



Canadian Psychiatric Association  
Association des psychiatres du Canada

# Canadian Psychiatric Association Pre-Budget Submission 2024

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SUBMISSION TO THE STANDING COMMITTEE ON FINANCE  
AUG. 4, 2023

## Summary of Recommendations

That the federal government:

1. Work with the provinces, territories, Indigenous groups and organizations representing health-care professionals, to create and implement a pan-Canadian health human resources strategy that facilitates the identification of, and effective action on, gaps in the health-care workforce and that supports collaborative care for mental health.
2. Establish, collect and report on national wait times for access to mental health services.
3. Invest additional resources into supporting mental health research that reflects the burden of mental illness.
4. Enhance the psychiatric services available to people with mental illness in detention centres and prisons and put in place resources and services to provide appropriate and sufficient non-forensic, non-correctional mental health treatment to prevent the criminalization of people with mental illness.
5. In partnership with the provinces and territories, invest in evidence-based approaches such as Housing First to shift people from crisis and institutional services to appropriate community housing options that are flexible, available, affordable and tailored to individual needs.
6. In partnership with the provinces and territories, invest in community-based programs and support services such as assertive community treatment and intensive case management to assist people with mental illness to successfully transition from inpatient care, institutions, or homelessness to the community.

## Introduction

People with severe mental illness are at high risk of poverty, homelessness and unemployment. Despite the widespread prevalence of mental health disorders, it is estimated that fewer than one-third of people affected will seek treatment. This is largely due to the stigma attached to mental illness, which can lead to discriminatory treatment in the workplace and the health care system.

Given the impact of mental illnesses on the economy, social and emergency services, as well as the criminal justice system, Canada urgently needs leadership and increased, targeted investment in mental health care services and supports.

**Recommendation 1: That the federal government work with the provinces, territories, Indigenous groups and organizations representing health-care professionals, to create and implement a pan-Canadian health human resources strategy to facilitate the identification of, and effective action on, gaps in the health-care workforce and that supports collaborative care for mental health.**

Collaborative care has great promise to improve access to care (especially for marginalized and underserved populations), to integrate physical and mental health care and to facilitate transitions in care (Kates, 2023). To fulfill this potential, a pan-Canadian health human resources data strategy to improve the collection, access, sharing and use of health workforce data, in conjunction with a national strategy to promote and implement effective health care teams across Canada, is required.

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

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

While national standards for access to mental health services are under development, national statistics on wait times for mental health services are lacking. Existing data are often incomplete or limited in timeframe. Some jurisdictions do not track wait times at all, or their information is too decentralized to use in reporting.

Benchmarks must be developed from the patient's perspective, based on the best available evidence, and go beyond the waiting time to see a specialist. Wait times 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. Service delivery volume should also be considered.

### Recommendation 3: That the federal government invest additional resources into supporting 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 (MHCC, 2013), and 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)” (MHCC, 2017). In 2011, the economic cost to Canada was equivalent to 2.8 per cent of the gross domestic product; it is estimated the total cost will be more than \$2.5 trillion by 2041 (MHCC, 2013).

Yet, when juxtaposed to the cost of mental and brain disorders, funding for mental health research lags other areas of research internationally (Wykes, 2015).

In 2018/19, the Canadian Institutes of Health Research, the principal funder of health research in Canada, allocated approximately nine per cent of its funding to mental health and substance use research (RSC, 2020), yet mental health and pain account for 24 per cent of the health burden (Vigo, 2019).

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” (Lewis-Fernandez, 2016).

Research priorities include substance use treatment and prevention (e.g., a national education campaign similar to that for tobacco) as well as the efficacy of virtual care for people with severe mental illness. Attention should be paid to the practical aspects of virtual care (e.g., digital infrastructure, digital literacy skills, phone access, privacy).

### Recommendation 4: That the federal government enhance the psychiatric services available to people with mental illness in detention centres and prisons, and put in place resources and services to provide appropriate and sufficient non-forensic, non-correctional mental health treatment to prevent the criminalization of people with mental illness.

Many people with severe mental illnesses are incarcerated, partly owing to a lack of appropriate community resources to treat them, with correctional facilities becoming the de facto psychiatric institutions. Some people with mental illness receive treatment only after being found Not Criminally Responsible or unfit to stand trial. Access to care for many only occurs after they have been criminalized.

Indigenous people are significantly overrepresented in corrections, as are female offenders, many of whom have complex trauma issues, substance use disorders and a history of hospitalizations. Jails have inadequate supports for aging inmates, who have dementia or physical health issues. Those with cognitive impairments frequently become permanent forensic patients, often with no hope they will become fit to stand trial.

The lack of services and supports in prisons for people with mental illness results in unacceptable seclusion rates and a lack of appropriate treatment. There are few places within the correctional system where mental health patients found incapable can be treated involuntarily. It is difficult to have these individuals treated outside the facility due to the double stigma of mental illness and criminality.

In addition to better resourcing the community mental health system to prevent criminalization, the CPA recommends striking a commission to review the effects of deinstitutionalization and hold provincial and territorial governments accountable for appropriate hospital and community resources (Chaimowitz, 2012a and 2012b).

Additional dedicated funding for research and education should be embedded within federal correctional health services budgets.

**Recommendation 5:** That the federal government, in partnership with the provinces and territories, invest in evidence-based approaches such as Housing First to shift people from crisis and institutional services to appropriate community housing options that are flexible, available, affordable and tailored to individual needs.

More than 500,000 Canadian living with a mental illness are inadequately housed. Of these, up to 119,000 are homeless (Trainor, 2011). Investing in supportive housing creates savings across the health care, social services and justice systems. The At Home/Chez Soi national housing study found that every \$10 invested in supportive housing resulted in an average savings of \$21.72 (Goering, 2014). In addition, At Home/Chez Soi participants reduced their use of services, and outpatient visits to hospitals (Goering, 2014).

Finding adequate housing is especially challenging for people with disabilities due to stigma and discrimination, and the inadequate income supports from current social assistance programs. The Canada Disability Benefit (CBD) has great potential to address this shortfall, provided it's not subject to clawbacks and is flexible enough to support people with episodic illness (e.g., mental illness). It will be essential to consult organizations representing people living with a mental illness and the professionals who treat them when developing the CBD regulations.

The shortage of public and private housing across Canada makes it imperative that the federal government incentivize building supportive housing for people with mental illness.

The potential for a universal basic income to replace the current patchwork of government housing and other social programs should also be explored.

**Recommendation 6:** That the federal government, in partnership with the provinces and territories, invest in community-based programs and support services such as assertive community treatment and intensive case management to assist people with mental illness to successfully transition from inpatient care, institutions, or homelessness to the community.

Patients with complex needs do well with ACT and ICM teams which work hand in glove with supportive housing. Yet wait times can be a year or longer to access this model of care (Gratzer, 2023).

## About the CPA

Founded in 1951, the Canadian Psychiatric Association is the national voice of Canada's psychiatrists and psychiatrists-in-training 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 to prevent, reduce and eliminate the symptoms and subsequent disabilities resulting from mental illness. Psychiatrists provide direct care to patients, often acting 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 and government. Psychiatrists use a mix of treatments, including medications and psychotherapy, depending on the psychiatric condition. Treatment or rehabilitation plans often 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.

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