

August 6, 2020

**Written Submission for the
2021 Pre-Budget Consultations
in Advance of the Upcoming Federal Budget
by
The Canadian Alliance on Mental Illness and Mental Health (CAMIMH)**

1. Recommendations

Recommendation 1

That the federal government, working in partnership with provincial and territorial governments, CAMIMH, and others, fund and implement sustainable evidence-based mental health services and supports to respond to the increased demand for mental health care resulting from COVID-19.

Recommendation 2

That the federal government enshrine national standards for access to mental health services through an amended Canada Health Act or the introduction of a new Mental Health Parity Act.

Recommendation 3

That the federal government increase its cash contribution to the provinces and territories by a minimum of \$277.5 million a year to improve timely access to mental health services.

Recommendation 4

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 national public and private health expenditure series in mental health.

Recommendation 5

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

Recommendation 6

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 that is proportional to mental health's burden of disease.

Recommendation 1

The federal government, working in partnership with provincial and territorial governments, CAMIMH, and others, fund and implement sustainable evidence-based mental health services and supports to respond to the increased demand for mental health care resulting from COVID-19.

We are living in uncharted times which require an unprecedented and coordinated response by the federal, provincial and territorial governments. While we continue to stay home, practise physical distancing and look to brighter days as we re-open the economy in stages, isolation, job loss and security, and worry for ourselves and loved ones are taking a toll. Prolonged isolation and physical distancing can lead to increased depression, anxiety, suicidal crises, domestic crises and violence.

CAMIMH is concerned about the long-term mental health impact of the pandemic on the general population, as well as on Canadians with severe physical, mental, intellectual, cognitive or sensory impairments who have been disproportionately affected. Recent public opinion polls (e.g., Conference Board of Canada/Mental Health Commission of Canada, Abacus, Statistics Canada, Angus Reid Institute) indicate that an increasing number of Canadians are seeing their mental health deteriorate.

How will this anticipated increase in demand for access to mental health care services and supports be addressed when there are already prolonged wait times to access mental health care? The United Nations recently acknowledged that decades of neglect and underinvestment in addressing people's mental health needs have been exposed by the COVID-19 global pandemic. Clearly more needs to be done in terms of investing in additional mental health system capacity to treat Canadians.

While the ***Wellness Together Canada*** online resource and the ***Safe Restart Agreement*** are steps in the right direction, more specialized individual care will be needed for Canadians with pre-existing mental health conditions and by those who develop them as a result of the psychosocial and economic stressors of COVID-19. Services for people with serious mental illnesses were already overstretched before the pandemic, and many have been closed or severely restricted though the need for these supports is unchanged.

Canadians need more and not less mental health care, both now and into the foreseeable future. Now is the time for the federal government, working closely with the provinces and territories, CAMIMH, and others, to fund evidence-based mental health services and supports that respond to the increased demand for mental health care resulting from COVID-19.

Recommendation 2

The federal government enshrine national standards for access to mental health services through an amended Canada Health Act or the introduction of a new Mental Health Parity Act.

Given the federal government's commitment 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,*" CAMIMH believes that such standards should be reflected in an amended *Canada Health Act*, or through a new piece of legislation, a ***Mental Health Parity Act***.

A ***Mental Health Parity Act*** would: (1) affirm that mental health is valued equally to physical health, as well as ensure that governments, communities, organizations and workplaces treat mental and physical health equitably through their policies, programs and services; (2) support the delivery of the right care, from the right provider, to the right person, at the right time and place. This must include supports from health care and social service qualified professionals such as psychologists, social workers, peer support workers, and counsellors and psychotherapists; (3) include clear accountability measures to ensure that parity is not in name only; measurable goals and outcomes could be reflected in the Act – or would flow from it, building on the federal, provincial and territorial Common Statement of Principles of Shared Health Priorities, as well as recent indicator development by the Canadian Institute for Health Information.

Federal funding would be linked to objectives set out in the ***Mental Health Parity Act***, establish a legislative framework to ensure Canadians have timely access to a range of recovery-oriented mental health services and supports, and recognize the long overdue need for funding parity between mental health and physical health.

Other developed countries, like the United Kingdom and the United States, have enacted similar national legislation. It is time for Canada to take a bold step forward and explicitly recognize that we cannot have health unless we have good mental health. Mental health must be our first wealth.

CAMIMH is eager to work with the federal, provincial and territorial governments, and others, to: (1) contribute to a consensus definition of "national standards" to improve timely access to mental health services for all Canadians; and (2) define the structure of a ***Mental Health Parity Act***.

Recommendation 3

That the federal government increase its cash contribution to the provinces and territories by a minimum of \$277.5 million a year to improve timely access to mental health services.

CAMIMH takes the position that provincial and territorial governments should invest a minimum of 9% of their public health expenditures into mental health programs and services. By comparison, the United Kingdom's National Health Service invests 13% of its health spending on a similar set of services. Clearly, there is room for improvement...

Based on 2015 public health spending data from the Canadian Institute for Health Information (CIHI), and supporting the position of Canada's premiers that the federal government should contribute at least 25% of total provincial and territorial health spending, CAMIMH calculates that the federal contribution should be \$777.5 million per year earmarked for mental health. Knowing that the 2017 federal-provincial-territorial bilateral agreements provide the provinces and territories with \$500 million annually, \$277.5 million still remains.

CAMIMH believes that it is important to not only invest additional federal dollars that serve to *expand* the array of mental health services and supports, but to also effectively *integrate* them into our publicly-funded health system and accelerate the transformation of their health systems.

Of note, with more recent public health spending figures from CIHI, the figure increases to \$425 million (that is, \$277.5 million plus an additional \$147.5 million).

Recommendation 4

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 national public and private health expenditure series in mental health.

At the program, policy and systems level, access to health system performance indicators and health expenditure information are 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 services and supports into their respective health systems, CIHI needs to have the focus and capacity to capture the breadth of mental health expenditures across both the public and private 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, social workers, counsellors and psychotherapists), which is funded through employer-based supplementary health benefit plans or via out-of-pocket payments.

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 to develop a robust national mental health expenditure data series that covers both the public and private sectors.

Recommendation 5

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

CAMIMH supports the federal government’s policy objective of providing Canadians with equitable access to prescription medications. This is particularly true for those who live with mental illness. In most provinces and territories, medications are funded only in hospital. Otherwise, people must pay out-of-pocket if they do not have private insurance (through their employers), or public funding through disability support.

However, there are important policy details and “unintended consequences” that need to be addressed if the federal government is to adopt a single-payer model for prescription drugs.

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

Such an unintended consequence would see many Canadians living with mental illness being unable to pay out-of-pocket to receive the care they need, when they need it.

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

Recommendation 6

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 that is proportional to mental health's burden of disease.

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” only a modest amount into mental health research. This needs to change.

The most recent informal calculations that we are aware of indicate that anywhere from 5% to 9% of CIHR grant funding is allocated to mental health. This, in a world where the Canadian Institute for Health Information (CIHI) has calculated that the burden of mental illness in Ontario stands at 11%, and the global burden of mental illness is 13% (measured in disability adjusted life years).

This issue takes on added importance with the current and impending impact of the COVID-19 global pandemic on the mental health of Canadians. CAMIMH believes that funding for mental health research should be funded at an appropriate and proportional level.