

# BETTER ACCESS AND SYSTEM PERFORMANCE FOR MENTAL HEALTH SERVICES IN CANADA

July 2020

CANADIAN ALLIANCE  
ON MENTAL ILLNESS  
AND MENTAL HEALTH



ALLIANCE CANADIENNE  
POUR LA MALADIE MENTALE  
ET LA SANTÉ MENTALE

## 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 care providers and not-for-profit organizations that represent people with mental illness, their families and caregivers.

While CAMIMH has spoken about the need to reduce the stigma and discrimination associated with mental illness, now is the time to focus on how Canadians get better access to the mental health services and supports they need.

## VISION

A Canada where everyone enjoys good mental health.

## MISSION

CAMIMH advocates for a Canada where all who live with mental illness and mental health issues, their families and caregivers, receive timely and respectful care and supports in parity with physical health conditions.

## Summary of 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 proportionate to mental health's burden of disease.

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



## MENTAL HEALTH ACTION PLAN

### I. Guiding Principles

CAMIMH is committed to a National Mental Health Action Plan rooted in the following principles:

1. Mental illness and mental health issues must be considered within the framework of the determinants of health, recognizing the important links between psychological, social and biological health.
2. Given the prevalence and impact of mental illness and mental health challenges – individual and family suffering, the toll on the workplace and economies, suicide and the increased use of health, justice and social services – governments, regional health authorities and health planners must increase access to mental health services to a level proportional to the burden on individuals, families and society.
3. Mental health promotion and the treatment of mental illnesses must be timely, continuous, collaborative, culturally safe and appropriate, and integrated across the life cycle (from children to seniors) as well as across the continuum of care (from tertiary to home/community care). Prevention, promotion and treatment must be augmented by social supports.

***“85% of Canadians say mental and physical health care are equally important.”***  
**- Nanos Research, 2019 <sup>iv</sup>**

### II. Mental Health Action Plan Recommendations

#### 1. Responding to the COVID-19 Global Pandemic

CAMIMH would like to thank the leadership that has been provided by the federal, provincial and territorial governments in responding to the COVID-19 global pandemic. Clearly, we are living in uncharted times which require an unprecedented and coordinated response. While we continue to stay home and/or practice physical/social distancing, and look to brighter days as we re-open the economy in stages, isolation, job loss and security, 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 that long after we return to some semblance of normal life, the mental health impacts of the pandemic on Canadians will remain.

CAMIMH congratulates the federal government for announcing *Wellness Together Canada*, and other programs unveiled by the provinces and territories that will provide guidance and information about coping with the mental health impacts of COVID-19 to many Canadians. However, more specialized and individual care will be needed by those Canadians with pre-existing mental health conditions and by those who develop them as a result of the psychosocial and economics stressors of COVID-19. This also recognizes that many are currently experiencing long waits to access mental health care.

