



Mental health in PRINCE EDWARD ISLAND

Population: 177,081

Rural population: 54%

Spending for mental health, addictions and substance use (MHASU) health care on PEI is higher than average, but with a shortage of psychiatrists and in-patient beds, getting care is difficult. PEI's mental health strategy, in place since 2016, produced a workforce strategy and led to the creation of a mobile crisis unit and a new Emergency Department specializing in mental health and addictions. The strategy itself, however, is vague on targeted investments and measurement. The suicide rate on PEI is lower than in the rest of the country and Islanders fare better in terms of their overall well-being and report lower unmet needs.

However, the rates of self-harm are higher. Drug-related crime is low, and drug toxicity deaths are a fraction of the Canadian rate. Still, the government is taking steps to reduce drug-related harms, but in so doing, has encountered some community resistance. This suggests work is needed to address stigma and discrimination so that people who use drugs in PEI can get the services they need.



IN FOCUS: PRINCE EDWARD ISLAND

Indicator	Indicator Category	PEI	CAN
1.1a Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	6.9%	6.3%
1.1b Bilateral Health Spending for MHASU	Policy	8.3%	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1.2 MHASU Strategy	Policy	Somewhat comprehensive	out of date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)	18.3%	26.1%
2.2a Prevalence of mood/anxiety disorders (12-month)	Population MH	–	10.6%
2.2b Prevalence of substance use disorders (lifetime)	Population MH	–	20.7%
2.3 Rate of death by suicide	Population MH	4.1	10.9
2.4 Rate of hospitalization for self-harm	Population MH	78.6	64.9
2.5 Rate of apparent opioid toxicity deaths	Population MH	4	20.8
2.6 Rate of hospitalizations caused entirely by alcohol	Population MH	248	262
3.1 Percentage of population needing mental health care but needs are unmet or partially met	Service access	6.7%	7.8%
3.2 Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	–	61%
3.3 Number of psychiatrists per 100,000 population	Service access	5.2	13.1
3.4 Supply of MHASU healthcare providers	Service access	1,957.5	1,721.4
3.5 30-day hospital readmission rates for MHASU concerns	Service access	12.1%	13.4%
4.1 Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	9.7%	15.8%
4.2 Poverty rate	SDOH	8.7%	8.1%
4.3 Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	49.9%	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	54.4%	54.4%
5.3 Reported rate of drug-related offences	Stigma and discrim	76	162

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



POLICY

Funding

PEI’s spending on mental health is higher than average. The province allocated \$77 million for mental health in its 2024-2025 budget, which amounts to 6.9% of the overall health budget. Disappointingly, the new *Working Together Agreement* struck between PEI and the Government of Canada in 2023 does not include any funding for MHASU, but \$7.8 million in remaining funds from the 2017 Bilateral Agreement was agreed to be spent for 2023-2026, which means that only 8.3% of the total Bilateral funding will go to mental health, addictions and substance use (MHASU) care. This makes PEI the lowest spender of bilateral funding for mental health among all the provinces and territories.¹⁶²

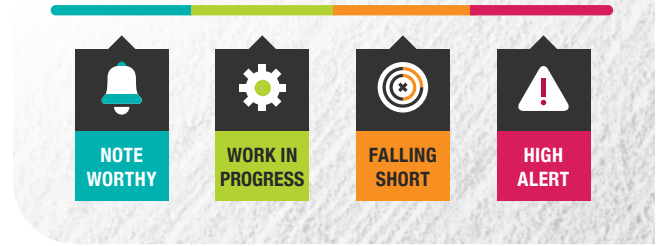
Strategy

PEI has a mental health strategy, *Moving Forward Together—Prince Edward Island’s Mental Health and Addiction Strategy*, which spans 10 years (2016-2026). The strategy identifies five strategic priorities for investment as well as challenges and opportunities for each, but it does not identify targeted programs or services for investment, a timeline of actions or how it plans to measure progress.

Mental Health Act

Last year, PEI updated its *Mental Health Act* to include community treatment orders. Data on the approximate number of complaints related to involuntary treatment was not available.

