



Canadian Mental
Health Association
Mental health for all

Association canadienne
pour la santé mentale
La santé mentale pour tous



years of
community
ans de
communauté

Investing in focused areas of support to ensure long-term mental health recovery for Canadians

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

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LIST OF RECOMMENDATIONS

Recommendation 1: That the government develop and implement a long-term mental health COVID-19 recovery plan to ensure all Canadians — especially the most vulnerable — can access the care they need, no matter where they live.

Recommendation 2: That the government provide \$13.5M in funding for CMHA to expand its BounceBack program in order to immediately deliver evidence-based cognitive behavioural therapy to 30 000 Canadian adults and youth.

Recommendation 3: That the government provide \$9M in funding for CMHA to expand its Resilient Minds program to help 30 000 Canadian front-line workers build the skills needed to recognize and reduce the symptoms of stress and trauma and build resilience in their mental health.

Recommendation 4: That the government provide funding for Indigenous-led mental health care to continue closing gaps in health outcomes between Indigenous and non-Indigenous communities.

Introduction

Canadians have been living through an unprecedented time of extreme national anxiety with mental health effects like nothing we have seen before. A [survey](#) conducted by the Canadian Mental Health Association (CMHA) in partnership with UBC and the UK Mental Health Foundation found the pandemic has widened persistent mental health inequities, especially among those already vulnerable. More Canadians have experienced suicidal thoughts since the pandemic began and a majority of people with pre-existing issues have seen a deterioration in their mental health. Even before the pandemic, over half of Canadians considered anxiety and depression [to be an 'epidemic'](#) and, annually, an estimated 1.6 million Canadians had a mental health issue that goes untreated.

We know that depression, anxiety, post-traumatic stress disorder (PTSD), problematic substance use, suicide, and other mental health issues will last long after a vaccine is available. However, with proper funding from the government and the right system of supports in place in communities across the country, CMHA believes we can meet the overwhelming need for care, help Canadians recover, improve outcomes, and ultimately save lives.

To ensure economic recovery, we must ensure a healthy workforce. That means putting in place the right mental health supports for those who are returning to work. We can and must ensure the needs of those experiencing mental health issues are met in the COVID-19 recovery phase and beyond.

National leadership to ensure mental health recovery for Canadians

As policymakers continue to work with public health officials to safely restart the Canadian economy, CMHA is calling on all Parliamentarians to ensure the country has a long-term recovery plan for mental health. We would like to see the federal government take a leadership role to ensure equitable access across the country. Mental health should be just as important as physical health.

At a time when massive expenditures in emergency benefits have put governments under unprecedented fiscal pressures, we believe that well-funded community mental health services and supports are key to a more universal and cost-effective healthcare system.

With 87 locations in every province and one territory and a grassroots presence in more than 330 communities in Canada, CMHA is well-positioned to reach as many Canadians as possible with immediate, evidence-based mental health support at the community level — where people need it most. As you will see in the following recommendations, CMHA programs will keep people connected to their communities

and save taxpayer dollars while reducing the overall burden on acute care. CMHA can quickly scale up these proven programs in English and French to reach millions of vulnerable people, including children and youth, older adults, Indigenous peoples, students, and first responders on the front lines of this pandemic.

Recommendation 1: That the government develop and implement a long-term mental health COVID-19 recovery plan to ensure all Canadians — especially the most vulnerable — can access the care they need, no matter where they live.

If we are going to have a mentally and physically healthy population ready to work and contribute to the national recovery from COVID-19, we need a national mental health recovery plan to ensure that all who struggle with mental health issues are supported.

To be effective, this plan must be well-coordinated, well-funded, sustained and monitored to address persistent and system gaps. It must be implemented in a way that reaches our most vulnerable — especially those living in remote communities — and take into consideration the lived experiences of people living with mental illness. It will require an increase in social spending to scale up programs that address widespread inequalities that cause poor mental health in the first place — homelessness, violence and discrimination, and access to economic opportunity.

An increased focus on mental health promotion and prevention efforts at the community level will better serve all people in Canada because it will alleviate pressure on the acute-care system that is already hard-hit by the pandemic itself. CMHA stands ready to support the development and implementation of this plan.

Recommendation 2: That the government provide \$13.5M in funding for CMHA to expand its BounceBack program in order to deliver evidence-based cognitive behavioural therapy to 30 000 Canadian adults and youth.

Currently available in British Columbia, Manitoba and Ontario, BounceBack is a cognitive behavioural therapy (CBT)-based, skill-building program designed to help adults and youth aged 15 and over manage low mood, mild to moderate depression, anxiety, and stress and improve their overall health and quality of life. The service is delivered through customizable resources and over-the-phone support from a highly-trained coach, making it accessible even in remote communities, usually within 3 to 5 days of referral from a primary care provider. The program is offered in both official languages (English and French), as well as in six other languages.

