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Mental health in NEW BRUNSWICK

Population: 850,894

Rural: 49.1%

New Brunswick is busy working to implement its mental health, addictions and substance use health (MHASU) strategy, which includes investing in e-mental health services, youth wellness hubs and better access to psychiatrists. This is welcome news given the province's lower rates of mental well-being and higher rates of mood, anxiety and substance use disorders compared to the Canadian averages. It also has the fewest psychiatrists in the country and lower rates of access to mental health services for children and youth.

New Brunswickers report having a stronger sense of belonging to community and those with poorer mental health report lower rates of stigma and discrimination than in the rest of Canada. However, concerns about rights loom in the absence of a Mental Health Advocate, the introduction of regressive policies around gender identity in schools, and a pending bill on involuntary treatment for people with substance use problems.



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Indicator	Indicator Category	NB	CAN
1.1a Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	6%	6.3%
1.1b Bilateral Health Spending for MHASU	Policy	14.8%	31%
1.2 MHASU Strategy	Policy	Moderately comprehensive	Out of date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	High concern	–
2.1 Perceived mental health – poor/fair	Population Mental Health (MH)	27.9%	26.1%
2.2a Prevalence of mood/anxiety disorders (12-month)	Population MH	14.5%	10.6%
2.2b Prevalence of substance use disorders (lifetime)	Population MH	27.9%	20.7%
2.3 Rate of death by suicide	Population MH	11.8	10.9
2.4 Rate of hospitalization for self-harm	Population MH	59.3	64.9
2.5 Rate of apparent opioid toxicity deaths	Population MH	8.6	20.8
2.6 Rate of hospitalizations caused entirely by alcohol	Population MH	142	262
3.1 Percentage of population needing mental health care but needs are unmet or partially met	Service access	6.3%	7.8%
3.2 Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	45%	61%
3.3 Number of psychiatrists per 100,000 population	Service access	6.6	13.1
3.4 Supply of MHASU healthcare providers	Service access	2,067.5	1,721.4
3.5 30-day hospital readmission rates for MHASU concerns	Service access	12.2%	13.4%
4.1 Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	13.4%	15.8%
4.2 Poverty rate	SDOH	8.1%	8.1%
4.3 Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	44%	46.1%
5.1 Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	7.1%	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	55.9%	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

In 2024-25, New Brunswick will spend approximately \$232 million on mental health, which amounts to 6% of its overall health budget.¹³⁹ Through the Shared Health Priorities agreement struck between New Brunswick and the Government of Canada, funds dedicated to mental health, addictions and substance use (MHASU) between 2023-2026 amount to \$46.2 million, which is only 14.8% of the total share of funding, falling far below national average spending of 31%.¹⁴⁰

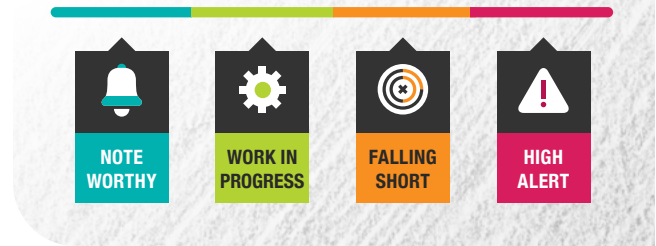
Strategy

New Brunswick released a MHASU strategy in 2021 with clear objectives, including reduced wait times for services (especially e-mental health), access to MHASU supports for those who are incarcerated, and better access to psychiatry, particularly for youth. The strategy also has a built-in accountability framework, although it remains unclear how the government will monitor progress. No funding was attributed to key areas in the strategy itself, although the government has noted that its 2020-2021 budget included investments in this strategy.¹⁴¹

Policy response to the toxic drug crisis

After a spike in 2022, the number of deaths attributed to drug toxicity has fortunately been trending downwards. The New Brunswick government has introduced some moderate policy measures to address the drug toxicity crisis. The addiction and mental health plan released in 2021 included the “implementation of overdose prevention sites” as a key priority initiative, and the first site opened in Moncton that same year. The New Brunswick Government does not provide any information on whether it supports drug checking or safer supply initiatives.

Mental Health Scoreboard



Advocates have been calling for a second overdose prevention site in the province to address the need in Saint John.

