



Canadian Alliance on Mental Illness and Mental Health (CAMIMH)
Pre-budget Submission to the House of Commons Standing Committee on Finance
August 2017

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is the national voice for mental health in Canada.ⁱ Established in 1998, CAMIMH is an alliance of 16 mental health groups comprised of health care providers and organizations that represent people with mental illness, their families and caregivers.

The stigma and discrimination of mental illness has decreased in recent years through the work of Canada's many stakeholders in mental health, governments included. However, with reduced stigma comes more public conversation and requests for services and supports which, in Canada, continue to be in short supply. One in five Canadians experience a mental health problem or disorder each yearⁱⁱ yet only one in three reports that they have sought and received helpⁱⁱⁱ. CAMIMH believes that the federal government has a role and responsibility to ensure that the people of Canada get better access to the mental health services and supports they need.

For its part, CAMIMH has developed a five-point action plan focused on funding, structure, innovation, and system performance and health outcomes^{iv}. CAMIMH believes that this plan can help the federal government, in collaboration with its provincial and territorial partners and other of mental health's stakeholders, to better address mental illness and improve the health and well-being of Canadians. This plan is discussed below, organized in response to the two pre-budget questions that the government has posed about productivity and competitiveness.

1. What federal measures would help Canadians to be more productive?

Mental health issues account for more than \$6 billion losses due to absenteeism and presenteeism^v. While the cost of mental health and addiction problems on productivity in the workplace alone is about \$20 billion annually, one-third of these costs could be recovered if working Canadians had access to illness prevention as well as early identification and treatment for mental illness^{vi}.

Given the toll that mental health and addictions take on the lives of Canadians – tolls that can be mitigated by mental health services and supports – the productivity of Canadians can be enhanced were government to commit to sustaining funding for access to mental health services. The federal government can do this in the following ways:

- a. The federal government took a timely and important step in targeting 5 billion dollars over 10 years for mental health services and supports. However, more can be done to sustain needed investments in mental health care. Government funding for mental health should increase from 7.2 percent of total public health spending to a minimum of

9 percent. The federal government's share of this should be 25 percent. This means the federal government would contribute an additional \$777.5 million annually to the provinces and territories to improve access to a range of mental health programs and services and to get better health outcomes.

- b. The federal government should establish a **five-year, \$100 million Mental Health Innovation Fund**. This targeted and time-limited fund would jump-start the spread of innovation and lead to a systemic and sustainable change to effectively address the mental health needs of Canadians.
- c. The first line treatments for mental illness (i.e. medications and psychotherapies) are insufficiently supported by our health insurance systems. We have no pharmacare program, and the bulk of psychotherapies are delivered by health providers whose services are not funded by Canada's public health insurance systems. While many Canadians have access to extended health insurance through employment, coverage for psychotherapies is often too low to afford a sufficient dose of treatment. **Canada needs more systematic change to its mental health delivery systems that can result from inter-governmental collaboration and commitment.** Better access to better mental health care can be achieved by
 - resourcing evidence-based collaborative, multidisciplinary, team-based primary care that can support mental wellness, early intervention as well as care for chronic conditions
 - increasing mental health capacity in tertiary care
 - investing in community-based social and health services
 - implementing effective new technologies to deliver care (e.g. telemental health)

The United Kingdom and Australia have taken a more systemic approach to redressing needed mental health service gaps, with promising results. Options for Canada to implement system-wide change to the delivery of mental health care have been considered and costed out; either by enhancing the capacity of mental health resource on primary care teams, augmenting fee-for-service models through private, extended health care insurance, or adapting UK models for Canada^{vii}.

- d. Whether service innovation or system change, you cannot manage what you do not measure. Mental health services are delivered in both the public (e.g. services of physicians or services delivered in publicly funded facilities like hospitals) and private (e.g. the psychotherapy services delivered by psychologists, social workers, and counsellors) sectors. There are data gaps in our understanding of what is being delivered, how effectively to whom, in both the public and private sectors. **A standardized set of pan-Canadian measures would improve the overall accountability and transparency of mental health care delivery, and help identify areas of high performance, accelerate the adoption of leading practices and highlight where improved oversight is required.** More collaboration with the Canadian Institute for Health Information (CIHI) and the Canadian

Life and Health Insurance Association (CLHIA) is required to get this needed and comprehensive mental health care picture.

