ACT FOR MENTAL HEALTH

# FEDERAL PLAN FOR UNIVERSAL MENTAL HEALTH & SUBSTANCE USE HEALTH

Background Paper[1]

Canadian Mental Health Association
*Mental health for all*

Association canadienne pour la santé mentale
*La santé mentale pour tous*


1. This vision and proposed actions build on the 2012 Mental Health Commission of Canada's 'Changing Directions, Changing Lives: The Mental Health Strategy for Canada.' https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHStrategy_Strategy_ENG.pdf

# EXECUTIVE SUMMARY

When it comes to mental health, it would simply be untrue to call our health system **universal**. It's true that there is mental health care. But only some of us will get it. As a country, we've failed to invest in the mental health and substance use health care we need, and it shows.

- One third of people in Canada will experience a mental illness or substance use disorder in their lifetime.[2] And yet, a third of those Canadians can't get the mental health care they need[3] and that rises to 75% for children.
- In 2020, nearly 1 in 4 hospitalizations for children and youth ages 5 to 24 were for mental health conditions.[4]
- In 2017, 275,000 people were hospitalized and 75,000 lives were lost due to substance use.[5]

There was already a crisis. The pandemic made things worse. Alarmingly so.

- What was already an opioid toxicity crisis intensified. Between January 2016 and December 2021 there have been over 29,000 opioid toxicity-related deaths in Canada, and over 44,000 hospitalizations for opioid and stimulant-related poisoning.[6]
- Since the onset of the pandemic, 37% of Canadians reported a deterioration in their mental health.[7] Over a quarter of Canadians reported high levels of anxiety, and 17% reported feeling a high level of depression,[8] and over half experienced symptoms related to post-traumatic stress disorder.[9]

We can't afford to let Canada's mental health crisis spiral. Poor mental health conservatively costs Canada $50 billion per year.[10] Substance use costs the Canadian economy an additional $46 billion a year.[11] New investment in mental health and substance use health is not new money "out." It is money saved and it is money injected back into the economy.

- Every dollar spent in mental health returns $4 to $10 to the economy.[12]
- Improving access to treatments for depression could boost the economy by $32.3 billion a year, and anxiety treatments could boost the economy by $17.3 billion a year.[13]

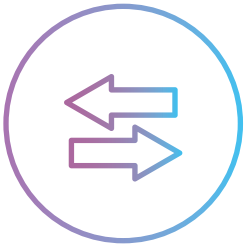
Yet Canada lags behind other countries in smart investments in mental health and substance use health, spending only 5-7% of overall healthcare budgets on mental health.

2. https://health-infobase.canada.ca/datalab/mental-illness-blog.html and https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11855-eng.htm
3. https://www.camh.ca/en/driving-change/the-crisis-is-real
4. https://www.cihi.ca/en/children-and-youth-mental-health-in-canada
5. https://csuch.ca/publications/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2020-en.pdf
6. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/
7. https://cmha.ca/brochure/summary-of-key-findings-ubc-4/
8. https://heron-mandarin-jxzs.squarespace.com/covid-data-portal and https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/62fbbfdfc8d13100a5a91c27/1660665824434/MHRC+Understanding+Mental+Health+of+Canadians+Through+COVID-19+and+Beyond+-+Poll+13+Report+Final.pdf.
9. https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/62fbbfdfc8d13100a5a91c27/1660665824434/MHRC+Understanding+Mental+Health+of+Canadians+Through+COVID-19+and+Beyond+-+Poll+13+Report+Final.pdf
10. This doesn't include costs associated with lost employer revenue due to employee absenteeism, costs related to increased demand for social assistance programs, reduced tax revenue due to unemployment and costs incurred by caregivers. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2017-03/case_for_investment_eng.pdf
11. $13 billion is attributed to direct healthcare costs, $20 billion to lost productivity and over $9 billion to criminal justice costs.
12. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30024-4/fulltext and https://cpa.ca/docs/File/Practice/roi_mental_health_report_en.pdf
13. https://www.conferenceboard.ca/temp/7139ae58-7434-4326-bbff-80756392890d/8242_Healthy-Brains-Workplace_BR.pdf

**Investing in mental health and substance use health isn't just the right thing to do. It's the smart thing to do. And we can't afford not to.**

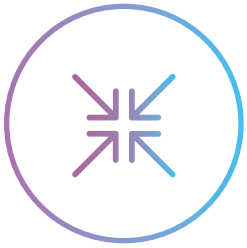
We all have the right to mental health care and substance use health care that is publicly funded and free to everyone when they need it.

## To achieve this, the federal government must:



**Create a permanent Canada Mental Health and Substance Use Health Transfer** equivalent to 12% of provincial/territorial health care spending ($5.3B) ramped up over 5 years, with 50% earmarked for community services.

**Create a Canada Universal Mental Health and Substance Use Health Act** to accompany the Canada Mental Health and Substance Use Health Transfer.



**Fully decriminalize simple possession of illicit substances and increase investments in substance use prevention, harm reduction, treatment and recovery services.**

**Work to create the social and economic conditions that contribute to good mental health by:**

a. Amending the federal National Housing Strategy to establish a new ten-year investment for the dedicated acquisition, conversion, and construction of 100,000 supportive housing units.

b. Establish a new multi-year funding stream for community-based organizations to cover operational and support costs for supportive housing units.

c. Creating a Canada Disability Benefit, with an assured income floor of $2,200 per month.

d. Launching three basic income pilot projects, designed with a view to studying and implementing a Universal Basic Income Guarantee.

e. Increasing the Employment and Social Development Canada (ESDC) Opportunities Fund.

f. Implementing automatic tax-filings.

# INTRODUCTION

When it comes to mental health, it would simply be untrue to call our health system **universal**. It's true that there is mental health care. But only some of us will get it. Investing in mental health and substance use health isn't just the right thing to do. It's the smart thing to do. And we can't afford not to.

Canada has had a universal healthcare system for coming up on 40 years. It is a fundamental Canadian value that health care is based on need, and not on the ability to pay. We are rightly proud.[14] It is enshrined in law in the *Canada Health Act* and is a universal human right.[15] This means that in our healthcare system, whether we break our leg or detect a lump or have shortness of breath, a doctor – in their office or at the hospital – knows either what to do, or where to send us. And that care will be covered.

Our "universal" health care system has an entry point. A front door to walk through. For most people in Canada, the front door is a physician in their office, a clinic, or the Emergency Department.

When it comes to mental health and substance use health care, the front door looks pretty much the same: the physician or the Emergency Department. But what is on the other side? It's not what you'd expect. You won't find a system there. Often the other side opens onto nothing.

Under the *Canada Health Act*, most mental health and substance use health services are covered only if they are delivered by physicians or in hospitals.[16] If a case is urgent, or a person is in crisis, the front door might be the Emergency Department. The person is treated for the crisis and discharged, or they are admitted to hospital for care. These services are covered. It's what happens next – after discharge – where the "system" can fall away, because too often a person is discharged **without** follow-up mental health supports.

