

Written Submission for the Pre-Budget Consultations in Advance of the 2021 Budget

**Submission by
Canadian Psychological Association (CPA)**

August 6, 2020



RECOMMENDATIONS

Recommendation 1

The federal government increase its contribution to the provinces and territories by a minimum of \$277.5 million annually to create timely access to mental health services. The federal government, working in partnership with provincial and territorial governments, the CPA and others, fund and implement sustainable evidence-based mental health services to respond to the increased demand for mental health care as the result of the COVID-19 pandemic.

Recommendation 2

The federal government, working in collaboration with the provinces and territories, and the CPA and others, implement and fund a national initiative to increase access to psychological therapies in Canada.

Recommendation 3

The Canadian Institute of Health Information (CIHI) have adequate resources to develop an up-to-date national public and private health expenditure series in mental health.

Recommendation 4

The federal government implement a national universal pharmacare program while maintaining access to mental health and psychological treatments via employer provided supplementary health benefit programs.

Recommendation 5

In accordance with the Fundamental Science Review (FSR) report, the federal government increase funding to each of the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), and the Social Sciences and Humanities Research Council (SSHRC) by at least 10% yearly, until commensurate with other G7 countries.

Recommendation 6

The federal government invest an additional \$140 million in Tier 1 Chairs over the next two years (2021/22-2022/23), and increase funding for graduate scholarships and post-doctoral fellowships by \$140 million in 2021, with an additional \$40 million phased in each of the subsequent three years.

RECOMMENDATION 1

The federal government increase its contribution to the provinces and territories by a minimum of \$277.5 million annually to create timely access to mental health services. The federal government, working in partnership with provincial and territorial governments, the CPA and others, fund and implement sustainable evidence-based mental health services to respond to the increased demand for mental health care as the result of the COVID-19 pandemic.

The CPA strongly believes that provincial and territorial governments should invest a minimum of 9% of their public health expenditures into mental health programs and services. The United Kingdom's National Health Service invests 13% of its health spending on a similar set of services whereas ours sit at about 7%.

Based on 2015 public health spending data from the Canadian Institute for Health Information (CIHI), and supporting Canada's Premiers that the federal government should contribute at least 25% of total provincial and territorial health spending, our calculations suggest that the federal contribution to mental health (9% of 25%) should be \$777.5 million per year.

Because the 2017 federal-provincial-territorial bi-lateral agreements provide the provinces and territories with \$500 million annually for mental health and addiction services, an additional investment of \$277.5 million remains. More recent public health spending figures from CIHI, suggest an increase to \$425 million (i.e. \$277.5 million plus an additional \$147.5 million).

The introduction of a ***Mental Health Parity Act*** could play a transformational role integrating evidence-based mental health care into our publicly funded health system.

The United Nations acknowledged that decades of neglect and underinvestment in mental health needs have been exposed by the COVID-19 pandemic. Canada's health system has long fallen short in delivering needed mental health care. It is not resourced to meet the greater mental health demand brought about by COVID-19. Months of staying home, practicing physical distancing and lost access to people and activity has taken its toll. Prolonged isolation and physical distancing can lead to increased depression, anxiety, suicidal crises, domestic crises and violence.

Recent public opinion polls (e.g. Statistics Canada, Angus Reid Institute) indicate that an increasing number of Canadians are experiencing a deterioration in their mental health.

While the ***Wellness Together Canada*** online resource and the ***Safe Restart Agreement*** are valuable initiatives, they do not deliver specialized or individual care needed by Canadians with pre-existing mental health conditions and by those who develop them as a result of the psychosocial and economic stressors of COVID-19.

Going forward, Canadians will need more and not less mental health care. Canada's governments must work with community partners like the CPA to develop and fund evidence-based mental health services that respond to the increased demand for mental health care resulting from COVID-19.

RECOMMENDATION 2

The federal government, working in collaboration with the provinces and territories, and the CPA and others, implement and fund a national initiative to increase access to psychological therapies in Canada.

Building on recommendation 1, this recommendation suggests how governments can work together to deliver evidence-based mental health care to the people of Canada. One way for the federal government to expand access to psychological services in Canada is to introduce a national initiative, with dedicated funding and objectives, that increases access to psychological therapies.

The UK took this approach and implemented “Improving Access to Psychological Therapies” (IAPT). Introduced in 2008, IAPT is an evidence-based and systematically evaluated program that provides publicly funded psychological treatments.

Canada could adopt a similar approach. As in the UK, psychologists can play a leadership role in the design and evaluation, as well as oversight of programme delivery. Low intensity care would be delivered by counsellors, social workers and other similar providers with roles for psychologists and psychiatrists as mental health needs become more complex. A critical factor to ensure successful patient outcomes across jurisdictions is consistency in the training, delivery, and evaluation of evidence-based treatments such as the IAPT.

Recognizing the stewardship role of the federal, provincial and territorial governments in managing their respective health systems, such a model has the flexibility to focus on specific populations of people (e.g. children) or problems (e.g. depression or anxiety) and could be integrated into primary health care networks to ensure easy access.