- e. CAMIMH understands that the Minister of Health has appointed an **Expert Advisory Panel on Mental Health**. We hope that the Panel includes a range of stakeholders in mental health inclusive of mental health and social service providers working in both the public and private sectors, persons with lived experience of addictions and mental illness as well as their families, workplaces, and communities. Priorities for the Panel can include the
- development of strategies, policies, and programs to improve mental health and access to mental health services
 - growth of innovative practices and system reforms from Canada and elsewhere that advance the mental health of Canadians and improve system performance
 - review of the public-private interface where mental health services are sought and delivered and
 - identification of gaps in mental health research priorities and need for research investment; necessary to ensure that we end up, not just with better access to care, but better access to effective care.

2. What federal measures would help Canadian businesses to be more productive and competitive?

The costs of mental illness to the economy and the workplace are significant. Five hundred thousand Canadians, in any given week, are unable to work due to mental illness^{viii}. The private sector spends between \$180 and \$300 billion on short-term disability for mental illness and \$135 billion for long term disability^{ix}. In 2011, the economic cost of mental health problems was measured at \$51 billion or 2.8% of Canada's gross domestic product^x.

Productive workplaces and societies make strategic investments in the resources upon which their successes rely. Human Resources are critical to the success of any business, and the success and productivity of workers depend on their health and well-being. The following federal government measures can contribute to the success of Canadian businesses.

- a. **Improving the social determinants of health can transform the lives of those living with mental illness.** As mental illness can impact anyone, and income is one of the most important social determinants of health, a universal basic income to support all Canadians should be explored. This program could build on existing tax mechanisms such as the Guaranteed Income Supplement for seniors, the Canada Child Tax Benefit for families with young children, and the Goods and Services Tax/ Harmonized Sales Tax Credit.

As a poverty reduction measure, a universal basic income would reduce the long-term social and financial costs of poverty and directly affect the mental health and well-being of Canadians with trans-generational effects on the lives of individuals and their contributions to society and the workplace.

- b. The federal government should introduce a **Mental Health Parity Act** that affirms that mental health is valued equally to physical health. A Mental Health Parity Act will help ensure that communities and workplaces through their policies, programs, and benefits attend equally to mental and physical health.

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ⁱ CAMIMH's members are:

Canadian Association of Social Workers
Canadian Association for Suicide Prevention
Canadian Coalition for Seniors' Mental Health
Canadian Counselling and Psychotherapy Association
Canadian Federation of Mental Health Nurses
Canadian Medical Association
Canadian Mental Health Association
Canadian Psychiatric Association
Canadian Psychological Association
College of Family Physicians of Canada
HealthCareCan
Mood Disorders Society of Canada
National Initiative for Eating Disorders
National Network for Mental Health
Psychosocial Rehabilitation Canada
Schizophrenia Society of Canada
For more information on the Alliance, please visit our website at www.camimh.ca

ⁱⁱ Mental Health Commission of Canada. *The Facts*. Retrieved from: <http://strategy.mentalhealthcommission.ca/the-facts/>. 2012.

ⁱⁱⁱ Mental Health Commission of Canada. *Changing Directions Changing Lives – The Mental Health Strategy for Canada*.

^{iv} http://www.camimh.ca/wp-content/uploads/2017/01/CAMIMH_MHN_EN_Final_Nov2016.pdf

^v Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*. 2013.

^{vi} Canadian Psychological Association. *An Imperative for Change. Access to Psychological Services for Canada*. March, 2013.

^{vii} Canadian Psychological Association. *An Imperative for Change. Access to Psychological Services for Canada*. March, 2013.

^{viii} Mental Health Commission of Canada

^{ix} P. Jacobs et al. *The Cost of Mental Health and Substance Abuse Services in Canada: A Report to the Mental Health Commission of Canada*. Institute of Health Economics. 2010.

^x Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*. 2013.