

**2025 Pre-Budget Submission to the
House of Commons Standing Committee on Finance**

August 2, 2024

1. Background

The Canadian Alliance on Mental Illness and Mental Health (CAMIMH) is the national voice for mental health in Canada. Established in 1992, CAMIMH is a member-driven alliance of 18 mental health and substance use health organizations comprised of people with lived or living experience, their families and caregivers, and health care providers. For more information, please go to www.CAMIMH.ca.

2. Recommendations

1. That the federal government pass a companion piece of legislation to the *Canada Health Act* called the ***Mental Health and Substance Use Health Care For All Parity Act*** – which equally values mental health, substance use health with physical health.
2. That the Canadian Institute of Health Information (CIHI) have the necessary resources to work collaboratively with the provinces and territories, and other stakeholders, to develop: (1) a national public, community-based, and private health expenditure data series; and (2) comprehensive mental health and substance use health system performance indicators.
3. That the Canadian Institutes of Health Research (CIHR) increase its funding for mental health and substance use health research.

Recommendation 1

That the federal government pass a companion piece of legislation to the *Canada Health Act* called the *Mental Health and Substance Use Health Care For All Parity Act* – which equally values mental health, substance use health with physical health.

The lack of timely, equitable, accessible, inclusive and affordable mental health and substance-use health care services has long been a serious problem in Canada. Underscoring this point, CAMIMH released its second annual *Mental Health-Substance Use Health Report Card* where Canadians gave the federal and provincial governments a resounding “F” in meeting their mental health and substance use health needs.¹

The survey noted that having timely access to publicly funded mental health care services is important to 90% of Canadians, and 83% agree that provincial governments should hire more mental health care providers. When it comes to supporting the mental health and substance use health of the people of Canada, ongoing failure is not an option.

While the provision of health care is the primary responsibility of the provinces and territories there is a significant leadership role that the federal government can play when it comes to improving and expanding access to accessible and inclusive mental health and substance use health programs, services and supports.

The recent federal announcement of a \$500 million *Youth Mental Health Fund* is a step in the right direction, however, CAMIMH remains deeply disappointed with the federal government’s decision to shutter the *Wellness Together Canada* portal and not to deliver on its long-promised *Canada Mental Health Transfer* (valued at \$4.6 billion over 5 years).

While the federal government set aside an additional \$2.5 billion over each of the next 10 years for the provinces and territories to address four priorities including mental health and substance use health, a review of the bilateral agreements tells us that on average, only **16%** of all new federal monies (with a high of 75% [Yukon], 25% [Alberta], 24% [Ontario], and 0% in PEI, Manitoba and British Columbia) are being invested in mental health and substance use health services. Given the urgency these issues demand, this borders on shameful.²

This is all the more concerning given recent publicly available data suggests that Canada’s public mental health investments account for roughly 5% of its health budgets,³ which is significantly below the recommended **12%** by the Royal Society of Canada,⁴ which CAMIMH supports.

So much more could be accomplished with strong federal leadership. Specifically, an appropriate and sustainable envelope of federal funding should be embedded within a new legislative framework that identifies a clear set of objectives and accountabilities (e.g., guiding principles, performance indicators, national standards) that need to be adhered to by the provinces and territories in order to receive ongoing funding.

¹ Canadians give governments an ‘F’ in meeting their mental health and substance use health needs: CAMIMH Poll. January 18, 2024. https://www.camimh.ca/files/ugd/db0d0e_e142574173a04142b3c4931440e77922.pdf.

² CAMIMH. *Does the federal rubber hit the provincial-territorial road?* Forthcoming report to be released.

³ Institute for Health Economics. *IHE Mental Health In Your Pocket – A Handbook of Mental Health Statistics* (2019).

⁴ Royal Society of Canada. *Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada*. October 2020.

To provide a more transparent and mutually accountable relationship between the federal, and provincial and territorial governments, CAMIMH continues to call on the federal government to pass a companion piece of legislation to the *Canada Health Act* called the ***Mental Health and Substance Use Health Care For All Parity Act***.⁵ The *Act* would call on the federal government to:

1. Enshrine in federal legislation the provision of, and timely access to, inclusive and accessible mental health and substance use health programs, services and supports that are equally valued to those provided for physical health problems and conditions.
2. Ensure that a full array of publicly funded and evidence-based mental health and substance use health programs, services and supports are available to Canadians on an equitable basis, when and where they need it, and extend beyond traditional hospital and physician settings (as set out in the *Canada Health Act*).
3. Be linked to appropriate and sustainable federal funding to the provinces and territories for expanded access to mental health care services.
4. Include clear accountabilities and meaningful national health system performance indicators.
5. Recognize the fundamental importance of investing in health promotion, prevention and education, and the social determinants of health.

In meeting the objectives of the *Act* it is understood that it will require sustained investment from the federal government, along with additional financial support from the provinces and territories to ensure the people of Canada have timely access to the mental health and substance use health care they need, when they need it.

