

Federal investment in a pan-Canadian community mental health plan is the key to our collective recovery

Written Submission for Pre-Budget Consultations in Advance of the 2022 Federal Budget

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Recommendations

Recommendation 1: That the government directly invest \$57 million in core community mental health services and programs in order to ensure that all Canadians have access to the care they need, no matter where they live.

Recommendation 2: That the government increase investments in supportive housing for people with mental illnesses and substance use problems in order to ensure that they have safe places to live as they recover.

Recommendation 3: That the government increase investments in Indigenous-led mental health in order to advance reconciliation and help Indigenous communities recover.

Introduction

The pandemic has had a devastating and lasting impact on the mental health of Canadians. Extended isolation, economic insecurity, fear of infection, and the loss of life and a sense of normalcy have highlighted long-standing gaps in a mental healthcare system in desperate need of investment and reform.

Our research has consistently shown that Canadians who were vulnerable and marginalized before COVID-19 have been disproportionately impacted during the pandemic:

- 70% of school-aged children, and 66% of pre-school aged children have experienced a deterioration in their mental health.
- The mental health of Indigenous people, 2SLGBTQQIA+ people, women, and people with disabilities has deteriorated since the onset of the pandemic.
- Suicidal thoughts and feelings remain elevated.

Canadians require timely access to care and treatment in their own communities in order to recover from mental illnesses and substance use problems. To ensure this, we need strong federal leadership.

Community mental health supports and services are necessary to help communities address a wide range of mental health and substance use problems. These include programs for mental illness prevention and mental health promotion, as well as direct services such as counseling, substance use treatment, peer support, housing services and case management.

However, since these critical supports are often delivered outside of hospitals and physicians' offices, they are not considered 'medically necessary' under the *Canada Health Act*, and, as such, are excluded from federal health transfers.

While there have been significant investments in community mental health at both the provincial and federal levels since the pandemic began, the reality is, they haven't moved the needle enough.

On their own, the provinces and territories do not have the fiscal capacity to make the immediate investments in mental health that every community needs.

While recent government investments have also targeted the social determinants of health, much more funding and work is needed to ensure that all Canadians have access to well-paying jobs, safe and affordable places to live, childcare, education and

skills training, and much more. All of these factors have an enormous effect on mental health.

Making meaningful progress on mental health will require federal leadership. Only the federal government has the responsibility and capacity to transform the mental health system in a fundamental way.

CMHA believes the path forward is a pan-Canadian plan to invest directly in communities — not only to treat Canadians with mental illnesses where they live, but also to prevent mental health crises in the first place.

Recommendation 1: That the government directly invest \$57 million in core community mental health services and programs in order to ensure that all Canadians have access to the care they need, no matter where they live.

As the most established, most extensive community mental health organization in Canada, CMHA serves over 1.3 million people with front-line community-based mental health supports and education programs. With a presence in more than 330 communities, across every province and one territory, CMHA is well-positioned to provide immediate, evidence-based mental health support at the community level — where people need it most.

CMHA is often the first point of contact and last line of defense for people with mental illnesses and substance use problems, but funding shortages have led to long wait lists for many of our services. Our branches are simply unable to meet the high demand.

a. CMHA calls for a direct investment of \$50M over three years to sustain and scale access to critically needed community mental health services that are currently underfunded.

CMHA programs keep people connected to their communities, save taxpayer dollars and reduce the burden on acute care. The mental health promotion and mental illness prevention programs we offer help avert crises while producing cost savings for the healthcare system.

Although some of our services have been interrupted or closed due to the pandemic, many have gone virtual. This has increased access for those who have the necessary technology, while reducing access for those who lack technological resources, including people who are experiencing homelessness or have other barriers to technology.

CMHA can quickly scale up these proven programs in both English and French to reach millions of vulnerable people, including children and youth, older adults, Indigenous peoples, students, and first responders, who have worked tirelessly on the front lines of the pandemic.

b. CMHA calls for a \$5M investment to scale Resilient Minds, a program for – and led by – firefighters to make it accessible for all first responders and front-line health service providers.

Resilient Minds has helped hundreds of firefighters develop strategies to mitigate or manage trauma and psychological distress, resulting in teams that are better informed and healthier. All participants report that they know more about psychological traumas and disorders and learned better ways to manage stress and increase resilience.

An investment of \$5M would make the program available to an additional 10,000 firefighters, first responders and front-line workers, including paramedics, nurses, doctors, long-term care staff, police, and others who are at great risk of anxiety, depression, PTSD and suicide.

First responders and front-line workers currently lack accessible and peer-based mental health supports. Immediate investment is needed to give them the skills and tools to manage the mental health effects of the pandemic, both now and into the future.

c. CMHA calls for a \$2M investment to scale up *Recovery Colleges* to be accessible across the country.