**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.

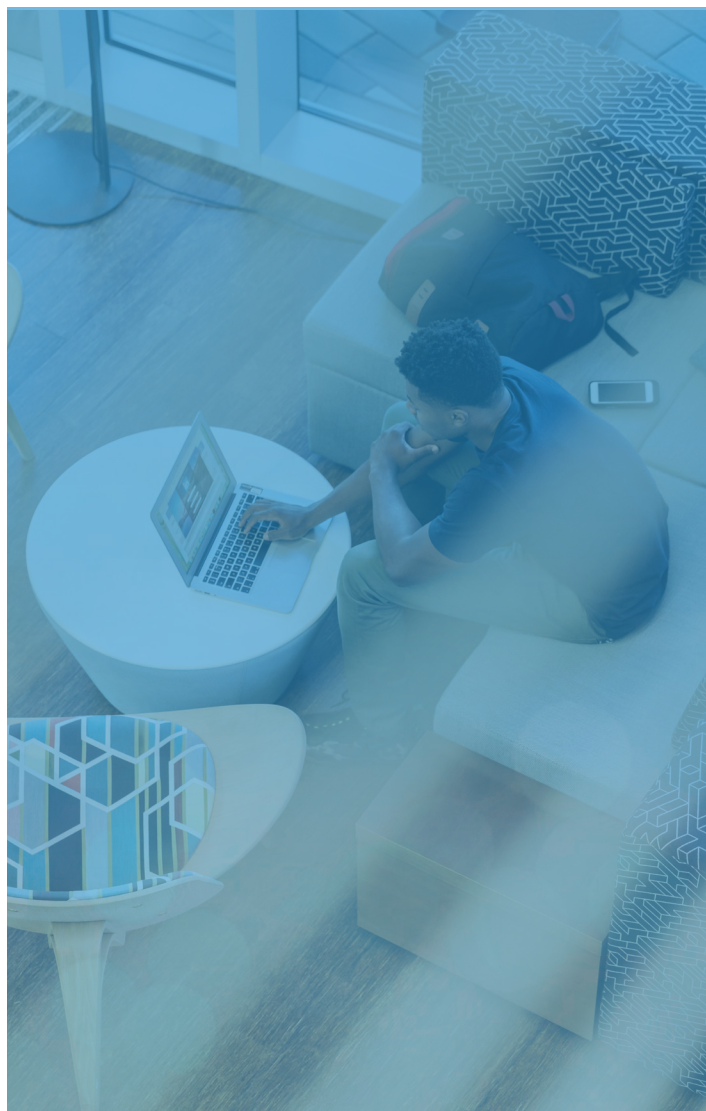
Both now and into the future, Canadians will need more and not less mental health care. CAMIMH stands ready to work with all levels of government to find sustainable solutions that keep Canadians mentally as well as physically healthy; our success as a country depends on it.

## 2. Establishing National Standards for Access to Mental Health Services<sup>i</sup>

In its December 5, 2019, Speech from the Throne, the federal government committed to “strengthen health care and work with the provinces and territories to make sure all Canadians get the high-quality care they deserve”. This was further clarified in the Prime Minister’s Mandate Letters to several ministers directing that they “set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it”<sup>ii</sup>.

CAMIMH strongly supports the federal government’s commitment to establish a legislative framework to ensure Canadians have timely access to a range of recovery-oriented mental health services and supports that recognizes the long overdue need for funding parity between mental health and physical health. The development of national standards is inextricably linked to an appropriate and sustainable level of federal funding. While these standards could be enshrined in an amended Canada Health Act, CAMIMH has also proposed<sup>iii</sup> that they could be embodied through the introduction of a **new 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; and (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 on Shared Health Priorities** and recent indicator development for mental health and addictions led by the Canadian Institute for Health Information (CIHI)<sup>v</sup>.



“Prolonged isolation and physical distancing can lead to increased depression, anxiety, suicidal crises, domestic crises and violence.”

CAMIMH is eager to work with the federal, and provincial and territorial governments as well as stakeholders across the country to create a consensus definition of “national standards” to improve mental health for all Canadians.

**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.

### 3. Federal Fiscal Framework for Mental Health

With the release of its action plan Mental Health Now! (2016)<sup>vi</sup>, CAMIMH took the position that provincial and territorial governments should invest a minimum of 9% of their public health expenditures into mental health programs and services.

*“In Canada, the estimated \$15.8 billion spent by the public and private sectors in 2015 on non-dementia-related mental health care represented approximately 7.2% of Canada’s total health spending (\$219.1 billion). This spending is well below that of other western countries. By comparison, the National Health Service in England spends 13% of its health spending on a similar set of services (OECD, 2014).”*

**- Mental Health Commission of Canada <sup>xx</sup>**

CAMIMH understands that the provinces and territories are stewards of their respective health systems. We also understand that there is a well-established and essential role for the federal government to financially assist the provinces and territories in meeting their responsibilities through the Canada Health Transfer (CHT).

