



Canadian Psychiatric Association
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Association des psychiatres du Canada
Dévouée aux soins de qualité

CPA SUBMISSION

Pre-Budget Submission to the House of Commons Standing Committee on Finance

**Submitted to the House of Commons Standing Committee on Finance,
August 1, 2013**

Recommendation 1:

Recognizing the pressing mental health needs among the Inuit and First Nations peoples of Canada, the high rates of suicide on some reserves, particularly among Aboriginal youth, and the remoteness of their communities, allocate an additional \$2 million to mental health services over the next two years in order to fund 1) \$1 million for culturally appropriate services designed to meet new evidence based standards of care and 2) \$1 million to support the development of evidence-based suicide prevention programming that reflects community priorities, incorporates traditional cultures, and targets at-risk populations.

Federal Funding:

Given the Mental Health Commission of Canada's recommendation that funding for mental health services represent nine per cent of health care spending, and its recommendation for a coordinated continuum of mental wellness services which includes traditional, cultural, and mainstream approaches, allocate an additional \$2 million for First Nations and Inuit mental health from Health Canada's First Nations and Inuit Health Branch (FNIHB)'s, with multi-year projects funded through the Health Services Integration Fund (HSIF)ⁱ.

Beneficiaries:

Aboriginal Peoples of Canada for whom the Crown is responsible. Health Canada FNIHB's strategic plan (2012)ⁱⁱ recognizes that to adequately address mental health needs among First Nations and Inuit, it is necessary to build on existing community strengths, and mental wellness programs, and support a comprehensive approach to provide "culturally safe" mental health and addictions services and supports to First Nations and Inuit communities drawing on community, cultural, and clinical approaches to mental wellness services.

Given Canada's aging population, Canada needs a new labour source. The Aboriginal population is much younger and is growing faster than the non-Aboriginal population. Estimates are that it will account for 12.7 per cent of labour force growth between 2006 and 2026 and represent almost five per cent of the total working age population by 2026.ⁱⁱⁱ Given the distribution of Aboriginal Peoples across every region of Canada, Canada will benefit both economically and socially in funding this initiative.

Recommendation 2:

Given that the federal government is the country's largest employer, and that the number of disability claims in the federal government due to mental illness has almost doubled^{iv}, the federal government should work towards mental health promotion and mental illness prevention by using the processes, practices and tools in the National Standard of Canada for Psychological Health & Safety in the Workplace (the standard) to 1)

Launch a pilot project in one department 2) Evaluate the success of the pilot 3) Implement the standard in all federal government departments within two years.

Federal Funding:

Incorporate the recommendation as part of Treasury Board of Canada's 2013 commitment to modernize its disability management with an emphasis on prevention, rehabilitation, and productivity.^v

Intended beneficiaries:

The federal public service comprises 0.8 per cent of the Canadian population (2012)^{vi}. The federal government is the largest operation in this country^{vii}. As its major funder, the federal government has a leadership role to play in implementing the standard. The public service would benefit from significant cost savings, and increased productivity, should the standard be effectively implemented, resulting in major savings for the Canadian government.

Currently, mental health problems cost the economy at least \$6 billion a year due to lost productivity and this number is expected to rise.^{viii} More than half of all disability claims in the Canadian workforce are now due to mental illness^{ix}. Both prevention programs and access to evidence based treatments need to be improved to maintain an effective and efficient work force across Canada. An investment now could reap large dividends in future savings.

Recommendation 3:

Given that research focused on patients is the cornerstone of evidence-informed health care, and that this research needs to be translated and integrated into the health care system and clinical practice at a regional level, the federal government should designate 10 per cent of its funding to the CIHR's Strategy for Patient-Oriented Research (SPOR) Support for People and Patient-Oriented Research and Trials (SUPPORT) to add the requirement for a mental health component to these funds.

Federal Funding:

Reallocate 10 percent of the funding for SPOR SUPPORT units funding (anticipated to be \$2 million – \$10 million per unit per year^x) specifically to mental health patient oriented research and trials.

Intended beneficiaries:

CIHR SPOR SUPPORT Units are intended to be regional centres of excellence that can stimulate, facilitate, support and enhance the conduct of patient-oriented research. Funding this initiative would provide a major boost to mental health research and mental health outcomes on a regional basis allowing provinces to identify and tackle strategies and priorities at the local level.

