

CANADIAN ALLIANCE ON
MENTAL ILLNESS AND
MENTAL HEALTH



ALLIANCE CANADIENNE POUR
MALADIE MENTALE ET
LA SANTÉ MENTALE

2025 Pre-Budget Consultation

Submission to the House of Commons Standing Committee on Finance

August 1, 2025

List of Recommendations

- **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 and substance use health with physical health.
- **Recommendation 2:** That the federal government provide the Canadian Institute of Health Information (CIHI) with 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; and (2) comprehensive mental health and substance use health system performance indicators.
- **Recommendation 3:** That the Canadian Institutes of Health Research (CIHR) increase its funding for mental health and substance use health research.
- **Recommendation 4:** That the federal government reinstate a Minister of Mental Health and Addictions in Cabinet or appoint a Parliamentary Secretary specifically responsible for this file, in order to ensure clear leadership on priorities related to mental health and substance use health.

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 14 mental health and substance use health organizations comprised of people with lived or living experience, their families and caregivers, and health care providers. We envision a Canada where all people enjoy equitable access to mental health and substance use health care, and where well-being is a reality for all. For more information, please visit our website at: www.CAMIMH.ca.

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 and substance use health with physical health.

The lack of timely, equitable, accessible, inclusive and affordable mental health and substance-use health care services has long been a serious problem in Canada. Underscoring this point, CAMIMH released its third 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 having 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.² When it comes to supporting the mental health and substance use health of the people of Canada, ongoing 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, 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***.³ The *Act* would call 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.

¹ Overall, Canada’s mental health grades have seen little change over the past year – with six of nine provinces and the federal government receiving the same failing grade of “F” as in November 2023. Only British Columbia, Manitoba and Ontario received a (marginally) passing grade of “D”. CAMIMH Poll. January 2025.

² *Idem*.

³ CAMIMH (June 2021). *From Out of the Shadows and Into The Light...Achieving Parity in Access to Care Among Mental Health, Substance Use and Physical Health*.

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. Be linked to appropriate and sustainable federal funding to the provinces and territories for expanded access to mental health care services.
4. Include clear accountabilities and meaningful national health system performance indicators.
5. Recognize the fundamental importance of investing in health promotion, prevention and education, and the social determinants of health.

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.

CAMIMH can no longer accept a patchwork approach that is unaccountable and does not improve and expand system access and performance.

Addressing the inequities in Canada's mental health and substance use health care systems are long overdue and require targeted, long-term, and sustainable funding.

Recommendation 2

That the federal government provide the Canadian Institute of Health Information (CIHI) with 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; and (2) comprehensive mental health and substance use health system performance indicators.

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., psychiatric/mental health nurses, psychologists, registered social workers, occupational therapists, counsellors, counselling therapists and psychotherapists), which is funded through employer-based supplementary health benefit plans or out-of-pocket payments. Tracking funding in the community-based sector is especially challenging due to inconsistent 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 it 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, after reviewing the recently signed 2023 federal-provincial-territorial bilateral agreements and the nationally agreed upon indicator of “median wait times for community mental health and substance use services” we see that 4 provinces and territories have no baseline data, and for those that do, the proposed targets are quite modest.⁴ This is far from where we need to be. Knowing that it is difficult to manage what you cannot measure, CAMIMH strongly believes there is the need for a more robust set of national mental health and substance use health indicators that include clear benchmarks and targets.

Finally, a critical missing “input” is comprehensive mental health and substance use health workforce sector data. Currently, health system planners have little understanding of the number and mix of mental health and substance use health providers working across Canada. CAMIMH is encouraged that *Health Workforce Canada* will continue taking steps to identify policy actions and undertake health workforce sector analysis. CAMIMH looks forward to contributing its significant knowledge and expertise.

⁴ CAMIMH (December 2024). *Take the Money and Run? How Accountable are the Provinces and Territories in Spending Federal Funding on Mental Health & Substance Use Health Care*. Page 16.

Recommendation 3

That the Canadian Institutes of Health Research (CIHR) increase its funding for mental health and substance use health research.

The mental health and substance use health impacts on Canadians have been significant and are likely to remain over the short-, medium- and longer-term. While the pandemic underscored the importance of biological research to develop treatments and vaccines, it also pointed to a need for more mental health and substance use research to better understand the psychosocial toll that the pandemic has taken on individuals, families, workers and economies and to help people cope with its aftermath.

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 post-COVID-19 recovery but will also help Canadians reach their individual and collective potential and contribute to Canada's future prosperity and economic productivity and 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 from 2016/17-2020/21 is allocated to mental health.⁵ This is not reflective of the 24% disability life years burden caused by mental, neurological, substance use and self harm. Further, investment in mental health and substance use health research must fully include biological as well as psychosocial factors. Clearly, more can be done to achieve parity in research.⁶

CAMIMH welcomed the federal government's multi-year increases in funding to the Tri-Councils in budget 2024. They are important and can drive discovery and innovation. Now is the time to ensure that the mental health and substance use health research community receives its fair share.

⁵ F Dzierszinski, I Arnold, K Gillis, C Brown, C Carruthers (2019). *Underfunding of Innovative Mental Health Research: A Call for Action*. Canadian Journal of Psychiatry. Vol. 68(5), 312-314.

⁶ Royal Society of Canada (October 2020). *Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada*.

Recommendation 4

That the federal government reinstate a Minister of Mental Health and Addictions in Cabinet or appoint a Parliamentary Secretary specifically responsible for this file, in order to ensure clear leadership on priorities related to mental health and substance use health.

In the unveiling of its most recent Cabinet, the government eliminated the Minister of Mental Health and Addictions, which was established in 2021. While the responsibilities have been reintegrated into the Ministry of Health, CAMIMH maintains that having a separate ministry is essential to ensure that mental health care and substance use health are treated as core components of the universal health care system. Moreover, this ministry played a crucial role as a point of contact with provinces and territories to address issues specific to mental health and addictions.

As previously noted, significant efforts are still needed in policy development to better support Canadians, especially those most affected by inadequate access to care. The creation of this position demonstrated that mental health and substance use health were strategic priorities for the government in addressing critical gaps.

CAMIMH argues it remains essential to have a dedicated voice within the federal Cabinet responsible for these issues, in order to ensure coordination with other ministries and stakeholders committed to improving access to quality care and advancing mental health and substance use health research.