



**Canadian Mental
Health Association**

**Association canadienne
pour la santé mentale**

Parliamentary Submission to the Standing Committee on Finance

House of Commons

2017 Pre-Budget Consultations

Submitted by:

**Canadian Mental Health Association
www.cmha.ca**

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August 5, 2016

The Honourable Wayne Easter, PC, MP
Chair, Standing Committee on Finance
Sixth Floor, 131 Queen Street
House of Commons
Ottawa ON K1A 0A6

Submitted via email: finapbc-cbp@parl.gc.ca

Dear Mr. Easter,

We are pleased to provide this submission for the committee's 2017 pre-budget consultations.

The Canadian Mental Health Association (CMHA) is a nationwide, voluntary organization that promotes the mental health of all Canadians through advocacy, education, research and service. Our submission reflects the insight and expertise of our more than 10,000 volunteers and staff in over 120 communities across the country.

One-in-five people – or 6.7 million Canadians – will experience a mental health issue in their lifetime.

Under the leadership of Prime Minister Justin Trudeau, the Government of Canada has set some important goals to improve mental health in areas of federal responsibility. These goals include working with the provinces and territories on a Health Accord, improving outcomes for Indigenous Peoples, making services more accessible for veterans and Canadian Forces personnel, and increasing access to healthy workplace programs for federal public servants.

CMHA supports these goals and we are ready to become a collaborative partner in making the government's vision a reality. Our pre-budget submission outlines a number of innovative, cost-effective solutions that will address the mental health and addiction problems adversely affecting Canadian communities, families and workplaces.

CMHA would also like to appear before the committee to explain our submission in greater detail.

Thank you for your attention to these important matters. I look forward to meeting with the committee in person.

Sincerely,



Dr. Patrick Smith
CEO

CANADIAN MENTAL HEALTH ASSOCIATION

2017 PRE-BUDGET SUBMISSION

August 5, 2016

1. Overview

When Canadians are in good physical and mental health, they are able to work better, be more productive, and contribute more fully to our economy while living healthier, happier lives.

*Prime Minister Justin Trudeau
Mandate Letter to Cabinet Ministers, 2016*

CMHA applauds Prime Minister Trudeau for making mental health one of the government's top priorities for Canada's health agenda, as outlined in his mandate letter to the federal Minister of Health.

Mental illness including addictions affects the entire country – nearly every Canadian community, family and workplace.

The biggest challenge facing Canadians with mental health issues is *timely access to care*. Waiting times are an ongoing problem. A 2015 *Globe and Mail* series on mental health, "Open Minds," reported that wait lists for psychotherapy and other services were continuing to grow. For example in 2015, 6,000 Canadian children waited one year for treatment. Only one year later, in 2016, that number has doubled to 12,000.

At the same time, regional disparities in service persist, and Canada's most vulnerable communities – including First Nations communities – often experience the most troublesome outcomes.

While increased government commitments have led to progress in recent years, the need for quality mental health and addiction services persists. Looking across the sector, we see:

- The current funding model is not maximizing our resources;
- Institutional care costs are higher than they should be; and
- Failing to invest in community programs and services today will result in higher costs in the future.

These conditions place considerable strain on our healthcare, justice and social service systems, as well as keeping us from meeting our economic and social objectives.

2. Mental Health in Canada

Our Families. Our Communities. Our Society. Our Economy.

Mental health and addictions struggles impact Canadian families, communities, society and economy.

Mental illness including addictions affects all parts of Canadian society.

1-in-5 Canadians – or 6.7 million people – will experience a mental health issue within their lifetime.

No one is immune. Mental illness occurs across the life span, regardless of gender, race, sexual orientation or religion, impacting families, workplaces and relationships.

It affects Canadians of all ages. More than 28 percent of Canadians aged 20-29 will experience mental illness, and, by age 40, that number rises to more than 50 percent.

Addiction is equally prevalent. Among the 6.7 million Canadians experiencing a mental health issue, addiction is the second most common condition.

