



Canadian Mental
Health Association
Mental health for all

Association canadienne
pour la santé mentale
La santé mentale pour tous

Improving the health and wellbeing of Canadians: Impact-oriented investments in mental health.

Written Submission for Pre-Budget Consultations in Advance of the 2025
Federal Budget

August 2024

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 the Yukon, CMHA employs 7,000 staff and engages 11,000 volunteers, to provide 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.

Recommendations for federal action

Recommendation 1: Amend the National Housing Strategy to establish a new ten-year investment for the dedicated acquisition, conversion, and construction of 100,000 supportive housing units and strengthen intergovernmental coordination to unlock access to operational dollars.

Recommendation 2: Provide \$1 million over 2 years, starting in 2025-2026, to the Public Health Agency of Canada to develop a National Suicide Prevention Strategy.

Recommendation 3: Provide \$250,000 in 2025-2026 to Health Canada to develop a strategic framework on youth mental health.

INTRODUCTION

In recent years, the federal government has introduced a range of action plans and funding programs aimed at addressing the housing and mental health needs of Canadians. However, these initiatives have sometimes lacked a cohesive vision or strategy and failed to include specificity around targeted outcomes. Further, the absence of realistic data collection, clear timelines, and coordinated efforts across federal departments/agencies (or, in some cases, with municipal, provincial, and territorial government partners) leads to duplication of efforts and an inefficient allocation of resources. It can also fuel public frustration and leave the government vulnerable to scrutiny over the use of taxpayer funds.

In Canada's federated system, housing and health care primarily fall under the jurisdiction of the provinces and territories. Nonetheless, the federal government can, and should play, a leadership role in fostering collaboration that supports shared priorities and national planning.

The recommendations put forward by the Canadian Mental Health Association ahead of the 2025 federal budget aim to strengthen existing federal initiatives. By highlighting critical areas of need and proposing small investments to develop strategic planning, these recommendations aim to strengthen the coordination, cost-effectiveness, and impact of the existing initiatives.

Recommendation 1: Amend the National Housing Strategy to establish a new ten-year investment for the dedicated acquisition, conversion, and construction of 100,000 supportive housing units and strengthen intergovernmental coordination to unlock access to operational dollars.

For some people with serious and persistent mental health, addiction, or other complex challenges in daily living, staying housed and getting well often requires supportive services like counselling, social work case management, and ongoing, accessible health care.¹ Delivered by non-profit housing providers and other community organizations, supportive housing provides affordable homes for people with high needs, alongside flexible health and social supports that offer a foundation for tenants to thrive.

Despite a federal commitment to halve or even end chronic homelessness within the current decade, the reality is the situation has not improved since the launch of the National Housing Strategy in 2017, or the Reaching Home Strategy in 2019. Overall and chronic homelessness have both increased, while the number of people living unsheltered has nearly doubled in recent years.²

¹ Government of Canada. [What We Heard: National Housing Strategy Programs – Engagement Summary](#). 2021.; Mental Health Commission of Canada. [Turning the Key: Assessing Housing and Related Supports for Persons Living with Mental Health Problems and Illness](#). 2018.

² Office of the Parliamentary Budget Officer. [Federal Spending to Address Homelessness](#). 2024.

Meanwhile, research continues to demonstrate that homelessness, mental illness, and addictions are deeply intertwined. A Canadian study recently found that two-thirds of people experiencing homelessness³ had a current mental health disorder, including any substance use disorder. In Ontario alone, one in six people who died from opioid overdoses in 2021 were homeless.

Governments over time and across the country have invested in and continue to support the model of supportive housing. In addition to its profound value for individuals facing complex challenges, supportive housing can also free up hospital capacity, lessen emergency shelter demand, and reduce interactions with the criminal justice system.⁴ It is a cornerstone of responding to the toxic drug and overdose crisis, and a necessary complement to investments in harm reduction and treatment.

Building on existing calls for investment in supportive housing— including from the Federation of Canadian Municipalities⁵, the Canadian Housing and Renewal Association, and the National Housing Accord⁶— we recommend the creation of a new ten-year investment under the National Housing Strategy for the dedicated acquisition, conversion, and construction of 100,000 supportive housing units.

Historically, accessing operating dollars to deliver individualized, community supports is where supportive housing providers have faced the greatest challenge to maintaining units and developing new ones.

To that end, we urge the federal government to improve internal alignment of efforts to provide both housing and support services, in line with recommendations from the 2022 Auditor General’s report on chronic homelessness.⁷ In the spirit of collaboration and addressing shared priorities, the federal government must work with provincial, territorial, and other community partners to better coordinate, bolster, and maximize operational funding for supportive housing projects, alongside new capital investment.

Recommendation 2: Provide \$1 million over 2 years, starting in 2025-2026, to the Public Health Agency of Canada to develop a National Suicide Prevention Strategy.