Although psychiatrists are physicians whose services are covered by public health insurance, not all people with serious mental illnesses and substance use disorders will get access to them. Only some will get access to community-based social workers and peer support workers who can offer services or help find the supports they need to be well – like housing and income supports. Many will cycle through hospitals, shelters, and the criminal justice system without getting the help they need. If you're Indigenous, Black, a person of colour, an (im)migrant, 2SLGBTQ+, or experience other multiple and intersecting forms of inequality, you are unlikely to get care that's culturally safe and appropriate.

As for people with mild to moderate mental health concerns, the front door is often a family physician.[17] Millions of Canadians, approximately 15%, don't have a family

14. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7138369/
15. https://www.ohchr.org/en/special-procedures/sr-health/right-mental-health, https://www.ohchr.org/en/health, https://cmha.ca/brochure/brief-mental-health-as-a-human-right-cmhas-vision/ and https://www.wellesleyinstitute.com/wp-content/uploads/2015/03/Rights-Based-Approach-to-Health_Wellesley-Institute_2015-1.pdf
16. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5675542and https://cmha.ca/wp-content/uploads/2022/02/Running-on-empty-Full-Paper-Report-EN-Final.pdf
17. Community-based mental health and substance use health organizations are often not-for-profit/charitable organizations that deliver a range of programs and services and rely on government funding and donations. https://cmha.ca/wp-content/uploads/2022/02/Running-on-empty-Full-Paper-Report-EN-Final.pdf

doctor.[18] Family doctors face considerable barriers to caring for their patients who present with mental health concerns. There often aren't publicly available referral pathways, meaning that the only place to go for some mental health and substance use health supports is into private care, where cost is prohibitive for many, and waitlists can be long. For those without access to a family doctor their search for mental health services is even more challenging. If you have insurance benefits from work, you might have some (limited) care. When it comes to "free" services, you could join a waitlist for community-based services delivered by not-for-profit agencies. Otherwise, you will have to pay out of pocket. Or get absolutely none.

Supports for people with addictions and substance use health concerns have been separated from mental health supports within the healthcare system and regarded as social or criminal issues.[19] Drug use, in particular, has long been stigmatized – and criminalized – in Canada.[20] Substance use health and mental health are intrinsically linked. People with mental illnesses are twice as likely to have a substance use disorder, and people with substance use disorders are up to three times as likely to have a mental illness, compared to the general population.[21] Yet mental health and substance use health services have been separated and treated in siloes. The need to integrate substance use health services with mental health services is broadly understood, but stigma and the criminalization of drug use have upheld the artificial divisions that exist between mental health and substance use health, affecting how programs are delivered and budgets developed.[22]

Even the "universal" part of our healthcare system is under rising stress with Emergency Department closures, staff burnout and shortages, long wait times, and delayed access to care.[23] This only widens the gaps in mental health and substance use health care. While community-based supports exist in some places, they are badly underfunded. Existing services and supports can't meet the need already. As mental health and substance use health concerns grow ever more pervasive, the crisis will only grow.

18. https://angusreid.org/canada-health-care-family-doctors-shortage/
19. https://www.ncbi.nlm.nih.gov/books/NBK424848/
20. https://www.drugpolicy.ca/wp-content/uploads/2013/01/CDPC2013_en.pdf
21. https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics#:~:text=Similarly%2C%20people%20with%20substance%20use,a%20co%2Doccurring%20mental%20illness, https://pubmed.ncbi.nlm.nih.gov/19087478/ and https://academic.oup.com/schizophreniabulletin/article/35/2/383/1906278
22. https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/primer-reduce-substance-use-stigma-health-system/stigma-primer-eng.pdf
23. https://cmajnews.com/2022/08/11/er-closures-1096014/, https://www150.statcan.gc.ca/n1/daily-quotidien/220603/dq220603a-eng.htm and https://www.cihi.ca/en/covid-19-resources/impact-of-covid-19-on-canadas-health-care-systems/hospital-services

# THE NEED: WE CAN'T IGNORE THE MAGNITUDE

One third of people in Canada will experience a mental illness or substance use disorder during their lifetime.[24] And yet, a third of Canadians can't get the mental health care they need[25] and that rises to 75% for children. That's because the mental health and substance use health care that people need isn't available, or it isn't covered by our public health insurance.[26]

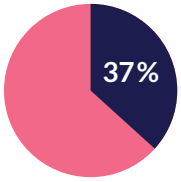
- Prior to the pandemic, in any given year, one in five Canadians experienced a mental health issue.[27]
- Major depression affects about **11.3%** **of the population** and anxiety disorders affect about **8.7%** **of the population**[28]
- Nearly 22% of people in Canada will experience a substance use disorder during their lifetime.[29]
- In 2020, nearly 1 in 4 hospitalizations for children and youth ages 5 to 24 were for mental health conditions.[30] About 70% of mental health problems begin in childhood or adolescence.[31]
- Suicide is the second leading cause of death for young people ages 15-34.[32]

There was already a crisis. The pandemic made things worse. Alarmingly so.

- What was already an opioid toxicity crisis intensified. Between January 2016 and December 2021, there have been over 29,000 opioid toxicity-related deaths in Canada, and over 44,000 hospitalizations for opioid- and stimulant-related poisoning.[33]
- COVID-19 has had a huge impact on mental health and substance use health and Canadians have experienced heightened levels of stress, anxiety and depression, and increased substance use, and they continue to.[34]

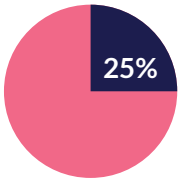
24. https://health-infobase.canada.ca/datalab/mental-illness-blog.html and https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11855-eng.htm
25. https://www.camh.ca/en/driving-change/the-crisis-is-real
26. In order for services to be covered under provincial and territorial health plans, they may be deemed 'medically necessary' under the Canada Health Act. Mental Health and substance use health services delivered outside of hospitals and by physicians are not deemed medically necessary and therefore, for the most part, are not part of public health insurance plans. https://cmha.ca/wp-content/uploads/2022/02/Running-on-empty-Full-Paper-Report-EN-Final.pdf
27. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/MHCC_Report_Base_Case_FINAL_ENG_0_0.pdf
28. https://www150.statcan.gc.ca/n1/pub/82-003-x/2020012/article/00002-eng.htm
29. https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11855-eng.htm
30. https://www.cihi.ca/en/children-and-youth-mental-health-in-canada
31. https://www150.statcan.gc.ca/n1/pub/82-624-x/2012001/article/11696-eng.htm
32. https://www150.statcan.gc.ca/n1/pub/82-624-x/2012001/article/11696-eng.htm
33. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/
34. https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/6328cb0d401c98229bad6cb1/1663617806470MHRC+Mental+Health+During+COVID+Poll+12+Report.pdf and https://www.ccsa.ca/covid-19-stress-amplifying-mental-health-and-substance-use-concerns-leger-poll

- Since the onset of the pandemic, 37% of Canadians reported a deterioration in their mental health.[35]