Mental illness including addictions has a negative impact on Canada's economy.

Mental illness and addictions also impact Canada's economy, taking a toll on employees, workplaces and their productivity levels, while increasing absenteeism and disability rates.

In 2015, among industrialized countries, mental illness and addictions cost an estimated 3-4 percent of the Gross Domestic Product (GDP). From the Canadian perspective, the Mental Health Commission of Canada reported mental health problems had a total cost of \$51 billion or 2.8 percent of our 2011 GDP. Of this total, \$20 billion is attributed to workplace problems, and more than \$6 billion in potential productivity is lost to absenteeism. Looking ahead 30 years, mental illness and addictions are projected to cost Canada's economy \$2.5 trillion per year.

Mental illness and addictions lead to significant healthcare costs.

Mental illness including addictions lead to significant healthcare costs. Depression is the number one reason Canadians visit a physician. At 24 percent, it's the same rate as high blood pressure. Similarly, over one-third of hospital stays are for mental disorders.

First Nations are especially vulnerable.

Tragically, the suicide rate of First Nations youth is 5 to 6 times higher than non-Native youth. Suicide rates for Inuit youth are among the highest in the world at 11 times the national average.

The broader public sector is also affected.

People suffering from mental illness or addictions are more likely to use social services, justice or other health care services.

Marginalized or lower socio-economic communities are high-risk.

Research shows that Canadians in lower income areas have a higher risk of developing a mental illness. 40 percent of male offenders require further assessment for psychological conditions. Studies in Canadian cities show that 23 to 67 percent of homeless people also suffer from mental illness.

3. Areas of Federal Responsibility

The federal government plays a key role as a leader, partner and service provider in ensuring quality mental health services for all Canadians. Looking at the range of federal responsibility, we can see some areas where the government can provide both leadership and innovative service delivery.

Indigenous Peoples – First Nations communities are particularly vulnerable to the effects of mental health and addictions. In his mandate letters to ministers, Prime Minister Trudeau states: “No relationship is more important to me and to Canada than the one with Indigenous Peoples. It is time for a renewed, nation-to-nation relationship with Indigenous Peoples, based on the recognition of rights, respect, cooperation, and partnership.” CMHA applauds the Prime Minister for making this a priority.

Veterans and Canadian Forces (CF) Personnel – Our Canadian Forces – both serving members and veterans – dedicate their lives to serving Canada. They deserve our respect and care. We commend the federal government for recognizing this, as Prime Minister Trudeau’s mandate letter to the Minister of Veterans Affairs directs the minister to: “Provide greater education, counselling and training for families who are providing care and support to veterans living with physical and/or mental health issues as a result of their service.”

Criminal Justice – The Correctional Investigator of Canada has reported annually on the problematic treatment of federal inmates. In fact, the rate of federal offenders being admitted with mental health problems has increased by 60-70 percent since 1997. Consequently, the Minister of Justice has been directed to review how inmates with mental illness are treated and how to restrict the use of solitary confinement. It is imperative that Canada improve the care inmates receive in federal institutions.

Federal Public Servants – We endorse the federal government’s decision to adopt the Mental Health Commission of Canada’s *National Standard for Psychological Health and Safety in the Workplace*. In 2014, Treasury Board doubled its coverage for psychological services offered to its employees and their families through their extended health insurance program.

In each of these areas, CMHA is ready to act as a partner with the federal, provincial and territorial governments, providing advice on programs that are affordable, effective and easily expanded to other regions of the country. Section 5 outlines key examples of these innovative and promising solutions.

4. Recommendations and Rationale

In collaboration with our partners and branches across Canada, CMHA has developed a set of recommendations on funding, structure, innovations, system performance and health outcomes.

CMHA is also an active member of the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), a nationwide alliance of 16 mental health providers and organizations committed to engaging Canadians in conversations about mental health and mental illness, and creating a Canada where everyone benefits from quality mental health. CAMIMH recommendations are outlined in its comprehensive policy paper.