Canada needs a coordinated approach to prevent deaths by despair and reduce the disease burden of depression and other suicidality risk factors. Currently, it’s estimated that for every 100,000 Canadians, 12 die by suicide each year (11.8 per 100,000). Suicide is higher among men,

³ Rebecca Barry et al. [Prevalence of Mental Health Disorders Among Individuals Experiencing Homelessness: A Systematic Review and Meta-Analysis](#). JAMA Psychiatry. 81.7 (2024).

⁴ Nick Kerman et al. [The effects of housing stability on service use among homeless adults with mental illness in a randomized controlled trial of housing first](#). 2018.

⁵ Federation of Canadian Municipalities. [Making Canada’s Growth A Success: The case for a Municipal Growth Framework](#). 2024.

⁶ [The National Housing Accord: A Multi-Sector Approach to Ending Canada’s Rental Housing Crisis](#)

⁷ Office of the Auditor General of Canada. [Chronic Homelessness](#). 2022.

Indigenous populations, young adults, veterans and first responders,⁸ and for individuals living in rural areas. Risk also increases with income, employment⁹ and housing insecurity.

The current Federal Framework for Suicide Prevention (2016) lacks the specific actionable steps and resource allocations necessary to adequately address risk factors, service provision gaps, and challenges associated with prevention efforts. The Pillars of Action identified in the National Suicide Prevention Action Plan released in June 2024, fails to outline specific actions that will be taken to address stigma, increase awareness, select effective evidence-based interventions. Importantly, it falls short of explicitly targeting inequalities, identifying gaps in current policy and provision, as well as earmarking funding for suicide prevention.

Longitudinal research demonstrate that national strategies are an effective tool to reducing suicide rates, crucially among men.¹⁰ Yet among other high-income countries with similar socio-political-historical contexts— such as the US, the UK, Australia, and New Zealand¹¹ — Canada stands alone for failing to commit to a national prevention strategy.

CMHA is calling on the government to develop a National Suicide Prevention Strategy that encompasses early intervention, crisis prevention, and community-based response services. Elements of a strategy should include:

- *Collaboration* across all levels of government and federal departments and portfolios, including health, public safety, Indigenous services, veterans' affairs, justice, education, social services, and housing.
- *Meaningful engagement and consultation* with people with lived experience, frontline and crisis workers, and mental health providers who are best placed to identify priorities, challenges, and gaps in current approaches and health care provision.
- *Research* examining domestic and international evidence-informed public health and safety models.

A national strategy should detail a unified, solution-focused journey towards zero deaths by suicide. A strong strategy should help in improved health care system cohesion and coordination and increase the accessibility and uptake of prevention resources. Crucially, a national strategy is the appropriate tool to improve nation-wide data collection and reporting processes, which facilitates targeted actions to support vulnerable communities and tackling inequalities and gaps in current prevention policies.

⁸ Senate of Canada. [Doing what Works: Rethinking the Federal Framework for Suicide Prevention](#). 2023; Public Health Agency of Canada. [Suicide in Canada: Key Statistics](#). 2022.

⁹ Public Health Agency of Canada. [Inequalities in Death by Suicide in Canada – Infographic](#). 2018.

¹⁰ U. Lewitzki et al. [Are national suicide prevention programs effective? A comparison of 4 verum and 4 control countries over 30 years](#). 2019; T. Matsubayashi and M Ueda. [The effect of national suicide prevention programs on suicide rates in 21 OECD nations](#). 2011.

¹¹ US [2024-2034 National Strategy for Suicide Prevention](#); [Suicide prevention strategy for England: 2023 to 2028](#); Australia [Fifth National Mental Health and Suicide Prevention Plan \(2024\)](#); New Zealand [Suicide Prevention Strategy and Action Plan \(2019-2029\)](#).

Recommendation 3: Provide \$250,000 in 2025-2026 to Health Canada to develop a strategic framework on youth mental health.

Most people living with a mental illness start having symptoms before age 18, making adolescence a crucial time to promote mental health literacy and address mental health challenges. It is important that young Canadians, and their families, get the support they need, especially in the face of today's challenging economic climate.

The 2024 federal budget included an investment of \$500 million for the creation of a Youth Mental Health Fund, with the aim of reducing wait times and providing more options for young people seeking the mental health care they need. Although the design of that fund is currently in development, guided by a public consultation process, there is a missing foundational element.

To ensure—and demonstrate—that dollars invested in this fund are spent efficiently, and achieve their desired impacts, we urge the government to develop a strategic framework for the fund, that includes goals based on identified priorities, and a common set of targets and indicators to evaluate success.

The new Youth Mental Health Fund is intended to help community health organizations provide care for younger Canadians. As such, Health Canada should work collaboratively with these community agencies and stakeholders to develop realistic data collection and measurable indicators and ensure that project reporting does not create administrative burden that would discourage uptake of the Fund.