*“2.3 million Canadians (43.8%) felt that their needs were either unmet (some care was needed but none was received), or only partially met (some care was received but was not sufficient). Unmet needs were reported by 1.1 million Canadians, and a similar number (1.2 million) reported partially met needs.” 56.2% ( or around 3 million people) reported that all of their needs were fully met”*

**- Statistics Canada <sup>xxi</sup>**

Provincial and territorial leaders<sup>vii</sup> have long called on the federal government to contribute at least 25%<sup>viii</sup> of provinces’ and territories’ expenditures on health, notably by way of the CHT. CAMIMH shares this view. Based on our calculation of estimates<sup>ix</sup> from Finance Canada and CIHI’s National Health Expenditure Database (NHEX), the federal contribution in 2019-2020 is estimated at 21.8% of Provincial-Territorial government expenditures on health (including mental health, home care and community care services, described below).

In 2016, CAMIMH called on the federal government to increase its annual federal investment in mental health by a minimum of \$777.5 million. In 2017, CAMIMH applauded the federal government for providing an additional \$11 billion dollars over 10 years to the provinces and territories, of which \$5 billion (or, on average, \$500 million annually) is earmarked for mental health and addiction services via a series of bi-lateral agreements. This federal investment is an important step forward in assisting the provinces and territories to accelerate the transformation of their health systems.

However, additional investment is needed to fill gaps in care and address unmet mental health needs reported by Canadians (see the above text box).

Specifically, the federal government should increase its recent cash commitment by a minimum of \$277.5 million – with an understanding that there may be future federal-provincial-territorial discussions regarding the federal government's financial contribution for mental health with an appropriate escalator.

**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.

#### 4. Support for Evidence-Based Decision-Making

When it comes to supporting effective decision-making in mental health practice, education, training and a recovery-orientation<sup>xi</sup> are crucial to achieving the best possible outcomes for people.

At the program, policy and systems level, health system performance indicators and real-time health expenditure information are an absolute requirement. CIHI is playing a strong leadership role<sup>xii</sup> in developing mental health and addiction performance indicators with provinces and territories. However, more needs to be done to have an accurate and up-to-date picture of federal, provincial and territorial mental health expenditures across the public and private sectors, by category of expenditure. Currently, little if any information on mental health needs and services provided by the private sector is captured by CIHI; a notable gap since so much of mental health service (e.g. psychologists, social workers, counsellors) is delivered in the private sector. CAMIMH understands the power of a comprehensive dataset in contributing to effective system-based policy decisions.

This information will provide guidance to all levels of government, and others, in ensuring that parity between physical and mental health can be achieved (for the federal government this would include Indigenous populations, veterans and Canadian Forces, federal inmates, and public servants). It would also support the three actions agreed to by federal-provincial-territorial ministers of health in 2018: “Expanding access to community-based mental health and addiction services for children and youth (age 10 to 25), recognizing the effectiveness of early interventions to treat mild to moderate mental health disorders;

- Supporting access to evidence-based models of community mental health care and culturally-appropriate interventions that are integrated with primary health services; and
- Expanding availability of integrated community-based mental health and addiction services for people with complex health needs<sup>xiii</sup>.”

**“89% of Canadians say increasing funding to improve access to mental health care professionals (including psychologists and counsellors) should be a high (59%) or medium (34%) priority”**

**- Nanos Research<sup>xiv</sup>**

To accelerate the work in this area, CAMIMH supports additional investments in CIHI to bring together the appropriate stakeholders that can assist in developing a robust national mental health expenditure data series that covers both the public and private sectors.

**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.

#### 5. National Universal Pharmacare

The Minister of Health's mandate letter directs her to: “[c]ontinue to implement national universal pharmacare, including the establishment of the Canada Drug Agency, and implementing a national formulary and a rare disease drug strategy to help Canadian families save money on high-cost drugs”.

CAMIMH fully supports the federal government's policy objective to provide 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 health insurance or public funding through disability support.

