

CAMIMH

SUBMISSION TO THE HOUSE OF COMMONS STANDING COMMITTEE ON FINANCE

PRE-BUDGET CONSULTATION SUBMISSION-- AUGUST 2016

EXECUTIVE SUMMARY

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is a non-profit organization comprised of 16 national health care associations that represent hundreds of thousands of citizens involved as people with lived experience, family members, academics and service providers. Established in 1998, CAMIMH is committed to evidence-based practices and provides collaborative national leadership to assure individuals living with mental illness receive the services and supports they require for recovery. CAMIMH also advocates for government policies aimed at reducing the burden of mental illness on the Canadian population and economy.

In its role as advocate, CAMIMH believes now is the time for the federal government, in strategic collaboration with the provinces and territories and as part of a negotiated First Ministers' health accord, to significantly accelerate investment in mental health programs and services.

To advance the policy discussion, CAMIMH has developed a five-point plan focused on funding, structure, innovation, system performance and health outcomes. While additional resources for mental health are desperately needed, they must be invested where they truly make a difference.

Ensure Sustainable Funding for Access to Mental Health Services – Government funding for mental health should increase from 7.2 percent of total public health spending to a minimum of nine 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. CAMIMH believes these dollars must be protected for mental health initiatives. Respecting the flexibility each province and territory requires to set its priorities, CAMIMH has identified areas where investment will improve timely access to care, by focusing on the objectives of *mobilizing* the capacity of the mental health system and improving the overall *integration* of services and programs. Federal infrastructure funds could be used to support this work.

CAMIMH also recommends that the federal government introduce a *Mental Health Parity Act* that affirms that mental health is valued equally to physical health.

In addition to playing a catalyst role with the provinces and territories, CAMIMH recognizes the primary responsibility of the federal government in funding and providing mental health care for indigenous peoples, veterans and Canadian Forces federal inmates, and public servants.

CAMIMH Members

- Canadian Association for Suicide Prevention
- Canadian Association of Occupational Therapists
- Canadian Association of Social Workers
- 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
- The College of Family Physicians Canada
- HealthCareCAN
- Mood Disorders Society of Canada
- National Initiative for Eating Disorders
- Psychosocial Rehabilitation Canada
- Schizophrenia Society of Canada

Accelerate the Adoption of Proven and Promising Mental Health Innovations – CAMIMH recommends that the federal government 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 systemic and sustainable change to effectively address the mental health needs of Canadians.

In addition, and with the goal of sustainability, we believe that the federal government should engage the provinces and territories in thinking through the system change that will deliver effective mental health care to more Canadians. 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.

Given the close relationship between health research and the adoption of innovation, CAMIMH calls on the federal government to review funding levels for mental health research.

Measure, Manage and Monitor Mental Health System Performance – CAMIMH understands that you cannot manage what you cannot measure. In mental health, there are data gaps for both the public and private sector. More collaboration with the Canadian Institute for Health Information (CIHI) and the Canadian Life and Health Insurance Association is required to get a comprehensive picture of how access to mental health care services are funded.

Currently, there are no comparable pan-Canadian mental health indicators to assess the performance of mental health programs and services at the federal, provincial and territorial level. While CAMIMH strongly endorses the Mental Health Commission of Canada's (MHCC) ground-breaking work on mental health indicators, it recommends the development of a set of mental health performance indicators which are comparable within and across the provinces and territories. CAMIMH supports expanding the scope of the MHCC project to a larger number of indicators that cover the continuum of mental health care across all provinces and territories and focuses on the dimensions of quality, such as, safety, effectiveness, patient-centered care, timeliness, efficiency and equity. This standardized set of pan-Canadian measures would improve the overall accountability and transparency of the mental health system, and help identify areas of high performance, accelerate the adoption of leading practices and highlight where improved oversight is required.

CAMIMH believes that CIHI has a transformational role to play in collecting and reporting such data to the public. To make this a reality, the federal government must dedicate additional resources to CIHI to increase its capacity to collect data on mental health system performance indicators and mental health expenditures.



Establish an Expert Advisory Panel on Mental Health – An expert panel can provide exceptional value in terms of engagement. Representation should be national in scope and include the lived experience community and mental health service providers. Areas of focus could include: (1) Exchange perspectives on the challenges and opportunities to improve the mental health of Canadians, (2) Discuss strategies, policies and programs that improve mental health and access to mental health services, (3) Present innovative practices and system reforms from Canada and elsewhere that advance the mental health of Canadians and improve system performance, (4) Review the public-private interface to access mental health services, and (5) Identify gaps in mental health research priorities. It is essential that the Advisory Council and the Mental Health Commission of Canada complement each other's work.

Invest in Social Infrastructure – Programs that support economic and social well-being are compassionate, evidence-based preventative health strategies that can produce significant long-term cost savings. Improving the social determinants of health can transform the lives of those living with mental illness. It is recommended that the federal government consider social infrastructure in a more holistic way.

It is recommended a targeted basic income to support all Canadians who are vulnerable because of age, labour-market status or ability be explored. This program could build on existing negative income 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 targeted basic income would reduce the long-term social and financial costs of poverty and directly affect the mental health of Canadians. A basic income, paired with other comprehensive strategies such as an affordable housing strategy, would be a key part of a national mental health strategy. It is recommended that the federal government work with the provinces and territories to build on the success of the At Home/Chez Soi program. In addition to reducing homelessness, such a program would alleviate poverty and address concurrent mental health and addiction issues.

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