



# FROM OUT OF THE SHADOWS AND **INTO THE LIGHT...**

## ACHIEVING PARITY IN ACCESS TO CARE AMONG Mental Health, Substance Use and Physical Health

### THE CASE FOR A

Mental Health and Substance Use Health Care for All Parity Act in Canada  
June 2021



### CAMIMH MEMBERS

Canadian Association of Social Workers | Canadian Counselling and Psychotherapy Association  
Canadian Federation of Mental Health Nurses | Canadian Medical Association  
Canadian Mental Health Association | Canadian Psychiatric Association  
Canadian Psychological Association | Medical Psychotherapy Association of Canada  
National Initiative for Eating Disorders | National Network for Mental Health  
Schizophrenia Society of Canada | Psychosocial Rehabilitation Canada | The College of Family Physicians Canada



# WHO WE ARE

## ABOUT CAMIMH

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is the national voice for mental health in Canada. Established in 1998, CAMIMH is a member-driven alliance of 13 mental health groups comprised of health carer providers and not-for-profit organizations that represent people with lived or living experience, their families and caregivers.

## CAMIMH'S STRATEGIC OBJECTIVE ARE

1. To engage Canadians in a national conversation about mental illness to reduce the stigma associated with mental illness and provide insight into the services and supports available to those living with mental illness.
2. To ensure that mental health policy is placed on the national policy agenda so that persons with lived and living experience of mental illness and their families receive appropriate and timely access to care and support.

## VISION

We envision a country where all Canadians enjoy good mental health.

## MISSION

Canadians with lived experience of mental illness, their families and care providers must have timely access to the care, support and respect to which they are entitled and in parity with other health conditions.

## GUIDING PRINCIPLES

CAMIMH is committed to a National Action Plan that upholds the following principles:

- Mental illness and mental health issues must be considered within the framework of the determinants of health and recognize the important linkages among mental, neurological and physiological health.
- Given the impact of mental health issues and mental illness – on the suffering of Canadians, on mortality, especially from suicide, on the economy, on social services such as health, education and criminal justice – governments and health planners must address mental health issues commensurate with the level of their burden on society.
- Mental health promotion and the treatment of mental illnesses must be timely, continuous, interdisciplinary, culturally appropriate, and integrated across the full life cycle and the continuum of care (i.e., physical and mental health; social supports and tertiary care to home/community care).

For more information about CAMIMH, please visit our website at [www.camimh.ca](http://www.camimh.ca)

# EXECUTIVE SUMMARY

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 are of the view that 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*** – 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 care are a pan-Canadian issue and have only been magnified by the stresses of a 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.

With leadership from the federal government and organizations like the Mental Health Commission of Canada and members of CAMIMH, mental health has moved out of the shadows. Now is the time to move mental health and substance use into the light to achieve parity with physical health problems and conditions. We look forward to working with all levels of government, and others, to make this a reality.

# 1 FROM OUT OF THE SHADOWS AND INTO THE LIGHT

In 2006, the Standing Senate Committee on Social Affairs, Science and Technology released its seminal report *Out of the Shadows at Last – Transforming Mental Health, Mental Illness and Addiction Services in Canada*. This ground-breaking report, which contained 118 recommendations, provided Canada with a blueprint for governments to improve the lives of those who live with mental illness and substance use disorders.

While important work at the national level has occurred since the release of the Senate report, including the identification of a National Treatment Strategy by the Canadian Centre on Substance Use and Addiction (2008),<sup>1</sup> and the launch of a mental health strategy for Canada (2012) by the Mental Health Commission of Canada in 2012,<sup>2</sup> a significant amount of work remains to be done. Concrete measures have also been implemented by federal, provincial and territorial governments to increase awareness of, and improve access to, inclusive and accessible programs and services for mental health and substance use disorders.<sup>3</sup>

CAMIMH strongly believes the time is now – particularly when one considers the negative impact COVID-19 is having on the mental health and substance use care, treatment and support of Canadians (see Table 1),<sup>4</sup> and the importance the people of Canada place on timely access to mental health and substance use programs and services (see Table 2) – to move from out of the shadows And Into the Light. To do this at a pan-Canadian level the federal government must play a critical national leadership role.

Clearly, more needs to be done to enable federal, provincial and territorial health systems to evolve and have the capacity to address the growing demand for mental health and substance use programs and services. This is critically important given that twenty-four percent of the burden of disability-adjusted life years (DALY) is caused by mental, neurological, substance use disorders and self-harm.<sup>5</sup>

From Tables 1 and 2, CAMIMH would make the following observations after the onset of COVID-19:

1. Mental health is on the decline among a significant portion of the Canadian population, including those with pre-existing mental health conditions.
2. There is an increase in substance use, with higher rates of use for those with mental health and substance use problems.
3. While there has been an increase in providing virtual mental health care services, there still remain significant concerns about equitable and timely access to inclusive and accessible mental health care and substance use health services for some populations.
4. Moving forward, it is essential that governments respond not only to the immediate, but longer-term mental health and substance use problems and concerns of Canadians.
5. To do so, governments must accelerate the pace of health system innovation to ensure that the growing demand for mental health and substance use programs and services will be met.
6. Continued leadership and collaboration between the federal, provincial and territorial governments, and others, is essential to address these issues.