As noted by the Canadian Mental Health Association (CMHA), the costs of prescribed medications lead Canadians with mental disorders to skip doses of medication, delay refilling prescriptions, not fill them at all or skip other basic life necessities so that they can fill their prescriptions<sup>xv</sup>. CAMIMH believes a national universal pharmacare program for Canada is critical to redressing this problem.

As the federal government considers how to implement a national universal pharmacare program, it will be important to anticipate any unintended policy consequences. Specifically, 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.

Concern has been expressed by CAMIMH members that a shift in coverage for prescription drugs from employer-sponsored supplementary benefit plans to the public sector might reduce the breadth and depth of coverage for other health benefits currently offered by these plans, including psychological treatments for mental disorders.

The services of psychologists, social workers and other mental health providers working in communities are not covered by provincial and territorial health systems and any change to their coverage by the private sector could make accessibility to them worse for Canadians – not a good outcome when all agree that access to mental health care should be improved.

**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.

## 6. Mental Health Research

The federal government, via the Canadian Institutes of Health Research (CIHR), is the dominant funder for publicly-funded health research in Canada. As part of the structure of CIHR, it has created the Institute for Neurosciences, Mental Health and Addiction (INMHA). While INMHA is the lead funder within CIHR for mental health and addiction, CAMIMH recognizes the important role of other Institutes in advancing the science of mental health and wellness of Canadians (e.g., Aging; Human Development, Child and Youth

Health; Gender and Health; Indigenous Peoples' Health; Population and Public Health; Health Services and Policy Research).

CAMIMH remains concerned about CIHR's current level of funding for mental health research, as well as its distribution across all Institutes and the four pillars of biomedical, clinical, health systems services and population health. According to research published in 2019<sup>xvii</sup>, 24% of overall disability-adjusted life years (DALY) burden is caused by mental, neurological, substance use disorders and self-harm. At a minimum, CAMIMH would like to see CIHR allocate a level of funding to mental health research that is proportionate to the burden of disease. This issue takes on added importance given the current and impending impacts of the COVID-19 global pandemic. Research is the oxygen of an evidence-based health system, and mental health research should be funded at an appropriate level.

**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 proportionate to mental health's burden of disease.

## III. Conclusion

Canada continues to experience a growing demand for appropriate mental health services and programs. Consistent with recommendations we made in 2016<sup>xix</sup>, CAMIMH believes that all people in Canada deserve timely access to the right combination of evidence-based services, treatments and supports – when and where they need them from health and service providers trained and licensed to deliver them.

More thought needs to be given to how our provider-based health systems can become client and service-based – delivering the right service from the right provider to the right person at the right time and place. More thought and planning also needs to be given to the number of providers, how they are organized and where they should practice. This will require developing more comprehensive methods to assess need and examining how high quality, evidence-based care is delivered, including the funding and models to support their delivery.

Finally, there needs to be a focus on providing education and training to health providers and licensed health professionals on how to implement recovery-oriented interventions in everyday practices.

Additional federal investments in a dedicated mental health transfer are needed to support the delivery of team-based care where it is most clinically and cost-effective. Attention must be paid to the fact that while mental health care is often most effectively delivered in primary care settings, health care providers other than physicians are more often accessible in tertiary care settings than in primary ones. These investments will also support a stronger focus on illness prevention and mental health promotion, as well as better coordination of care and funding dedicated to social spending and mental health care, including specialized services aimed at addressing mental illness. Moreover, the effective management of severe, persistent and recurrent mental illness depends on a team of providers, peer support, patients and families working together across the continuum of care and across a person's life.

Ultimately, an expanded use of collaborative, team-based care that includes both health treatment as well as social and peer supports, has the potential to substantially increase the capacity of the system to see more patients across the lifespan and deliver care where and when they need it.

As part of its Mental Health Action Plan, CAMIMH looks forward to discussing, refining and implementing these recommendations with stakeholders over the next few years, as we seek to make meaningful, evidence-based changes to policies and programs in support of people across Canada.



