



Canadian Psychiatric Association  
Association des psychiatres du Canada

# Canadian Psychiatric Association 2023 Pre-Budget Submission

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SUBMISSION TO THE HOUSE OF COMMONS STANDING  
COMMITTEE ON FINANCE – OCT. 8, 2022

## Summary of Recommendations

### Recommendation 1

The CPA asks the federal government to take immediate steps to create a Canada Mental Health Transfer that will allocate permanent, ongoing federal funding to the provinces and territories for mental health services starting in Budget 2023.

### Recommendation 2

The CPA urges the federal government to establish, collect and report on national wait times for access to mental health services.

### Recommendation 3

The CPA urges the federal government to invest additional resources to support mental health research that reflects the burden of mental illness.

### Recommendation 4

The CPA recommends that the federal government enhances the psychiatric services available to people with mental illness currently in detention centres and prisons, and that resources and services are put into place to provide appropriate and sufficient non-forensic, non-correctional mental health treatment to prevent the criminalization of people with mental illness.

## Introduction

While the pandemic has led to new mental health support initiatives and increased public awareness about the impact of psychosocial distress, it has highlighted shortcomings within our mental health system, and exacerbated existing and longstanding structural inequities for people with mental illnesses.

The social costs of poor mental health are high; a person with serious mental illness is at high risk of experiencing poverty, homelessness, and unemployment. Despite the widespread prevalence of mental health disorders, it is estimated that fewer than one-third of people affected by them will seek treatment. This is due in large part to the stigma society attaches to mental illness, which can lead to discriminatory treatment in the workplace or the health care system.

The pressure on the mental health system is not expected to subside following the pandemic. Given the impact of mental illnesses on the economy, social and emergency services, as well as the criminal justice system, Canada urgently needs leadership and increased, targeted investment in mental health care services and supports.

### **Recommendation 1: The CPA asks the federal government to create a Canada Mental Health Transfer that will allocate permanent, ongoing federal funding to the provinces and territories for mental health services starting in Budget 2023.**

Notwithstanding the federal government's recent funding commitments (Government of Canada, 2017), including the commitment to establish a Canada Mental Health Transfer, mental health care in Canada has been systematically underfunded for decades while mental illness continues to cost the Canadian economy over \$50 billion a year (Smetanin et al, 2011).

Canada lags other G-7 countries when it comes to its investment in mental health as a percentage of its health budgets. The Royal Society of Canada has recommended that the federal government, in conjunction with the provinces and territories, increase funding for mental health and substance use to at least 12 per cent of their health budgets (McGrath PJ et al, 2020). While this figure is closer to the 13 per cent that England's National Health Service invests in mental health (MHCC, 2017), recent publicly available figures suggest Canada's investment is in the range of approximately five per cent (IHE, 2019).

Resolving inequities in the mental health system will require targeted, long-term, and sustainable funding. Lump sum transfer payments to the provinces and territories via the Canada Health Transfer are not tracked or directed to specific areas of care, so their impact on mental health is unknown. This approach does not improve system performance, nor does it require any accountabilities from the provinces and territories as a condition of receiving funding.

### **Recommendation 2: The CPA urges the federal government to establish, collect and report on national wait times for access to mental health services.**

The CPA believes Canadians should have timely and equitable access to integrated, team-based care that is evidence-based and commensurate with the severity and duration of their medical condition. It is vital to track progress on wait times to improve overall health system accountability and transparency, promote innovation, assess performance, and measure impact of government investment.

Despite the federal government's commitment to set national standards for access to mental health services, there are currently no national statistics on wait times for mental health services. Data that do exist are often incomplete or for a limited timeframe, and in some jurisdictions, wait times are either not tracked at all, or the information is too decentralized to use in reporting.

Benchmarks must be developed from the patient's perspective, based on the best available evidence, and should not be limited solely to the waiting time to see a specialist. The waiting time for admission to hospital, to a rehabilitative program of therapy, among others, should also be standardized, tracked, and publicly reported by all provinces and territories. The volume of service delivery should also be considered.