By promoting and supporting community capacity to provide this critical mental health care, BounceBack improves capacity to engage in self-care activities that contribute to improved health outcomes, prevents complications associated with chronic health conditions, and reduces avoidable use of hospital and/or emergency departments.

Since BounceBack was first launched in B.C. in 2008, more than 40,000 clients have been referred to the program. Eighty-five per cent of participants said they would be able to maintain the changes they have made as a result of the program. A survey in Ontario found 93 per cent of participants would recommend the program to a friend or family member and 95 per cent liked receiving the service by telephone.

An investment of \$13.5M would allow CMHA to expand BounceBack to reach 30 000 Canadians in provinces and territories that don't currently have it — Quebec, Saskatchewan, Manitoba, Atlantic Canada, and the territories. This will improve mental health outcomes for those citizens and, at approximately \$460 per participant, it will deliver results for less than half of what it would cost for traditional psychiatric or psychological services.

Recommendation 3: That the government provide \$9M in funding for CMHA to expand its Resilient Minds program to help 30 000 Canadian front-line workers build the skills needed to recognize and reduce the symptoms of stress and trauma and build resilience in their mental health.

On the front lines of COVID-19, those deemed essential workers — health-care workers, first responders, warehouse, delivery, and grocery store workers — have faced increasing job demands in much riskier circumstances. These pose serious risks for the physical and mental health of these workers, who reportedly face exhaustion, crowded working conditions, fear of infection, and — early in the pandemic — an inadequate supply of personal protective equipment (PPE). The effects of this prolonged stress could last well beyond the recovery phase.

The CMHA Resilient Minds program engages and informs first responders in four crucial areas relevant to their work: trauma, psychological distress, trauma-informed responses, and building resiliency. We want to make this program available to as many first responders as possible, including doctors, nurses, paramedics, long-term care home staff, police, firefighters, and others.

Evaluation by independent research teams has shown Resilient Minds supported hundreds of fire fighters to safeguard their psychological health, resulting in informed and healthier teams. All participants said they gained knowledge of psychological

trauma and psychological disorder and learned better ways to manage stress and increase resilience. The vast majority felt better equipped to respond and support a colleague showing signs of a psychological distress or illness and reported feeling more prepared to respond to a member of the public who may be struggling with psychological health issues. They also learned effective tools to handle stress.

With an investment of \$9M, CMHA can expand this program in communities across Canada to reach 30 000 front-line workers, giving them the skills and tools to manage the mental health effects of the pandemic both now and into the future.

Recommendation 4: That the government provide funding for Indigenous-led mental health care to continue closing gaps in health outcomes between Indigenous and non-Indigenous communities.

CMHA is committed to supporting reconciliation with Indigenous peoples and ensuring they have access to the same level of mental health care as non-Indigenous people. These communities are strong and diverse, with the capacity to respond when supported through the right resources and partnerships. We are increasingly concerned with the rise of mental health issues in Indigenous communities, in particular, the disproportionately high rate of youth suicides. The CMHA-UBC survey referenced in the introduction found 16 per cent of Indigenous people recently reported suicidal thoughts and feelings.

Due to a legacy of colonialism, racial discrimination, cultural assimilation and residential schooling, many Indigenous communities report experiencing poorer health outcomes, including higher rates of suicide and addictions. The Truth and Reconciliation Commission has called on the Government of Canada to “identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities.”

The government must immediately ensure per-person mental health funding provided to Indigenous communities matches or exceeds the per-person funding intended for mental health care provided to the Provinces and Territories, keeping in mind the increased needs associated with rural and remote communities and the burden of racism on mental health. We encourage the government to take the First Nations Mental Wellness Continuum Framework as its guide and prioritize the work of the many Indigenous-led mental health care organizations.

Conclusion

The current system in Canada is based on responding to crisis, and to meeting the acute care needs of people with severe mental illness. We work from the premise that people can recover with the right services and supports; there is so much more that can be done. Earlier access to services at the community level can prevent individuals from needing more cost and time-intensive interventions down the road. We need the federal government to properly fund mental health care to not only allow us to better respond to crises as they arise, but also allow for earlier intervention and treatment to help prevent them in the first place.

CMHA is eager to work with all Parliamentarians and like-minded stakeholders to ensure we don't take a one-size-fits-all approach. Our scalable, evidence-based cognitive behavioural therapy and peer support programs are already working in many parts of the country. We must expand these effective initiatives to reach more people, recognizing the unique needs of our vulnerable populations and ensuring communities are at the forefront of decisions affecting their residents. By working together, we can all ensure long-term mental health recovery as the country emerges from the COVID-19 crisis.

About the Canadian Mental Health Association

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health organization in Canada. Through a presence in more than 330 communities across every province and one territory, CMHA provides advocacy, programs and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive.