



Position Paper

Mental and Substance Use Health Parity

Canadian Association of Social Workers
Association canadienne des travailleuses et travailleurs sociaux

2026

With more than 20,500 members across Canada, the Canadian Association of Social Workers (CASW) has represented the profession for over a century. Committed to advancing both social work and social justice, CASW elevates the voices and expertise of social workers across 11 provinces and territories and those lived insights ground this position paper.

This paper provides background on Mental and Substance Use Health Parity (MSHP), drawing on lessons from comparable jurisdictions (Australia and the United Kingdom), as well as Canadian advocacy led by CASW and partner organizations since CASW's first MSHP position statement in 2019. It also outlines social workers' roles in advancing parity and concludes with recommended actions and supporting rationale for Parliament.

CASW is committed to advancing policy in ways that directly reflect the CASW Code of Ethics, particularly the values of respecting the dignity and worth of all people and promoting social justice through equitable, publicly funded access to mental and substance use health care. This paper operationalizes the Code's commitment to fair and inclusive support for all Canadians.

CASW is encouraged by Canada's ongoing commitment to the health and well-being of Canadians as evidenced by the government [announcement](#) of a one-year, \$1.2B extension of funding to provinces and territories for mental health, addictions and home care. Although this was a welcome step, one year isn't enough. CASW must continue advocating for long-term dedicated long-term funding to achieve MH and Substance use parity in Canada. CASW is concerned that the growing inequality in mental and substance use health outcomes seriously impairs Canadians' rights to publicly funded health care. This gap has cascading effects on individuals, communities and systems of supports including safety, health care and social care.

CASW recommends that a Mental and Substance Use Health Parity Act and a corresponding Office of the Mental and Substance Use Health Minister be established. This action must be informed by a robust study that prioritizes lived expertise, equitable access and recognition of diverse mental health needs.

CASW recommends that Parliament undertake a formal study to address the following:

1. Governance Reform

Work collaboratively with provinces and territories to develop intergovernmental agreements that integrate mental and substance use health with primary and social care.

Protected Funding

Standardize investment and expand coverage to include all evidence-based mental and substance use health therapies.

2. Equity-Focused Implementation

Prioritize interventions for 2SLGBTQIA+, First Nations, Métis and Inuit (FNMI) peoples, Black and racialized populations. Parity gaps are most visible among marginalized communities, including First Nations, Métis and Inuit peoples, Black and racialized populations, refugees, and 2SLGBTQIA+ youth, who face layered barriers to care and worse health outcomes.

3. Workforce Development

Address workforce shortages through targeted recruitment and retention policies such as paid practicums and student loan forgiveness programs.

4. Community and Digital Innovation

Expand community-based services and e-health with robust equity safeguards as ways to increase accessibility.

5. Cross-Sectoral Integration

Coordinate policies spanning housing, employment, and criminal justice to address the social determinants of health that sustain all dimensions of good health. Mental and substance use health outcomes are heavily shaped by social determinants such as housing, employment conditions, income security, and interactions with the criminal justice system.

Background

In 2019, CASW published a [Position Statement on Mental Health Parity](#) that is defined as: “valuing mental health as much as physical health in order to close inequalities in mortality, morbidity or delivery of care”.¹ The statement highlights:

¹ Mitchell, A. J., Hardy, S., & Shiers, D. (2017). Parity of esteem: Addressing the inequalities between mental and physical healthcare. *BJPsych Advances*, 23(3), 196-205.

- How Canada's under-funded and fragmented mental-health system creates major gaps in access especially for people affected by the opioid crisis and for First Nations, Métis and Inuit communities
- How international experience with legislated mental health parity shows improved access, reduced financial barriers and supportive integrated models of care
- How Canada can improve mental well-being by establishing a Minister for Mental Health and a Mental Health Parity Act that guide system integration, accountability mechanisms and social policy reforms.

Despite universal health coverage under the Canada Health Act² (CHA, 1985), mental and substance use health services in Canada remain fragmented and underfunded, particularly non-physician services such as mental and substance use health therapy and community-based supports delivered by Registered Social Workers (RSWs). Federal investments since 2017, including \$5 billion over ten years for mental and substance use health have improved access but remain time-limited and structurally insufficient with bilateral agreements expiring in 2027.

Canada's healthcare system operates through a federal-provincial division of powers with provinces responsible for most health service delivery and the federal government retaining responsibilities for First Nations peoples living on reserves, Métis and Inuit peoples, members of the Canadian Forces, eligible veterans, people in federal penitentiaries, and some groups of refugee claimants.³

While the CHA establishes principles of universality and accessibility, its narrow definition of insured services results in uneven mental and substance use health coverage across jurisdictions reinforcing reliance on private payment and employer-based insurance for essential mental and substance use health services such as counselling.

