Canadian Mental Health Association
Mental health for all

Association canadienne pour la santé mentale
La santé mentale pour tous

Investing in community

Written Submission for Pre-Budget Consultations in Advance of the 2024 Federal Budget

August 2023

About the Canadian Mental Health Association

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health network in Canada. Through a presence in more than 330 communities across every province and the Yukon, CMHA employs 7,000 staff and engages 11,000 volunteers, to provide advocacy, programs and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive.

Recommendations

Recommendation 1: That the government provide $950 million over 5 years to create a "Care after the Call" Fund for crisis prevention and response services in communities.

Recommendation 2: That the government adequately fund the Canada Disability Benefit.

Recommendation 3: That the government provide $100 million over 2 years to create a fund for the caregiving sector.

INTRODUCTION

Governments increasingly understand that there is no health without mental health. One third of people in Canada will experience a mental illness or substance use disorder during their lifetime.[1] And yet, millions of Canadians cannot get the mental health care they need to be well. The 2023 federal budget included new health accords and a top-up to the Canada Health Transfer to help improve mental health care for Canadians. These investments provide new and expanded resources for hospitals and physicians and will integrate mental health and substance use specialists into health service teams.

However, hospitals and doctors alone were not set up to carry the full weight of mental health care. Hospitals are meant to respond to emergencies and serious illnesses. General practitioners are ordinarily the front door to mental health care in Canada. Yet many physicians lack training to assess and treat mental health and substance use health concerns and have limited pathways for referring their patients to other services.

Canadians need greater access to community-based mental health care. They require community mental health care before, during, and after the care they receive from physicians and at hospitals. This care includes programs that help prevent crisis in the first place, as well as services that make recovery possible, like peer support, counseling, and social work case management, alongside social supports for housing and employment.

These services, though, are excluded from our free, public healthcare system. The services provided by community mental health organizations are significantly underfunded, and when they are available, there are long wait times. At the same time, Canadians—many struggling to make ends meet as costs rise—must pay out of pocket for private counselling and psychotherapy. This means only some will get care.

Under the *Canada Health Act*, most mental health services are publicly covered only if they are deemed “medically necessary” and provided by doctors or in hospitals. However, millions of Canadians do not have a family doctor. When a person in crisis is treated in a hospital setting, they are often discharged without follow-up care to help them recover.

The federal government has the legislative power and a shared responsibility to ensure all people in Canada receive the mental health care they need when they need it. Looking toward the launch of the 988 suicide and mental health crisis helpline in November 2023, it is more important than ever to adequately fund *community* mental health, substance use health and addiction services. If community-based care is not properly funded, callers to 988 who need additional care may have nowhere to go but emergency departments, placing a greater strain on hospital capacity and resources. We should be preventing hospital visits whenever possible and providing community care to help people recover. This will require federal investment for community-based services.

[1] Statistics Canada. Mental illness in Canada. 2020; and, Statistics Canada. Health at a Glance. 2015.

Recommendation 1: That the government provide $950 million over 5 years to create a "Care after the Call" Fund for crisis prevention and response services in communities.

Starting November 30, 2023, people in acute suicidal or mental health distress will have access to 988. The 988 helpline is intended to de-escalate a crisis (without calling on law enforcement) and provide immediate counselling. By its very nature as a helpline, 988 responders can only offer short-term support and suggest additional community mental health resources.

Within their capacity, community organizations—typically charities and non-profits—offer many mental health services at no cost or help navigate to them. However, the demand for mental health services is already high and existing community-based services are overstretched.[2] These include mobile crisis response services,[3] safe beds,[4] peer support, and social supports like emergency housing and food.

The demand for community-based care will significantly increase in the lead up to, and after the launch of, 988. However, community mental health providers, already constrained by long wait times and limited capacity, will not have adequate resources to respond to increased need for supports after a person calls 988. As they wait for extended periods, people's symptoms will worsen and become increasingly urgent.

"Care after the Call" is required.

The federal government has a responsibility to ensure that callers to the federally funded 988 helpline can access services in their own communities. The 988 initiative provides the federal government with the opportunity to examine their role in resolving the pressures and challenges in the mental health care system that are within their jurisdiction. The "Care after the call" fund will help fill the gaps in the system and would allow the federal government to target interventions that meet the unique needs of communities across the country. For instance, establishing mobile crisis response teams. Further, the federal government is developing a national suicide prevention action plan for release this fall alongside the launch of 988. The action plan will fall short if it does not envision how struggling Canadians access community-based services to address the issues underlying their crisis.

CMHA recommends that the federal government establish the "Care after the Call" Fund in 2024, through the Public Health Agency of Canada, and work with community stakeholders to design the fund and develop the appropriate mechanism to disburse the funding.

[2] Canadian Mental Health Association. Running on Empty. 2022.
[3] Outreach services designed to provide rapid assessment of, and stabilization for, individuals in the community who are in crisis.
[4] Residential services that offer short-term, 24/7 community crisis and individual stabilization support. Program staffing can include residential support workers, addiction specialists, nurses to facilitate medication and health concerns, and case managers to coordinate recovery plans and navigate other social supports.

