

CANADIAN ALLIANCE ON
MENTAL ILLNESS AND
MENTAL HEALTH



ALLIANCE CANADIENNE POUR
MALADIE MENTALE ET
LA SANTÉ MENTALE

**Submission to the House of Commons
Standing Committee on Finance
2023 Pre-Budget Consultation Process
from the
Canadian Alliance on Mental Illness and Mental Health (CAMIMH)**

October 7, 2022

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 16 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. Background

Recommendation 1

That the federal government take immediate steps to create a Canada Mental Health Transfer which will allocate permanent, ongoing federal funding to the provinces and territories for mental health services starting in Budget 2023.

Recommendation 2

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

Recommendation 3

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, community-based 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 and substance use health workforce sector analyses to identify gaps and project future needs.

Recommendation 4

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 and substance use health's burden of disease.

Recommendation 1

That the federal government take immediate steps to create a Canada Mental Health Transfer which will allocate permanent, ongoing federal funding to the provinces and territories for mental health services starting in Budget 2023.

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. The federal government, along with its provincial and territorial partners, must play a central role to ensure Canadians receive the care they need, when they need it.

To that end, CAMIMH recommends that the federal government **take immediate steps to create a Canada Mental Health Transfer, allocating permanent, ongoing federal funding for mental health services starting in Budget 2023. This is consistent with the multi-year funding promised in your 2021 election platform.**

As governments are aware, investments in mental health and substance use health care are inadequate in relation to other areas of health spending, representing 5-7% of overall healthcare budgets in Canada. The significant gaps in care mean that the health of Canadians continues to suffer.

Currently, our publicly funded mental health systems are financed through a combination of lump-sum transfer payments to the provinces and territories, small envelopes of short-term restricted funding, and charitable donations. Funding to the provinces and territories via the Canada Health Transfer are not tracked or directed to specific areas of care and so their impact on mental health and substance use health is largely unknown.

CAMIMH can no longer accept a patchwork approach that is unaccountable and does not improve system performance. Fixing the inequities in Canada's mental health and substance use health care systems will require targeted, long-term, and sustainable funding.

Implementing a Canada Mental Health Transfer will help provide accessible and affordable care and treatment for mental health and substance use health issues. The Canada Mental Health Transfer has the potential to address barriers to care such as long wait times, cost, geography, culturally inappropriate care, and shortages in the mental health and substance use healthcare workforce, all of which are well-documented.

The Canada Mental Health Transfer will also contribute to Canada's economic prosperity and help sustain our health care system by reducing mental health-related work absences, as well as shelter and criminal justice costs, and alleviating demands on our overburdened emergency departments.

The cost of mental illness to the Canadian economy is conservatively estimated at \$50 billion annually; that's in addition to the estimated \$40 billion annual economic cost of substance use. Governments and health planners must prioritize and address mental health and substance use health issues, and mental illnesses, given their enormous impact on the economy and on the demand for social, emergency, and criminal justice services.

The \$500 million announced by the federal government to support the provinces and territories in providing access to a full-range of evidence-based treatments for people who use substances is an important start. However, it falls far short of what is needed to address not only the opioid crisis, but the substance use health of the 78% of people living in Canada, over the age of 15, who use substances.

A Canada Mental Health Transfer is sound stewardship of taxpayer dollars because it provides a cost-effective and efficient mechanism for addressing care before crisis: preventing the onset of a mental health crisis and ensuring people get the right care at the right time.

Mental health is an integral part of health, and Canada cannot pride itself on a universal healthcare system that does not include universal mental health and substance use care. The development of national standards for mental health and substance use services cannot delay the introduction of the Canada Mental Health Transfer. Instead, these standards must go hand in hand with the creation of the Canada Mental Health Transfer, rather than the sequential approach that the government is currently taking.

Delaying the Canada Mental Health Transfer will only exacerbate the negative impacts of our patchwork system on Canadians' mental health.

Recommendation 2

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

If the federal government is to provide targeted funding for mental health and substance use health through a new transfer mechanism (i.e., a Canada Mental Health Transfer) a key policy consideration is how to ensure that such funding will be invested in areas that can improve and expand timely access to accessible and inclusive mental health and substance use health care programs, services and supports.

If the federal government is to follow through on its commitment to establish such a transfer, CAMIMH is of the view that the funding should be embedded within a new piece of legislation that identifies specific accountabilities (e.g., guiding principles, national standards) that need to be agreed to by the provinces and territories in order to receive federal funding.

To provide for a more transparent and mutually accountable relationship between the federal, and provincial and territorial governments, CAMIMH recently called on the federal government to pass a new piece of legislation called the ***Mental Health and Substance Use Health Care For All Parity Act***.¹ Effectively, 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.

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.

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.

¹ *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.

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.

To do this at a pan-Canadian level, the federal government must play a critical national leadership role.

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

Recommendation 3

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, community-based, 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 and substance use 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 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 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. 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.

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 recently released CIHI *report Community Wait Times for Mental Health Counselling* had data from only 6 provinces and 1 territory accounting for 23% of the Canadian population – this is not acceptable.

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 (either through CIHI, or a Health Workforce Agency) for this ongoing analysis to understand the current workforce composition 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, 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 4

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.

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