**TABLE 1****COVID-19 Impact on the Mental Health and Substance Use Health of Canadians****Mental Health**

- **50%** of Canadians say their mental health is at high risk, up 8% since 2018. Groups most challenged are women, lower income, younger Canadians and residents in Alberta, Atlantic Canada and Ontario.<sup>6</sup>
- **54%** say their mental health has suffered during the pandemic, and **42%** believe the pandemic will have a lasting impact on their mental health.<sup>7</sup>
- **26%** of Canadians said they had experienced emotional distress such as anxiety or great sadness and found it difficult to cope by themselves.<sup>8</sup>
- **40%** of respondents report their mental health as excellent or very good, compared to **67%** of Canadians in 2019 prior to the pandemic (a 40% decrease). For those with mental health and substance use concerns, it is in the **18%-30%** range.<sup>9</sup>
- **70%** of health care workers reported that their mental health was somewhat worse now or much worse now compared to March 2020.<sup>10</sup>
- The impact of COVID-19 on the mental health of youth (15-30) reported a **20%** decrease in excellent or very good mental health compared with 2019.<sup>11</sup>
- **40%** of those surveyed said that their mental health had deteriorated since the COVID-19 outbreak began, a figure that rose to **61%** among those with a pre-existing mental health issue.<sup>12</sup>
- **43%** of Canadians rated their life satisfaction as 8 or higher on a 10 point scale, compared with **73%** of Canadians in 2018 (a 41% decrease). This is the lowest level of life satisfaction since data became available in 2003. Youth and immigrants experienced the largest declines in life satisfaction.<sup>13</sup>
- Since COVID, those aged 15-24 report the greatest decline in mental health, from **60% to 40%** of those reporting excellent or very good mental health (a 33% decrease).<sup>14</sup>
- **56%** of Canadians report that COVID-19 has had a negative (33%) or somewhat negative (23%) impact on their ability to access mental health care provided by psychologists.<sup>15</sup>
- Those who suffer from both loneliness and isolation has increased from 23% of the population to **33%** (a 43% increase), with **19%** reporting that their mental health is either poor or very poor.<sup>16</sup>
- **24.3%** of women indicated experiencing moderate to severe anxiety, significantly higher than the **17.9%** found among men. The same gender gap was evident in reports of loneliness (23.3% for women and 17.3% for men).<sup>17</sup>
- Nearly **one-half** of all people who accessed mental health services before the pandemic are no longer accessing services (32% before, 17% after) due to a significant reduction in access to family doctors and in-person one-to-one mental health services.<sup>18</sup>
- The proportion of Canadians reporting high levels of anxiety remains at four times pre-COVID levels (**20% vs 5%**) while twice as many still report that they are depressed (**13% vs 6%**).<sup>19</sup>
- **69%** of Ontarians believe the province is headed for a “serious mental health crisis” as it emerges from this pandemic and **77%** say more mental health supports will be necessary to help society.<sup>20</sup>
- **24%** indicate that they are less willing to participate in care for mental health needs than before the pandemic.<sup>21</sup>
- It is estimated that the number of doctor visits for stress/anxiety related disorders could increase by **6.3 million to 10.7 million** annually.<sup>22</sup>
- **84%** of Canadians employees reported that their mental health concerns have worsened since the pandemic.<sup>23</sup>
- **38%** say they have faced barriers to accessing medical appointments, regular treatment, and scheduled procedures as a result of prioritizing medical resources for COVID-19 patients.<sup>24</sup>

## Substance Use

- Between April and September 2020 there was an **82%** increase in opioid-related deaths in Canada (3,351) compared to the same time period in 2019.<sup>25</sup>
- Since November 2020, **37%** of females and **26%** of males living with young kids and who use alcohol report increased alcohol use; **48%** of females and **37%** of males living with young kids and who use cannabis report increased cannabis use.<sup>26</sup>
- Among those who describe the pandemic as very or extremely stressful, **41%** reported increased alcohol consumption.<sup>27</sup>
- **30%** of respondents who use alcohol report using more during the pandemic, with higher rates of use for those with mental health and substance use concerns.<sup>28</sup>
- **40%** of respondents who use cannabis report using more during the pandemic, with higher rates of use for those with mental health concerns and a history of substance use disorders.<sup>29</sup>
- **71%** of respondents think the problem of addiction, overdose and death related to opioid use has gotten worse, and **38%** it is a crisis/serious problem in their own community.<sup>30</sup>
- Poor mental health has been shown to be associated with increased use of substances (cannabis, alcohol and tobacco) during COVID.<sup>31</sup>
- Heavy episodic drinking remained a concern, with **28.5%** of men and **22.6%** of women reporting binge drinking.<sup>32</sup>
- **1,628** apparent opioid toxicity deaths between April and June 2020, a **58%** increase from the previous quarter.<sup>33</sup>
- **18%** of Canadians say their alcohol consumption has increased during the COVID-19 outbreak.<sup>34</sup>



**“Mental health and substance use health needs are significant and both continue to be orphans of our publicly-funded health care systems when compared to the care we provide for people’s physical health.”**

**TABLE 2****Improving Access to Mental Health and Substance Use Programs and Services****Mental Health**

- **57%** of Canadians who wanted help for their mental health concerns did not receive services.<sup>35</sup>
- Canadians with a mental health condition (**23%**) were more likely to report cost barriers to care and financial distress.<sup>36</sup>
- **16%** of Canadians have used an e-mental health service, up from 12% in 2020. **83%** are satisfied with the virtual mental health care they received.<sup>37</sup>
- **94%** of Canadians think that provincial and territorial governments' health plans should cover mental health care (2019).<sup>38</sup>
- **89%** of Canadians support increasing funding for mental health care professionals including psychologists and counsellors. **53%** report that they know someone who has had a mental health problem or illness and has experienced delays in accessing services (2019).<sup>39</sup>
- **88%** of Canadians support (57%) or somewhat support (31%) improving access to psychologists through the publicly funded health care system. **83%** say psychologists working collaboratively with others in primary care health teams is a very good (50%) or good (33%) idea.<sup>40</sup>
- **23%** of primary care physicians feel well prepared to care for patients with severe mental health problems.<sup>41</sup>
- **80%** of Canadians rely on their family doctor for their mental health needs, and many of them do not have the necessary supports, resources or time to treat patients with mental illnesses.<sup>42</sup>

- **65%** of Canadian primary care physicians think that better integration of primary care within hospitals, mental health services and community-based social services is the top priority in improving quality of care and patient access. **61%** are well-prepared to manage care for patients with mental illness, and 19% for those with substance use conditions.<sup>43</sup>
- **55%** of Canadians were dissatisfied with wait times for publicly funded mental health practitioners, and **20%** said they had to seek and pay for private mental health services due to long wait times or lack of publicly-funded mental health services (2019).<sup>44</sup>
- **20%** of Canadians experience a mental illness (by age 40 it increases to **50%**).<sup>45</sup>
- Close to **5 million** Canadians do not have a family doctor.<sup>46</sup>