CMHA endorses those CAMIMH recommendations, and our points outlined below overlap with the CAMHMI positions.

Recommendation 1

Increase government spending on mental health from 7.2 percent to 9 percent of overall health spending.

Government funding for mental health has not kept pace with Canadians' needs for services and support. A decade has passed since *Out of the Shadows at Last* (Mental Health Commission of Canada, 2006) identified the need for \$5.3 billion in new investment.

But increases to healthcare funding have not been felt in the mental health sector. For example, *per capita* funding for health care increased \$187.51 since 2004.¹ During that period, however, mental health services only received \$5.22 per capita.

Unfortunately, those shortfalls persist.

The good news is that investing in the future of Canadians' mental health is affordable.

In its 2012 Mental Health Strategy, *Changing Directions, Changing Lives*, the Mental Health Commission of Canada (MHCC) recommended increasing mental health funding from 7.2% to 9% of overall health spending. The federal government would contribute 25% of this amount – an additional \$777.5 million per year – to help provinces and territories improve access to mental health programs and services.

Recommendation 2

Increase social spending directed at mental health by 2 percentage points over current levels.

Investing in social infrastructure will help address the social determinants of mental illness, including poverty reduction, basic income policy, and homelessness. That's why the MHCC report also recommends increasing social spending directed at mental health by 2%.

¹ Canada's *per capita* health spending was \$5,948 in 2012 (Canadian Institute for Health Information (CIHI)).

One of the most successful programs is the At Home/Chez Soi program on homelessness.

Recommendation 3

Establish a five-year, \$100 million Mental Health Innovation and Transition Fund.

The mental health and addictions sector currently has a number of innovative solutions in varying stages of development – some programs are still being researched, others are undergoing trials, while some have been proven effective and are being rolled out to wider audiences. However, Canada needs an initiative to harness these promising and proven innovations and accelerate their widespread adoption.

To that end Canada should establish a five-year, \$100 million Mental Health Innovation and Transition Fund. Over the next five years, this fund should match the per capita investments made in health services since 2004.

Recommendation 4

The federal, provincial and territorial governments collaborate with the Canadian Institute for Health Information (CIHI) and the Canadian Life and Health Insurance Association to develop a comprehensive picture of how mental health services are delivered in Canada.

Planning for the future requires a detailed understanding of the system. It requires data on benchmarks, performance indicators, trends, and outcomes.

Unfortunately, we lack data on mental health services provided outside hospitals or other public health institutions. These include community-based services, psychologists, social workers or counsellors where the patient pays out-of-pocket or through private insurance.

Going forward, we need a system to facilitate better measurement, management and monitoring of mental health system performance. Organizations such as CMHA can help identify the data needs, but we need an overarching, national system to collect data from the disparate parts.

Recommendation 5

Establish a national Expert Advisory Panel on Mental Health to provide Canada-wide engagement and perspectives on the challenges and opportunities that accompany improving access to mental health services.

Good public policy depends on the ability to harness expertise and experience, turning those valuable insights into best practices, targeted investments and national standards.

Recommendation 6

Introducing legislation via a Mental Health Parity Act to demonstrate that mental health is valued equally to physical health.

Health care discussions tackle many serious conditions, and our publicly-funded health care systems provide a remarkable service for Canadians.

However, mental health issues are too often overlooked or perceived as unconnected to the broader health system. In truth, mental health is a central part of Canadians' overall health and a major area of responsibility for our government health care systems.

5. Innovative Programs for Improving Access to Effective Care

Innovative. Informed. Inspiring.

Looking ahead to fall 2016, CMHA anticipates that the federal government will begin discussions with the provinces and territories on a Health Accord. As Canadian leaders approach these discussions, CMHA is well-positioned to help them identify innovative programs that are proven:

- Effective at improving the mental health of Canadians;
- Cost-effective to implement and deliver; and
- Easy transferred to new regions.

