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Mental health in MANITOBA

Population: 1,484,135 | **Rural:** 25.3%

In Manitoba, mental healthcare needs are high. Youth, particularly those in rural and remote areas, have not been getting the mental health, addictions and substance use (MHASU) health care they need. Suicide is the leading cause of death for youth ages 10-17 and the suicide rate among Indigenous peoples is 4.6 times higher than the rest of the province. A recent announcement promised an increase in community-based MHASU services and reduced wait times for youth by 2026. While Manitoba has a current MHASU strategy for improving services, it is weak on timelines, evaluation and accountability.

Of major concern is the rate of child poverty—the highest among the provinces—and the large number of Indigenous and racialized Winnipeg residents living in poverty. The new government has announced funding for a supervised consumption site, signaling a change in Manitoba's previously weak approach to harm reduction.

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Indicator		Indicator Category	MB	CAN
1.1a	Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	5.6%	6.3%
1.1b	Bilateral Health Spending for MHASU	Policy	15%	31%
1.2	MHASU Strategy	Policy	Somewhat comprehensive	Out of date
1.3	Decriminalization policy	Policy	–	Low support
1.4	Harm reduction policy	Policy	Moderate support	High support
1.5	Mental Health Acts	Policy	Low concern	–
2.1	Perceived mental health – poor/fair	Population Mental Health (MH)	27.3%	26.1%
2.2a	Prevalence of mood/anxiety disorders (12-month)	Population MH	10.5%	10.6%
2.2b	Prevalence of substance use disorders (lifetime)	Population MH	24.5%	20.7%
2.3	Rate of death by suicide	Population MH	13.9	10.9
2.4	Rate of hospitalization for self-harm	Population MH	38.7	64.9
2.5	Rate of apparent opioid toxicity deaths	Population MH	3.7	20.8
2.6	Rate of hospitalizations caused entirely by alcohol	Population MH	259	262
3.1	Percentage of population needing mental health care but needs are unmet or partially met	Service access	8.4%	7.8%
3.2	Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	52%	61%
3.3	Number of psychiatrists per 100,000 population	Service access	13.3	13.1
3.4	Supply of MHASU healthcare providers	Service access	1,862.2	1,721.4
3.5	30-day hospital readmission rates for MHASU concerns	Service access	10.7%	13.4%
4.1	Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	14.7%	15.8%
4.2	Poverty rate	SDOH	8.6%	8.1%
4.3	Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	51.6%	46.1%
5.1	Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	9.9%	9.1%
5.2	Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community	Stigma and discrim	54.5%	54.4%
5.3	Reported rate of drug-related offences	Stigma and discrim	158	162

Note: Values in the table above that do not have a percentage indicate a rate per 100,000 population

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POLICY

Funding

Manitoba's spending on mental health, addictions and substance use (MHASU) care is unknown for 2024-2025. In 2023-24, Manitoba spent approximately $439 million on mental health, which amounts to 5.6% of the overall health budget. Manitoba is dedicating a much lower share of its bilateral health funding to MHASU. The *Working Together Agreement* (2023 Bilateral Health Agreement) and the remaining funds from the Shared Health Priorities Agreement (2017) combined represent 15% of the total bilateral healthcare funding destined to be spent between 2023-2026, which is significantly lower than the Canadian average (31%).

FALLING SHORT

Much lower spend on mental health, addictions and substance use (MHASU) health care than average.

Strategy

Manitoba has an active MHASU strategy and plans to implement a new suicide prevention strategy.[101] The MHASU strategy, *A Pathway to Mental Health and Community Wellness* (2022), is a five-year framework for improving MHASU services in Manitoba; however, while it lists areas of improvement, the strategy does not present clear timelines, a funding plan, performance measures or an accountability framework.

Mental Health Scoreboard

Policy Response to the toxic drug crisis

Manitoba's policy support for harm reduction has been weak historically despite the mounting drug toxicity crisis. With the exception of naloxone distribution,[102] the government previously had not supported or funded harm reduction measures. In 2023, it introduced legislation that would create additional barriers, including a provincial licensing requirement for organizations applying to operate a supervised consumption site and for some existing addictions treatment services.[103] The newly elected NDP government, however, announced that it will commit $2.5 million to open a supervised consumption site in 2025, signaling that changes may be afoot for Manitoba's harm reduction policy.[104]

POPULATION MENTAL HEALTH

Concerningly, Manitoba's suicide rate is higher than the Canadian average (13.9 compared to 10.9 deaths/100,000 people). Indigenous communities in Manitoba are disproportionately impacted by suicide: the rate of suicide for Indigenous people in the province is 4.6 times higher than for non-Indigenous people, and the high rates in several communities have prompted a declaration of a state of emergency.[105] The Working Together Agreement announced that a comprehensive, province-wide Suicide Prevention Strategy is currently under development and that the new strategy will include a focus on Indigenous peoples and 2SLGBTQ+ youth.[106]

NOTEWORTHY

A suicide prevention strategy is in the works.

