital and physician level), and very little spending information from those who provide mental health care through the private sector (e.g., Psychologists, Registered Social Workers, Counsellors, Counselling Therapists and Psychotherapists), which is funded through employer-based supplementary health benefit plans or via out-of-pocket payments. Tracking funding in the community-based sector is that much more challenging given the lack of consistency in data tracking across provinces and territories and diverse intra-governmental funding sources. Clearly, much more needs to be done in this space.

While public and private expenditure data is considered an essential "input" to effective policymaking, CAMIMH also recognizes that is essential to have a better understanding as to how the mental health and substance use health system is performing in terms of its "outputs" (e.g., quality, access, patient-client-provider-satisfaction). As an illustration, the CIHI *report Community Wait Times for Mental Health Counselling* had data from only six provinces and one territory accounting for 23% of the Canadian population! This not where we need to be.

Further, a missing "input" are comprehensive mental health and substance use health workforce sector studies. We have little understanding of the number of mental health and substance use health professionals, or the proportion of workers from different professions, working across Canada. One would expect that the recently created *Health Workforce Canada* will identify and undertake a comprehensive mental health and substance use health workforce sector analysis.

Recommendation 3

That the federal government provide long-term funding to the Canadian Institutes of Health Research (CIHR) to ensure mental health and substance use health research funding across its Institutes and its four pillars is proportional to mental health and substance use health's burden of disease.

The mental health and substance use health impacts of COVID-19 on Canadians have been significant and will remain with Canadians over the short-, medium- and longer-term. While a pandemic underscores the importance of biological research in developing treatments and vaccines, it also calls on mental health and substance use research to understand and help people cope with the psychosocial toll that the pandemic, and coping with the pandemic, takes on individuals, families, workers and economies.

Mental health and substance use health research can play a critical role in helping governments, policymakers, health service providers, educators and economies develop and implement policies and programs that will not only promote a sustained recovery from COVID-19 but will also help Canadians reach their individual and collective potential and contribute to Canada's future prosperity and economic competitiveness.

Research is the oxygen of an evidence-based health system: it creates new knowledge and drives innovation. The Canadian Institutes of Health Research (CIHR) is the dominant funder for health research in Canada, yet it "invests" a modest amount into mental health and substance use research. That said, it has recently taken some important steps in this area.

Currently 9% of the Canadian Institutes of Health Research funding is allocated to mental health is not reflective of the 24% disability life years burden caused by mental, neurological, substance use and self harm. Further, investment in mental health research must fully include biological as well as psychosocial factors. Clearly, more can be done to achieve parity in research.⁷

CAMIMH believes that funding for mental health research should be funded at an appropriate and proportional level.

⁷ Royal Society of Canada. *Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada*. October 2020. Page 10.