



IN FOCUS >

# Mental health in **SASKATCHEWAN**

**Population:** 1,231,043

**Rural:** 31.7%

With a new mental health action plan and a budget for mental health, addictions and substance use (MHASU) health care that exceeds the Canadian average, Saskatchewan is well poised to improve access to mental health, addictions and substance use health services. This is timely action given psychiatrists are hard to attract and retain, and youth are struggling more here than elsewhere in the country. Saskatchewan reports some of the highest rates of mood, anxiety and substance use disorders, and the suicide and self-harm rates are higher in this province; alarmingly so for First Nations people.

The Saskatchewan government has introduced both a suicide action plan and legislation and is working with First Nations on the implementation. Despite high levels of opioid-related deaths, Saskatchewan has taken a treatment-oriented approach to the crisis and has signaled it will not support safer supply. It will need to improve its policy framework for substance use and harm reduction to address the crisis.

**IN FOCUS: SASKATCHEWAN**

Indicator	Indicator Category	SK	CAN
<b>1.1a</b> Mental health, addictions, and substance use (MHASU) Healthcare Investments	Policy	7.5%	6.3%
<b>1.1b</b> Bilateral Health Spending for MHASU	Policy	35%	31%
<b>1.2</b> MHASU Strategy	Policy	Moderately comprehensive	Out of date
<b>1.3</b> Decriminalization policy	Policy	–	Low support
<b>1.4</b> Harm reduction policy	Policy	Moderate support	High support
<b>1.5</b> Mental Health Acts	Policy	Ins.	–
<b>2.1</b> Perceived mental health – poor/fair	Population Mental Health (MH)	25.3%	26.1%
<b>2.2a</b> Prevalence of mood/anxiety disorders (12-month)	Population MH	15.5%	10.6%
<b>2.2b</b> Prevalence of substance use disorders (lifetime)	Population MH	27.5%	20.7%
<b>2.3</b> Rate of death by suicide	Population MH	17.6	10.9
<b>2.4</b> Rate of hospitalization for self-harm	Population MH	87.7	64.9
<b>2.5</b> Rate of apparent opioid toxicity deaths	Population MH	24	20.8
<b>2.6</b> Rate of hospitalizations caused entirely by alcohol	Population MH	375	262
<b>3.1</b> Percentage of population needing mental health care but needs are unmet or partially met	Service access	6.6%	7.8%
<b>3.2</b> Percentage of youth with early MHASU service needs who accessed Community Mental Health services	Service access	48%	61%
<b>3.3</b> Number of psychiatrists per 100,000 population	Service access	7.4	13.1
<b>3.4</b> Supply of MHASU healthcare providers	Service access	1,907.2	1,721.4
<b>3.5</b> 30-day hospital readmission rates for MHASU concerns	Service access	11.5%	13.4%
<b>4.1</b> Percentage of population reporting poor-to-fair mental health in core housing need	Social Determinants of Health (SDOH)	16.3%	15.8%
<b>4.2</b> Poverty rate	SDOH	8.4%	8.1%
<b>4.3</b> Employment rate for individuals with mental health disabilities (ages 25-64)	SDOH	58.8%	46.1%
<b>5.1</b> Percentage of those with poor-to-fair mental health who experienced discrimination and victimization	Stigma and discrim	9.9%	9.1%
<b>5.2</b> Percentage of population with poor-to-fair mental health who report feeling a stronger sense of belonging to community	Stigma and discrim	51.8%	54.4%
<b>5.3</b> Reported rate of drug-related offences	Stigma and discrim	206	162

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


# POLICY

## Funding

Budget 2024-2025 commits \$574 million for mental health and addictions, which is 7.5% of overall health care spending. This percentage is on the higher end of what most provinces and territories spend on average. In the 2023 Bilateral Health Agreement with the federal government (which also includes a renewed commitment to spend the remaining funds from the Shared Health Priorities Agreement from 2017), Saskatchewan agreed to invest 35% of this total funding towards MHASU, which is also slightly higher than the average across Canada (31%).