Recovery Colleges are innovative learning centres where anyone can gain knowledge and develop new skills and social connections that promote recovery. These programs demonstrate a positive impact on recovery, well-being and quality of life, social relations, internalized stigma and discrimination, employment and community activities. They also reduce healthcare costs and service use.

Led by mental health practitioners and peers with lived experience, the program helps people rediscover passions and meaning in life. A \$2M investment would build the capacity of the existing 24 Recovery Colleges operated by CMHA and allow us to launch 14 new Recovery Colleges across the country, reaching an additional 10,000 people. When the need for mental healthcare increased exponentially during the COVID-19 pandemic, CMHA delivered Recovery College courses virtually, which made the program more accessible and allowed a greater number of participants to enroll.

Recommendation 2: That the government increase investments in supportive housing for people with mental illnesses and substance use problems in order to ensure that they have safe places to live as they recover.

Safe and affordable housing is required for good mental health. It reduces stress and promotes recovery, leading to better overall health outcomes.

Those experiencing mental health and substance use problems are at heightened risk of housing insecurity; an estimated 25-50 per cent of those experiencing homelessness have a mental health condition. High rents and a shortage of housing in many communities across Canada have critically reduced access to affordable housing; and the pandemic has made access to affordable and suitable housing even more challenging.

Additional investment in housing that builds on existing federal supports and commitments is needed with a focus on access to supportive housing — a model which combines access to affordable units with intensive coordinated services. For example, it would include rental supplements/allowances and case management, counselling, assistance with medication, and life skills training.

CMHA calls for:

- Capital for construction and operation of 50,000 **supportive housing units** over a decade.
- Construction and acquisition of a minimum of 300,000 units of **deeply affordable** non-market, co-op and non-profit housing over a decade.
- Creation of a residential tenant support benefit.
- Implementation of an urban, rural and northern Indigenous housing strategy that has both dedicated investments and an Indigenous-led governance structure.

Recommendation 3: That the government increase investments in Indigenous-led mental health in order to advance reconciliation and help Indigenous communities recover.

CMHA is committed to supporting reconciliation with Indigenous peoples through the implementation of all Calls to Action from the Truth and Reconciliation Commission. This begins with ensuring that Indigenous people in Canada have access to the same level of mental healthcare as non-Indigenous people.

The intergenerational trauma resulting from the residential school system is felt acutely within many communities, where suicide rates impact Indigenous peoples at a rate three times higher than non-Indigenous Canadians. Communities continue to contend with the grief and trauma of losing thousands of Indigenous women and girls who have gone missing or been murdered, and Indigenous children continue to be overrepresented in Canada's child welfare system, despite the known mental health impacts of separating children from their families.

Furthermore, a lack of access to clean water, health and mental health care, employment, education and safe housing are part of the daily psychological stresses and human rights violations that many Indigenous communities in Canada experience.

While investments have been made in Indigenous mental health, there remains a significant need for culturally safe and trauma-informed mental health services delivered by Indigenous people. Specifically, there has been a lack of comprehensive and targeted investment in substance use supports for Indigenous peoples. Research shows that the opioid crisis has had a disproportionate impact on Indigenous peoples, and that the impact has worsened over the course of the pandemic.

CMHA calls for:

- Increased support for Indigenous-led, culturally safe, mental health programs and services, rooted in Indigenous healing practices, land-based healing and the principle of self-determination
- Ensuring all programming is guided by the *First Nations Mental Wellness Continuum Framework.*
- Establishing permanent program funding for the delivery of **land-based**, **trauma-informed**, **community addictions care** for Indigenous peoples.
- Increasing targeted investment in the **mental health and substance use workforce** serving Indigenous communities.
- Doubling the current budget of the *Aboriginal Health Human Resources Initiative.*

Conclusion

By increasing direct investment in community mental health services, the federal government has the potential to transform Canadian society.

Indigenous, racialized, 2SLGBTQQIA+, and other vulnerable people experience disproportionate mental health challenges and higher barriers to accessing care. The

investments recommended by CMHA will help families and communities enjoy good mental health, live with dignity and thrive.

Having a safe place to live is the first step. We need a direct, targeted investment in supportive housing for people with mental illnesses and substance use problems to reduce the costs associated with the shelter system and put an end to homelessness.

Ensuring access to culturally based, mental health services, led by Indigenous people, will transform the mental health and well-being of Indigenous communities in Canada, and is an essential step towards reconciliation.

We have a window of opportunity to transform Canada's mental health system. Let's not miss it. CMHA remains committed to supporting these efforts, however we can, to ensure the mental health of all Canadians.

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.