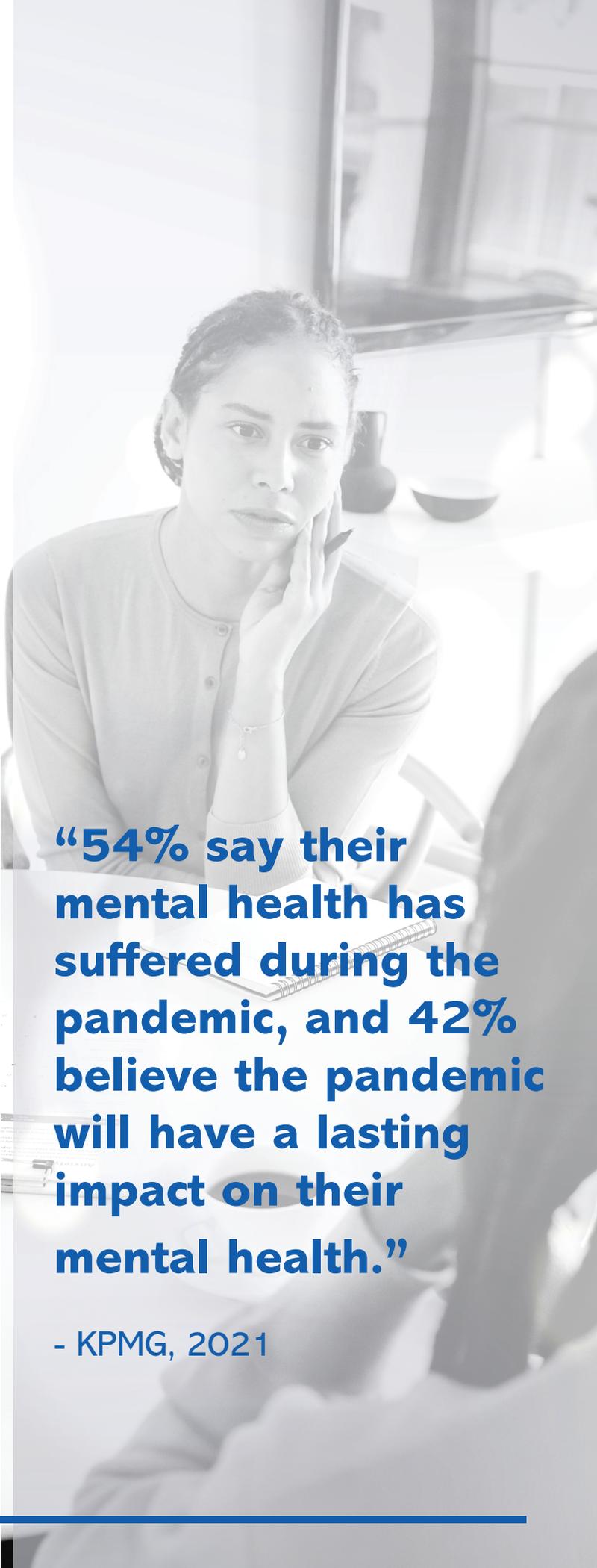
**Substance Use**

- More than **12,100** Emergency Medical Services (EMS) responses to suspected opioid overdoses between January and June 2020.<sup>47</sup>
- **17,062** apparent opioid toxicity deaths between January 2016 and June 2020.<sup>48</sup>
- **21,824** opioid-related and **9,869** stimulant-related poisoning hospitalizations occurred from January 2016 to June 2020 in Canada (excluding Quebec).<sup>49</sup>
- **100** days is the average wait time for adult residential treatment for substance use.<sup>50</sup>
- Only **15%** of primary care physicians feel well prepared to care for patients with substance use related issues.<sup>51</sup>

In 2016, CAMIMH called on the federal government to establish a Mental Health Parity Act.<sup>52</sup> In moving forward, CAMIMH is of the view that this recommendation must evolve to recognize the complex interrelationships between those who live with a mental disorder, and those who live with mental illness and substance use disorders. While many Canadians experience mental illness, we also know that many live with mental illness and substance use disorders concurrently.<sup>53 54</sup>

Mental health and substance use health needs are significant and both continue to be orphans of our publicly-funded health care systems when compared to the care we provide for people's physical health.<sup>55</sup> CAMIMH calls on the federal government to introduce and pass a new piece of legislation called the **Mental Health and Substance Use Health Care For All Parity Act** to ensure the people of Canada get the care they need, when they need it.<sup>56</sup>

CAMIMH strongly supports the federal government's commitment to establishing a framework to ensure that the people of Canada have timely access to a range of inclusive and accessible mental health and substance use programs, services and supports. We also believe that any mental health and substance use framework must recognize in legislation the long overdue requirement of funding parity among care for mental health and substance use, and physical health problems and illnesses.<sup>57</sup>



**“54% say their mental health has suffered during the pandemic, and 42% believe the pandemic will have a lasting impact on their mental health.”**

- KPMG, 2021

# 2 WHAT IS A MENTAL HEALTH AND SUBSTANCE USE HEALTH CARE FOR ALL PARITY ACT?

## A Mental Health and Substance Use Health Care For All Parity Act 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.<sup>58</sup>
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 that 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 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.

An important barrier to achieving parity for mental health and substance use is that many of the programs, services and supports delivered by non-physician health care providers (like psychologists, social workers, psychotherapists and counsellors) are typically not covered by provincial and territorial health insurance.

CAMIMH believes the passage of a ***Mental Health and Substance Use Health Care For All Parity Act*** would build on the foundation of the Canada Health Act (CHA) and recognize that the health system has significantly evolved since its introduction in 1984, given that we now have a greater array of health care providers who provide evidence-based mental health and substance use programs and services to Canadians.

More than eight in 10 Canadians strongly support the concept of mental health parity,<sup>59</sup> as do recent reports released by the Royal Society of Canada, the Canadian Mental Health Association and the Canadian Association of Social Workers.<sup>60</sup> Equally important, the Organizations for Health Action (HEAL) – a coalition of 40 national health organization – has called for mental health parity.<sup>61 62</sup>

Furthermore, in our discussions with Members of Parliament and Senators, there has been strong support, in principle, for the creation of a ***Mental Health and Substance Use Health Care For All Parity Act***. At this point, we are not aware of any federal legislator who disagrees, in principle, with the importance and need for such a piece of legislation. The question is how best to articulate what the role of the federal government should be in supporting the stewardship role of the provinces and territories in administering their own mental health and substance use programs and services.

Given this alignment between parliamentarians, the public interest and the broader mental health and substance use community, parity is a policy objective whose time has come.

# 3 WHAT HAVE OTHER COUNTRIES DONE?

While the call for the introduction of a **Mental Health and Substance Use Health Care For All Parity Act** may seem like a new idea in Canada, there are other high-income countries that have identified improving access to care to close the gap between mental health, substance use and physical health as a national priority.