This government has highlighted that Canada's future prosperity depends on a healthy, resilient workforce, and achieving mental and substance use health parity is essential to that goal. Based on 2024 data, approximately one-third of Canadian employees do not have access to workplace health benefits through their main job. While access to employer-provided benefits has increased in recent years, a significant portion of the workforce, particularly temporary and part-time workers, remains without private

² Hutchison, B., Levesque, J., Strumpf, E., & Coyle, N. (2011). Primary health care in Canada: Systems in motion. *The Milbank Quarterly*, 89(2), 256-288.

³ Government of Canada. (2016b). *Canada's health care system*. Retrieved from: <https://www.canada.ca/en/health-canada/services/canada-health-care-system.html#a2>

coverage.⁴ Workers in temporary jobs are far less likely to have benefits, with less than 26.1% receiving them in 2024.⁵ The rate is even lower for temporary, part-time employees, at roughly 9.7%.⁶ This data underlines the significant gap in access to mental and substance use health supports which further strengthens the need for the Government of Canada to stabilize mental and substance use health supports through MSHP.

Despite advances that have occurred with the creation of the *Mental Health Commission of Canada* (MHCC) in 2007 which delivered a strategy to address the mental health needs of Canadians, mental and substance use health services continue to be delivered in a fragmented system without adequate funding.⁷ The system is comprised of employer provided benefits, non-profit providers and those publicly funded through the CHA but delivered by provinces and territories. This disjointed approach results in long wait lists, escalating mental and substance use health crisis and extreme shortages of mental and substance use health providers. Improved mental and substance use health outcomes require synchronization across jurisdictions. Research identifies significant disparities in access across Canada, driven by uneven public coverage of non-physician services, reliance on private insurance, geographic barriers, and differences in regional service capacity. These gaps contribute to unmet needs and disproportionate barriers for marginalized populations.

Literature Review: International and Domestic Insights

Mental and substance use health parity requires that mental and substance use health conditions receive equivalent recognition, funding, and treatment to physical conditions. A comparative review of Canada, Australia, and the United Kingdom from 2020 to 2026 highlights some promising practices relevant to the Canadian context.

While all three nations share a commitment to universal healthcare and community-based models, they face distinct implementation challenges.

- **United Kingdom:** Employs a parity of esteem framework within the National Health Service (NHS) to integrate mental health priority into funding and quality standards.

⁴ <https://www150.statcan.gc.ca/n1/pub/14-28-0001/2025001/article/00003-eng.htm>

⁵ <https://www150.statcan.gc.ca/n1/pub/14-28-0001/2025001/article/00003-eng.htm>

⁶ <https://www150.statcan.gc.ca/n1/pub/14-28-0001/2025001/article/00003-eng.htm>

⁷ Canadian Mental Health Association (CMHA). (2018a). *Care not corrections: Relieving the opioid crisis in Canada*.

Canadian Mental Health Association (CMHA). (2018b). *Ending the health care disparity in Canada*.

- **Australia:** Utilizes a long-standing National Mental Health Strategy but struggles with accountability and outcome measurement.
- **Canada:** Grapples with jurisdictional fragmentation that creates significant interprovincial variation in access.

The literature also highlights that achieving genuine parity is obstructed by several multi-level barriers which are:

- **Structural and Financial:** Jurisdictional boundaries in federal systems (Canada and Australia) impede integrated service delivery. In the UK, mental health receives only 13% of the NHS budget despite being the primary cause of disability.
- **Workforce:** All three nations face acute shortages, exacerbated by medical sub-specialization that marginalizes mental health training.
- **Data and Accountability:** Many systems have limited outcome measurement or inadequate data on the quality-of-life impacts of mental and substance use health care.
- **Social and Cultural:** Persistent stigma continues to impede the transition to inclusive, stigma-free care.

Equity, Access, and Disparities

Parity failures are most visible when considered through the health outcome inequalities among marginalized people and communities. The most recent UK reforms specifically intend to remedy disparities in treatment access⁸, while Canadian research highlights profound barriers for First Nations, Métis and Inuit peoples⁹, Black Canadians¹⁰, refugees¹¹ and 2SLGBTQIA+ youth.¹² Australia faces unique challenges regarding Indigenous mental health equity, where geographic barriers compound socio-economic marginalization.¹³

⁸ Dyer, C. (2021). Reforms to Mental Health Act aim to tackle poor care and racial inequalities. BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.n103>

⁹ <https://kmb.camh.ca/eenet/resources/research-snapshot-three-key-intervention-components-improve-mental-health-outcomes-first>