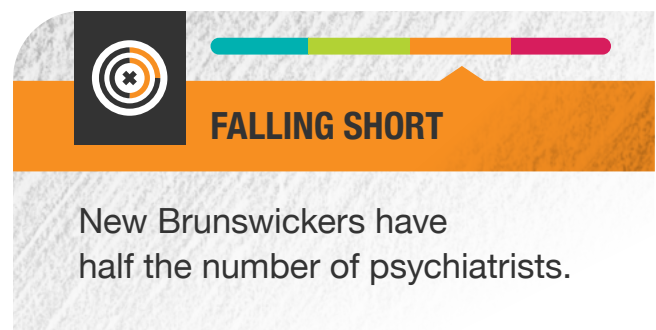
POPULATION MENTAL HEALTH

New Brunswick reports the highest rate of substance use disorders (SUDs) in the country (27.9%) and the second highest combined rate of mood and anxiety disorders (14.5%), after Saskatchewan. These rates are higher than the Canadian averages, which are 20.7% for SUDs and 10.6% for mood and anxiety disorders (combined rate).

The rate of apparent toxicity deaths due to opioids is about half of the national average (8.6 vs. 20.8/100,000). The rate has been on the rise since 2018, peaked during the pandemic and declined modestly in 2023.¹⁴² However, New Brunswick reports the lowest rate of hospitalizations due to alcohol in the country (142 per 100,000 vs. 262 per 100,000).

Service Access

Based on the indicators selected for this report, service access in New Brunswick is lower than the Canadian average, signaling a critical need for attention. The number of psychiatrists in the province is half the Canadian average, with only 6.6 psychiatrists/ 100,000 people compared to 13.1/100,000 nationally.





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The challenges of accessing mental health care are particularly acute for New Brunswick youth. The data indicate only 45% of youth with MHASU healthcare needs were able to access community health services. At the same time, a New Brunswick Health Council survey in 2022 found that the percentage of youth in grades 6 to 12 who report depression or anxiety increased dramatically from 39.5% to 55.8%.¹⁴³ To address these concerns, the New Brunswick government plans to open six integrated youth wellness hubs where young people between the ages of 12 and 24 years can access mental health and substance use supports as well as other services.¹⁴⁴



WORK IN PROGRESS

Plans to open six wellness hubs to address youth depression and anxiety

Accessing services in French, an official language in New Brunswick, remains a challenge.¹⁴⁵ New Brunswick also has the second highest rate of disability in Canada but has limited resources to meet the needs of people with disabilities.¹⁴⁶

To improve access to mental health services and supports, New Brunswick implemented the Stepped Care 2.0 model in 2022, which has been credited with improving access to same-day, rapid-access support. Further efforts are needed to improve access to longer-term, specialized treatment by psychiatrists or psychologists.¹⁴⁷



NOTEWORTHY

Same-day, rapid-access mental health, addictions and substance use (MHASU) care are part of provincial strategy.

SOCIAL DETERMINANTS OF HEALTH

The poverty rate in New Brunswick is the same as the national rate and fewer New Brunswick residents report a core housing need (13.4%) than the average (15.8%). The employment rate for individuals with mental health-related disabilities, however, is slightly below the national average: 44% compared to 46.1%.

STIGMA AND DISCRIMINATION

When it comes to reported rates of discrimination and mistreatment and sense of belonging to community, New Brunswick reports some of the country's most favourable rates. Of those reporting poor-to-fair mental health, 7.1% say they experienced stigma or discrimination compared to the Canadian average of 9.1%. More people in New Brunswick (55.9%) report a stronger sense of belonging to community than average (54.4%).

Despite these favourable rates, significant human rights concerns have been raised within the province. The New Brunswick government announced its intent to introduce the "Compassionate Intervention Act," legislation similar to the one proposed in Alberta that would allow involuntary detention and treatment for people on the grounds of substance use problems or an addiction.¹⁴⁸



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This legislation is concerning given the lack of evidence to support forced treatment for addictions. Research shows that coercive treatment not only undermines the health and well-being of those who use substances, but it can also be fatal.¹⁴⁹



HIGH ALERT

Pending involuntary treatment for substance use or addiction without evidence to support it

In addition, the Government of New Brunswick recently made changes to policy 713, the Sexual Orientation and Gender Identity policy, that puts parental consent rights before the rights of children in their expression of gender identity in schools, a move that has been criticized as an attack on the rights of transgender and non-binary children and communities in New Brunswick.¹⁵⁰

The rate of police-reported crime for drug offences in New Brunswick is lower than the Canadian average: 152 compared to Canada's 168 per 100,000.