The concept of parity first emerged in the United States to end discrimination by insurers towards mental health. In 1996, the federal government introduced the Mental Health Parity Act that was later amended to the Mental Health Parity and Addiction Equity Act (2008) which requires that annual or lifetime dollar limits on mental health and substance use benefits be no lower than any such dollar limits for medical or surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group plan.

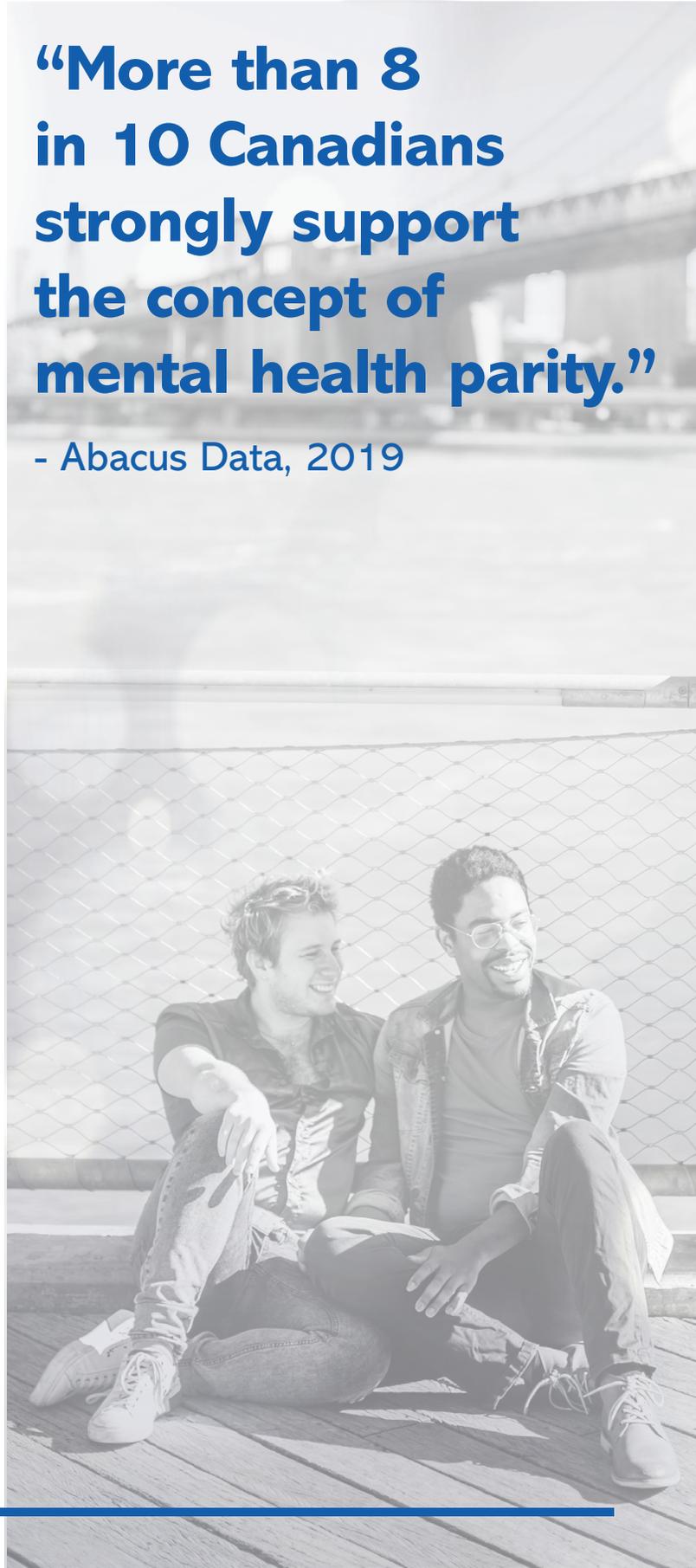
Australia introduced the Access to Allied Psychological Services Program (ATAPS) and Better Access to Psychiatrists, Psychologists and General Practitioners Initiative in 2001 and 2006, which provides Australians with up to 10 sessions of therapy in addition to group therapy, paid by Medicare<sup>63</sup> – which has recently been increased to a maximum of 20 sessions given the impact of COVID-19.

In 2010, the United Kingdom introduced the Equality Act that was later amended to the Health and Social Care Act (2012), which recognized the principle of parity (called “parity of esteem”) for mental health in law.<sup>64</sup>

Collectively, these Acts empowered and obligated these countries to address the gaps in care that existed for mental health and substance use problems and conditions in evidence-based and accountable ways.

**“More than 8 in 10 Canadians strongly support the concept of mental health parity.”**

- Abacus Data, 2019



# 4 WHAT SHOULD A MENTAL HEALTH AND SUBSTANCE USE HEALTH CARE FOR ALL PARITY ACT FOCUS ON?

To make a meaningful difference in the lives of the people of Canada, CAMIMH believes that a **Mental Health and Substance Use Health Care For All Parity Act** should include, but not necessarily be limited to, the following elements:

1. Guiding principles that support the objectives of the Act.
2. National standards for access to quality mental health and substance use programs and services.
3. Measurable goals and meaningful system performance indicators.
4. Recognize the importance of health promotion, prevention and education, and the social determinants of health.
5. Accountabilities for the federal government to provide appropriate and sustainable funding; and for the provinces and territorial to meet the objectives of the Act to be eligible for federal funding.

While clarity is needed to articulate what the Act can and cannot do, CAMIMH strongly believes that sufficient flexibility is needed to ensure that the provinces and territories can design and implement their own local evidence-based approaches and delivery models. The Act would also include those populations that are the direct responsibility of the federal government (e.g., Indigenous Peoples, military and veterans).

