



Canadian Psychiatric Association

Dedicated to quality care

Association des psychiatres du Canada

Dévouée aux soins de qualité

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Written Submission for the Pre-Budget Consultations in Advance of the 2019 Budget

By: The Canadian Psychiatric Association

Recommendation 1

The CPA calls on the federal government to contribute an additional \$777.5 million annually to improve access to care and treatment of mental illness, as well as health outcomes for Canadians.

Recommendation 2

The CPA urges the federal government to invest additional resources to support mental health research that reflects the burden of mental illness.

Recommendation 3

The CPA recommends that the federal government provide additional resources to track progress on key mental health indicators to identify gaps in care, set priorities, inform policy and measure impact.

About Us

The Canadian Psychiatric Association (CPA) is the national voice of Canada's 4,800 psychiatrists and 900 residents, and is the leading authority on psychiatric matters in Canada.

Psychiatrists are medical doctors who provide psychiatric assessment, treatment and rehabilitation care to people with psychiatric disorders in order to prevent, reduce and eliminate the symptoms and subsequent disabilities resulting from mental illness or disorder. Psychiatrists provide direct care to patients and often act as consultants to other health professionals such as family doctors. They work in a range of settings including psychiatric and general hospitals, private offices, research units, community health centres, social agencies or in government. Psychiatrists use a mix of treatment options, including medications and psychotherapy, depending on the psychiatric condition. Often part of the treatment or rehabilitation plan will include referral to or collaboration with a range of social and support services.

As an evidence-based profession, CPA provides advice on the most effective programs, services and policies to achieve the best possible mental health care for Canadians and seeks to work collaboratively with governments and stakeholders to find solutions.

Founded in 1951, the CPA is dedicated to promoting an environment that fosters excellence in the provision of clinical care, education and research. For more information, visit www.cpa-apc.org.

The Impact of Mental Illness on Canada's Economy

There are 7.5 million Canadians who live with a mental health problem or illness:¹ twice the number of people in all age groups with heart disease or type-2 diabetes.² It is estimated that the impact of depression alone on years of life lost due to premature death and reduced functioning is more than that of lung, colorectal, breast and prostate cancers combined.³ The highest rate of mental illness is among young adults,² and early onset of illness not only increases lifetime disability burden, it also has consequences for the economy such as:

- Reduced productivity due to absenteeism and presenteeism.
- Lost income for individuals who are unable to work due to mental illness.
- Lost tax revenue for governments due to unemployment and underemployment.
- Increased costs to governments for income support programs.

Unfortunately, notwithstanding the federal government's recent commitment of \$5 billion over the next 10 years for mental health initiatives, mental health care in Canada has been systematically underfunded for decades.

Recommendation 1: The CPA calls on the federal government to contribute an additional \$777.5 million annually to improve access to care and treatment of mental illness, as well as health outcomes for Canadians.

In 2015, \$15.8 billion or just over seven per cent of Canada's total health care spending went to non-dementia-related mental health care, yet, in 2016, the Conference Board of Canada calculated that the economic impact from depression alone is at least \$32.3 billion.⁴ The MHCC estimates that the total cost of mental illness to Canada's economy exceeds \$50 billion annually.^{1,5} Included in this estimated \$50 billion are direct costs from providing care and treatment, indirect costs such as employer and disability insurance costs, and intangible costs such as lost quality of life.

Government spending on timely access to care and evidence-based treatments should be viewed as an investment in—not a cost to—the economy.⁶ Early intervention and direct spending on clinical care for people with mental illnesses can mitigate indirect costs to Canada's economy.

Increasing the public investment in mental health care by two per cent is the minimum level required to improve care and outcomes for Canadians, which translates to an additional investment of \$777.5 million annually by the federal government. The CPA recommends that these additional funds be earmarked through a Mental Health Transfer, or a dedicated envelope that builds on the [Common Statement of Principles on Shared Health Priorities](#) to maximize accountability, transparency and impact.

Recommendation 2: The CPA urges the federal government to invest additional resources to support mental health research that reflects the burden of mental illness.

One in five Canadians experiences a mental health problem or disorder in any given year,⁷ and according to the MHCC, the “best estimate of total public and private non-dementia-related direct costs for mental health care and supports in 2015 was nearly \$23.8 billion (\$51.4 billion when dementia care is included.”¹ In 2011, the economic cost to Canada was equivalent to 2.8 per cent of the gross domestic product, and by 2041, it is estimated that the total cost will have risen to more than \$2.5 trillion.⁷

Yet, when measured in relation to the cost of mental and brain disorders to society, funding for mental health research lags behind other areas of research internationally.⁸

While the proportion of mental health research funding supported by the Canadian Institutes of Health Research (CIHR) increased from five per cent in 1999 to nearly 20 per cent by 2009, allocations may favour neuroscientific research over research into mental health and mental illness.⁹ To ensure that mental health research investments yield steady returns, “research must be funded at every level—from systems to patient-level factors—that limit the use and effectiveness of interventions, including through prevention/early-intervention strategies and therapies for those already ill.”¹⁰

Recommendation 3: The CPA recommends that the federal government provide additional resources to track progress on key mental health indicators to identify gaps in care, set priorities, inform policy and measure impact.

Defining a standardized set of pan-Canadian mental health indicators would improve overall health system accountability and transparency, promote innovation, assess performance and measure impact of government investment.¹¹

While the MHCC has developed 55 indicators,¹² until recently there was no single organization leading the work of gathering and reporting on mental health services across jurisdictions.¹³ It is vital to measure the impact of direct spending on clinical care for people with mental illnesses and how it can ease indirect costs to Canada's economy.

The Canadian Institute for Health Information (CIHI) has already produced a set of hospital-based indicators,¹⁴ and in 2019 will begin reporting on six mental health and addiction indicators where data are currently available. It is important that this work continue and be expanded so that comparable hospitalization and community mental health data across provinces are collected and reported for a wider variety of mental health indicators.

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