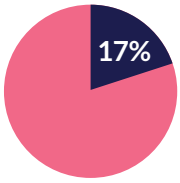

**14 M**
reported a deterioration in their mental health

Over a quarter of Canadians, or 10.3 million people, reported high levels of anxiety,




**10.3 M**
reported high levels of anxiety

and 17%, or 6.5 million reported feeling a high level of depression,[36]




**6.5 M**
reported feeling a high level of depression

and over half experienced symptoms related to post-traumatic stress disorder.[37]

- Mental healthcare professionals and nurses have experienced the highest levels of anxiety and depression.[38]

35. https://cmha.ca/brochure/summary-of-key-findings-ubc-4/
36. https://heron-mandarin-jxzs.squarespace.com/covid-data-portal and https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/62fbbfdfc8d13100a5a91c27/1660665824434/MHRC+Understanding+Mental+Health+of+Canadians+Through+COVID-19+and+Beyond+-+Poll+13+Report+Final.pdf
37. https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/62fbbfdfc8d13100a5a91c27/1660665824434/MHRC+Understanding+Mental+Health+of+Canadians+Through+COVID-19+and+Beyond+-+Poll+13+Report+Final.pdf
38. https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/626a9ee634b74940f238e71b/1651154663758/Anxiety+and+Depression+in+the+Workplace.pdf

# MAKING MENTAL HEALTH CARE UNIVERSAL IS THE RIGHT THING TO DO.

A just and caring society. That describes the Canada we want to be. In fact, it describes the Canada we are. But we may just have a blind spot when it comes to mental health and substance use health.

Making mental health and substance use health care integral parts of our universal healthcare system would greatly reduce human suffering and vastly improve quality of life for millions of Canadians. We know that ensuring secure and affordable housing and stable, adequate incomes can also help prevent the suffering.

We also know that social inequity can lead to mental illnesses and substance use health concerns. The injustices pile on. Lack of integrated mental health and substance use health services fails people with concurrent mental health and substance use disorders, who often have poorer physical health, greater psychological distress and experience barriers accessing care.[39] Housing and income challenges are more likely to affect Indigenous, Black, and other racialized people, people who are 2SLGTBQ+ and (im)migrants. And when people with mental illnesses and substance use health concerns don't have housing or adequate incomes, it is hard for them to get the care they need to get well.

## Homelessness

Housing and mental health and substance use health are linked. Access to safe, reliable and affordable housing is a social determinant of mental health as it creates safe and stable environments which lead to greater well-being and improved health outcomes.[40] Canada has a chronic shortage of stable, affordable homes and millions of Canadians are in need of core housing.[41] The federal government has recognized housing as a human right and has committed to the elimination of chronic homelessness by 2027-2028[42] and there have been significant investments at federal, provincial/territorial and municipal levels. Yet too many Canadians still live in unstable, unaffordable housing and Canada has a chronic shortage of stable, affordable homes. For people with serious mental health illnesses and substance use health concerns, staying housed and getting well require supports like addictions counselling, case management, and employment assistance.[43]

## Poverty

If we are to address mental health and substance use health, we must also address poverty. Many Canadians with mental illnesses and substance use health concerns live in poverty, or risk slipping into poverty.

39. Fleury M-J, Grenier G, Bamvita JM, Caron J. Profiles associated respectively with substance dependence only, mental disorders only and co-occurring disorders. Psychiatric Quarterly 2015; 86: 355-71. And Urbanoski K, Cairney J, Bassani D, Rush B. Perceived unmet need for mental health care for Canadians with co-occurring mental and substance use disorders. Psychiatric Services 2008; 59(3): 283-9.
40. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8415197/
41. Refers to people who do not have access to a dwelling that is suitable, adequate, or affordable. https://www150.statcan.gc.ca/n1/daily-quotidien/211122/dq211122b-eng.htm
42. Reaching Home Strategy (2019)
43. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc_at_home_report_national_cross-site_eng_2_0.pdf

Having employment significantly reduces poverty. A mental illness or substance use health concern does not necessarily prevent a person from working, but 54% of people who have a mental illness are unemployed.[44] Having work can be central to mental health and substance use recovery, providing a sense of identity and social role. When a person with a mental illness or substance use health concern is unable to work, however, having an adequate, basic income helps ensure they can access the care, housing, food, and other supports they need.[45]

Income security helps prevent mental illnesses and substance use health concerns and we, as a just and caring society, provide income supports and benefits. But those benefits are often inadequate and difficult to get. For people with episodic mental illnesses,[46] income supports can be inflexible and are often clawed back when people are once again well enough to work. In addition, many programs and benefits are "means tested," so vulnerable people in Canada who don't file taxes aren't able to receive income supports. This includes many people who have mental illnesses.

## Criminalizing people who use drugs

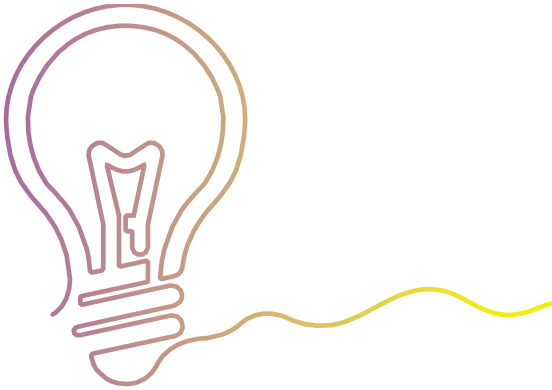
Drug use has long been stigmatized – and criminalized – in Canada[47] and the effects of that criminalization run deep. People who use illegal substances may feel unsafe seeking life-saving interventions and treatment services. They may also fear arrest and harassment by police, judgment by healthcare professionals, loss of benefits, and child apprehension by the state, among other impacts.[48] Criminalization further marginalizes people living in poverty and those experiencing racism, gender-based inequality, violence and other forms of oppression.[49] Systemic racism and drug enforcement campaigns that target racialized communities have disproportionately harmed Indigenous people, Black people and other people of colour, leading to discrimination and their over-criminalization.

Indigenous and racialized communities have been disproportionately harmed by the drug poisoning crisis. At the same time, they do not have equitable access to mental health and substance use health services.[50] In a just society, people with addictions or substance use health concerns should be treated with dignity and respect and have access to a wide range of publicly funded treatment options, including harm reduction and other evidence-based approaches.[51]

We must address harmful and discriminatory drug laws and policies[52] and the resulting negative health and social impacts.[53] Supporting people to live safer and healthier lives instead of criminalizing them is the right thing to do.