## Strategy

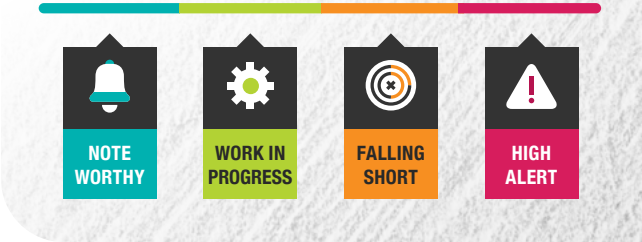
Last year, Saskatchewan released a new Action Plan for Mental Health and Addictions (2023-2028). The plan includes adding 500 new addictions treatment spaces, rapid access to MHASU services and a central intake system for mental health services. Although the Strategy is light on details about funding and timelines, the government commits that by year five of the plan, it will have spent \$49.4M on the action items. The plan is branded as investing in a “Recovery-Oriented System of Care” and does not include any new plans to invest in harm reduction.<sup>93</sup>



**NOTEWORTHY**

New Action Plan for Mental Health and Addictions commits nearly \$50 million.

## Mental Health Scoreboard



## Policy Response to the toxic drug crisis

Despite harms from the toxic drug supply, the Government of Saskatchewan continues to prioritize treatment models of care for substance use.<sup>94</sup> While it does provide funding for naloxone and drug checking, including fentanyl test strips at 30 locations across the province and FTIR spectrometers at two overdose/supervised prevention sites (OPS/SCS),<sup>95</sup> the government does not fund the operation of the OPS/SCS, which are supported municipally and through donations. It has also stated its intention not to support safer supply initiatives and, in January 2024, the government announced that it will no longer provide funding to third-party organizations to supply sterile equipment to people who use drugs.<sup>96</sup>



**FALLING SHORT**

The government is not funding overdose prevention sites and will not support safer supply initiatives.



## POPULATION MENTAL HEALTH

Saskatchewan reports the highest rates of mood (15.6%) and anxiety (15.4%) disorders in Canada and the second highest rate of substance use disorders (27.5%), after New Brunswick.

A report on suicide from 2006-2020 found that the rate of suicide for First Nations people is five times higher than in the non-First Nations population, and that the rates of self-harm for First Nations girls is seven times higher than for girls who are not First Nations.<sup>97</sup> Organizations have been urging the government to take action. The Federation of Sovereign Indigenous Nations developed its own Indigenous-specific suicide strategy in 2018, in light of the inaction.<sup>98</sup> In 2020, the Saskatchewan government released a suicide prevention strategy and in 2021, passed the *Strategy for Suicide Prevention Act*. It is working with Indigenous partners and releasing annual reports to measure progress on suicide prevention.

Saskatchewan is also experiencing a high number of deaths due to toxic drugs. While the rate of apparent opioid toxicity deaths has thankfully been trending downwards since the record number reported during the pandemic,<sup>99</sup> last year Saskatchewan reported 24 per 100,000 deaths—higher than the Canadian average (20.8 per 100,000). The data available so far for 2023 show that opioid-related deaths are once again on the rise.

## SERVICE ACCESS

Data related to service access suggest that Saskatchewan may be doing better than the Canadian average for some services, as the province reports some of the lowest hospital re-admission rates for MHASU concerns (11.5 per 100,000) in all of Canada. However, Saskatchewan is struggling

when it comes to youth mental health and access to psychiatrists and, alarmingly, reports some of the highest rates of suicide and hospitalization for self-harm in the country.

Only 48% of youth with early MHASU needs have accessed services in the province, compared to 61% of youth across Canada. The Saskatchewan Advocate for Children and Youth has declared the poor access to mental health services for youth to be a crisis. Saskatchewan also faces challenges attracting and retaining psychiatrists, with only 7.4 psychiatrists per 100,000. The government is trying to address this poor access, especially for youth, by providing limited funding to the College of Medicine for subspecialty training in child psychiatry.<sup>100</sup>



### HIGH ALERT

A crisis number of youth aren't getting the mental health, addictions and substance use (MHASU) help they need. First Nations girls are at very high risk of self harm.



### WORK IN PROGRESS

With few psychiatrists, Saskatchewan is funding subspecialty training in child psychiatry.



## **SOCIAL DETERMINANTS OF HEALTH**

Saskatchewan's rate of employment for people with mental health disabilities is higher than the national average (58.8% compared to 46.1%). The rate of core housing need for those with poor-to-fair mental health is slightly above average at 16.3% compared to the national average of 15.8%. Saskatchewan's poverty rate is 8.4%, marginally higher than the national average of 8.1%.

## **STIGMA AND DISCRIMINATION**

Fewer-than-average Saskatchewan residents with poor-to-fair mental health report that they feel a strong sense of belonging to community. This same population reports a slightly higher-than-average rate of discrimination and victimization (9.9% versus 9.1%). The rate of drug-related offences in Saskatchewan is 206 per 100,000 people, which is higher than the national rate of 162 per 100,000.