



4th Annual CAMIMH Mental Health and Substance Use Health Report Card Backgrounder

A. Federal Government Funding to the Provinces and Territories for Mental Health and Substance Use Health Care Services

- On March 31, 2027, the federal government's ten-year, **\$5 Billion** contribution to the provinces and territories for mental health and addictions services will end.¹ The federal government has not indicated that this funding will be renewed.
- Of the **\$2.5 Billion** annually that the federal government set aside as part of the 2023 Health Accord with the provinces and territories, only 16% has been invested in mental health and substance use health care services.²
- On April 1, 2028, the 5% annual increase to the *Canada Health Transfer* will revert back to the growth rate of Gross Domestic Product, with a minimum increase of 3%. In 2025, nominal GDP growth was 3.2%, a 1.8% reduction amounts to a reduction in federal transfers of approximately **\$1.9 Billion** per year and would grow each year thereafter.
- In 2021, the Liberal Party of Canada committed to creating a *Canada Mental Health Transfer* which has subsequently been abandoned.

B. Provincial-Territorial Spending on Mental Health and Substance Use Health Services

- On average, 5%-7% of provincial-territorial government's health budgets are spent on mental health and substance use health care. This is well below the OECD benchmark of 10%-11%.³
- Peer countries such as France (15%), Germany (11%) and the United Kingdom (10%) invest significantly more.
- CAMIMH recommends that provincial and territorial governments invest a minimum of **12%** of their health budgets in providing mental health and substance use health care services and supports.⁴

C. Public Funding for Mental Health Care Services – What is the Return On Investment?

- The annual economic cost of poor mental health is estimated to be \$180 Billion annually, with employers shouldering the greatest burden (\$110 Billion).⁵
- Extending universal basic mental health care (i.e., access to evidence-based psychotherapies) to all Ontarians would save **\$1.78** for every **\$1** invested. The full

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Occupational Therapists

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Canadian Mental Health
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Canadian Psychiatric Association

Canadian Psychological
Association

Community Addictions Peer
Support Association

Medical Psychotherapy
Association Canada

National Network for Mental
Health

Psychosocial Rehabilitation
Canada

Schizophrenia Society of Canada

The National Initiative for Eating
Disorders

¹ Canadian Psychological Association. *Overview of Federal, Provincial and Territorial Bi-Lateral Funding Agreements for Mental Health & Addiction Services, 2017/18-2021/22*. March 2020.

² Canadian Alliance on Mental Illness and Mental Health. *Take the Money and Run. How Accountable are the Provinces and Territories in Spending Federal Funding on Mental Health & Substance Use Health Care?* December 2024. Canadian Mental Health Association. *Overpromised, Undelivered. Analysis of Mental Health Care Investments in the 2023 Working Together Health Bilateral Agreements*. August 2024.

³ Canadian Mental Health Association. *The State of Mental Health in Canada 2024*.

⁴ Canadian Alliance on Mental Illness and Mental Health in Canada. *2026 Pre-Budget Consultation Brief submitted to the House of Commons Standing Committee on Finance*. May 2026.

⁵ CSA Group. *The Economic Cost of Mental Health in Canada*. April 2006.

economic impact of a universal mental health program would be a savings to Ontarians of nearly **\$10 billion** over the next 5 years.⁶

- Studies of Canada and other jurisdictions such as the United Kingdom and France demonstrate approximately a **2:1** savings to society for investment in a basic level of mental health care.⁷
- Cognitive-based therapy (CBT) along with care management could yield anywhere from **\$0.39 to \$3.35** for every dollar spent after one year.⁸
- \$1 invested in mental health care yields, on average, **\$2** in savings to society by alleviating costs to the health system, productivity, and overall wellbeing. Public health care coverage for psychotherapy “would pay for itself.”⁹
- The World Health Organization projects a return of **US\$5** for every **US\$1** spent on increasing coverage for common mental health conditions, due to productivity gains.¹⁰
- In France, they estimated a cost-benefit ratio ranging between **1:1.14 and 1:1.95**.¹¹
- In the United Kingdom, a cost-benefit analysis of the Improving Access to Psychological Treatments (IAPT) program showed that the program **will pay for itself within five years**.^{12 13}

D. A Recent Snapshot of Canadians’ Mental Health

- 5 million Canadians met the criteria for a mood, anxiety or substance use disorder, a level that has skyrocketed over the past decade.¹⁴
- Diagnoses of anxiety disorders have surged from 18% pre-pandemic to 27%.¹⁵ Diagnosis of depression has climbed from 21% to 28%.^{16 17}

⁶ *Making it Right – Universal Basic Mental Health care for Ontario – Policy Background*. Clement Nocos, Jeffrey Ansloos. Broadbent Institute, April 2022, page 9.

⁷ *Making it Right – Universal Basic Mental Health care for Ontario – Policy Background*. Clement Nocos, Jeffrey Ansloos. Broadbent Institute, April 2022, page 5.

⁸ *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*. Centre for Addiction and Mental Health, 2020. Page 15.

⁹ Vasiliadis, H-M. et al. (May 2017). *Assessing the Costs and Benefits of Insuring Psychological Services as Part of Medicare for Depression in Canada*. *Psychiatric Services*, 68(9): 899-906. According to the authors, every \$1 invested into a basic mental health care program would yield on average \$2 in savings to society (from a low-end \$1.78 to an estimated high of \$3.15) annually.

¹⁰ Chisholm D, Sweeny K, Sheehan P, Rasmussen B, Smit F, Cuijpers P, Saxena S (2016). *Scaling-up treatment of depression and anxiety: a global return on investment analysis*. *Lancet Psychiatry*. 3(5):415-24.