### **Recommendation 3: The CPA urges the federal government to invest additional resources to support mental health research that reflects the burden of mental illness.**

One in five Canadians experiences a mental health problem or disorder in any given year (MHCC, 2013), and according to the Mental Health Commission of Canada, the “best estimate of total public and private non-dementia-related direct costs for mental health care and supports in 2015 was nearly \$23.8 billion (\$51.4 billion when dementia care is included)” (MHCC, 2017). In 2011, the economic cost to Canada was equivalent to 2.8 per cent of the gross domestic product, and by 2041, it is estimated that the total cost will have risen to more than \$2.5 trillion (MHCC, 2013).

Yet, when measured in relation to the cost of mental and brain disorders to society, funding for mental health research lags other areas of research internationally (Wykes et al, 2015).

The principal funder of health research in Canada is the Canadian Institutes of Health Research (CIHR), and in 2018/19, approximately nine per cent of its funding was allocated to mental health and addictions research (RSC, 2020). This funding level is disproportionate when compared to the fact that mental health and pain account for 24 per cent of the health burden (Vigo et al, 2019).

To ensure that mental health research investments yield steady returns, “research must be funded at every level—from systems to patient-level factors—that limit the use and effectiveness of interventions, including through prevention/early-intervention strategies and therapies for those already ill” (Lewis-Fernandez et al, 2016).

### **Recommendation 4: The CPA recommends that the federal government enhances the psychiatric services available to people with mental illness currently in detention centres and prisons, and that resources and services are put into place to provide appropriate and sufficient non-forensic, non-correctional mental health treatment to prevent the criminalization of people with mental illness.**

Many people with serious mental illnesses end up incarcerated, owing, in part, to lack of appropriate resources to treat them in the community, with correctional facilities becoming the de facto psychiatric institutions. Some people with mental illness receive their treatment only after being found Not Criminally Responsible (NCR) or unfit to stand trial. Access to care for many only occurs after they have been criminalized.

People of Indigenous descent are significantly overrepresented in jails and prisons, as are female offenders, many of whom have complex trauma issues, substance use disorders, and a history of hospitalizations. Jails have inadequate supports for aging inmates, who have dementia or physical health issues. Those with cognitive impairments often become permanent forensic patients as there is often no hope that they will become fit to stand trial.

The lack of appropriate services and supports in prisons for mentally ill people results in unacceptable rates of seclusion and lack of appropriate treatment. There are few places within the correctional system where incapable mental health patients can be treated involuntarily. It is difficult to have these individuals treated outside of the facility due to the double stigma of mental illness and criminality.

People with serious mental illness within the criminal justice system clearly fall within the disadvantaged group, with the double stigma of their mental illness and a criminal justice label. Stigmatized and discriminated against, this is a population that begs for social justice and our urgent attention.

The CPA recommends (Chaimowitz, 2012a and 2012b) that:

- The federal government strike a commission to review the effects of deinstitutionalization and hold provincial and territorial governments accountable for appropriate resources in hospitals and the community.
- Resources and services are put into place to provide appropriate and sufficient non-forensic, non-correctional mental health treatment to prevent the criminalization of people with serious mental illness.

## About the CPA

Founded in 1951, the Canadian Psychiatric Association is the national voice of Canada's psychiatrists and psychiatrists-in-training and is the leading authority on psychiatric matters in Canada.

Psychiatrists are medical doctors who provide psychiatric assessment, treatment and rehabilitation care to people with psychiatric disorders to prevent, reduce and eliminate the symptoms and subsequent disabilities resulting from a mental illness or disorder. Psychiatrists provide direct care to patients and often act as consultants to other health professionals such as family doctors. They work in a range of settings including psychiatric and general hospitals, private offices, research units, community health centres, social agencies or in government. Psychiatrists use a mix of treatment options, including medications and psychotherapy, depending on the psychiatric condition. Often part of the treatment or rehabilitation plan will include referral to or collaboration with a range of social and support services.

As an evidence-based profession, CPA provides advice on the most effective programs, services and policies to achieve the best possible mental health care for Canadians.

## References

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Canadian Psychiatric Association  
701 – 141 Laurier Avenue West, Ottawa ON K1P 5J3  
[www.cpa-apc.org](http://www.cpa-apc.org)