Investing in community-based mental health services for long-term pandemic recovery

Submission for Let’s Talk Budget 2021 Consultations

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March, 2021
Introduction

More than a year since the first stay-at-home orders were issued, the pandemic has already had a devastating effect on the mental health of Canadians. Survey data published by the Canadian Mental Health Association (CMHA) and UBC suggests that mental health concerns have reached a critical point in the second wave; 40% of Canadians report that their mental health has deteriorated since the onset of the pandemic (up slightly from 38% in Spring 2020), and the numbers are even worse among vulnerable groups. Most alarmingly, 10% of Canadians have recently experienced thoughts or feelings of suicide, a four-fold increase from pre-pandemic 2016.

CMHA applauds the federal investments in mental health to date. Funding for the Mental Health Promotion Innovation Fund, support for Mental Health of Black Canadians Fund, the creation of the online portal, Wellness Together Canada, and funding for Kids Help Phone have all made additional resources available to Canadians to support their mental health during these difficult times.

Even with these important investments, there is an urgent need for increased access to mental health services and supports and the federal government must plan for long-term recovery from the mental health impacts of the pandemic. The psychological impacts of job loss, business and school closures, illness, grief, isolation from friends and loved ones, and trauma will be long with us even after the virus has been suppressed. For Canada to bounce back and become economically healthy once again, its citizens must be mentally healthy. Economic recovery must therefore include greater and sustained federal investments in mental health that are accessible in every Canadian community.

Community mental health: What is it, and why invest?

Mental health care in Canada is not funded at the same level as physical care; only about 7.2% of our health care spending is dedicated to mental health. Furthermore, mental health services are often not covered by public health insurance; the Canada Health Act does not recognize many mental health services as medically necessary unless they are received in a hospital.

Eighty percent of Canadians seeking mental health care go first to their family physician for support. Yet, family physicians face the unfortunate choice between directing patients to publicly-insured services for which wait times are very long, or referring them to private care, which may be unaffordable if they do not have private insurance. Even before COVID-19, an estimated 1.6 million Canadians have mental health needs that go untreated because of these shortfalls in funding and gaps in public health insurance plans.

When the federal government provides mental health funding to the provinces and territories, it generally goes to medical interventions provided by doctors, hospitals, and crisis care. Still, not everyone will require this level of care; community-based mental health care is not only much more cost effective, it can also avoid more costly care down the road if offered early on. While these investments are important, the federal government has an important role to play to ensure that Canadians with mental health needs have the option to access programs and services at the community level early on before they reach a crisis point.
Community mental health includes evidence-based services and programs delivered outside of the hospital setting by psychologists, therapists and counselors, addiction workers, peer support workers, and Indigenous healers. It includes a wide range of services including but not limited to: individual counseling, group counseling, support groups, self-help programs, case management, detox, medication-supported addictions treatment, housing services, crisis services, and employment services. It also includes mental health promotion and preventive/proactive intervention with people at-risk. Mental health services delivered at the community level can also be integrated with social services and primary health-care.

Investing in community-based mental health in Budget 2021

Direct federal support for mental health programs and services is needed to address the shortfalls in community mental health funding. Given the need for rapid deployment, the focus should be on resourcing established, evidence-based models and ensuring access to treatment for Canadians no matter where they live, especially for those who are vulnerable and live in remote areas.

CMHA is a leader in providing community-based mental health services and supports in Canada. With adequate funding from the federal government, we would be well-positioned to scale up our existing evidence-based programs to support Canadians experiencing mild and moderate mental health concerns, front line workers, and Indigenous Peoples.

Recommendations

1. Develop and implement a long-term mental health COVID-19 recovery plan to ensure all Canadians — especially the most vulnerable — can access the care they need, no matter where they live.

If we are going to have a mentally and physically healthy population ready to work and contribute to the national recovery from COVID-19, we first need a national mental health recovery plan to ensure that all who struggle with mental health concerns are supported.

To be effective, this plan must be well-coordinated, well-funded, sustained and monitored to address persistent and system gaps. It must be implemented in a way that reaches our most vulnerable — especially those living in remote communities — and take into consideration the lived experiences of people living with mental illness. It will require an increase in social spending to scale up programs that address widespread inequalities that cause poor mental health in the first place — homelessness, violence and discrimination, and access to economic opportunity.
The Minister of Health mandate letter outlined the need to strengthen Medicare and renew our health agreements with the provinces and territories by setting national standards for access to mental health services in Canada. We embrace this goal and see a strong COVID-19 recovery plan as an important first step to ensuring that we are meeting the mental health needs of Canadians, particularly the most vulnerable.

An increased focus on mental health promotion and prevention efforts at the community level will better serve all people in Canada because it will alleviate pressure on the acute-care system that is already hard-hit by the pandemic itself. CMHA stands ready to support the development and implementation of this plan.

2. Provide $13.5M in funding for CMHA to expand its BounceBack program in order to deliver evidence-based cognitive behavioural therapy to 30,000 Canadian adults and youth.

