94% of Canadians said that mental health conditions should receive the same or higher funding priority compared to physical health conditions and 90% supported a Mental Health Transition and Innovation Fund. —Nanos Research, February 2015

Canadians strongly believe that mental health must be a funding priority for all governments, according to a recent poll conducted by Nanos Research and commissioned by the Canadian Mental Health Association (CMHA). The poll also shows that Canadians, like CMHA, support a federally-funded Mental Health Transition and Innovation Fund to help provinces and territories better meet mental health and addiction needs.

CMHA’s position is consistent with three key recommendations in the Changing Directions, Changing Lives: Mental Health Strategy for Canada (2012), which calls on all governments in Canada to:

- Increase the proportion of health spending devoted to mental health from 7% to 9% over 10 years;
- Increase the proportion of social spending devoted to mental health by 2% from current levels; and
- Identify current mental health spending that should be reallocated to improve efficiency and achieve better mental health outcomes.

The federal government gave the Mental Health Commission of Canada (MHCC) a mandate to develop a national mental health strategy. Completed in 2012, all provinces and territories now have plans to address mental health and addiction challenges.

Canadians know what’s needed and what works but we just can’t seem to get the necessary investment in mental health and addiction programs and services to make a difference for people who need help. Evidence shows, for instance, that wait lists for psychotherapy and other services continue to grow.

Now, more than ever, we know that Canadians want the federal government to work with and help provinces and territories transform mental health and addiction services and programs in Canada.

“Now for the first time in Canadian history, every province has a strategy or plan focused on mental health and/or addictions. Many of these evidence-based action plans take inspiration from Canada’s Mental Health Strategy. Leaders across Canada should be commended for the important strides made in mental health legislation, policies and programs. The next step requires an increase in the share of health and social services dollars spent on mental health so all Canadians can live healthier and more productive lives.”

—Peter Coleridge, CMHA National CEO January 19, 2015
There is consensus among people with lived experience, researchers and health care providers that what we are currently doing: does not adequately meet needs; is not as effective as it could be; costs more money in institutional care than it should; and will cost us more money in the future unless we invest in programs and services in the community. A federally-funded Mental Health Transition and Innovation Fund will help provinces and territories implement action plans and improve programs and services.

DID YOU KNOW?

Since 2004, new federal per capita investment in health has been $187, however, mental health received just over $5 per capita. Furthermore, any increased federal transfers to the provinces for health services since 2004 have not been spent on mental health.

But investment is affordable! The MHCC recommends increasing mental health spending by just 2% to 9% of health spending and increasing social spending directed at mental health by 2%.

Canada could achieve the 9% target by investing $4.29 billion over 10 years. That amounts to $429 million increase each year for 10 years, which is the equivalent of $12 per Canadian each year. Per capita spending on mental health would increase to $544, an increase of $121 over 10 years.

Per Canadian, this works out to about the cost of 4 lattes or six 16 oz. cups of coffee at Tim Hortons per year!

This would allow provinces and territories to make needed investments in mental health and addiction systems, improve access and foster innovation.

Nine years have passed since Out of the Shadows at Last (MHCC, 2006) identified a need for $5.3 billion dollars of investment. To date, this has not been realized. Additionally, a reduction in federal transfers to the provinces beginning in 2017 will make it even harder for provinces to invest in mental health. Without increased dedicated investment we will continue to lose ground and miss opportunities to intervene early, improve access to programs and services and reduce the impact of mental illness.

DID YOU KNOW?

Doing nothing costs us. The economic cost of mental health problems or illnesses to Canada is at least $50 billion dollars a year. It also costs business more than $6 billion in lost productivity. Unemployment rates for people living with mental illness are as high as 90%. And in any given week, more than 500,000 Canadians who have jobs are unable to work due to mental health problems. That is a loss in productivity that affects everybody.

People living with mental health problems who don’t receive help, can become high users of the health system, social services, social housing and, in some cases, the criminal justice system. More than 500,000 people in Canada with mental health and addiction issues are homeless or on the verge of becoming homeless.
DID YOU KNOW?
You’ve heard the statistic that one in five Canadians lives with a mental illness in Canada but did you know that by the age of 40 more than 40% of Canadians will have or have had a mental illness? Did you know that suicide is the second leading cause of death in 15 to 24 year olds and Canada has among the highest suicide rates in the industrialized world? There are more than 10 suicides a day in Canada.

DID YOU KNOW?
In Canada, 6.7 million people are living with a mental health problem or illness today. That’s three times more than people living with diabetes and almost five times more than those living with heart disease. And did you know that if you have a severe mental health problem or illness you are likely to die, often from undiagnosed or untreated physical health issues, 25 years earlier than adults in the general population?

WHY IS CHANGE AND INVESTMENT SO SLOW?
Could it be discrimination?
While we are making strides addressing the stigma or shame associated with mental illness, and celebrities and the media are helping to bring mental health issues into the light, society in general continues to treat mental illness as a taboo subject, or as an indication of poor choices, or as weakness. Is this why mental health and addiction program and service enhancements appear to be low on the government priority list of health system improvements that deserve attention?

