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Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

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

Mental Health Commission of Canada

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## **LIST OF RECOMMENDATIONS**

The Mental Health Commission of Canada (MHCC) urges the government to:

- 1. Allocate appropriate funding to develop and implement a national accreditation program to ensure that the plethora of mental health apps and other virtual delivery platforms available to Canadians meet the highest, evidence-based standards;**
- 2. Allocate appropriate funding to develop resources and provide training for clinicians, organizations, and provinces and territories that are implementing virtual mental health and substance use services; and**
- 3. Allocate appropriate funding for a pan-Canadian virtual mental health implementation and delivery plan that would complement and enhance Canada Health Infoway's role in support of e-mental health services.**

# Introduction

The COVID-19 pandemic has forced individuals, organizations, and governments to re-imagine fundamental tenets of everyday life. While its impact on the global economy can be measured by millions of jobs lost, shuttered workplaces, and entire industries at their tipping point, long-term effects are more difficult to predict.

We already know the devastating impacts the pandemic has had on the mental health of Canadians. A Nanos Research poll, conducted on behalf of the Mental Health Commission of Canada (MHCC) during the early months of the crisis, found that people's stress levels had doubled, with nearly 40 per cent reporting that their mental health was worse or somewhat worse than before COVID-19.<sup>1</sup>

In light of this and other studies on the mental health effects of the coronavirus, one thing is certain: A sustainable recovery will be impossible without measures to not only ensure the physical safety of Canadians and their families, but also their mental health and wellness. While many positive steps have been taken, immediate and sustained funding to meet urgent needs in communities across the country is required.

COVID-19 has revealed that our mental health system is capable of rapid response and innovation. However, it has also brought to light structural weaknesses and corresponding avenues for enhancement, innovation, and recalibration. In addition, it has accelerated the search for newer and better ways to meet the mental health needs of an increasingly diverse population (a focus of the MHCC since the pandemic began).

Throughout the crisis, the MHCC has worked closely with the Government of Canada, provincial and territorial governments, and organizations such as the Canadian Centre on Substance Use and Addiction to foster collaboration in the development and delivery of mental health resources adapted to these extraordinary circumstances.

Rolled out in record time by Health Canada, in collaboration with a number of other organizations, was [Wellness Together Canada](#), a mental health and substance use portal built on the MHCC's innovative Stepped Care 2.0 model. Stepped Care 2.0 provides rapid, flexible access to wellness and mental health resources. During a recent demonstration project in Newfoundland and Labrador, the model showed that integrating e-mental health and single session counselling into existing primary care was extremely effective and contributed to a reduction of wait times by 68 per cent.<sup>2</sup>

From At Home/Chez-Soi to the National Workplace Standard on Psychological Health and Safety, the MHCC has been at the forefront of groundbreaking and transformative research, policy, and program development since its inception.

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<sup>1</sup> [How Mental Health Care Should Change as a Consequence of the COVID-19 Pandemic](#), a July 16 article in *The Lancet*, also warned that "most surveys of the general public show increased symptoms of depression, anxiety, and stress related to COVID-19, as a result of psychosocial stressors such as life disruption, fear of illness, or fear of negative economic effects" (p. 2).

<sup>2</sup> Importantly in the Canadian context, Stepped Care 2.0 has shown itself to be an effective way of providing mental health services to residents of rural and remote communities.

Today, as our country sets out on a path of recovery from COVID-19, we want to build on our work with provincial and territorial governments to develop e-mental health programs and strategies, and on our experience bringing like-minded stakeholders together, by urging this committee, Parliament, and the Government of Canada to support our proposal for immediate and focused investments in e-mental health and virtual mental health to meet the urgent needs of people in Canada.

## Ensuring high standards in the virtual mental health landscape

The proliferation of e-mental health<sup>3</sup> applications — already ubiquitous before the pandemic — has created both an opportunity and a challenge that must be urgently addressed. According to the American Psychological Association, more than 20,000 mental health applications are now available on the market. First-time downloads of the top 20 mental wellness apps hit the four million mark in April 2020 — a 29 per cent jump since the beginning of the year.<sup>4</sup>

Given the challenges posed by social isolation and physical distancing, the development and delivery of new virtual mental health care services and resources is at the forefront of efforts by governments and others. As the seismic nature the pandemic became clear, governments were understandably focused on delivering timely support and relief to Canadians. But attention must also be paid to the quality of the mental health advice Canadians are receiving. While online tools can play a vital role in mental health treatment, they also create a fresh set of challenges around access, regulation, certification, credibility, and accountability.

