

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

By: The Canadian Alliance on Mental Illness and Mental Health (CAMIMH)

**CAMIMH members:**

Canadian Association of Social Workers  
Canadian Association for Suicide Prevention  
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*  
Medical Psychotherapy Association of Canada  
Mood Disorders Society of Canada  
National Initiative for Eating Disorders  
National Network for Mental Health  
Psychosocial Rehabilitation Canada  
Schizophrenia Society of Canada

### **Recommendation 1: Mental Health Parity**

- a) The federal embrace the principle of Mental Health Parity by assessing the equity of funding and delivery of mental health services against physical illness in areas of fiduciary and primary responsibility including Indigenous peoples, veterans and Canadian Forces, federal inmates, Royal Canadian Mounted Police and public servants.
- 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.

### **Recommendation 2: Increased Funding = Increased Access**

Despite the 2017 investments in mental health, the federal 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. CAMIMH strongly recommends the funds be earmarked through a Mental Health Transfer, or a dedicated envelope to maximize accountability, transparency and impact.

### **Recommendation 3: Investing in Team Based Care**

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 by enhancing the capacity of mental health resource on: primary care teams, augmenting fee-for-service models through private/extended health care insurance.

## **About us**

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is the national voice for mental health in Canada. 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. For more information on the Alliance, please visit our website at [www.camimh.ca](http://www.camimh.ca)

## **Why Investing Money in Mental Health Matters to Canada's Economic Competitiveness**

Continued economic growth in Canada will depend on having a productive workforce and investments made in mental health (now) will help ensure Canada's competitiveness in the future. The costs of mental illness to the economy and the workplace are significant when considering Canada's economic competitiveness.

- 1 in 5 Canadians experience a mental health problem or disorder each year<sup>i</sup> yet only one in three reports that they have sought and received help.<sup>ii</sup>
- 500,000 Canadians, in any given week, are unable to work due to mental illness.<sup>iii</sup>
- In 2011, the economic cost of mental health problems was measured at \$51 billion or 2.8% of Canada's gross domestic product.<sup>iv</sup>
- Mental health issues account for more than \$6 billion losses due to absenteeism and presenteeism.<sup>v</sup>
- While the cost of mental health and addiction problems on productivity in the workplace alone is about \$20 billion annually, 1/3 of these costs could be recovered if working Canadians had access to illness prevention as well as early identification and treatment.<sup>vi</sup>

Through the work of Canada's many stakeholders, the stigma and discrimination of mental illness has decreased in recent years. With reduced stigma comes more public conversation and requests for services and supports which, in Canada, continue to be in short supply. 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. Investments in physical and mental health care can make Canada a good place to live, work and play.

## **Mental Health Parity**

Within the United States has been in place since the enactment of the Mental Health Parity Act of 1996 (MHPA 1996), with amendments made in 2008 through the Mental Health Parity and Addiction Equity Act (MHPAEA). The act guarantees parity for mental health and substance use disorder benefits but does not specify that insurance plans must offer coverage for mental illnesses or substance use disorders or offer specific treatments or services for mental and/or substance use disorders. However, it does specify that any coverage that is offered for mental and/or substance use disorders must be provided at parity with medical or surgical health coverage. Studies have indicated that parity can be achieved with just minor increases in total health care costs (Busch, 2012).

In England, the Health and Social Care Act 2012 explicitly recognizes the Secretary of State's duties in relation to both physical and mental health, and this has become synonymous with the

principle of ‘parity of esteem’ for mental health. In essence, ‘parity of esteem’ is thus best described as: ‘Valuing mental health equally with physical health.’<sup>vii</sup>

In Canada there is no such provisions that specifies this same type of parity as in the United States and United Kingdom. Public health insurance does not cover many mental health services, while the private health insurance plans also put caps on coverage making it too low for having meaningful amounts of service. The federal government should move to immediately introduce a Mental Health Parity Act that affirms that mental health is valued equally to physical health.