The programs described here can also help the federal government deliver better services in areas of federal responsibility, including:

- Ensuring better access to mental health in First Nations, the Metis Nation, and Inuit communities;
- Making it easier for veterans to access mental health services; and
- Improving healthy workplace programs for federal employees.

Bounce Back: Reclaim Your Health

Bounce Back: Reclaim Your Health is an evidence-based program offering Cognitive Behavioural Therapy (CBT) to patients experiencing mild to moderate depression and anxiety. The program is delivered by peer coaches through telephone sessions, meaning that a professional psychologist or other clinician is not required.

Bounce Back is *self-directed* as patients direct the care and frequency required. Professional psychologists are not required.

Increased use in Canadian communities

This free skill-building program, developed by Dr. Chris Williams at the University of Edinburgh, has already expanded among Canadian communities. The program was originally brought to British Columbia in 2008, funded by the BC Ministry of Health, Integrated Primary and Community Care. B.C. Doctors bestowed the program with the “Excellence in Health Care” award, identifying it as an effective and valuable tool for their patients.

In 2014, Bounce Back expanded to Ontario when the Central Ontario LHIN made it available to residents and practitioners in Ontario.

Aligning with key objectives

Bounce Back aligns with clinical best practices and government objectives, including:

- Patient-Centred Care
- Evidence-Based
- Accessible
- Timely

- Effective
- Equitable
- Cost-Effective

Going forward, there is a real opportunity to help Canadians by expanding Bounce Back to communities throughout the country.

Living Life to the Full

“Living Life to the Full” is a fun and engaging course that provides people from all walks of life with effective tools to maximize their ability to manage life’s challenges. Like Bounce Back, the group-based course is based on Cognitive Behaviour Therapy (CBT) by focusing on understanding how thoughts, feelings, and behaviours work together to impact well-being.

The program consists of 8 sessions, once a week, with booklets and handouts on different topics such as understanding unhelpful thoughts, engaging in enjoyable activities, coping with anger, and solving daunting problems.

Living Life to the Full is delivered by trained and certified facilitators. It’s not a replacement for therapy or counselling, but it is a practical, accessible, affordable and easily-shared solution that provides participants with the knowledge and skills needed to cope with daily challenges.

Living Life to the Full is intended for all ages, and is available in both English and French.

Mental Health Caregiver Guide

Over half-a-million Canadians act as caregivers to people living with mental health problems or illnesses. It’s a demanding role that requires knowledge, skills, a support network, stress management techniques, self-care, and a considerable amount of selfless energy.

Recognizing this need, some organizations in the mental health and public health sectors began collaborating on **The Mental Health Caregiver Guide** – an important new national resource meant to support caregivers of people of all ages who are living with mental illness, or experiencing mental health challenges.

The Guide was developed through collaboration among Ottawa Public Health (OPH), Mental Illness Caregivers Association (MICA), Military Family Services (MFS), Canadian Public Health Association (CPHA) and the Canadian Mental Health Association, both the Ottawa branch and the national office.

The Guide has already made an impact across the country as several agencies have asked permission to use the Guide. They include:

- Winnipeg Family Resource Centre
- A regional hospital in New Brunswick
- An addictions agency in Rimouski, Quebec
- City of Toronto, Health Promotion Department