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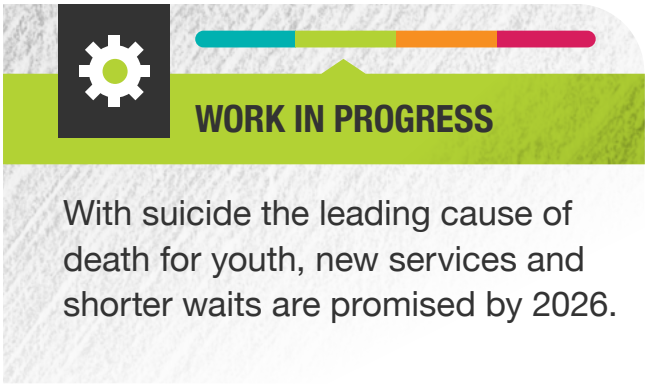
In 2022, Manitoba reported a lower rate of mortality from apparent opioid drug poisonings compared to the Canadian average (3.7 compared to 20.8 per 100,000). The number of deaths peaked rapidly and dramatically over the pandemic, climbing from 4.5 deaths per 100,000 in 2019 to 19.4 in 2021.[107] The current rate of 3.7 per 100,000 marks a historic low for the province. However, Manitoba reports a higher lifetime prevalence rate of substance use disorders (SUDs): 24.5% compared to the Canadian average of 20.7%.

SERVICE ACCESS

It is challenging to piece together Manitoba's landscape for MHASU service access based on the indicators presented in this report. On one hand, Manitoba youth in need of MHASU services have considerably lower rates of access compared to the national average (52% compared to 61%). Of the population reporting a need for MHASU care, a higher percent than the average says their needs were unmet or only partially met (8.4%). On the other hand, the size of the MHASU workforce and the number of psychiatrists in the province per 100,000 population are both slightly above average.



Organizations in Manitoba report strong inequities that limit access to appropriate care for youth, especially in remote and rural areas of the province. Indigenous youth in particular face stigma, systemic racism, and discrimination when accessing services.[108] Access to care is especially salient given that suicide is the leading cause of death for Manitoba youth ages 10-17 and given that the province declared the youth suicide rate in 2022-2023 the province's highest on record.[109] Considering the high unmet need for services among Manitoba youth, the recent announcement to expand the availability of community-based MHASU services and reduce wait times for youth by 2026 is significant.[110]

Manitoba's large rural population experiences challenges in getting access to services. The Manitoba government recently announced $450,000 over the next three years to support farmers' mental health through the Manitoba Farmer Wellness Program.[111]

SOCIAL DETERMINANTS OF HEALTH

Although the poverty rate in Canada was trending downwards in the 2020 census data, the fact that the national rate is still 8.1%—and is projected to rise again—is a serious concern.[112] At 8.3%, Manitoba's rate is even higher than the national average, and when the data is disaggregated by race, even greater inequity comes to light. Census data from 2020 shows that poverty disproportionately affects Indigenous and racialized peoples in Manitoba. In Winnipeg, which has the largest Indigenous population of all urban centres in Canada, 23.2% of First Nations people, 10.5% of Métis and 14.4% of Inuit live in poverty. That same year, the rate among Black and Latino/a residents in Winnipeg was reported to be 15.8% and 16.3%.[113] As pandemic benefits have come to an end, child poverty is also on the rise again, and Manitoba reported the highest rate of child poverty among the provinces at 27.2% in 2021 (compared to the Canadian average of 16.1%).[114]

STIGMA AND DISCRIMINATION

The percentage of Manitobans reporting poor-to-fair mental health who feel a strong connection to community is on par with the national average. A slightly higher percentage report experiencing discrimination and victimization (9.9% compared to 9.1% for all of Canada). The reported rate of drug-related offences is 158 per 100,000 people, slightly lower than the national rate 162 per 100,000.