Once a national recovery plan is in place, the government must invest in targeted programs at the community level to ensure consistent care across the country. CMHA’s program BounceBack is a community-based program delivered in all of Canada’s provinces and territories that can reach Canadians even in remote locations. Bounceback is a cognitive behavioural therapy (CBT)-based, skill-building program designed to help adults and youth aged 15 and over manage low mood, mild to moderate depression, anxiety, and stress and improve their overall health and quality of life. The service is delivered through customizable resources and over-the-phone support from a highly-trained coach usually within 3 to 5 days of referral from a primary care provider. The program is offered in English and French, as well as in six other languages.

By promoting and supporting community capacity to provide this critical mental health care, BounceBack improves capacity to engage in self-care activities that contribute to improved health outcomes, prevents complications associated with chronic health conditions, and reduces avoidable use of hospital and/or emergency departments.

Since BounceBack was first launched in B.C. in 2008:

- More than 40,000 clients have been referred to the program.
- Eighty-five per cent of participants said they would be able to maintain the changes they have made as a result of the program.
- A survey in Ontario found 93% of participants would recommend the program to a friend or family member and 95% liked receiving the service by telephone.

An investment of $13.5M would allow CMHA to expand BounceBack to reach an additional 30,000 Canadians. This will improve mental health outcomes for those citizens and, at approximately $460 per participant, it will deliver results for less than half of what it would cost for traditional psychiatric or psychological services.
3. Provide $9M in funding for CMHA to expand its Resilient Minds program to help 30,000 Canadian front-line workers build the skills needed to recognize and reduce the symptoms of stress and trauma and build resilience in their mental health.

On the front lines of COVID-19, those deemed essential workers — health-care workers, first responders, warehouse, delivery, and grocery store workers — have faced increasing job demands in much riskier circumstances. There are serious risks to the physical and mental health of these workers who face exhaustion, crowded working conditions, fear of infection, and — early in the pandemic — an inadequate supply of personal protective equipment (PPE). The effects of this prolonged stress could last well beyond the recovery phase.

The CMHA Resilient Minds program engages and informs first responders in four crucial areas relevant to their work: trauma, psychological distress, trauma-informed responses, and building resiliency. We want to make this program available to as many first responders as possible, including doctors, nurses, paramedics, long-term care home staff, police, firefighters, and others.

Evaluation by independent research teams has shown that Resilient Minds:

- Supported hundreds of fire fighters to safeguard their psychological health, resulting in informed and healthier teams.
- All participants said they gained knowledge of psychological trauma and psychological disorder and learned better ways to manage stress and increase resilience.
- The vast majority felt better equipped to respond and support a colleague showing signs of a psychological distress or illness and reported feeling more prepared to respond to a member of the public who may be struggling with psychological health issues.
- Participants also learned effective tools to handle stress.

With an investment of $9M, CMHA can expand this program in communities across Canada to reach 30,000 front-line workers, giving them the skills and tools to manage the mental health effects of the pandemic both now and into the future.


CMHA is committed to supporting reconciliation with Indigenous peoples and ensuring they have access to the same level of mental health care as non-Indigenous people. These communities are strong and diverse, with the capacity to respond when supported through the right resources and partnerships. We are increasingly concerned with the rise of mental health issues in Indigenous communities, in particular, the disproportionately high rate of youth suicides. The CMHA-UBC survey referenced in the
introduction found 16 per cent of Indigenous people recently reported suicidal thoughts and feelings.

Due to a legacy of colonialism, racial discrimination, cultural assimilation and residential schooling, many Indigenous communities report experiencing poorer health outcomes, including higher rates of suicide and addictions. The Truth and Reconciliation Commission has called on the Government of Canada to “identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities.”

The government must immediately ensure per-person mental health funding provided to Indigenous communities matches or exceeds the per-person funding intended for mental health care provided to the Provinces and Territories, keeping in mind the increased needs associated with rural and remote communities and the burden of racism on mental health. We encourage the government to take the First Nations Mental Wellness Continuum Framework as its guide and prioritize the work of the many Indigenous-led mental health care organizations.

Conclusion

The current system in Canada is based on responding to crisis, and to meeting the acute care needs of people with severe mental illness. We work from the premise that people can recover with the right services and supports; there is so much more that can be done. Earlier access to services at the community level can prevent individuals from needing more cost and time-intensive interventions down the road. We need the federal government to properly fund mental health care to not only allow us to better respond to crises as they arise, but also allow for earlier intervention and treatment to help prevent them in the first place.

CMHA is eager to work with all Parliamentarians and like-minded stakeholders to ensure we don’t take a one-size-fits-all approach. Our scalable, evidence-based cognitive behavioural therapy and peer support programs are already working in many parts of the country. We must expand these effective initiatives to reach more people, recognizing the unique needs of our vulnerable populations and ensuring communities are at the forefront of decisions affecting their residents. By working together, we can all ensure long-term mental health recovery as the country emerges from the COVID-19 crisis.

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.