¹¹ Dezetter A, Briffault X, Ben Lakhdar C et al. *Costs and benefits of improving access to psychotherapies for common mental disorders*. *Journal of Mental Health Policy and Economics* 16:161-177, 2013.

¹² Layard R, Clark D, Knapp M, et al. *Cost-benefit analysis of psychological therapy*. *National Institute Economic Review* 202:90-98, 2007.

¹³ Layard R. *The case for psychological treatment centres*. *BMJ* 332:1030-1032, 2006.

¹⁴ Statistics Canada. *Study: Mental disorders and access to mental health care*. September 22, 2023.

¹⁵ Mental Health Research Canada. *Understanding the Mental Health of Canadians Through COVID-19 and Beyond: Poll #23*. March 2025. Page 9.

¹⁶ Mental Health Research Canada. *Understanding the Mental Health of Canadians Through COVID-19 and Beyond: Poll #23*. March 2025. Page 9.

¹⁷ Statistics Canada. *Study: Mental disorders and access to mental health care*. September 22, 2023. From 2012 to 2022, the number of Canadians over the past 12 months with: a general anxiety disorder doubled from 2.6% to 5.2%; a major depressive episode increased from 4.7% to 7.6%; and a bipolar disorder from 1.5% to 2.1%. All differences are statistically significant.

- 1 in 3 Canadians will face a mental illness in their lifetime.¹⁸
- Nearly 1 in 4 reported their mental health has worsened over the past year.¹⁹
- More than 50% of those diagnosed with a mood, anxiety or substance use disorder in the past year did not receive care from a health professional.²⁰
- 41% of adults (18 and older) and 36% of children and youth (2-17) with a diagnosed mental health condition reported having their needs partially or completely unmet.²¹

E. Accessing Mental Health Care Services

- **52%** of people struggling with their mental health are not getting the help they need.²²
- In Canada, over **1.25 million** youth (16-24 years old) are in need of mental health support – while approximately 550,000 (**44%**) are receiving some help, 720,000 (**56%**) are not.²³
- Of those who have accessed mental health services, only **37%** accessed services through a provincial health system.²⁴
- More than **5 million** adults did not get mental health services when needed in the past 12 months because of cost barriers.²⁵
- For those seeking mental health support, **73%** experience challenges with cost (30%) and wait times (20%) being the top two barriers.²⁶
- **49%** of Canadians with a mood, anxiety or substance use disorder had talked to a mental health professional in the last year. At **44%**, counselling was the most common form of mental health care treatment.²⁷
- **15%** of Canadians (approximately 6 million) use health services for a mental illness each year.²⁸
- Among Canadians aged 19 or younger, the use of health services for mental illness has increased by **2.6%** each year.²⁹

F. Accessing Substance Use Health Care Services³⁰

- 78% believe Substance Use Health is an urgent issue.
- 80% believe individuals need more access to Substance Use Health information and services to increase lifelong wellness.

¹⁸ Statistics Canada. *Canadian Community Health Survey – Mental Health*, 2012.

¹⁹ Leger Healthcare. *More Symptoms, Less Support: The Growing Mental Health Gap in Canada*. May 15, 2025.

²⁰ Statistics Canada. *Study: Mental disorders and access to mental health care*. September 22, 2023.

²¹ Canadian Institute for Health Information. *Taking the Pulse: Measuring Shared Health Priorities for Canadian Health Care*. October 23, 2025.

²² Mental Health Research Canada. *Understanding the Mental Health of Canadians Through COVID 19 and Beyond – Poll #21*. Page 40.

²³ Mental Health Research Canada. *A Generation at Risk – The State of Youth Mental Health in Canada*. October 2024.

²⁴ Mental Health Research Canada. *Understanding the Mental Health of Canadians Through COVID 19 and Beyond – Poll #14*. Page 34.

²⁵ Canadian Institute for Health Information. *Canadian Report Increasing Need for Mental Health Care Alongside Barriers to Access*. March 21, 2024. 2023 Results from the Commonwealth Fund survey.

²⁶ Leger Health care. *More Symptoms, Less Support: The Growing Mental Health Gap in Canada*. May 15, 2025.

²⁷ Statistics Canada. *Study: Mental disorders and access to mental health care*. September 22, 2023.

²⁸ Public Health Agency of Canada. *Canadian Chronic Disease Surveillance System*, 2019.

²⁹ Public Health Agency of Canada. *Canadian Chronic Disease Surveillance System*, 2019.

³⁰ Taken from national surveys administered by the Community Addiction and Peer Support Association (CAPSA) and the Canadian Centre on Substance Use and Addiction (CCSA).

- 62% of those surveyed have never been asked about their substance use by a health-care provider
- 79% have never received any direct support (e.g., education, advice, strategies to maintain health or reduce harms) or did not think the question applied to them
- 29% of those surveyed reported knowing where to turn if they wanted to “change or manage their substance use in some way”. Of the 29% who did know where to go, only 0.7% thought their doctor could help them.
- An estimated 21% of Canada’s population will meet the criteria for a substance use disorder or addiction in their lifetime.
- In Canada, an average of 20 deaths per day are because of an opioid overdose. More than 200 people die each day from all substance use.

About CAMIMH

Formed in 1998, the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is the national voice for mental health in Canada. CAMIMH is a member-driven alliance of 14 mental health and substance use health organizations comprised of people with lived or living experience, their families and caregivers, and health care providers. CAMIMH’s mandate is to ensure that mental health and substance use health is placed on the national agenda so that the people of Canada receive timely and appropriate access to care and support.

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