CAMIMH also recognizes the essential role that mental health and substance use research plays in informing evidence, and the development and implementation of leading practices and system innovation. Currently 9% of the Canadian Institutes of Health Research funding is allocated to mental health is not reflective of the 24% of disability-adjusted life years' burden caused by mental, neurological, substance use and self harm. Clearly, more can be done to achieve parity in research.<sup>65</sup>



**“There are accountabilities for the federal government...and for the provinces and territories to meet the objectives of the Act...”**

## Guiding Principles

A **Mental Health and Substance Use Health Care For All Parity Act** would explicitly identify a series of guiding principles that support the objectives of the Act, such as:

1. **Person-centred** – culturally appropriate, inclusive and accessible mental health and substance use programs and services must be designed to meet the needs of the client/patient (e.g., recovery-oriented<sup>66</sup>).
  2. **Timely Access** – that mental health and substance use services and supports are available and provided in a timely and equitable manner to those in need.<sup>67</sup>
  3. **Quality of Care** – that all publicly-insured mental health and substance use programs and services, including peer support, are evidence-based and are provided by health care providers with the appropriate training and credentialing.<sup>68</sup>
  4. **Comprehensive** – that a range of evidence-based and evidence-informed mental health and substance use programs and services are defined.<sup>69 70</sup>
  5. **System Integration** – that the range of mental health and substance use programs and services are effectively integrated within primary care, community-based care and acute care.
  6. **Universal** – that all Canadians would be eligible to access the identified range of mental health and substance use services and supports.
  7. **Portable** – that Canadians would be able to access the range of mental health and substance use programs and services if they reside in one province or territory but require care in another province or territory, or if they move to another province or territory.<sup>71</sup>
  8. **Sustainable Funding** – that the federal government will provide an appropriate and sustainable financial contribution to the provinces and territories to provide mental health and substance use programs and services.
  9. **System Performance** – that all levels of government will continue to develop a series of meaningful national mental health and substance use system performance indicators.
  10. **Public Accountability** – that all levels of government will publicly report to their respective populations on an annual basis.
- If it is determined that the provinces and territories are not in compliance with the criteria/principles set out in the **Mental Health and Substance Use Health Care For All Parity Act**, one might envision that there could be a similar gravity-of-default determination and/or dollar-for-dollar deduction by the federal government as set out in the Canada Health Act.<sup>72</sup>



## National Standards and System Performance

In the Prime Minister's 2019 mandate letter to the Minister of Health (as well as the Deputy Prime Minister and Minister of Inter-Governmental Affairs, Minister of Finance, and the Minister of Seniors) he directed them to “set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it”. The January 2021 Supplementary Mandate Letter states “...as well as critical health and mental health resources and services, and expand capacity to deliver virtual health care, critical health and mental health resources and services.”

To-date, Health Canada, in collaboration with the Mental Health Commission of Canada, has initiated an external consultation process to consider what would constitute national standards for access to mental health services. More recently, the federal government's 2021 budget allocated \$98 million in 2021/22 and 2022/23 to move this process forward. CAMIMH looks forward to contributing to these discussions.

The Prime Minister has been clear that policy decisions by the federal government must be driven by evidence and CAMIMH would strongly agree with this principle. When it comes to supporting effective decision-making in the mental health and substance use sectors, health system performance indicators and benchmarks, and real-time expenditure information are an absolute requirement. How can you effectively manage what you do not measure?

A key feature of the ***Mental Health and Substance Use Health Care For All Parity Act*** would support the development and implementation of a series of national mental health and substance use indicators that are the foundation for an accountable, high-performing mental health and substance use system.<sup>73</sup> These measurable goals and outcomes could be reflected in the Act – or would flow from it, and could build on the federal, provincial and territorial Common Statement of Principles on Shared Health Priorities, as well as recent national indicator development for mental health and substance use led by CIHI.<sup>74 75</sup> It is expected that the provinces and territories would report to their respective populations on an annual basis.

Over time, it is expected that national standards of access to care could evolve in keeping with the evidence and leading practices. CAMIMH would welcome the opportunity to further contribute to this discussion.

At the same time, much more needs to be done to have an accurate and up-to-date picture of mental health and substance use expenditures across the public and private sectors, by category of expenditure. Currently, the Canadian Institute for Health Information (CIHI) captures limited information on mental health programs and services provided by the community-based and private sector.<sup>76</sup> This is especially problematic because much of the mental health and substance care in Canada is delivered in the private sector by providers whose services are not covered by provincial or territorial health plans. CAMIMH understands the power of a comprehensive dataset in contributing to effective system-based policy decisions.

To accelerate work in this area, CAMIMH strongly supports additional resources allocated to CIHI to bring together the appropriate stakeholders that can assist in developing a robust national mental health and substance use expenditure dataset that covers both the public and private sectors.<sup>77</sup> It would also be beneficial for CIHI to develop a robust and comprehensive database to address significant limitations in its current data holdings on the mental health and substance use workforce, so that we can have a clearer sense of the capacity of providers to meet identified access standards.<sup>78</sup>

## Prevention, Promotion, Education and the Social Determinants of Health

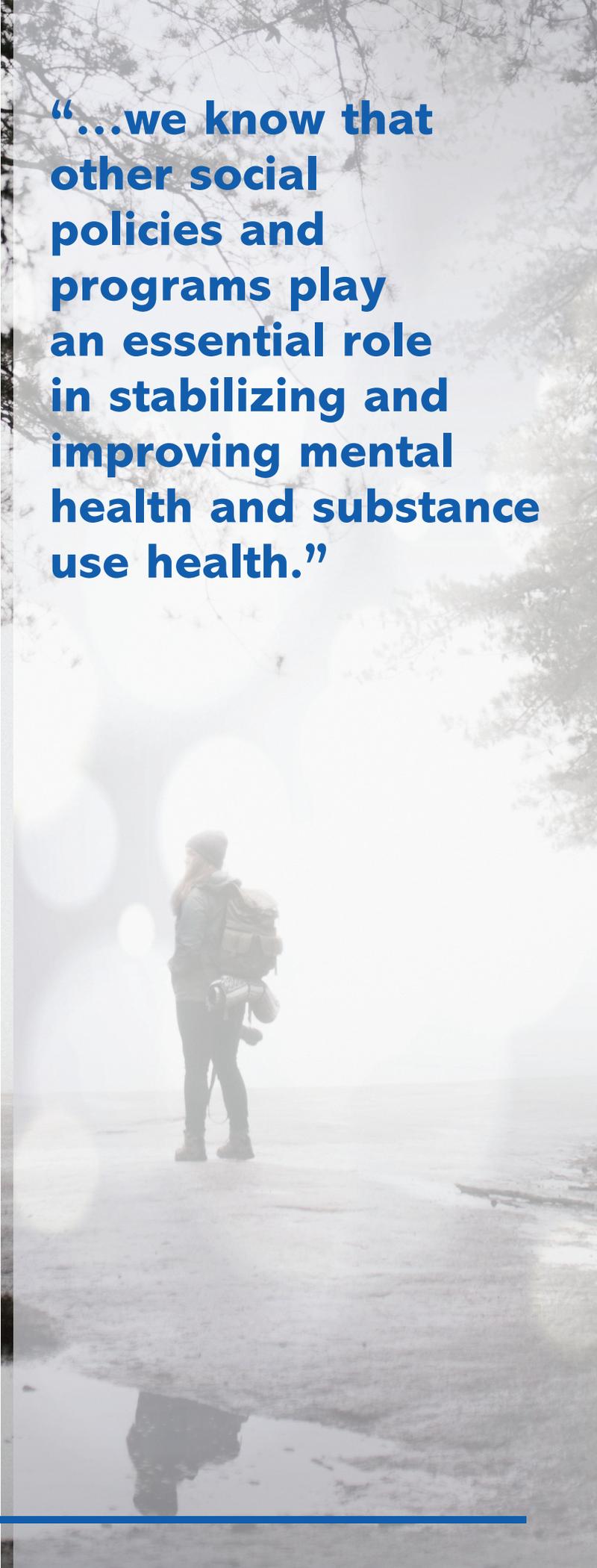
In addition to providing timely access to care, the ***Mental Health and Substance Use Health Care For All Parity Act*** recognizes the essential role and impact that ongoing investments in health prevention, promotion and education, and the broader social determinants of health can have on our mental health and substance use health.