¹⁰ https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/covid_19_tip_sheet%20health_in_black_communities_eng.pdf

¹¹ <https://hillnotes.ca/2022/06/20/mental-health-needs-of-refugees-in-canada/>

¹² <https://www150.statcan.gc.ca/n1/pub/82-003-x/2024011/article/00002-eng.htm>

¹³ <https://www.psychiatry.org/news-room/apa-blogs/indigenous-populations-barriers-to-help>

In Canada, the COVID-19 pandemic exposed gendered disparities, particularly for mothers who lacked the childcare supports available in countries like Australia.¹⁴ Furthermore, while digital mental and substance use health (e-mental health) offers potential for expanding access, it must be supported by policy frameworks that prevent an exacerbation of the digital divide and reproduction of structural harms in digital forms. While digital mental and substance use health services can expand access, they must not become a lower-cost substitute for timely, culturally safe, and in-person care. Without safeguards, digital delivery may reinforce a two-tiered system by directing marginalized people facing barriers to the social determinants of health toward online services. Therefore policies should enhance choice and evaluate outcomes based on quality, equity, effectiveness, as well as use and cost.

Canadian Advocacy

Since 2020, a strong consensus has emerged among national organizations supporting mental and substance use health parity through legislative reform, expanded public coverage of non-physician services, equity-focused implementation, and integration of substance use care.

On February 24, 2026, Senator Burey put forth a motion that “the Senate urge the Government of Canada to establish a federal legal framework that ensures mental health and addiction care are treated on an equal footing with physical health care.”¹⁵ The motion follows the 2025 Senate of Canada roundtable on mental health, substance abuse, and addiction parity⁶, that highlighted the structural barriers in mental and substance use health care experienced by Canadians, including underfunding, fragmented services, and inequitable access.

Many national organizations, coalitions and alliances have highlighted that Canada’s health care systems focus on physical health however there can be no health without mental and substance use health. For example, CASW along with the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) have called for a federal *Mental Health*

¹⁴ Johnston RM, Mohammed A, van der Linden C. Evidence of Exacerbated Gender Inequality in Child Care Obligations in Canada and Australia during the COVID-19 Pandemic. *Politics & Gender*. 2020 Dec;16(4):1131–41. doi: 10.1017/S1743923X20000574

¹⁵ https://sencanada.ca/en/content/sen/chamber/451/debates/052db_2026-02-24-e#48

*and Substance Use Health Care for All Parity Act*¹⁶ to ensure mental and substance use health receive on par investments with physical health.

CASW's call for structural reform is aligned with many organizations including the Canadian Mental Health Association (CMHA), Canadian Drug Policy Coalition (CDPC), Canadian Psychological Association (CPA), Canadian Medical Association (CMA), and the MHCC as outlined below:

- **CMHA** advocates for a detailed Parity Act blueprint focusing on five key strategies, including public funding for evidence-based therapies.
- **CDPC** frames substance use as a public health crisis, urging decriminalization as a necessary enabler of parity.
- **CPA and CMA** emphasize the need for increased Canada Health Transfers to achieve funding equity.
- **MHCC** positions parity as both a moral and economic imperative, noting that over 80% of Canadians support equal valuation.

Social Workers' Roles

As regulated health professionals, social workers are crucial practitioners in mental and substance use health service delivery, yet they remain excluded from publicly funded systems. Their contributions across systems (health, social, justice, education and child welfare) is increasingly evident as social workers are integrated into multiple settings such as primary care, policing and social assistance.

Social workers play a central role in advancing parity through direct service delivery, policy advocacy, equity-focused practice, and systems leadership. As major providers of mental and substance use health care addressing the social determinants of health, social workers are essential to prevention, recovery-oriented care, and evaluation of parity implementation.

Social workers can also help to develop, collect and use standardized data on social, structural, cultural and clinical factors. This data is essential for research, accountability and equity-driven policy improvement that can provide information on current and future mental and substance use health needs.

¹⁶ For more details, please see *From Out of the Shadows and Into the Light...Achieving Parity in Access to Care Among Mental Health, Substance Use and Physical Health*. Canadian Alliance on Mental Illness and Mental Health, June 2021.

Further, social workers, skilled in understanding individual circumstances, play a key role in documenting individual experiences of exclusion, in identifying unmet needs and the barriers to accessing supports that contribute to negative health outcomes. Analysis of these insights can help systematize interventions that can be tailored to individual contexts. Social workers' attention to nuance broadens understanding and can help to translate lived experiences into more responsive systems of support.