44. https://www150.statcan.gc.ca/n1/daily-quotidien/200129/dq200129b-eng.htm, https://mentalhealthcommission.ca/wp-content/uploads/2021/09/Workplace_MHCC_Aspiring_Workforce_Report_ENG_0_0_0.pdf
45. Statistics Canada 2021 census data revealed reduction in income inequality and number of low-income earners as a result of the Canada Child Benefit and pandemic relief benefits. https://www.cbc.ca/news/politics/new-household-census-data-pandemic-benefits-1.6519087
46. Meaning that symptoms may appear for brief amounts of time, in episodes. https://dictionary.apa.org/episodic-disorder
47. https://drugpolicy.ca/about/history/
48. https://assets.clra-bc.com/2021/11/DecrimSubmission-1.pdf
49. Bernie Pauly, Paul Hasselback and Dan Reist, A Public Health Guide to Developing a Community Overdose Response Plan (Victoria, BC: University of Victoria, 2017), 4.
50. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5675540/
51. https://drugpolicy.ca/about/history/
52. https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports.html
53. Including the root causes tied to problematic substance use and addiction, including intergenerational trauma, adverse childhood experiences, physical and emotional trauma, systemic racism, and discrimination caused by colonialism and other state-led

# MAKING MENTAL HEALTH CARE UNIVERSAL IS THE SMART THING TO DO.



A patchwork, 'care for some' system that is filled with gaps is not really a system at all. We need a true mental health and substance use health care system: one that truly meets our needs and is based on planning – and on the best science. This isn't just the right thing to do. It's the smart thing to do. This means bringing sustainable, long-term federal leadership and funding to the mental health and substance use healthcare system. Doing so will allow policymakers to plan more effectively for the long-term, develop sustainable programs and strategies, and to move away from short-term, piecemeal, project-funded approaches to healthcare delivery that just don't work.[54]

Mental illnesses account for 30% of the global non-fatal disease burden, and 10% of the overall disease burden.[55] For over 30 years, mental illnesses have been among the top ten leading causes of disease burden around the world.[56] Canada lags behind other countries in smart investments in mental health and substance use health, spending 5-7% of overall healthcare budgets on mental health, whereas our OECD peer nations like France, New Zealand and the Netherlands spend 10-13%.[57]

Often mental health and substance use health services – and the people who need them – fall through the cracks of provincial and territorial health plans. This includes community-based case management[58] and other critical supports that help people live independently. Peer support, mental health promotion and mental illness prevention, and substance use treatments also fall outside public health insurance. These excluded services are most often delivered by underfunded charitable or not-for-profit community-based organizations to people who can't afford private services. Yet we know these services work. There is strong evidence demonstrating the positive outcomes associated with publicly funded psychotherapy and counseling services.[59]

In the UK, one program shows a more than 50% recovery rate for people who complete it.[60] The same program reports that nearly 70%

54. https://journals.sagepub.com/doi/full/10.1177/10442073211066776. This includes strategies to ensure coordination between public and private sectors, and mechanisms to support the current and future needs of the mental health and substance use health workforce.
55. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5198754 and https://cdn.who.int/media/docs/default-source/gho-documents/global-health-estimates/ghe2019_daly-methods.pdf?sfvrsn=31b25009_7
56. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00395-3/fulltext
57. https://www.centreforpublicimpact.org/insights/new-zealands-wellbeing-budget-worth-hype-contributor-michael-mintrom and https://www.who.int/data/gho/data/indicators/indicator-details/GHO/government-expenditures-on-mental-health-as-a-percentage-of-total-government-expenditures-on-health-(-)
58. Case management is an evidence-based service, often delivered by community-based mental health and substance use organizations, that assigns a case manager (often a trained Social Worker) to assist individuals with serious mental illness who require support to live and work in the community. Case managers respond to their clients multiple and changing needs by providing on-going support as needed by the client in order for them to stabilize, achieve their goals, and improve the quality of life. Case managers also work to coordinate the services the client requires from across the health system, as well as other service systems (i.e., criminal justice, housing, etc.). Integral to this process is the direct involvement of the client and the development of a caring, supportive relationship between the client and the case manager, and where appropriate, with the client's family and supports. https://toronto.cmha.ca/programs-services/case-management/
59. https://cpa.ca/docs/File/Advocacy/New%20Federal%20Investments%20in%20Mental%20Health%20-%20FINAL%20-%20Edited%20-%20July%2022.pdf
60. https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2021-22

of people who receive two or more sessions show a substantial reduction in anxiety and depression.[61]

Similarly, community-based mental health promotion and mental illness prevention programs yield similar positive results. For example, a Danish mental health promotion program, now delivered in 25 countries to over a million children, has demonstrated significant positive effects on children's adaptive coping skills, social skills, emotional literacy skills and has reduced mental health problems arising from stressful situations.[62] Research shows peer support programs can lead to reduced hospitalizations for mental health problems, reductions in distress symptoms and improvements in quality of life.[63] Alternative approaches to police-led responses to mental health crises and mobile crisis response teams lead to reduced interaction with law enforcement, reduced emergency departments visits and hospital admissions,[64] and increased connection to social services and treatment referrals.[65]

## Employment

People with disabilities represent a large pool of untapped labour.[66] Improving access to mental health services can make it possible for people with mental illnesses to work. For instance, adults who receive treatment for depression are 50% more likely to work than people who can't access treatment.[67] However, people with disabilities, including people with mental illnesses, face significant barriers to employment.[68] Employment assistance that provides the right resources at the right time can ensure workers with mental illnesses become valued members of the workforce.[69]

## Housing

Providing housing with mental health supports helps people stay housed and get well.[70] Evidence strongly supports a Houswing First approach that supports people with chronic mental illnesses by providing stable, affordable housing, and ongoing flexible supports based on a person's individual needs. Housing First programs can reduce homelessness by 88%, with clients twice as likely to report positive life changes.[71]

61. https://www.england.nhs.uk/blog/iapt-at-10-achievements-and-challenges/
62. Clarke, Aleisha M., Brendan Bunting, and Margaret M. Barry, "Evaluating the implementation of a school-based emotional well-being programme: A cluster randomized controlled trial of Zippy's Friends for children in disadvantaged primary schools," Health Education Research vol. 29, no. 5 (2014): 786-798; Holen, Solveig, Trine Waaktaar, Arne Lervåg, and Mette Ystgaard, "The effectiveness of a universal school-based programme on coping and mental health: A randomised, controlled study of Zippy's Friends," Educational Psychology vol. 32, no. 5 (2012): 657-677; Mishara, Brian L., and Mette Ystgaard, "Effectiveness of a mental health promotion program to improve coping skills in young children: Zippy's Friends," Early Childhood Research Quarterly vol. 21, no. 1 (2006): 110-123.
63. https://peersupportcanada.ca/wp-content/uploads/2022/07/MHCC_Making_the_Case_for_Peer_Support_2016_Eng.pdf
64. https://www.austintexas.gov/edims/document.cfm?id=302634; see also https://truthout.org/articles/911-services-that-dispatch-mental-health-counselors-not-cops-gain-traction/
65. https://www.nejm.org/doi/full/10.1056/NEJMms2035710
66. https://mentalhealthcommission.ca/resource/the-aspiring-workforce-employment-and-income-for-people-with-serious-mental-illness/
67. http://www.infocop.es/pdf/investguide.pdf
68. https://www.chrc-ccdp.gc.ca/sites/default/files/publication-pdfs/ottawaiti7-2565385-v7-report_on_employment_and_persons_with_disabilitie_final-s.pdf
69. https://ontario.cmha.ca/documents/talking-points-employment-supports-for-persons-with-mental-illness/
70. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/PrimaryCare_Turning_the_Key_Summary_ENG_0_1.pdf
71. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8513528/

# WE CAN'T AFFORD NOT TO MAKE MENTAL HEALTH CARE UNIVERSAL.

We can't afford to let Canada's mental health crisis spiral. We have no choice but to fix it. We can't afford not to.