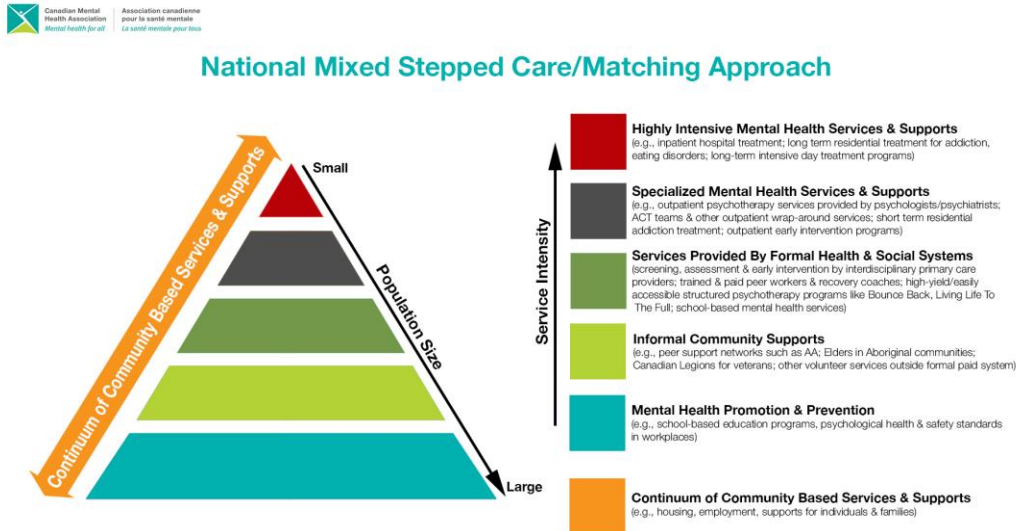
- Cornwall Public Health
- CMHA branches across the country

6. Mixed Stepped Care / Patient-Matching Approach

CMHA recommends that the federal government support our efforts to fully realize a *Mixed Stepped-Care/Patient-Matching Approach* for Canada's mental health system.

This approach covers the entire range of mental health services and supports in a tiered structure. It is based on assessment of need, and designed to meet people's needs in the least intensive, least intrusive way while being both effective and affordable. The model ensures that the most intensive services are reserved for those who truly need them, while those with lesser needs can take advantage of the more accessible, low-cost interventions such as *Bounce Back* or *Living Life to the Full*.

The diagram below outlines the concept.



The *Mixed Stepped-Care/Patient-Matching Approach* outlines the levels of services in a series of tiers.

The model begins with the Foundation Tier, which includes voluntary community-based services along with health promotion and prevention.

As a patient's needs increase, they move up the tiers towards higher specialization and greater resources.

Across all the tiers there is a full continuum of community-based services and supports – including housing, employment, individual and family supports.

This continuum allows individuals to receive support in the community and thrive in recovery. It also permits individuals, as they increase their capacity, to move from “high supports” to “no supports,” giving people the opportunity to achieve maximum

independence while contributing meaningfully to Canadian society.

Each individual's goal is to have the full developmental continuum of services and supports so that we minimize their need for the higher tiers of services.

The tiers are not stand-alone solutions. For example, it is important to understand that:

Individuals may move between tiers

- Based on assessment of need, an individual may receive services at a higher intensity again, based on their clinical acuity and complexity

Individuals may receive services on multiple tiers

- Individuals with moderate problems or severe and persistent problems may be receiving services from more than one tier. For example, they would benefit from community based supports in Tier 1, also followed by an informed primary care team in Tier 3, while involved in more specialized services in Tier 4.

The highest intensity services are there if they are needed

- From time to time, if there is a crisis or clinical need, they may need to be hospitalized or receive other highly specialized services in Tier 5.

Relieving Pressure on the Higher Intensity Services

In Canada today, the Tier 4 and 5 services are over-utilized, mainly because of a lack of investment in Tiers 2 and 3. This situation is costly to the health care system and does not support recovery.

Increased resources for Tiers 2 and 3 would promote the widely-accessible, low-cost interventions such as *Bounce Back* or *Living Life to the Full* and relieve this pressures on the upper tiers.

Greater investment in Tiers 2 and 3 – along with continual access to interdisciplinary primary care and the housing and employment supports along the continuum – means that there will be less demand for Tier 4 and 5 services, allowing those services to focus on those who truly need them.

Giving Canadians Healthier and Happier Lives

Our CEO, Dr. Patrick Smith, looks forward to meeting the committee and exploring this submission in greater detail.

As Prime Minister Trudeau and the federal government engage the provinces and territories on a new Health Accord, CMHA is available as a collaborative partner to help Canada's leaders meet their objectives of giving Canadians healthier, happier lives.

For more information, please contact the CMHA National office.

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