“...one in four Canadians don’t get prompt care for mental illness; that when they are hospitalized, the readmission rate is high; that caregivers face too great a burden; and that the economic impact of a mental illness can be crushing. Those are just some examples of public policy failures that we need to address urgently.”
—Andre Picard, Globe and Mail January 2015

“We continue to see complaints regarding mental health increasing. That shows to me that stigma and discrimination are all too prevalent,” said Acting Chief Commissioner of the Canadian Human Rights Commission David Langtry, noting nearly one fifth of the commission’s complaints are based on mental health issues. “I do share the hope that there is a paradigm shift ... and that people with mental illnesses are treated as rights holders.”
WE CAN FIX THIS!

We have a lot of information about the cause and impact of mental health and addiction problems on people’s lives. And most provinces and territories have action plans. We know what works and we know what it will cost to get started.

The World Health Organization, the World Bank, the Organization for Economic Development, the Institute for Health Economics, the Mental Health Commission of Canada, the Canadian Institute for Health Information have shown us what works to maintain and improve mental health, as well as improve recovery from mental illness.

A recent series in the Globe and Mail, Open Minds, How to build a better Mental Health Care System, tells poignant stories about the impact of less than satisfactory mental health and addictions programs and services on peoples’ lives. Not investing in mental health and addiction programs and services is causing needless suffering for Canadians, impacting our economy and our use of health care services, justice and other services. Effective mental health promotion, illness and addiction prevention, early intervention, treatment and recovery services exist, but access is limited. Not addressing these issues affects all of us. We know what it means to our economy. Canadians want this fixed.

WHAT’S WORKING

The good news is we don’t need to start from scratch. Good things are happening right across the country that can be replicated and enhanced with investment from a Mental Health Transition and Innovation Fund that works in partnership and provides dedicated resources for provinces and territories.

For example, great improvements are happening to move from institutional care to programs and services in the community. The Friends for Life Program in British Columbia has shown to have an impact on anxiety in children; Mental Health First Aid is helping identify mental health issues early in workplaces and schools; Partners for Life aims to identify depression in adolescence and it is working in Quebec; and the Seniors’ Mental Health Outreach Team in Alberta has helped hundreds of older adults access diagnosis and care where they live.

The Open Mind Series in the Globe and Mail has identified “evidence-based approaches to building a mental health system that will work for Canadians… These initiatives abide by the principles of Medicare and good science, and treat the disorders of the mind as diligently as the diseases of the body.” (Globe and Mail, June 2, 2015)
The federally-funded and pan-Canadian initiative At Home/Chez Soi has shown that supported housing programs not only achieve good results for a population that is difficult to serve, but pay dividends for money invested and are good examples of federal partnership with provincial and local governments.

The Assertive Community Treatment (ACT) program in Ontario has shown both improved quality of life for people and reduced institutional costs year over year.

CMHA’s Bounce Back™ program for depression and anxiety is providing accessible, cost effective treatment and reducing symptoms by 50%.

The National Standard for Psychological Health and Safety in the Workplace provides a roadmap to improve mental well-being in the work place.

Examples exist right across the country that promote mental health, prevent mental illness and provide mental health and addiction programs and services. However, we still have long line ups for people to gain access to care.

WHAT ARE WE WAITING FOR? WE CAN DO IT!
Talk to people in your community. Talk to your elected representatives. Tell them we need a 10-year Mental Health Transition and Innovation Fund to improve mental health care in Canada.

“Released in April 2014, the National At Home/Chez Soi Final Report demonstrates that Housing First works to rapidly end homelessness for people experiencing mental illness, and can be effectively implemented in cities of different size and different cultural contexts. It also proves that Housing First is a sound investment, with every $10 invested in Housing First services resulting in an average savings of $9.60 for participants with high needs and $3.42 for participants with moderate needs.”
—Mental Health Commission of Canada
RESOURCES


Canadian Mental Health Association—www.cmha.ca

Canadian Mental Health Association British Columbia—www.cmha.bc.ca

Canadian Human Rights Commission—www.chrc-ccdip.ca/eng/content/chrc-emphasizes-humanrights-approach-mental-disability-world-conference

Care for Children and Youth With Mental Disorders (May 2015), Canadian Institute for Health Information retrieved from https://secure.cihi.ca/estore/images/estoreBanner_en.jpg

Centre for Addiction and Mental Health—knowledge.camh.net/Pages/default.aspx

Community Program Profile (2013–14); Prepared by Community Care Branch, Saskatchewan Health.


Portico—www.porticonetwork.ca

World Health Organization www.who.int/mental_health/en

STORIES AND VIDEOS

Amelia Curran—Newfoundland—www.thisvideo.ca

Justice Delayed is Justice Denied—TedX talk Manitoba Chris Summerville—www.youtube.com/watch?v=elA-__uOD-8