Poor mental health costs Canada at least $50 billion per year – or 2.9% of our 2019 gross domestic product – in direct health care costs, lost productivity, and loss of quality of life.[72] New investment in mental health and substance use health is not new money "out." It is money saved and it is money injected back into the economy.

- Every dollar spent in mental health returns $4 to $10 to the economy.[73]
- Improving access to treatments for depression could boost the economy by $32.3 billion a year, and anxiety treatments could boost the economy by $17.3 billion a year.[74]
- In 2017, substance use alone cost the Canadian economy $46 billion a year, 275,000 hospitalizations and 75,000[75] lives. $13 billion is attributed to direct healthvcare costs, $20 billion to lost productivity and over $9 billion to criminal justice costs.
- Mental health problems account for about 30% of short- and long-term workplace disability claims.[76]

## Counselling and psychotherapy

Access to evidence-based psychotherapy programs, delivered by or under the supervision of regulated mental health care providers, such as those publicly funded in the UK[77] and Australia[78] have benefited millions, led to improved health outcomes[79] and yield a $2 return for every dollar invested, with economic and social benefits associated with reduced hospitalizations, fewer suicide attempts, and fewer suicides.[80] Most provinces and territories have not integrated services like counseling, psychotherapy and substance use treatments,[81] leaving many Canadians[82]

72. This doesn't include costs associated with lost employer revenue due to employee absenteeism, costs related to increased demand for social assistance programs, reduced tax revenue due to unemployment and costs incurred by caregivers. Quality of life refers to quality of life adjusted life years, disability adjusted life years. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2017-03/case_for_investment_eng.pdf and https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2017-03/case_for_investment_eng.pdf
73. https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30024-4/fulltext and https://cpa.ca/docs/File/Practice/roi_mental_health_report_en.pdf
74. https://www.conferenceboard.ca/temp/a1622a54-5c79-4b90-804f-8235d7f71c08/8242_Healthy-Brains-Workplace_BR.pdf
75. https://csuch.ca/publications/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2020-en.pdf
76. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf
77. 405m GBP
78. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2018-08/Expanding_Access_to_Psychotherapy_2018.pdf and https://www.mja.com.au/journal/2019/mental-health-re-evaluate-better-access-program
79. https://digital.nhs.uk/data-and-information/publications/statistical/improving-access-to-psychological-therapies-patient-level-activity-and-costing/2019-20 and https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-report-on-the-use-of-iapt-services/july-2021-final-including-a-report-on-the-iapt-employment-advisors-pilot/outcomes
80. https://pubmed.ncbi.nlm.nih.gov/28502247/ and https://pubmed.ncbi.nlm.nih.gov/28502247/
81. https://cpa.ca/docs/File/Position/An_Imperative_for_Change.pdf. In 2013, it was reported that Canadians paid $950M in expenditures for private practice psychologists' services across the ten provinces (at 2010 price levels). This does not account for other privately available services, such as counseling and substance use treatments.
82. https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/62cc4207f8adaf29d4a4bc15/1657553415951/07July22_Which+Canadians+Are+Not+Accessing+Support_V3%282%29.pdf

relying on employee benefits or paying out of pocket for these services. Canadians pay, conservatively, over $1B per year on private psychological services alone. When they can't afford to pay, most often people can't get the care they need.

## Harm reduction programs

- An Australian alcohol-use safe space program conservatively returned $2.67 for each $1 invested, with a return likely closer to $9 for every $1 due to cost reductions in police and paramedic interventions, and other health-related costs.[83]

## Community-based services

Targeted investments in upstream interventions like mental health promotion and mental illness prevention, provided by community-based organizations, are cost-effective, yield return on investment[84] and are critical to reducing healthcare costs and improving health outcomes.

- An early intervention and mental health promotion program in Ontario yielded $2.50 per family for every $1 invested.[85]
- An Australian universal school-based program to prevent depression in young people returns $1.50 for every $1 invested.[86]
- Supported employment programs[87] delivered by community-based organizations demonstrate a strong return on investment, help people with mental illnesses get back to work, reduce the need for income supports[88] and lead to significant reductions in inpatient hospital stays.[89]
- A US study found investments in community-based health care workers saved $2.47 for every $1 invested, due to reduced hospitalizations and other healthcare related costs.[90]
- A US study on school-based social and emotional learning program delivered to students K-12 found an average benefit-cost ratio of 7:1.[91]

83. https://www.mdpi.com/1660-4601/18/22/12111/htm
84. https://pubmed.ncbi.nlm.nih.gov/20966360/, https://pubmed.ncbi.nlm.nih.gov/28685826/, http://eprints.lse.ac.uk/55659/1/__lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_McDaid,%20D_Promoting%20health,%20preventing%20disease_McDaid_Promoting%20health,%20preventing%20disease_2014.pdf, and https://www.tandfonline.com/doi/abs/10.1080/14623730.2009.9721789.
85. https://www.researchgate.net/publication/281363766_Cost-Savings_Analysis_of_the_Better_Beginnings_Better_Futures_Community-Based_Project_for_Young_Children_and_Their_Families_A_10-Year_Follow-up
86. https://www.mentalhealthcommission.gov.au/getmedia/f50c8ea9-fb4c-4b9d-a288-6d3762d2eead/School-based-psychological-interventions-to-prevent-depression-in-young-people.PDF
87. The Employment and Social Development Canada 'Opportunities Fund for Persons with Disabilities,' is an example of a federally funded assistance program that has demonstrated a strong return on investment, resulting in increased earnings, strengthened labour-market attachment and reduced reliance on social assistance income among program participants.
88. https://www.canada.ca/en/employment-social-development/programs/opportunity-fund-disability/reports/technical-estimating-net-impact.html#h2.09
89. https://www.researchgate.net/publication/264833397_Long-Term_Effectiveness_of_Supported_Employment_5-Year_Follow-Up_of_a_Randomized_Controlled_Trial
90. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.00981
91. Average calculated by CMHA. See: Belfield, Clive, A. Brooks Bowden, Alli Klapp, Henry Levin, Robert Shand, and Sabine Zander, "The economic value of social and emotional learning," Journal of Benefit-Cost Analysis vol. 6, no. 3 (2015): 508-544

## Housing

Combined access to case management and stable housing reduces hospitalizations and emergency department visits, thereby reducing health care costs.[92],

- A combination of stable housing and case management, such as Housing First approaches, show significant return on investment,[93] result in cost savings for the shelter, health, and justice systems, and reduce hospital stays, emergency department visits and interactions with police and court officials.[94]
- The national 'At Home/Chez Soi' cross-site Housing First research demonstration project documented a $21.72 return for every $10 invested.[95]

## Employment

Employing people with mental illnesses can address labour market shortages, reduce healthcare costs, and improve health outcomes.