In the former, there is a need to continue to invest in “upstream” policy measures (e.g., stigma awareness, educational campaigns) to ensure that up-to-date, easy-to-understand and accessible information is in the hands of the people of Canada to inform their health care decisions regarding their mental health and substance use health, as well as the pathways to access care. In the latter, we know that other social policies and programs (e.g., affordable housing, income support programs, childcare) play an essential role in stabilizing and improving mental health and substance use health.

### Accountabilities

While a number of accountabilities or deliverables are identified in this document (e.g., see the guiding principles), it is important to note that what underpins the ***Mental Health and Substance Use Health Care For All Parity Act*** is the principle of mutual accountability between the federal, and provincial and territorial governments.

There are accountabilities for the federal government to provide appropriate and sustainable funding; and for the provinces and territories to meet the objectives of the Act to be eligible for federal funding. If there is an imbalance of accountability between both levels of government, questions will arise about the Act’s overall effectiveness.



“...we know that other social policies and programs play an essential role in stabilizing and improving mental health and substance use health.”

# 5 FEDERAL GOVERNMENT'S FISCAL FRAMEWORK FOR MENTAL HEALTH AND SUBSTANCE USE

To support the introduction of a ***Mental Health and Substance Use Health Care For All Parity Act***, there must be an appropriate and sustainable level of funding from the federal government to the provinces and territories so they can meet the objectives of the Act. At the same time, to be eligible to receive federal funding, the provinces and territories must be compliant with the terms of the Act.

With the release of its action plan *Mental Health Now!* (2016), CAMIMH recommended that provincial and territorial governments should invest a minimum of 9% of their public health expenditures in support of mental health programs and services. This is a position that the Mental Health Commission of Canada has also recommended.

More recently, a report from the Royal Society of Canada recommended “That the federal government, in conjunction with Provincial and Territorial Governments, increase the funding for mental health (and substance use) services to at least 12% of the health services budget to respond to the longstanding unmet need that has been exacerbated by the COVID-19 pandemic.”<sup>79</sup> Of note, this figure is less than what other G-7 countries (France [15%] and the United Kingdom [13%]) invest in mental health as a percentage of its health budget.<sup>80</sup>

The most recent data tell us that the total public and private spending in mental health is \$15.8 billion (2015), which accounts for 7.2% of Canada's total health spending (\$219.1 billion). The public data that are available tells us that in 2013/14, public mental health spending as a proportion of total public health spending in Canada was 4.6%.<sup>81</sup> While all provinces fell short of the minimum 9% recommendation, CAMIMH recognizes that this figure has somewhat increased due to recent investments at the federal, and provincial and territorial levels.

As of 2019, total public health spending in Canada stands at \$184.8 billion, 9% amounts to \$16.6 billion, and 12% would amount to \$22.2 billion for mental health and substance use. CAMIMH is of the view that there is room – in addition to a return-on-investment<sup>82</sup> – to increase the country's public investment in supporting mental health and substance use health programs and services.

Given the recent dialogue between the Prime Minister and Premiers regarding the level of health transfers to the provinces and territories,<sup>83</sup> one would expect that funding for mental health and substance use would be an essential part of the discussion – and could build on the 2017 series of bi-lateral funding agreements between the federal and provincial and territorial governments for “mental health and addiction services.”<sup>84</sup>

While federal funding could be transferred to the provinces and territories via the Canada Health Transfer (CHT), CAMIMH recommends the creation of a Mental Health and Substance Use Transfer or a dedicated envelope to maximize transparency, accountability and impact, as well as long-term sustainability. Independent of the funding mechanism that would be selected, this federal envelope could be closely linked to the objectives that are set out in the ***Mental Health and Substance Use Health Care For All Parity Act***.<sup>85</sup>

## Recent Federal Investments in Mental Health and Substance Use Health

While CAMIMH is a national alliance whose focus is on the federal role in supporting mental health and substance use health, it recognizes that there is also an essential role for the provinces and territories to increase their own level of investment. Moving forward, CAMIMH hopes to see a continued spirit of government partnership and collaboration to ensure Canadians get the care they need, when they need it.

CAMIMH recognizes a number of important commitments and investments that the federal government has taken in terms of investing in mental health and substance use programs and services:

- In 2017, through a series of bi-lateral agreements, the federal government provided an additional \$5 billion over 10 years (or \$500 million annually) to the provinces and territories for mental health and addiction services. The funding framework extends to 2021/22, with the remaining five years to be negotiated between the federal and provincial and territorial governments.
- In its 2019 Speech from the Throne, the federal government committed: "...to partner with the province, territories and health professionals to introduce mental health standards in the workplace, and to make sure that Canadians are able to get mental health care when they need it; and make it easier for people to get the help they need when it comes to opioids and substance abuse [sic]. Canadians have seen the widespread harm caused by opioid use in this country. More needs to be done, and more will be done."<sup>86</sup>
- In April 2020, the federal government launched the Wellness Together Canada portal which connects Canadians to peer support workers, social workers, psychologists and other professionals and provides online/virtual information to address mental health and substance use issues.
- As part of the Safe Restart Agreement announced in July 2020 – which was designed to help the provinces and territories safely restart their economies and make Canada more resilient to future surges in COVID-19 cases – the federal government provided \$500 million for mental health, substance use and homelessness, as well as \$700 million for the increased COVID-19 demand on health systems.
- In August 2020, provided \$82.5 million in mental health and wellness supports to help Indigenous communities adapt and expand mental wellness services, improving access and addressing growing demand in the context of the COVID-19 pandemic.
- Given that COVID-19 is having a negative impact on Canadians' mental health and substance use, the government's 2020 Economic Statement noted its recent programs and investments (e.g., the Canada Suicide Prevention Hotline, Safe Restart Agreement, Wellness Together Canada portal).
- CAMIMH was very pleased to see the following recommendations contained in the House of Commons Standing Committee on Finance 2021 Pre-Budget report: Recommendation 1 "Develop and implement a long-term mental health COVID-19 recovery plan to ensure all Canadians – especially the most vulnerable – can access the care they need, no matter where they live"; and Recommendation 5 "Make targeted investments in health care that will improve access to primary care, mental health supports, and virtual care in provincial health systems."<sup>87</sup>