This fund complements the recent health accords—which fund services provided in hospitals and physician offices—by helping address long wait times for mental health services in community, while respecting jurisdictional areas of federal accountability. For instance, it is the Public Health Agency of Canada's mandate to promote good health; prevent and control injuries; and facilitate national approaches to public health policy and planning.

988 focuses on helping people when they are in crisis. However, only equal investment in *prevention* will reduce the number of people experiencing crisis. Although the Public Health Agency of Canada received funding in Budget 2023 for the implementation and operation (staffing) of 988, no money was allocated to community-based organizations on the frontlines for the delivery of crisis response and suicide prevention services.

Introducing a "Care after the Call" Fund for communities is sound stewardship of federal taxpayer dollars as it will be a cost-effective way to resolve crisis situations and prevent future crises. Investments in all aspects of care—from crisis prevention to crisis response to recovery supports—will divert unnecessary use of hospital, paramedic, and police services in the short-term, and lead to long-term savings and reduced pressures on health, court, and correctional systems. And it will save more lives.

Recommendation 2: That the government adequately fund the Canada Disability Benefit.

The federal government has until June 2024 to create the regulations for the new Canada Disability Benefit. Through pre-budget consultation processes, this Standing Committee—and Finance Canada in spring 2024— will propose a costed benefit. However, this costing pre-empts the regulations which will include eligibility; benefit amount; earning exemptions; appeals process; and negotiation with provincial and territorial governments to harmonize social support benefits. Without knowing the true numbers of recipients and the amounts they will receive, forecasting the cost of this new benefit risks being inaccurate.

The government has announced the timeline and details of the engagement process for the regulations, including how disability stakeholders will be consulted. Organizations that explicitly represent people with mental illnesses or substance use disorders were not called to witness in the development of the benefit legislation until it had passed to the Senate and, as such, the legislation contains weaknesses that counter the benefit's intention to reduce poverty for low-income Canadians with disabilities. These weaknesses must be considered before costing the benefit.

More than two million people in Canada live with a mental health-related disability.[5] That's one third of all people with disabilities. Mental illnesses are among the most disabling for working people and mental health concerns account for most short and long-term disability claims.[6] Yet, many mental health and substance use health disabilities are "invisible," making it more difficult to get medical evidence to support claims than for other disabilities. Furthermore, people with

[5] Statistics Canada. New Data on Disability in Canada. (2017)
[6] CAMH. Disability and insurance claims in primary care. (2019)

mental illnesses experience a disproportionate level of poverty, caused by stigma and by a lack of supports and opportunities for employment.

Some mental illnesses—like bipolar disorder and schizophrenia—can be episodic, meaning that a person may have periods of wellness alternating with periods of disability when they cannot work. Those experiencing episodic mental health disabilities are too often denied benefits and programs, even though the *Accessible Canada Act* recognizes episodic disabilities.

For the reasons indicated above, existing federal, provincial, territorial, and private disability programs deny benefits to people who should be eligible. We know this because disability program administrators track and report on program determinations, including rejection rates by disability type.[7] For the government to meet its intended objectives of reducing poverty for all low-income Canadians with disabilities, it must not replicate the flaws of these other disability programs. People with mental health disabilities must therefore be considered in any eligibility counts that may be used to help forecast the cost of the benefit.

Finally, CMHA also urges the government to address offsetting measures by provinces when considering how the benefit is costed. Many Canadians with disabilities rely on provincial social assistance programs, or private insurance policies (like long-term disability), that contain claw-back clauses. This means that some benefit entitlements or funds may be withheld or withdrawn by the government or private insurance because a benefit recipient will be deemed to have earned 'too much' income with the Canada Disability Benefit to qualify for other assistance in whole or in part. The federal government must ensure provinces and territories amend their respective social, financial, and insurance legislative frameworks so that income from the Canada Disability Benefit is considered exempt when calculating social assistance or disability policy payouts. Federal money must not be used to repay provincial benefits or enrich private insurance companies.

Recommendation 3: That the government provide $100 million over 2 years to create a fund for the caregiving sector.

CMHA endorses a proposal—submitted to this Committee by a coalition of national service federations[8]— to implement a two-year $100 million dollar suite of evidence-based mental health supports for front-line community service workers.

The mental health and substance use workforce is a group in need of greater support. These workers are exposed to higher levels of trauma, are more likely to experience burnout and, owing to underfunding, may receive lower wages, higher work demands, and experience significant compassion fatigue.[9]

[7] For instance, the federal Disability Tax Credit overwhelmingly rejects mental health disabilities, categorized here under "mental functions."
[8] Including CMHA, YWCA, YMCA, Big Brothers Big Sisters of Canada, and United Way.
[9] Canadian Mental Health Association. Running on Empty. 2022.