- Providing supports to working people to help them manage depression and anxiety would grow Canada's workforce by 230,000-350,000 per year until 2035.[96]

## Income supports

When it comes to mental health-related issues, income security can reduce hospitalization rates by 8.5%, reduce physician visits, and increase the likelihood of high school completion.[97]

- A US study found that access to government-provided income assistance decreased psychological distress and improved self-reported mental health.[98]

## Food security

Food security reduces health care costs, particularly those associated with chronic health diseases – including depression.[99]

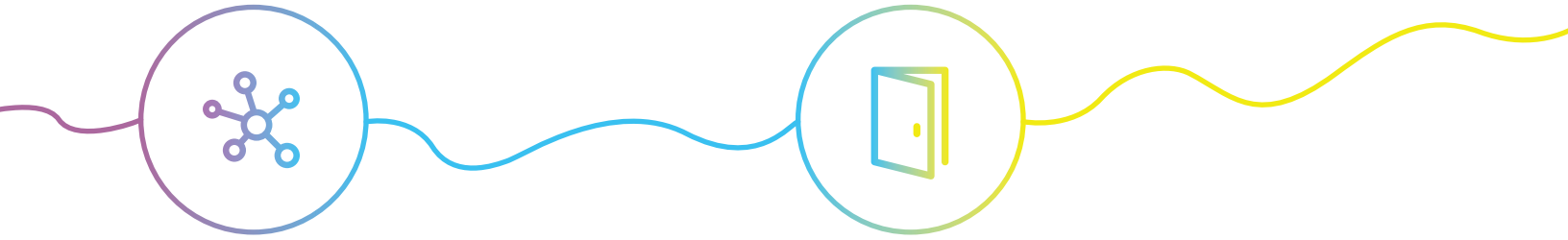
- Households with severe food insecurity have 76% higher healthcare related costs and 121% higher drug-related costs.[100]
- Food insecurity is linked with a 257% higher risk of anxiety and 254% higher risk of depression.[101]
- Severe food insecurity increases the likelihood of acute care admission by 69%, longer hospital stays and higher health care costs.[102]

92. https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3028-7
93. https://mentalhealthcommission.ca/wp-content/uploads/2021/09/mhcc_at_home_report_national_cross-site_eng_2_0.pdf
94. https://mentalhealthcommission.ca/wp-content/uploads/2021/09/mhcc_at_home_report_national_cross-site_eng_2_0.pdf
95. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc_at_home_report_national_cross-site_eng_2_0.pdf
96. https://www.conferenceboard.ca/temp/21d1eb31-790b-4009-a058-399ef2d5a510/8242_Healthy-Brains-Workplace_BR.pdf
97. https://www.umanitoba.ca/media/Simpson_Mason_Godwin_2017.pdf
98. https://jech.bmj.com/content/75/10/929.long
99. https://www.cmaj.ca/content/187/14/E429
100. https://www.cmaj.ca/content/187/14/E429
101. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10631-0
102. https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.01637

# THE CHANGE WE NEED

We envisage a strong federal partnership with provinces, territories, communities, experts, people living with mental illnesses and substance use health concerns, caregivers, and community-based organizations that builds on existing commitments and strategies.[103] The partnership would 1) ensure everyone, everywhere in Canada, has universal access to free care, 2) provide supports to people with mental illnesses and substance use health concerns, and 3) put an end to the criminalization of people who use drugs.

## Federal action must be guided by four principles:



### A UNIVERSAL SYSTEM:

**Give all people in Canada access to publicly funded mental health and substance use health services wherever they live.**

We must apply the principles of the Canada Health Act to the delivery of mental health and substance use health services by ensuring that provincial and territorial health insurance covers a comprehensive package of mental health and substance use health services. These services must be equally available to all, be portable when moving between provinces and territories and they must be provided free and without discrimination.

### A REAL SYSTEM:

**Make the front door lead into a true system.**

This means a shift away from patchwork, hard-to-find, waitlisted mental health and substance use health services. It means more community services are no longer funded by short-term grants or donations alone. It means counselling and psychotherapy services will be accessible to all, and not only to those who can pay for them. It means creating a real system of integrated,[104] accessible, publicly funded care, backed by long-term, sustainable core funding for community-based services.

103. MHCC 2021 Mental Health Strategy "Changing Minds, Changing Directions." https://mentalhealthcommission.ca/wp-content/uploads/2021/05/MHStrategy_Strategy_ENG.pdf, 2017 "Common Statement of Principles on Shared Health Priorities", 2022-2023 process to develop National Standards for Mental Health and Substance Use Health Services.
104. In this case, integrated means integration between mental health and substance use health services, as well as integration of those services with primary, secondary and tertiary health care systems.

## A FAIR SYSTEM:

**We must right the structural inequities that lie at the heart of poor mental health and substance use health concerns.**

This requires countering the harms caused by colonialism, racism, sexism, and ableism that permeate our healthcare systems and lead to poor health outcomes. It means taking an anti-racist and anti-oppressive approach to policymaking and service delivery. It means taking into account the social determinants of health and recognizing the importance of upstream, preventative care. In practical terms, disaggregated data must be collected so we know who receives care, who doesn't, and we begin to understand why not. We need to bring transparency to the development of health policies and budgets. While we close gaps in access and address systemic discrimination, diverse people with lived/living experience of mental illnesses and substance use health concerns need to be included in a meaningful way in our healthcare and justice system reforms.

## A WELLNESS SYSTEM:

**We must strive to make people well so that they can live full and healthy lives, recover, thrive, and accomplish their goals and dreams, while giving back to the community and society as a whole.**

This includes integrating social determinants of health into mental health and substance use health policy and services, as well as recognizing the importance of mental health promotion, mental illness prevention, education, recovery-oriented approaches, and the elimination of stigma. Mental wellness requires balance between the mental, physical, spiritual, and emotional parts of ourselves. It also includes providing coordinated services that are culturally safe.

## Actions for Federal Government

We call on the federal government to demonstrate strong leadership and take action in the following critical areas: ensuring universal access to mental health and substance use health services across the country, creating the social and economic conditions that contribute to good mental health and bringing an evidenced-based approach to drug policy.

### 1. Create the MENTAL HEALTH AND SUBSTANCE USE HEALTH TRANSFER to provide universal access to mental health and substance use health services

Provinces and territories are responsible for the delivery and administration of health care. The *Canada Health Act* sets both standards for universal health care and the criteria for the provinces and territories to receive the Canada Health Transfer. The federal government is responsible for ensuring provinces and territories uphold the principles of the Act. While responsibility for health care is shared between the federal and provincial/territorial governments,[105] the federal government is ultimately responsible for ensuring the system is in place across the country.