### **Increased Funding = Increased Access**

In Budget 2017, the federal government took an important first step in addressing the funding gap between physical and mental health by targeting \$5 billion over 10 years for mental health services and supports. Although CAMIMH is was highly supportive of this commitment, as well as the negotiated *Common Statement of Principles on Shared Health Priorities* that will guide this investment, to realize parity between physical and mental illnesses in Canada, CAMIMH believes that long term sustainable and predictable funding is required.

As the Mental Health Commission of Canada advises, mental health funding should be increased from 7 to 9 per cent of total public health spending<sup>viii</sup>. The most recent estimates place provincial and territorial government spending on mental health and addictions at 7.2 per cent of total public health spending<sup>ix</sup>. CAMIMH agrees that 9 per cent is the minimum level of public investment required to improve health outcomes and access to a range of public mental health programs and services.

While a two percentage point increase amounts to close to a 30% increase in mental health funding, an essential question remains, what should be the federal government’s share? CAMIMH is of the view that the federal government, in its national leadership role, should contribute a minimum of one out of every four health care dollars to the provinces and territories specifically to mental health.

With the federal share increased to 25 per cent, the annual federal investment to support increased access to mental health services would be an additional \$777.5 million. CAMIMH strongly recommends that increased transfers 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.

### **Investing in Team Based Care**

The biggest challenge facing Canadians experiencing mental illness and mental health issues is timely access to care. Canadians deserve timely access to the right combination of evidence-based services, treatments and supports, when and where they need them.

Arguably, when it comes to accessing mental health services across Canada, the Canada Health Act is no being upheld. The capacity to deliver timely access is hampered by fragmented and poorly coordinated services and supports. The mental health system is in urgent need of

improved integration, and people with lived experience and their families and caregivers must be involved in the design and evaluation of these systems.

An expanded use of collaborative care/team-based practice has the potential to substantially increase the capacity of the system to see more patients across the lifespan and deliver care where and when they need it. These models include not only the service of physicians but also that of other mental health providers such as psychologists, social workers, psychiatric/mental health nurses, counsellors and psychotherapists. Together they offer complementary services and supports to ensure individuals receive evidence-based care they need with a minimum of obstacles.

Accordingly, 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. Work has been done to consider how the successful innovations from countries like the United Kingdom and Australia could be adapted to Canada. These models have taken a more systemic approach to redressing needed mental health service gaps, with promising results.

Specifically, when it comes to many mental disorders, especially ones that may be severe, persistent and recurrent, effective management and recovery depends on a team of people working together; teams which include a range of service providers, peer support, patients and families. Teams need to be developed and supported across all venues in which care is delivered; venues that include communities, schools, the workplace and healthcare facilities. Canada needs to do a better job supporting the delivery of team-based care where it is most clinically and cost-effective. The key policy question is how best to do this when it comes to the overall architecture of the mental health system.

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

<sup>ii</sup> Mental Health Commission of Canada. *Changing Directions Changing Lives – The Mental Health Strategy for Canada*.

<sup>iii</sup> Mental Health Commission of Canada

<sup>iv</sup> Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*. 2013.

<sup>v</sup> Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*. 2013.

<sup>vi</sup> Canadian Psychological Association. *An Imperative for Change. Access to Psychological Services for Canada*. March, 2013.

<sup>vii</sup> Royal College of Psychiatrists (2013). *Whole-person care: from rhetoric to reality Achieving parity between mental and physical health*. Retrieved from <http://www.rcpsych.ac.uk/pdf/OP88.pdf>

<sup>viii</sup> Mental Health Commission of Canada. *Making the Case for Investing in Mental Health in Canada*. 2013. More recently, the following motion, moved by the MHCC was overwhelmingly

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passed at HealthCareCan's 2015 Annual Meeting: "*Resolved, that over the next ten years, all provincial and territorial governments, along with regional health authorities, increase the proportion of their respective health care budgets that is devoted to mental health by two percentage points from current levels*".

<sup>ix</sup> Institute of Health Economics. *The Cost of Mental Health and Substance Abuse Services in Canada*. June 2010, page 15.