**“CAMIMH believes that all people in Canada deserve timely access to the right combination of evidence-based services, treatments and supports”**

## Endnotes

<sup>i</sup> Mental health services includes appropriate recovery-oriented programs, support, services and care aimed at preventing poor mental health, mental illness and substance misuse, as well as promoting recovery from mental illness and addictions.

<sup>ii</sup> Minister of Health, Deputy Prime Minister, Minister of Inter-Governmental Affairs, Minister of Finance, and Minister of Seniors

<sup>iii</sup> CAMIMH, Mental Health Now! Advancing the Mental Health of Canadians: The Federal Role, September 2016, p. 2.

<sup>iv</sup> Nanos Research, Three in four Canadians say mental health care is an important priority for them; over six in ten report they or someone they know has experienced a mental health problem or illness, survey conducted for Mental Health Commission of Canada, September 2019, p. 8.

<sup>v</sup> CIHI, A Canadian first: CIHI to measure access to mental health and addictions services and to home and community care Health ministers endorse pan-Canadian indicators of access, July 3, 2018.

<sup>vi</sup> CAMIMH.ca [Click here](#)

<sup>vii</sup> See, notably, Conference of Provincial-Territorial Ministers of Health, January 20, 2016, and Premiers' Meeting, January 23, 2003, Also see: Canada's Premiers, "Premiers Committed to Healthcare Sustainability, Call on Federal Government to be Full Partner," July 11, 2019.

<sup>viii</sup> For a historical description of the so-called 'Romanow Gap', please see Government of Canada, New Federal Investments on Health Commitments on 10-Year Action Plan on Health, and Government of Canada, The Budget Plan, p. 69.

<sup>ix</sup> Canada.ca - Government of Canada Major federal transfers [Click here](#)

<sup>x</sup> While this funding could have been transferred to the provinces and territories via the CHT, CAMIMH strongly recommended the creation of a Mental Health Transfer or dedicated envelope to maximize transparency, accountability and impact. According to the Canadian Institute for Health Information, in 2015 total public health spending amounted to \$155.5 billion. An increase from 7% to 9% in public health spending for mental health comes to \$3.11 billion; 25% of that total is \$777.5 million.

<sup>xi</sup> See notably MHCC, Guidelines for Recovery-Oriented Practice: Hope. Dignity. Inclusion, see also World Health Organization, Mental Health Action Plan: 2013-2020, paras. 50, 67, 88 and pp. 26 and 39.

<sup>xii</sup> CIHI, Shared Health Priorities, May 30, 2019

<sup>xiii</sup> Canada.ca - Government of Canada A Common Statement of Principles on Shared Health Priorities [Click here](#)

<sup>xiv</sup> Nanos Research, Three in four Canadians say mental health care is an important priority for them; over six in ten report they or someone they know has experienced a mental health problem or illness, survey conducted for Mental Health Commission of Canada, September 2019.

<sup>xv</sup> Canadian Mental Health Association. CMHA responds to government of Canada announcement on advisory council on the implementation of national pharmacare. June 22, 2018.

<sup>xvi</sup> Merali Z, Gibbs K, and Busby K: Mental health needs more than private donations. *Globe and Mail*, January 29, 2018,

<sup>xvii</sup> Vigo, D., Jones, L., Thornicroft, G., & Atun, R. (2020). Burden of Mental, Neurological, Substance Use Disorders and Self-Harm in North America: A Comparative Epidemiology of Canada, Mexico, and the United States. *The Canadian Journal of Psychiatry*, 65(2), 87–98.

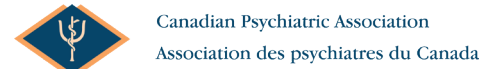
<sup>xviii</sup> Biomedical; clinical; health systems services; and population health.

<sup>xix</sup> CAMIMH, Mental Health Now! Advancing the Mental Health of Canadians: The Federal Role, September 2016.

<sup>xx</sup> Mental Health Commission of Canada, Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations, March 2017, p 20.

<sup>xxi</sup> Source: Statistics Canada, Mental health care needs, 2018, October 2019

# CAMIMH MEMBERS



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