

CANADIAN ALLIANCE
ON MENTAL ILLNESS
AND MENTAL HEALTH



ALLIANCE CANADIENNE
POUR LA MALADIE MENTALE
ET LA SANTÉ MENTALE

**Submission to the House of Commons
Standing Committee on Finance
2022 Pre-Budget Consultation Process
from the
Canadian Alliance on Mental Illness and Mental Health
(CAMIMH)**



1. Background

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is the national voice for mental health in Canada. Established in 1988, CAMIMH is a member-driven alliance of 13 mental health groups comprised of health care providers and not-for-profit organizations that represent people with lived or living experience, their families and caregivers.

2. Background

Recommendation 1

That the federal government table and pass the Mental Health and Substance Use Health Care For All Parity Act.

Recommendation 2

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

Recommendation 3

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

Recommendation 1

That the federal government table and pass the Mental Health and Substance Use Health Care For All Parity Act.

Well before the onset of the COVID-19 global pandemic, the lack of timely access to inclusive and accessible mental health and substance use health care has been a longstanding concern in Canada. Despite the urgent need, for many, it is not uncommon to experience wait times of months or years to see a mental health care provider or enter a treatment program.

With the impact of the global pandemic, how will our health care systems be able to respond to a growing number of people in Canada who are, or will, experience COVID-19-related mental health and substance use health issues and need care over the short-, medium- and/or longer-term?

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) strongly believes that mental health must be our first wealth. Canada must do more to protect and invest in its most valuable assets: people. As much as our health care systems focus on our physical health, there can be no health without our mental health.

In the view of CAMIMH the need for timely access to inclusive and accessible mental health and substance use health programs and services has never been more pressing. We believe there is an essential national leadership role for the federal government, working with its provincial and territorial partners, to ensure the people of Canada get the care they need, when they need it.

CAMIMH calls on the federal government, to introduce and pass a new piece of legislation – a ***Mental Health and Substance Use Health Care For All Parity Act***¹ – which would:

1. Enshrine in federal legislation the provision of, and timely access to, inclusive and accessible mental health and substance use programs, services and supports that are valued equally 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 programs, services and supports are available to Canadians on an equitable basis, when and where they need it, which extends 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 when it comes to mental health and substance use.
4. Include clear accountabilities and meaningful national system performance indicators, and
5. Be linked to an envelope of appropriate and sustainable federal funding to the provinces and territories for mental health and substance use programs, services and supports.

The gaps in mental health and substance use health care are a pan-Canadian issue and have only been magnified by the stresses of a COVID-19 global pandemic. The time is now for us as a society to move forward, together, to ensure that we have sufficient public resources in place to care for those who are living with a mental health and/or substance use disorder.

¹ For more details, please see *From Out of the Shadows and Into the Light...Achieving Parity in Access to Care Among Mental Health, Substance Use and Physical Health*. Canadian Alliance on Mental Illness and Mental 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 ongoing financial support from the provinces and territories to ensure that Canadians have timely access to the mental health and substance use health care they need.

CAMIMH recognizes that the level of federal funding will be *discussed* between the federal and provincial and territorial governments and could build on the 2017 bi-lateral agreements which provided \$5 billion over 10 years for mental health and substance use programs and services. This is an important point knowing that funding has only been agreed to for the first 5 years (i.e., 2017-2022) of the 10-year agreement.

To respond to current unmet need for mental health and substance use health, as well as the need that has been exacerbated by COVID-19, CAMIMH supports the recent recommendation by The Royal Society of Canada that the federal government, in conjunction with the provinces and territories, increase funding for mental health and substance use to at least **12%** of their health budgets.

While this figure is slightly less than what other G-7 countries invest in mental health (i.e., France [15%], United Kingdom [13%]) as a percentage of their health budgets, recent publicly available figures suggest that Canada's investment is in the **5%** range.² Clearly there is room to do much more.

For too long, mental health and substance use have been neglected by Medicare. A ***Mental Health and Substance Use Health Care For All Parity Act*** would provide a transparent and mutually accountable legislative framework to improve timely access for those in need, and recognize the importance of investing in health promotion, prevention, education and the social determinants of health. There is no health without mental health.

Now is the time to move mental health and substance use *into the light* to achieve parity with physical health problems and conditions. To do this at a pan-Canadian level, the federal government must play a critical national leadership role.

We look forward to working with all levels of government, and others, to make this a reality. Our mental health matters!

² Institute for Health Economics. *IHE Mental Health In Your Pocket – A Handbook of Mental Health Statistics*, page 86., 2019.



Recommendation 2

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

At the program, policy and systems level, access to health system performance indicators and health expenditure information are an absolute requirement. At the end of the day, you can't manage what you don't measure!

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 expenditures across the public, private and community-based not-for-profit/charitable sectors.

Currently, CIHI has a limited amount of 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, Registered Social Workers, Counsellors and Psychotherapists), which is funded through employer-based supplementary health benefit plans or via out-of-pocket payments.

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).

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 professionals, or proportion of workers from different professions, working across Canada; and, crucially, whether this workforce has the capacity to meet current or projected needs of Canadians. Funding is required for this ongoing analysis to understand the current workforce and make an informed assessment of future needs and trends.

While CIHI is in the process of releasing 12 new health system indicators from 2019-2022, of which 6 will focus on mental health and substance use (which is highlighted in the text [point 4] of recommendation #1), CAMIMH would strongly encourage their accelerated development and refinement. CAMIMH would note that the Organization for Economic Cooperation and Development (OECD) has identified 12 health system indicators to monitor the quality of mental health care. More needs to be done in this area.

To ensure that governments, as well as CAMIMH members, have access to data-driven analysis and tools to improve overall mental health system performance, we strongly support additional investments in CIHI.



Recommendation 3

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

The mental 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 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 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 research. This needs to change.

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.

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