Canadian Psychiatric Association
Association des psychiatres du Canada

Written Submission for the Pre-Budget Consultations in Advance of the 2021 Federal Budget

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Recommendation 1: The CPA asks the federal government to contribute an additional $277.5 million annually to improve access to care and equitable treatment of mental illness, as well as health outcomes for Canadians.

Recommendation 2: The CPA urges the federal government to establish, collect and report on national wait times for access to mental health services.

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.

Recommendation 4: The CPA urges the federal government to invest additional resources to support mental health research that reflects the burden of mental illness.

Impact of the Pandemic on Canadians' Mental Health

The COVID-19 pandemic has required governments to implement public health measures to address the risk of this virus and control its spread. These measures have resulted in mental distress among the general population and in essential workers.

While the pandemic has led to new mental health support initiatives and increased public awareness about the impact of psychosocial distress, it has also highlighted shortcomings within our mental health system.

Public health measures to control the risk and spread of COVID-19 have exacerbated existing and longstanding structural inequities in the health care system for people with mental illnesses. Notwithstanding recent commitments,[1] mental health care in Canada has been systematically underfunded for decades while mental illness continues to cost the Canadian economy over $50 billion a year.[2]

Over seven million Canadians live with a mental health problem:[3] twice the number of people in all age groups with heart disease or type-2 diabetes.[4] Every day, an average of 11 Canadians die by suicide, which is the ninth-leading cause of death overall in Canada and second-leading cause of death among 15- to 24-year-olds.[5] More than 80 per cent of people who die by suicide were living with a mental illness or substance use disorder.[5] The highest rate of mental illness is among young adults,[4] and early onset of illness only increases lifetime disability burden.

During the pandemic, ongoing issues such as bed shortages, scarce or non-existent community supports, and unstable, overcrowded, or otherwise inappropriate living situations have disproportionately affected Canadians with severe physical, mental, intellectual, cognitive, or sensory impairments. Other vulnerable groups such as Indigenous persons, inmates and forensic psychiatric populations, and women and children in abusive living situations have also been adversely affected.

These people are even more vulnerable during the pandemic due to challenges with physical, psychological, social or financial resources to appropriately respond to additional life stressors, and the lack of appropriate or consistent access to appropriate supports and services. Concurrent diagnoses, particularly substance use disorders and physical health conditions, likely amplify this vulnerability.

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While mental distress caused by the pandemic may not necessarily progress to a mental health disorder, new research[6] associates COVID-19 infection with higher than average incidence of posttraumatic stress disorder (PTSD), major depression and anxiety in survivors. These are high-burden illnesses associated with years lived with disability.

Services for people with serious mental illnesses were already overstretched before the pandemic, and many have been closed or severely restricted though the need for these supports is unchanged or even increased.

Prior to the pandemic, the estimated $15.8 billion spent by the public and private sectors in 2015 on non-dementia-related mental health care represented just over seven per cent of Canada's total health care spending.[3] This is well below most other western countries. For example, the England's National Health Service invests 13 per cent of its health spending on a similar set of services.[3]

Government spending on timely access to care and evidence-based treatments should be viewed as an investment in—not a cost to—the economy.[7] Early intervention and direct spending on clinical care for people with mental illnesses can mitigate indirect costs to Canada's 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.

Increasing the public investment in mental health care from seven to nine per cent is the minimum level required to improve care and outcomes for Canadians, which translates to an additional investment—earmarked to mental health—of $777.5 million annually by the federal government based on 2015 data from the Canadian Institute for Health Information (CIHI). After accounting for the federal-provincial-territorial bilateral agreements that provide provinces and territories with $500 million annually, $277.5 million remains.

Recommendation 2: The CPA urges the federal government to establish, collect and report on national wait times for access to mental health services.

The CPA believes Canadians should have timely access to integrated, team-based care that is evidence-based and commensurate with the severity and duration of their medical condition. It is vital to track progress on wait times to improve overall health system accountability and transparency, promote innovation, assess performance, and measure impact of government investment.

Despite the federal government's commitment to "set national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it," there are currently no national statistics on wait times for mental health services. Data that does exist are often incomplete or for a limited timeframe, and in some jurisdictions, wait times are either not tracked at all, or the information is too decentralized to use in reporting.

Benchmarks must be developed from the patient's perspective, based on the best available evidence and should not be limited solely to the waiting time to see a specialist. The waiting time for admission to hospital, to a rehabilitative program of therapy, among others, should also be standardized, tracked and publicly reported by all provinces and territories.

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.[8]

While the Mental Health Commission of Canada (MHCC) has developed 55 indicators,[9] until recently there was no single organization leading the work of gathering and reporting on mental health services across

jurisdictions.[10] 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.

CIHI has already produced a set of hospital-based indicators,[11] and in 2019 began 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, including patient-centred clinical and outcome indicators. Too often the focus has been on administrative mental health performance indicators: a balance is needed between system sustainability and patient needs.

Recommendation 4: 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,[12] 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)."[3] 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.[12]

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.[13]

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.[14] 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."[15]

About the CPA

Founded in 1951, 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.

For more information, visit cpa-apc.org.

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