We call on the Government of Canada to create a **permanent Canada Mental Health and Substance Use Health Transfer** equivalent to 12%[106] of provincial/territorial health care spending ($5.3B[107]) ramped up over 5 years, with 50%[108] earmarked for community services.[109]

105. Criteria includes public administration, comprehensiveness, universality, portability, and accessibility. Provinces and territories that fail to meet the criteria risk having payments withheld. The federal government can withhold transfer payments to provinces and territories failing to deliver services deemed medically necessary under the Act. Mental health and substance use health services delivered outside of hospital settings, not by physicians are not deemed medically necessary. Therefore, provinces and territories are under no obligation to deliver community-based care.
106. Mental Health Commission of Canada currently mental health spending at 5-7% of provincial/territorial budgets. CMHA proposes a 12% target in line with the Royal Society of Canada. Easing the Disruption of COVID-19: Supporting the Mental Health of the People of Canada. Recommendation 1. October 2020. Canada lags behind its peers in mental health spending. The Netherlands spends 21% on a wide range of mental health and substance use issues and Germany spend 11% (https://www.cbs.nl/en-gb/news/2015/49/relatively-high-budget-for-mental-health-care-services). OECD countries average mental health spending represents approximately 5-18% in total health expenditures. https://www.oecd.org/els/health-systems/Focus-on-Health-Making-Mental-Health-Count.pdf
107. $5.3B is calculated based 12% of the federal share of healthcare transfer to provinces and territories. In other words: 12% of current provincial/territorial healthcare spending ($202,091,000) is $24,250,000. The federal government currently funds 22% of health care spending (through the Canada Health Transfer). 22% of $24,250,000 is $5.3B. Based on CIHI data, using 2021 data: https://www.cihi.ca/en/national-health-expenditure-trends. Held at current dollars.
108. Representing a doubling of community-based services, exclusive of physician billing and hospital services. as per Mental Health Commission of Canada 2017 report: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2017-03/case_for_investment_eng.pdf
109. Community services are programs, services, and supports delivered by a range of allied health professionals (non-physicians) and peer-support workers, working in not-for-profit and charitable mental health organizations in the community, outside of hospital settings. This care is typically offered free of charge in local communities and schools, and has linkages with hospitals, the criminal justice system, the shelter system, and other institutions that support people with mental illnesses and substance use health concerns. Community-based mental health and substance use health organizations provide a range of services along a spectrum of care – from social connection and drop-in programs to Assertive Community Treatment and housing case management. These organizations often provide wrap-around supports, ensuring people have the resources (like housing, food and income supports) to live independently in the community. They support clients returning to the community following discharge from hospital or release from prison. Community-based care represents less than a third of provincial and territorial mental health budgets, yet the majority of people with a mental illness or substance use health concern will require community supports. The evidence also shows that investment in community-based supports, including housing and income supports, reduces costs related to hospital stays, homelessness, and the criminal justice system.

The Canada Mental Health and Substance Use Health Transfer would:

- Scale up access to publicly funded, evidence-based mental illness and substance use prevention and mental health promotion services,[110] suicide prevention, mental health literacy and integrated, publicly funded, substance use prevention and treatment services, and harm reduction services.[111]
- Scale up access to evidence-based mental health assessments and interventions delivered by, or under the supervision of, regulated mental health providers.
- Provide effective, focused, and integrated services for children and youth.[112]
- Be driven by people with lived/living experience of mental illnesses and substance use health concerns so care is based on what actually works best.
- Be integrated into and coordinated across existing programs along the continuum of care, including primary care.
- Increase targeted investments in community-based mental health and substance use health supports, in parallel with acute and primary care.
- Take an intersectional equity lens,[113] ensuring communities that face systemic discrimination have access to culturally appropriate care.
- Scale up ways of delivering services that are evidence-based and are considered best practices,[114] like integrated youth hubs, Stepped Care, recovery-oriented approaches,[115] early intervention and diagnosis, and peer support.
- Provide care where people live, including in rural, remote, and Northern regions.
- Fund mental health and substance use health research.
- Respect and adequately compensate the range of professionals who deliver the services.
- Further invest directly in complementary national mental health and substance use health programs.[116]
- Provide timely access to perinatal mental health services.

110. Such as school-based programs, drop-in centres, workplace mental health training, Recovery/Discovery Colleges/Well-being Learning Centres, suicide prevention programs, social and emotional learning programs, guided self-help and skills-building programs for people experience mild to moderate anxiety, depression or stress (such as BounceBack), positive parenting programs and workshops, peer-led platforms and programs for mental health promotion and advocacy.
111. Including: addiction care, substance use counselling, psychosocial supports, long-term access to community-based and peer-led safe supply, safe consumption, treatment and addiction recovery services, in line with the pillars of the Canadian drugs and substances strategy. https://www.canada.ca/en/health-canada/services/publications/healthy-living/pillars-canadian-drugs-substances-strategy.html
112. This includes continuity of service for youth and young adults (e.g., 12-15), including post-secondary students.
113. An intersectional equity lens looks at the multiple and intersecting ways our identities and socioeconomic factors impact access to care and resources.
114. Traditional, hybrid and digital driven interventions as appropriate based on efficacy data.
115. Include psychosocial rehabilitation services, as outlined in: https://mentalhealthcommission.ca/resource/recovery-oriented-practice-an-implementation-toolkit/, https://mentalhealthcommission.ca/resource/guidelines-for-recovery-oriented-practice/, and https://www.psrrpscanada.ca/files/pdf/MHCC_RecoveryGuidelines.pdf
116. Including: scaling up and making permanent the PHAC Mental Health Promotion Innovation Fund, the Health Canada Substance Use and Addictions Program, among others.

## 2. Create a CANADA UNIVERSAL MENTAL HEALTH AND SUBSTANCE USE HEALTH ACT to accompany the Canada Mental Health and Substance Use Health Transfer.

Guided by firm principles of conditionality and the criteria of the *Canada Health Act*,[117] a Canada Mental Health and Substance Use Health Act would make funding in the Transfer long-term, stable, predictable, and overseen by Parliament with input from a multi-sectoral advisory council.[118] The Act would ensure common principles, and standards of provisions and care, clear accountabilities, and meaningful national system performance indicators.[119]

## 3. Work to create the SOCIAL AND ECONOMIC CONDITIONS that contribute to good mental health.

### *Housing*

The federal government should dedicate funds within the National Housing Strategy to create new housing units[120] with integrated supports for people with mental illnesses and substance use disorders.[121] Adopting a Housing First approach, these housing units must be accompanied by funding for community-based organizations to deliver flexible, wrap-around supports, based on client need, provided by staff trained in social work or psychosocial rehabilitation. Supports may include: Assertive Community Treatment, Intensive Case Management, peer support, among others.[122]

**Under the existing National Housing Strategy establish:**

- **a new 10-year investment for the dedicated acquisition, conversion, and construction of 100,000[123] supportive housing units and**
- **a new multi-year funding stream for community-based organizations to cover operational and support costs for supportive housing units.**

### *Income and employment supports*

The federal government should create and scale up flexible federal benefits to people living with mental illnesses, as part of wider efforts to improve income security. Benefits must be easy to apply for and receive and should not be clawed back. Automatic tax filing would remove an administrative barrier to getting support.[124]