Mental Health Scoreboard



Policy Response to the Toxic Drug Crisis

The PEI government recognizes that there are considerable health impacts and loss of life associated with the toxic drug supply and it is currently working to enact policies to support harm reduction. In 2023, it announced plans for the province’s first Overdose Prevention Site in Charlottetown, although the site has not yet been established because it was rejected by the Charlottetown municipal council.¹⁶³ The PEI government is also funding capital costs for drug checking, including an infrared spectrometer (FTIR) at one harm reduction organization in Charlottetown and fentanyl test strips at 10 locations across the province. The PEI government also supports a province-wide Needle Exchange Program and Take Home Naloxone Program.¹⁶⁴



WORK IN PROGRESS

PEI’s plans for the first Overdose Prevention Site in Charlottetown have stalled due to municipal opposition.



POPULATION MENTAL HEALTH

The suicide rate on PEI is much lower than the national average at 4.1/100,000 people compared to 10.9/100,000 nationally. Similarly, Islanders self-report their mental health more positively than in the rest of Canada. Only 18.3% of Islanders rated their mental health as poor-to-fair compared to 26.1% nationally. It is important to note, however, that certain populations on the island report greater mental health problems. For example, PEI farmers report depression and anxiety levels that are much higher than the general population.¹⁶⁵

The drug toxicity crisis has not been felt as deeply on PEI as in other parts of Canada: the number of apparent opioid toxicity deaths are lower, about one-sixth of the national average (4/100,000 compared to 20.8/100,000). However, the rates peaked recently during the pandemic, at 7.4 apparent opioid toxicity deaths per 100,000.

SERVICE ACCESS

Although some of the indicators of service access for PEI perform above the Canadian average, others suggest there are barriers. Fewer Islanders needing MHASU care, compared to the rest of Canada, report that they had an unmet need for services (6.7% vs. 7.8%) and the rate of readmission to hospital for a MHASU concern is slightly lower than what is reported nationally (12.1% versus 13.4%). However, there are workforce capacity problems in the province: there are only 5.2 psychiatrists per 100,000 population in PEI (8 in total), less than half of the national average (13.1/100,000).



FALLING SHORT

Difficult to get care with only 8 psychiatrists on the Island

The smaller MHASU workforce and the shortage of inpatient spaces have been identified as important barriers to services in PEI. As in other Atlantic provinces, Prince Edward Islanders who live in rural parts of the Island have problems accessing mental health services, which are concentrated in urban centres.¹⁶⁶

In response, the government announced its intention to create a workforce development strategy¹⁶⁷ and, last year, it launched a mobile crisis unit to relieve pressure on the acute care system. More recently, a new Emergency Department specializing in mental health and addictions has opened and will provide 24/7 urgent care and clinical support for people with mental health and substance use problems.¹⁶⁸



NOTEWORTHY

New mobile crisis unit and Emergency Department with 24/7 urgent care



SOCIAL DETERMINANTS OF HEALTH

The core housing need in PEI is about half that of the national average (8.7% vs. 15.8%). However, the cost-of-living crisis has also impacted Prince Edward Island. The poverty rate on the island is slightly higher than the national average (8.7% vs. 8.1%), but, notably, in 2022, PEI was the most food insecure province in Canada.¹⁶⁹ The percentage of people unable to afford nutritious food rose from 17.3% in 2019 to 23.6% in 2022. Moreover, in 2022, 35.1% of children in PEI lived in food-insecure households. Given the links between poverty, food security, and mental health, these concerning trends must be addressed.



HIGH ALERT

More than one third of children live in households that don't have enough food.

STIGMA AND DISCRIMINATION

Prince Edward Islanders who report poor-to-fair mental health also report less victimization and discrimination than Canadians on average (7.1% compared to 9.1%) and feel a sense of community at percentages on par with the rest of the country. However, the rate of police-reported crime for drug offences in PEI is much lower than the national average: 76 compared to 162/100,000. While this lower rate indicates that Islanders are less likely to be criminalized for possessing and using unregulated drugs, community resistance to establishing overdose prevention services also suggests that considerable work needs to be done in PEI to address the stigma attached to substance use health services and those who need them.