While the spring announcement of additional federal funding to enhance Canada Health Infoway's capacity to support the delivery of e-mental health services was welcome news, it represented only the first step toward the creation of a virtual mental health superhighway. Without a robust and well-publicized "highway code" to govern the provision of its services, the risk of accidents (with potentially deadly consequences) is high. Consider a 2019 study on suicide prevention apps, which found that more than two-million people had downloaded apps with incorrect crisis line numbers.<sup>5</sup>

This example illustrates the urgent need to plan for a post-COVID landscape, if we are to avoid having mental health applications that make access to care more difficult — or more dangerous — for Canadians struggling with their mental health. Without an effective and timely accreditation process, there is no way to track or measure the safety and effectiveness of mental health apps. And without an effective way to promote the applications that meet the highest standards, the risk remains that the use

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<sup>3</sup> Virtual and e-mental health are generic terms to describe the use of information and communication technology to support and improve mental health conditions and mental health care. Such care can include mental health promotion and the prevention, screening, diagnosis, and treatment of mental health problems. Although some may refer to e-mental health solely as internet-based interventions, the term encompasses a variety of approaches, including video conferencing, computer games, web-based therapy, text messages — and now, artificial intelligence applications — as well as a blend of virtual and in-person therapies. Virtual and e-mental health strategies have been able to overcome geographical, attitudinal, and financial barriers to care while lowering overall delivery costs and demands on the clinical workforce.

<sup>4</sup> Sensor Tower. (2020, May 28). *Downloads of Top English-Language Mental Wellness Apps Surged by 2 Million in April Amid COVID-19 Pandemic*. <https://sensortower.com/blog/top-mental-wellness-apps-april-2020-downloads>

<sup>5</sup> Martinengo, L., Van Galen, L., Lum, E., Kowalski, M., Subramaniam, M., & Car, J. (2019). Suicide prevention and depression apps' suicide risk assessment and management: A systematic assessment of adherence to clinical guidelines. *BMC Medicine*, 17, Article 231. <https://doi.org/10.1186/s12916-019-1461-z>

of unsuitable or even dangerous applications will continue, with potentially tragic consequences. We must act now to ensure people in communities across Canada can confidently rely on high-quality mental health apps and resources for their care, no matter where they live.

**RECOMMENDATION 1. Allocate appropriate funding to develop and implement a national accreditation program to ensure that the plethora of mental health apps and other virtual delivery platforms available to Canadians meet the highest, evidence-based standards.**

## Ensuring training and resources practitioners need

Addressing the growing gap between the mental health needs of people in Canada and the availability of quality services has been a priority of both governments and the MHCC for many years. The MHCC's [\*Mental Health Strategy for Canada\*](#) (2012) called for greater use of tele-health and e-mental health services as a cost-efficient way to provide more timely access to needed mental health supports — through better infrastructure, ongoing training and support, and greater funding flexibility.

The lessons learned over the last few years through various e-mental health initiatives, and more recently, the pandemic, reinforce the value of this strategy. However, they also highlight some important considerations as the government continues to invest in solutions to help Canadians who are experiencing mental health challenges.

As we have witnessed the rapid shift to e-mental health during the pandemic, so too have we discovered significant gaps and weaknesses. Many vulnerable populations in Canada — seniors, youth, Indigenous peoples, and LGBTQ2+, to name a few — remain underserved owing to a range of factors, including a lack of access to technology and the need for culturally appropriate design.

Mental health practitioners are an additional consideration. We must ensure they are comfortable with platforms that are designed to deliver care in new ways and reach more people, especially those in underserved communities.

COVID-19 has further accelerated the number of stakeholders in the mental health field who are adopting e-mental health, including clinicians, private companies, and incubation hubs. As a result, many of those involved, including people with lived experience, are calling for more coordination around quality control and safety, especially when it comes to their use of mental health apps.

**RECOMMENDATION 2. Allocate appropriate funding to develop resources and provide training for clinicians, organizations, and provinces and territories that are implementing virtual mental health and substance use services.**

## A plan for today and for the long term

The MHCC believes that all people living in Canada, regardless of their race, economic status, age, gender, or sexual orientation should have access to quality mental health services, just as they do with medical services.

Providing such access means having a post-pandemic economic and societal recovery plan with robust public health strategies at its core. Turning such strategies into on-the-ground results will further require innovation, flexibility, partnerships, and the capacity to leverage and build on existing resources and platforms.

To meet the spike in mental health needs caused by the pandemic, efforts to enhance the availability of virtual mental health services has accelerated. This process has not only highlighted their immense potential but has also brought to light the obstacles standing in the way of our ability to effectively leverage this model.

Key among these obstacles is the absence of a detailed blueprint for transforming Canada Health Infoway's support of e-mental health services into a virtual mental health superhighway accessible to all. Yet, leveraging Infoway's potential for connecting people in every corner of our country to needed mental health services will depend on our capacity to develop a roadmap for implementing this strategy — something the MHCC is ideally positioned to do.

**RECOMMENDATION 3. Allocate appropriate funding for a pan-Canadian virtual mental health implementation and delivery plan that would complement and enhance Canada Health Infoway's role in support of e-mental health services.**

## Conclusion

From the outset of the COVID-19 outbreak, governments, stakeholders, and Canadians (above all) have come together in a spirit of ingenuity and common purpose to take on an unprecedented national and global challenge. This has been done in the best tradition of the Canadian way: helping each other when times are tough.

It is in the same Canadian spirit that the MHCC has developed this submission. The recommendations are part of the MHCC's broader vision for shaping and improving the virtual mental health system in the coming years. We look forward to sharing more details about how we can support the mental health and wellness of people across Canada as the country recovers from the pandemic.