RECOMMENDATION 3

The Canadian Institute of Health Information (CIHI) have adequate resources to develop an up-to-date national public and private health expenditure series in mental health.

At the program, policy and systems level, access to health system performance indicators and health expenditure information are essential. You can't manage what you don't measure!

CIHI is the country's pre-eminent health data collection agency. Their work is essential to how our health systems are managed, measured and monitored.

Because all governments consider how to effectively integrate mental health services and supports into their respective health systems, CIHI must have the capacity to capture the breadth of mental health expenditures across public and private sectors. The latter is essential for mental health services since, in Canada, the bulk of ambulatory mental health care is delivered in the private sector, uninsured by our public health system.

Currently, CIHI has a limited amount of information on mental health spending by 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) which is funded through employer-based supplementary health benefit plans or out-of-pocket.

To ensure access to data-driven analysis to improve mental health outcomes, we strongly support additional investments in CIHI to develop a robust national mental health expenditure data series that covers both the public and private sectors.

RECOMMENDATION 4

The federal government implement a national universal pharmacare program while maintaining access to mental health and psychological treatments via employer provided supplementary health benefit programs.

CPA supports the federal government’s policy objective of providing Canadians with equitable access to prescription medications. In most provinces and territories, medications are funded only in hospital. Outside of hospitals, people must pay out-of-pocket if they do not have private insurance (through their employers), or public funding through disability support. For chronic health problems like some mental illnesses, in the absence of funding for medication or psychological treatments, mental health outcomes are poor and the burden on hospitals is high.

There are, however, some important policy details and “unintended consequences” that need to be addressed if the federal government adopts a single payer model for prescription drugs.

CPA is concerned that if there is a shift in prescription drug coverage from employer-sponsored supplementary benefit plans to the public sector it could reduce, perhaps eliminate, the breadth and depth of coverage for other health benefits currently offered by these plans, including psychological treatments for mental disorders.

Such an unintended consequence would see many Canadians living with mental illness being unable to pay out-of-pocket to receive the care they need; care that our publicly funded health system does not currently provide.

Careful thought is needed to ensure that any move to a universal pharmacare program will enhance access to prescription drugs and other mental health treatments and not create more barriers to care.

RECOMMENDATION 5

In accordance with the Fundamental Science Review (FSR) report, the federal government increase funding to each of the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC), and the Social Sciences and Humanities Research Council (SSHRC) be increased by at least 10% yearly, until commensurate with other G7 countries.

The need for research in the context of a public health pandemic is abundantly clear. While a pandemic calls on biological science to develop treatments and vaccines, it also calls on behavioural science to help people cope with the psychosocial toll that the pandemic, and coping with the pandemic, takes on individuals, families, workers, and economies. Psychological science can help government, policy-makers, health services, education sectors, and economies develop policies and programs that promote recovery from COVID-19:

- how to bring about community behaviour change necessary to managing a pandemic,
- addressing impacts on workers, workplaces, students and schools
- needs and supports for children, youth, families and seniors
- mental health impacts of physical isolation and reduced contact with others
- promoting resilience and well being of individuals and communities
- psychosocial risk factors and the differential impacts on people from marginalized groups

While the need for biopsychosocial research into COVID-19 and its management is great, it is important to recognize that Canada's research ecosystem has been significantly impacted by the pandemic. Research labs, studies, careers and post-doctoral fellowships have been halted and, in some cases, ended. Reductions in research funding from charities and non-profits will leave early career researchers with years of decreased funding opportunities. International students left Canada, and in some cases may not return, thereby impacting Canada's academic resource.

Canada's academic institutions may never recover economically from COVID. While government is to be recognized for its rapid-response research funds and all of its financial measures to assist Canadians in mitigating the economic impacts of COVID, it is more critical than ever that government increase its investment in research and development. Canada's current government expenditure in R&D is the lowest it's been since 2001 at 1.54% compared to the OECD average of 2.4%. This investment will be the cornerstone of Canada's economic recovery and the recovery of the people of Canada.

RECOMMENDATION 6

The federal government invest an additional \$140 million in Tier 1 Chairs over the next two years (2021/22-2022/23), and increase funding for graduate scholarships and post-doctoral fellowships by \$140 million in 2021, with an additional \$40 million phased in each of the subsequent three years.

To retain and grow a robust research ecosystem which is resourced to support the country in solving the problems it faces, the federal government must also support Canada's graduate students and early career scholars through scholarships, post-doctoral fellowships, and early career research support.

In accordance with the recommendations in the Fundamental Science Review, Tier 1 Chairs need to be refinanced. We are calling for an initial investment of \$35 million investment followed by a subsequent investment of \$105 million the following year. In addition, we recommend a total base increase of \$140 million per year, with additional equal increments of \$40 million per year, for scholarships and fellowships, phased in over the next three years. These investments would significantly mitigate the impacts of the pandemic on Canada's future researchers and scholars.