CASW's position on Mental and substance use health Parity

CASW upholds the Code of Ethics which emphasizes the promotion of social justice, the dignity and worth of all individuals. Guided by the Code, social workers across Canada lead advocacy for structural reforms, practice with cultural humility, and serve as critical evaluators of system impacts. CASW recommends that a Mental and Substance Use Health Parity Act and a corresponding Office of the Mental and Substance Use Health Minister be established. This action must be informed by a robust study that prioritizes lived expertise, equitable access and recognition of diverse mental and substance use health needs.

CASW recommends that Parliament undertake a formal study to address the following:

1. Governance Reform

Work collaboratively with provinces and territories to develop intergovernmental agreements that integrate mental and substance use health with primary and social care. Canada's current division of health powers produces a fragmented system where mental and substance use health services are unevenly funded and organized across provinces and territories, especially for non-physician services such as counselling delivered by social workers. This fragmentation undermines the Canada Health Act's accessibility and universality principles by leaving many essential mental and substance use health supports outside insured services.

Intergovernmental agreements that integrate mental and substance use health with primary and social care would address jurisdictional gaps, reduce duplication, and support parity by treating mental and substance use health care as an integral, not peripheral, component of the health system.

2. Protected Funding

Standardize investment and expand coverage to include all evidence-based mental and substance use health therapies. Federal investments in mental and substance use health since 2017, while helpful, are time-limited and tied to bilateral agreements that expire in 2027, leaving no stable, structural guarantee of ongoing

parity-oriented funding. The narrow definition of insured services under the Canada Health Act leads to reliance on private payment and employer benefits for many evidence-based therapies, creating significant access barriers for a significant number of Canadians who do not have workplace coverage. A protected funding framework that includes all evidence-based mental and substance use health therapies would move Canada from patchwork arrangements toward a reliable public guarantee of care that aligns mental and substance use health with physical health in practice, not only in principle.

3. Equity-Focused Implementation

Prioritize interventions for 2SLGBTQIA+, First Nations, Métis and Inuit (FNMI) peoples, Black and racialized populations and members of linguistic minority communities during implementation including access to bilingual services. Parity gaps are most visible among marginalized communities, including First Nations, Métis and Inuit peoples, Black and racialized populations, refugees, and 2SLGBTQIA+ youth, who face layered barriers to care and worse health outcomes. International experience (e.g., UK reforms aimed at tackling racial inequalities) shows that parity policies that ignore structural inequities can inadvertently widen gaps rather than close them. Focusing implementation on communities most harmed by current parity failures ensures that supports advance substantive equality as well as increase access for everyone.

4. Workforce Development

Address shortages through targeted recruitment and retention policies such as paid practicums and student loan forgiveness programs. The three comparator countries included in the research in this paper (Canada, Australia, UK) have documented acute mental health workforce shortages, worsened by specialization patterns that marginalize mental and substance use health training. In Canada, shortages of social workers and other non-physician providers contribute to long wait lists, fragmented services, and unmet needs, even when funding is available. Targeted recruitment and retention strategies, such as paid practicums, loan forgiveness, and improved working conditions, are essential to ensure there is an adequate workforce to deliver parity-aligned services across urban, rural, and remote communities. Further, robust workforce studies are crucial to understanding the current and future need for mental and substance use health providers. Meeting these needs must align with the equity focused considerations noted above as well as Canada's responsibilities as a bilingual country.

5. Community and Digital Innovation

Expand community-based services and e-health with robust equity safeguards as ways to increase accessibility. Canada's mental and substance use health system is currently a mix of employer benefits, non-profit services, and limited public coverage, which produces long waits and gaps in access; community-based and digital services are key vehicles to reach people who fall through these cracks. E-health services can expand reach, especially for remote or underserved communities, but without equity safeguards it risks deepening the digital divide and reproducing offline structural harms in online environments. A parity-oriented approach requires investment in community and digital innovations that are explicitly designed to reduce inequities, not simply add new modalities for those already well served.

6. Cross-Sectoral Integration

Coordinate policies spanning housing, employment, and criminal justice to address the social determinants of health that sustain all dimensions of good health. Mental and substance use health outcomes are heavily shaped by social determinants such as housing, employment conditions, income security, and interactions with the criminal justice system. Canada's under-funded and fragmented mental and substance use health system intersects with housing shortages, precarious work, child welfare and criminalization of substance use, producing cascading harms for individuals and communities. Coordinated policies across health, housing, employment, and justice sectors are essential for genuine parity, because mental and substance use health cannot be stabilized in isolation from the social environments that sustain or undermine it.

Conclusion

Mental and substance use health parity must not remain an aspirational goal in Canada. Achieving genuine parity requires moving beyond rhetoric to concrete action: protected funding, integrated governance, and a relentless focus on equity. Ensuring high-quality mental and substance use health care is a fundamental matter of justice and essential to the collective well-being of all Canadians.

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