CAMIMH can no longer accept a patchwork approach that is unaccountable and does not improve and expand system access and performance. This is particularly important where 23% of Canadians are likely to have symptoms of moderate to severe depressive disorder, and 15% having moderate to severe anxiety symptoms.⁶ Furthermore, 78% of Canadians believe that substance use health is an urgent issue; with 80% wanting more access to substance use health information and services to increase lifelong wellness.⁷

Addressing the inequities in Canada's mental health and substance use health care systems are long overdue and require targeted, long-term, and sustainable funding.

⁵ CAMIMH. *From Out of the Shadows and Into The Light...Achieving Parity in Access to Care Among Mental Health, Substance Use and Physical Health*. June 2021.

⁶ Mental Health Research Canada. *Understanding the Mental Health of Canadians through COVID-19 and Beyond: Poll #16*. May 2023.

⁷ Community Addiction Peer Support Association/Canadian Centre for Substance Use and Addiction. *Knowledge About Substance Use Health and Associated Services in Canada*. 2023

Recommendation 2

That the Canadian Institute of Health Information (CIHI) have the necessary resources to work collaboratively with the provinces and territories, and other stakeholders, to develop: (1) a national public, community-based, and private health expenditure data series; and (2) comprehensive mental health and substance use health system performance indicators.

The Canadian Institute for Health Information (CIHI) is the country’s preeminent health data collection agency, and its work/analysis is essential to how our health systems are managed, measured and monitored.

As all governments consider how to effectively integrate mental health and substance use health programs, services and supports into their respective health systems, CIHI needs to have the focus and capacity to capture the breadth of mental health and substance use health expenditures across the public, private and community-based not-for-profit/charitable sectors.

Currently, CIHI has a limited amount of mental health and substance use health expenditure data from governments (mostly at the hospital and physician level), and very little spending information from those who provide mental health care through the private sector (e.g., psychiatric/mental health nurses, psychologists, registered social workers, occupational therapists, counsellors, counselling therapists and psychotherapists), which is funded through employer-based supplementary health benefit plans or out-of-pocket payments. Tracking funding in the community-based sector is that much more challenging given the lack of consistency in data tracking across provinces and territories and diverse intra-governmental funding sources. Clearly, much more needs to be done in this space.

While public and private expenditure data is considered an essential “input” to effective policymaking, CAMIMH also recognizes that it is essential to have a better understanding as to how the mental health and substance use health system is performing in terms of its “outputs” (e.g., quality, access, patient-client-provider-satisfaction). As an illustration, after reviewing the recently signed 2023 federal-provincial-territorial bilateral agreements and the nationally agreed upon indicator of “median wait times for community mental health and substance use services” we see that 4 provinces and territories have no baseline data, and for those that do, the proposed targets are quite modest.⁸ This is far from where we need to be. Knowing that it is difficult to manage what you cannot measure, CAMIMH strongly believes there is the need for a more robust set of national mental health and substance use health indicators that include clear benchmarks and targets.

Finally, a critical missing “input” is comprehensive mental health and substance use health workforce sector data. Currently, health system planners have little understanding of the number and mix of mental health and substance use health providers working across Canada. CAMIMH is encouraged that the recently created *Health Workforce Canada* will continue taking steps to identify and undertake a comprehensive mental health and substance use health workforce sector analysis. CAMIMH looks forward to contributing its knowledge and expertise.

⁸ CAMIMH. *Does the federal rubber hit the provincial-territorial road?* Forthcoming report to be released.

Recommendation 3

That the Canadian Institutes of Health Research (CIHR) increase its funding for mental health and substance use health research.

The mental health and substance use health impacts on Canadians have been significant and are likely to remain over the short-, medium- and longer-term. While the pandemic underscored the importance of biological research to develop treatments and vaccines, it also pointed to a need for more mental health and substance use research to better understand the psychosocial toll that the pandemic has taken on individuals, families, workers and economies and to help people cope with its aftermath.

Mental health and substance use health research can play a critical role in helping governments, policymakers, health service providers, educators and economies develop and implement policies and programs that will not only promote a sustained post-COVID-19 recovery but will also help Canadians reach their individual and collective potential and contribute to Canada's future prosperity and economic competitiveness.

Research is the oxygen of an evidence-based health system: it creates new knowledge and drives innovation. The Canadian Institutes of Health Research (CIHR) is the dominant funder for health research in Canada, yet it "invests" a modest amount into mental health and substance use research. That said, it has recently taken some important steps in this area.

Currently 9% of the Canadian Institutes of Health Research funding from 2016/17-2020/21 is allocated to mental health.⁹ This is not reflective of the 24% disability life years burden caused by mental, neurological, substance use and self harm. Further, investment in mental health and substance use health research must fully include biological as well as psychosocial factors. Clearly, more can be done to achieve parity in research.¹⁰

CAMIMH welcomed the federal government's multi-year increases in funding to the Tri-Councils in budget 2024. They are important and can drive discovery and innovation. Now is the time to ensure that the mental health and substance use health research community receives its fair share.

⁹ F Dzierszinski, I Arnold, K Gillis, C Brown, C Carruthers. *Underfunding of Innovative Mental Health Research: A Call for Action*. Canadian Journal of Psychiatry. Vol. 68(5), 312-314.

¹⁰ Royal Society of Canada. *Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada*. October 2020. Page 10.