- Through Bill C-25, tabled on March 25, 2021, the federal government will provide the provinces and territories with a one-time \$4 billion increase for health care via the Canada Health Transfer.
- Budget 2021 provided total investments of \$1.5 billion that focused on: \$95 million to develop national mental health service standards; \$100 million supporting the mental health of those most affected by COVID-19; \$62 million for the Wellness Together Canada Portal; \$376 million to improve access to the Disability Tax Credit program; \$155 million to support our veterans; \$116 million to address the opioid crisis and problematic substance use; and \$598 million for a distinctions-based mental health and wellness strategy with First Nations, Inuit and the Métis Nation.

In CAMIMH's view, these are important and welcome measures focused on helping the people of Canada and assisting the provinces and territories in providing information and/or care to their populations. That said, most are time-limited or short-term investments while we know psychosocial impacts of living through a global pandemic will affect the mental health of Canadians long after people have been vaccinated. Additional resources are needed to ensure timely access for those who will need care, as well as for those who are currently living with mental illness and substance use issues. At the same time, it will be important to invest in policies that focus on the social determinants of health to address risk factors or prevent people from developing mental health and/or substance use issues.

**“CAMIMH hopes to see a continued spirit of government partnership and collaboration to ensure Canadians get the care they need, when they need it.”**



# 6 MOVING FORWARD...TOGETHER

For too long, many living with mental health and/or substance use disorders have not received the timely care they need, when they need it. CAMIMH believes now is the time for the federal government to recognize the essential principle that there can be no health without mental health by introducing and passing a ***Mental Health and Substance Use Health Care For All Parity Act*** that provides a legislative framework that secures appropriate and sustainable federal funding to support the provinces and territories in delivering timely and quality care to those in need.

With leadership from the federal government and organizations like the Mental Health Commission of Canada, the Canadian Centre on Substance Use and Addiction, and members of CAMIMH, Canada is moving mental health and substance use from out of the shadows. It is now time to move mental health and substance use health into the light to achieve parity among the care Canada provides for mental health and substance use disorders, and physical health problems and conditions. We look forward to working with all levels of government, and others, to make this a reality.

**“For too long, many living with mental health and/or substance use disorders have not received the timely care they need, when they need it.”**



## End Notes

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- 11 Statistics Canada. *Over one decade, Canadian youth mental health switched from the most to the least positive*. February 1, 2021, page 8.
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- 13 Statistics Canada. *Presentation to the House of Commons Standing Committee on Health for its study of the Emergency Situation facing Canadians in Light of the Second Wave of the COVID-19*. December 4, 2020.
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- 18 Mental Health Research Canada. *Mental Health During COVID-19 Outbreak – Poll 2*. September 2020.
- 19 Mental Health Research Canada. *Mental Health During COVID-19 Outbreak – Poll 2*. September 2020.
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- 62 The Canadian Public Health Association has also made the following recommendation: “Fund mental health and wellness programs so that they can provide coverage similar to that of the health sector”. Source: Canadian Public Health Association. *Canada’s Initial Response to the COVID-19 Pandemic*. February 2021, page 13.

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65 Royal Society of Canada. *Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada*. October 2020, page 10. See also the report from the International Alliance of Mental Health Research Funders *The Inequities of Mental Health Research Funding*, November 2020.

66 For more information see *Competencies of Practice for Canadian Recovery-Oriented Psychosocial Rehabilitation Practitioners* (2017) by Psychosocial Rehabilitation Canada; *Putting Recovery into Practice – An Introduction to the Guidelines for Recovery-Oriented Practice*, and *Guidelines for Recovery-Oriented Practice – Hope. Dignity. Inclusion* (2015) by the Mental Health Commission of Canada.

67 It is important to note that there are no agreed upon national benchmarks for what is an acceptable wait time to access care for mental health and/or substance use. Indeed, wait time data at the provincial and territorial level is uneven at best.

68 A useful contribution in the mental health space is by the *Quality Mental Health Care Network*, led by HealthCareCAN and the Mental Health Commission of Canada, which identifies the dimensions of quality in providing mental health care (i.e., accessible, appropriate, continuous learning and improvement, integrated, people-centred, recovery-oriented, safe, stigma-free and inclusive, trauma informed, and work life environment).

69 This could mean that the provinces and territories would determine a “core” set of publicly-funded programs and services that could include: psychological treatments and supports; community-based programs and services; peer support and recovery-oriented services; health promotion, prevention and education strategies; and prescription drugs.

70 Needs-based planning can be a useful tool in identifying a “core” mental health and substance use services and supports that should be available and accessible to those in need. Source: *Needs-Based Planning for Mental Health and Substance Use/Addiction Service and Supports Across Canada – Background*. Project led by Dr. Jurgen Rehm and Dr. Brian Rush (CAMH). March 2021.

71 The provinces and territories have an agreed upon framework to build on (Interprovincial Reciprocal Billing Agreement) that acts as a financial clearinghouse for publicly insured services rendered to a resident of another province or territory.

72 Refer to section 15 of *Canada Health Act*.

73 The Organization for Economic Cooperation and Development (OECD) have recommend the following indicators for monitoring the quality of mental health care: (1) hospital re-admissions for psychiatric patients; (2) length of treatment for substance-related disorders; (3) mortality for persons with severe psychiatric disorders; (4) use of anti-cholinergic anti-depressant drugs among elderly patients; (5) continuity of visits after hospitalization for dual psychiatric/substance related conditions; (6) continuity of visits after mental health-related hospitalization; (7) timely ambulatory follow-up after medical health hospitalization; (8) case management for severe psychiatric disorders; (9) continuous anti-depressant medication treatment in acute phase; (10) continuous anti-depressant medication treatment in continuation phase; (11) visits during acute phase treatment of depression; and (12) racial/ethnic disparities in mental health follow-up rates. Source: OECD Focus on Health, July 2014.