Through these efforts, mental health care for Canada's population will rapidly improve across the country as research results are more effectively translated into the health care system and clinical practice at a local level.

Conclusion:

Founded in 1951, the Canadian Psychiatric Association (CPA) is the national voluntary professional association for Canada's 4,500 psychiatrists. As the national voice of Canadian psychiatrists, the CPA advocates for the professional needs of its members and promotes excellence in education, research, and clinical practice.

The costs of mental illness are increasing exponentially. According to the Mental Health Commission of Canada, they now stand at over \$50 billion per year, \$6 billion alone of which is due to lost productivity. In 2011, this represented 2.8 per cent of our annual GDP. In ten years, this annual cost is expected to rise to almost \$89 billion with a cumulative cost of more than \$623 billion^{xi}.

The CPA urges the Government to act on the recommendations of the Commission to increase the funding for mental health from seven to nine per cent of health care budgets. We spend far less than other comparable nations on mental health - just over seven cents out of every public health care dollar, far below the 10 to 11 per cent spent in countries such as New Zealand and the U.K.^{xii}

The CPA recognizes the support of the Government of Canada in establishing the Mental Health Commission of Canada. It welcomed the announcement of Canada's Mental Health Strategy and National Standard of Canada for Psychological Health & Safety in the Workplace (the standard), and it asks the government to take action on the strategy and to implement the standard beginning with the federal workplace.

The Commission focuses on First Nations, Inuit and Métis mental health as part of the Mental Health Strategy. The CPA welcomes both the Commission's recommendations and the First Nations and Inuit Health Branch's strategic plan (2012) but recognizes that more resources are needed if the objectives identified by Health Canada are to be effectively implemented. With the significance of our Aboriginal people in terms of a potential source of labour, it is imperative that the government act to address the healthcare deficit on reserves.

The federal government has a pivotal role to play in providing equitable funding to mental health initiatives and in shaping the national agenda at both the federal and provincial levels. One of the areas in which it can act to ensure that mental health is adequately funded is by providing a mandatory mental health component to federal-provincial research initiatives such as CIHR SPOR SUPPORT Units. This will ensure that mental health research effectively targets local and regional priorities.

Endnotes

ⁱ Health Canada: Health Services Integration Fund (80 million funding 2010-2015). <http://www.hc-sc.gc.ca/fniah-spnia/services/acces/index-eng.php>

ⁱⁱ The First Nations and Inuit Health Branch Strategic Plan: A Shared Path to Improved Health. Health Canada: 2012. <http://www.hc-sc.gc.ca/fniah-spnia/pubs/strat-plan-2012/index-eng.php>

ⁱⁱⁱ Elgersma, Sandra; Simeone, Tonina. Canada's Aging Population and Public Policy. Library of Parliament: February 20, 2012. Pgs. 9-10 <http://www.parl.gc.ca/content/lop/researchpublications/2012-07-e.pdf>

^{iv} Mental Health Commission of Canada <http://strategy.mentalhealthcommission.ca/the-facts/>

^v Minister Clement to Modernize Disability Management in the Federal Public Service: June 10, 2013. <http://www.tbs-sct.gc.ca/media/nr-cp/2013/0610-eng.asp>

^{vi} Treasury Board of Canada: Demographic Snapshot of the Federal Public Service: 2012. <http://www.tbs-sct.gc.ca/res/stats/demo12-eng.asp>

^{vii} Tony Clement, How and Why we are Modernizing the Public Service. National Post: June 18, 2013
<http://fullcomment.nationalpost.com/2013/06/18/tony-clement-how-and-why-were-modernizing-canadas-public-service/>

^{viii} MHCC: Making the Case for Investing in Mental Health. <http://strategy.mentalhealthcommission.ca/pdf/case-for-investment-en.pdf>

^{ix} Minister Clement to Modernize Disability Management in the Federal Public Service: June 10, 2013.
<http://www.tbs-sct.gc.ca/media/nr-cp/2013/0610-eng.asp>

^x SPOR SUPPORT Units: <http://www.cihr-irsc.gc.ca/e/45859.html>

^{xi} MHCC: Making the Case for Investing in Mental Health. <http://strategy.mentalhealthcommission.ca/pdf/case-for-investment-en.pdf>

^{xii} MHCC: Making the Case for Investing in Mental Health. <http://strategy.mentalhealthcommission.ca/pdf/case-for-investment-en.pdf>