117. Canada Health Act principles - Public administration, comprehensiveness, universality, portability, accessibility. In alignment with recommendations set out by the Canadian Alliance on Mental Illness and Mental Health report "From Out of the Shadows and Into the Light." 2021. https://www.camimh.ca/_files/ugd/b625ef_56eae3dfa1144ab4a985744248f673e3.pdf
118. With majority representation being made up of people with lived/living experience of mental illness and substance use health concerns
119. In alignment with, but not held back by the development of National Mental Health and Substance Use Health Standards (https://www.canada.ca/en/health-canada/news/2022/03/government-of-canada-begins-work-with-partners-on-national-standards-for-mental-health-and-substance-use-services.html). We acknowledge the need to align with ongoing work on dental, Long-Term Care and pharmacare plans towards a fully universal, public 'head to toe' healthcare system. Learning from the experiences of the National Advisory Council on early learning and childcare, the Council would include community mental health and substance use health groups and guide decision-making and review progress against the development and implementation of the Canada Universal Mental Health and Substance Use Health Act and Canada Mental Health and Substance Use Health Transfer. The Act would allow for the measurement impact, be data-driven and transparent about outcomes at both population and program level.
120. This type of housing ranges from group home settings, single or multiple units within a building, or scattered-site, self-contained units – all with varying degrees of support.
121. Supportive housing is a type of housing focused on rehabilitation and community integration for people with mental illnesses and substance use health concerns and physical or developmental disabilities. https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/transitional-housing
122. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc_at_home_report_national_cross-site_eng_2_0.pdf
123. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/PrimaryCare_Turning_the_Key_Summary_ENG_0_1.pdf
124. https://policyalternatives.ca/publications/monitor/progressive-foundation-so-much-more-do

- **Create a Canada Disability Benefit,**[125] **with an assured income floor of $2,200 per month.**[126]
- Launch **three basic income pilot projects**, designed with a view to studying and implementing a Universal Basic Income Guarantee.[127]
- **Increase the Employment and Social Development Canada (ESDC) Opportunities Fund.**[128]
- **Implement automatic tax filing.**

## 4. DECRIMINALIZE SUBSTANCE USE, bringing an evidenced-based approach to drug policies.

Canada is confronting an unprecedented and worsening public health crisis caused by an increasingly toxic drug supply, the continued criminalization of drug use and limited access to harm reduction services and substance use treatments. It has resulted in a staggering number of deaths and hospitalizations.[129]

The federal government must adopt a nationwide approach to the decriminalization of illicit substances, rather than jurisdiction by jurisdiction.[130] It must also address complex regulatory barriers to safe supply and fund safe-supply projects.

**The federal government should fully decriminalize simple possession of illicit substances and increase investments in substance use prevention, harm reduction, treatment, and recovery services.**

125. Ensuring parity in how mental and physical disorders are assessed for access to disability tax measures. https://www.canada.ca/en/revenue-agency/corporate/about-canada-revenue-agency-cra/disability-advisory-committee/2020-full-report.html
126. In alignment with Inclusion Canada. The benefit would be income tested, include earning exemptions (allowing people to earn income up to a certain amount and still qualify to eliminate employment claw backs), be stackable (meaning receipt would not result in reduction of other FPT benefits/tax credits), and be based on individual income, rather than family based.
127. In alignment with the Canadian Association of Social Workers federal budget submission 2022. https://www.casw-acts.ca/en/casw-submission-federal-budget-consultations
128. The Opportunities Fund for Persons with Disabilities assists persons with disabilities to prepare for, obtain and maintain employment. It supports persons with disabilities in overcoming barriers to participation in the Canadian labour market, and it supports employers to hire persons with disabilities. This program supports a wide range of programs and services, including job search supports, pre-employability services, wage subsidies, work placements and employer awareness initiatives to encourage employers to hire persons with disabilities. The Opportunities Fund is delivered in partnership with organizations in the community. https://www.canada.ca/en/employment-social-development/programs/opportunity-fund-disability.html
129. https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-1-2021.html
130. https://csuch.ca/publications/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2020-en.pdf

# CONCLUSION

When Canadians say we have a **universal** healthcare system, we are pretending that mental health isn't part of health. We each need access to an integrated healthcare system that treats the whole persons that we are. The door to health care must lead into a system, whatever health concern we have. When we have mental health or substance use health concerns, that door must lead to services. They must be high-quality services that are free and available in our communities, not only in doctors' offices and hospitals.[131] We need to receive this care without stigma, judgment, or criminalization. We need the definition of care to include mental illness prevention and mental health promotion. And we all need to be housed and have a living income to help us be well.

In a just and caring country, it's the right thing to do. The evidence is clear, so it's the smart thing to do. The status quo is just too costly. We can't afford not to.

Mental health is a universal right,[132] but Canada is not upholding it.[133] We aren't meeting our international obligations. But more than that, we aren't meeting our obligations to ourselves. Or to each another.

**Mental health and substance use health care should be funded publicly as a right and free to everyone, wherever and however we need it. Mental illness prevention and mental health promotion should be considered part of that health care, and people should have the living conditions that make good mental health possible. That would be universal health care. Mental health care is *health* care.**

**Let's not pretend it isn't.**

131. Senate of Canada. 2006. "Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services, in Canada." https://mentalhealthcommission.ca/wp-content/uploads/2021/09/out_of_the_shadows_at_last_-_full_0_0.pdf
132. https://www.ohchr.org/en/special-procedures/sr-health/right-mental-health, https://www.ohchr.org/en/health, https://cmha.ca/brochure/brief-mental-health-as-a-human-right-cmhas-vision/ and https://www.wellesleyinstitute.com/wp-content/uploads/2015/03/Rights-Based-Approach-to-Health_Wellesley-Institute_2015-1.pdf
133. https://cmha.ca/brochure/brief-mental-health-as-a-human-right-cmhas-vision/

# SUPPORTING PARTNERS

As of November 14, 2022

ABRAR Trauma and Mental Health Services

Action Canada for Sexual Health and Rights

BGC Canada

Broadbent Institute

Canadian Urban Institute

Canada without Poverty

Canadian Association of Occupational Therapists

Canadian Association for Suicide Prevention

Canadian Centre for Policy Alternatives

Canadian Child Care Federation

Canadian Chiropractic Association

Canadian Consortium for Early Intervention in Psychosis (EPI Canada)

Canadian Council of Muslim Women

Canadian Mental Health Association

Canadian Nurses Association

Canadian Partnership on Perinatal Mental Health

Canadian Psychiatric Association

Canadian Psychological Association

Centre for Addiction and Mental Health (CAMH)

Community Addictions Peer Support Association (CAPSA)

Community-Based Research Centre

Canadian Centre for Gender and Sexual Diversity

College of Family Physicians of Canada

Frayme

HealthCareCAN

National Initiative for Eating Disorders

Psychosocial Rehabilitation Canada

Public Service Alliance of Canada

Schizophrenia Society of Canada

Wellesley Institute

Women's Shelters Canada

YMCA Canada

YouthRex

YWCA

ACT FOR MENTAL HEALTH

Canadian Mental Health Association
*Mental health for all*

Association canadienne pour la santé mentale
*La santé mentale pour tous*