74 As part of each formal agreement between the federal and provincial-territorial governments, it states “*Whereas Canada and (the province/territory) agree that data collection and public reporting of outcomes is key to reporting results to Canadians on these health system priorities, and that the performance measurement approach taken will recognize and seek to address differences in access to data and health infrastructure.*” To monitor progress, the Canadian Institute on Health Information, federal and provincial-territorial governments, stakeholders, system experts and people with lived and living experience have identified 12 health system performance indicators, of which the first three were released in May 2019: [1] hospital stays for harm caused by substance use; [2] frequent emergency room visits for health with mental health and/or addictions; and [3] hospital stay extended until home care services or support ready. The remaining 9 indicators will be released, three at a time, over the next 3 years. Those being: 2020: [4] self-harm, including suicide, [5] caregiver distress, and [6] long-term care provided at the appropriate time (plus 2019 indicators). 2021: [7] wait times for community mental health services, referral/self-referral to services; [8] wait times for home care services, referral to services, and [9] home care services helped the recipient stay at home (plus 2019 and 2020 indicators). 2022 [10] awareness and/or successful navigation of mental health and addictions services; [11] early identification for early intervention in youth age 10 to 25; and [12] death at home/not in hospital (plus 2019, 2020, and 2021 indicators).

75 In the United Kingdom, the following wait time standards for mental health have been proposed: (1) expert assessment within hours for emergency referrals; and within 24 hours for urgent referrals in community mental health crisis services; (2) access within one hour of referral to liaison psychiatry services and children and young people's equivalent in accident and emergency departments; (3) four-week waiting times for children and young people who need specialist mental health services; and (4) four-week waiting times for adult and older adult community mental health teams. National Health Service. *Clinically-led Review of NHS Access Standards – Interim Report from the NHS National Medical Director*. March 2019.

76 The Canadian Centre on Substance Use and Addiction (CCSA) has undertaken some groundbreaking analysis with its Canadian Substance Use Cost and Harms (CSUCH) database which would contribute to building a national health expenditure data profile for substance use.

77 CAMIMH made the following recommendation in its 2020 Mental Health Action Plan – Better Access and System Performance for Mental Health Services in Canada, “*That the Canadian Institute for Health Information (CIHI) have adequate resources to work collaboratively with the provinces and territories, and other stakeholders, to develop an up-to-date national public and private health expenditures series in mental health.*”

78 Funded by the Canadian Institutes of Health Research, a study is being led by the University of Ottawa and the Mental Health Commission of Canada to better understand the capacity of service providers to respond to the mental health and substance use needs of people in response to COVID-19.

79 Royal Society of Canada. *Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada*. Recommendation 1. October 2020.

80 Canadian Institute for Health Information. *Health System Resources for Mental Health and Addictions Care in Canada - Chartbook*. July 2019, page 13.

81 Institute for Health Economics. *IHE Mental Health In Your Pocket. – A Handbook of Mental Health Economic Statistics*. Page 86. 2019.

82 Several reports/studies quantify a mental health return-on-investment (ROI). *Every dollar invested in workplace cognitive-based therapy could return about \$1.79 per participating employee after year one. Cognitive-based therapy along with care management could yield about \$0.39 to \$3.35 for every dollar spent after year one.* Source: CAMH's Mental Health Playbook for Business Leaders – Research-informed Workplace: Recommendations from Canada's Foremost Mental Health Hospital and Global Leader in Mental Health Research. *In Canada, every \$1 invested in covering psychotherapy services would yield (\$1.78-\$3.15) in savings to society. Covering psychological services as part of Medicare for individuals with an unmet need for mental health care would pay for itself.* Source: Vasiliadis HM, Dezetter A, Latimer E, Drapeau M, Lesage A. Assessing the Costs and Benefits of Insuring Psychological Services as Part of Medicare for depression in Canada. *PS Psychiatryonline* 2017. *Deloitte Canada found that companies with mental health programs in place for one year had a median annual return on investment of \$1.62 for every \$1 invested; which increased to \$2.18 if the programs had been in place for at least three years.* Source: Deloitte Insights. The ROI in workplace mental health programs: Good for people, good for business. November 2019.

83 The Premiers have called on the federal government to increase its funding share from 22% to 35% through the Canada Health Transfer, representing an increase of \$28 billion (from \$42 billion to \$70 billion). Also see: (1) the fiscal analysis undertaken by the Conference Board of Canada: *Increasing The Canada Health Transfer will Help Make Provinces and Territories More Financially Sustainable Over The Long-Term – Report of the Provincial and Territorial Ministers of Finance to the Council of the Federation*. February 2021; and (2) the options identified by CD Naylor, A Boozary and O Adams in *Canadian federal-provincial/territorial funding of universal health care: fraught history, uncertain future*. *CMAJ*, November 9, 2020, Vol. 192, Issue 45.

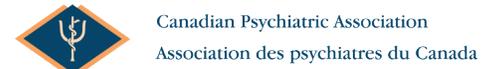
84 For a detailed overview of federal funding to the provinces and territories for mental health and addictions services, from 2018/19 – 2021/22, including a summary of provincial-territorial priority areas, please go to: <https://cpa.ca/docs/File/Government%20Relations/FMHA%20Overview%202017-18%20to%202021-22%20March%2030%202020.pdf>.

85 Of note, a recent survey of Canadians indicated that while there is widespread support for increased transfers to the provinces and territories for health care, the elderly and child care, Canadians (excluding Quebec) are almost evenly divided between unconditional transfers to the provinces and territories (41%) and linking national standards to federal funding (37%). Source: Confederation of Tomorrow. *The Role of Governments and the Division of Powers – Federalism in the Context of a Pandemic*. April 2021.

86 Government of Canada. *Moving Forward Together*. Speech from the Throne to Open the 43<sup>rd</sup> Parliament of Canada. December 5, 2019.

87 House of Commons Standing Committee on Finance. *Investing in Tomorrow: Canadian Priorities for Economic Growth and Recovery*. February 2021.

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