



Canadian Psychiatric Association
Association des psychiatres du Canada

CPA-Prebudget-Submission- 2024-Feb-09-FIN

SUBMISSION TO THE DEPARTMENT OF FINANCE CANADA
FEB. 9, 2024

Summary of Recommendations

That the federal government:

1. Work with the provinces, territories, Indigenous groups and organizations representing health-care professionals, to create and implement a pan-Canadian health human resources strategy that facilitates the identification of, and effective action on, gaps in the health-care workforce and that supports collaborative care for mental health.
2. Invest additional resources into supporting mental health research that reflects the burden of mental illness.
3. Work with the provinces, territories and Indigenous groups to create and implement a pan-Canadian suicide prevention strategy with an iterative action plan that has specific priorities with measurable outcomes and ongoing evaluation; identifies and promotes effective, evidence-based population-level and individual clinical interventions; and addresses target populations that are overrepresented in Canada's suicide rates.
4. Enhance the psychiatric services available to people with mental illness in detention centres and prisons and put in place resources and services to provide appropriate and sufficient non-forensic, non-correctional mental health treatment to prevent the criminalization of people with mental illness.
5. In partnership with the provinces and territories, expand investments in evidence-based approaches such as Housing First to shift people from crisis and institutional services to appropriate community housing options that are flexible, available, affordable and tailored to individual needs.
6. In partnership with the provinces and territories, invest in community-based programs and support services such as assertive community treatment and intensive case management to assist people with mental illness to successfully transition from inpatient care, institutions, or homelessness to the community.

Introduction

People with severe mental illness are at high risk of poverty, homelessness and unemployment. Despite the widespread prevalence of mental disorders, it is estimated that fewer than one-third of people affected will seek treatment. This is largely due to the stigma attached to mental illness, which can lead to discriminatory treatment in the workplace and the health care system.

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: That the federal government work with the provinces, territories, Indigenous groups and organizations representing health-care professionals, to create and implement a pan-Canadian health human resources strategy to facilitate the identification of, and effective action on, gaps in the health-care workforce and that supports collaborative care for mental health.

Collaborative care has great promise to improve access to care (especially for marginalized and underserved populations), to integrate physical and mental health care and to facilitate transitions in care (Kates, 2023). To fulfill this potential, a pan-Canadian health human resources data strategy to improve the collection, access, sharing and use of health workforce data, in conjunction with a national strategy to promote and implement effective health care teams across Canada, is required.

Recommendation 2: That the federal government invest additional resources into supporting 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 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; it is estimated the total cost will be more than \$2.5 trillion by 2041 (MHCC, 2013).

Yet, when juxtaposed to the cost of mental and brain disorders, funding for mental health research lags other areas of research internationally (Wykes, 2015).

In 2018/19, the Canadian Institutes of Health Research (CIHR), the principal funder of health research in Canada, allocated approximately nine per cent of its funding to mental health and substance use research (McGrath, 2020), yet mental health and pain account for 24 per cent of the health burden (Vigo, 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, 2016).

Research priorities include substance use treatment and prevention (e.g., a national education campaign like that for tobacco), suicide prevention, corrections and the efficacy of virtual care for people with severe mental illness. Attention should be paid to the practical aspects of virtual care (e.g., digital infrastructure, digital literacy skills, phone access, privacy).

Recommendation 3: That the federal government work with the provinces, territories and Indigenous groups to create and implement a pan-Canadian suicide prevention strategy with an iterative action plan that has specific priorities with measurable outcomes and ongoing evaluation; identifies and promotes effective, evidence-based population-level and individual clinical interventions; and addresses target populations that are overrepresented in Canada's suicide rates.

A recent study found that Canadian men and women had the sixth highest suicide rate in 2019 out of the 33 countries in North, Central and South America (Lange, 2023).

The 2016 creation of the Framework for Suicide Prevention demonstrated the federal government's desire to tackle Canada's high suicide rate. However, a Senate committee report found that suicide rates in Canada have not decreased its inception. It proposed changes to make it effective, citing many of the elements in the above CPA recommendation (Senate, 2023). While CPA supports updating the framework to make it more effective and is heartened by the announcement that the government is developing a national suicide prevention action plan, it holds that the government can go further by working towards the creation and implementation of a pan-Canadian suicide prevention strategy, building on international experience and that of Canadian municipalities, regions and provinces who have developed their own strategies in the absence of a pan-Canadian strategy (e.g., Québec's strategy, *Help for Life*, the Nunavut Suicide Prevention Strategy and an Inuit-specific suicide prevention strategy). Canada is the only G8 country without a national suicide prevention strategy (Olsen, 2016).

Regardless of the avenue pursued, an updated framework with an action plan or a pan-Canadian strategy, certain elements are needed.

Specific priorities with measurable outcomes must be identified and iteratively evaluated. As underscored by the Senate report, there are disproportionately high rates of suicide among First Nations, Métis and Inuit, boys and men, racialized communities, and persons with mental illnesses that require specific targeting. In addition, recent research identified eight population-level factors that shape suicide rates, noting that these factors affect men and women differently, pointing to the importance of addressing gender differences (Lange, 2023).

Through CIHR and Statistics Canada, the government has the tools to foster collaboration with provinces, territories and other organizations to improve national suicide and suicide prevention data collection and analysis. A national database of critical suicide indicators, effective suicide prevention programs and research, and the contributing and causal factors for suicide are of critical importance.

Given the limited number of evidence-based interventions for suicide, a coordinated approach to suicide prevention research is essential. Through CIHR, the government can develop a research agenda to support new interventions and approaches consistent with identified priorities, including in substance use problems and addiction. National policies and guidelines around means restriction, where there is strong evidence, should be developed.

The CPA recognizes the jurisdictional challenges presented by a pan-Canadian suicide prevention strategy and urges the federal government to lead by example. As acknowledged by Carolyn Bennett, the former minister of mental health and addictions, some of the worst outcomes are amongst populations for which the federal government is directly responsible: First Nations, Inuit, Métis, the military, RCMP and corrections. As the government develops suicide prevention policies and programs for these populations these should incorporate measurable outcomes that are iteratively evaluated.

Recommendation 4: That the federal government enhance the psychiatric services available to people with mental illness in detention centres and prisons, and put in place resources and services to provide appropriate and sufficient non-forensic, non-correctional mental health treatment to prevent the criminalization of people with mental illness.

Many people with severe mental illnesses are incarcerated, partly owing to a lack of appropriate community resources to treat them, with correctional facilities becoming the de facto psychiatric institutions. Some people with mental illness receive treatment only after being found Not Criminally Responsible or unfit to stand trial. Access to care for many only occurs after they have been criminalized.

Indigenous people are significantly overrepresented in corrections (32 per cent overall and almost 50 per cent of incarcerated women) (Office of the Correctional Investigator, 2022-2023), 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 frequently become permanent forensic patients, often with no hope they will become fit to stand trial.

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

In addition to better resourcing the community mental health system to prevent criminalization, the CPA recommends striking a commission to review the effects of deinstitutionalization and hold provincial and territorial governments accountable for appropriate hospital and community resources (Chaimowitz, 2012a and 2012b).

Additional dedicated funding for research and education should be embedded within federal correctional health services budgets.

Recommendation 5: That the federal government, in partnership with the provinces and territories, expand investments in evidence-based approaches such as Housing First to shift people from crisis and institutional services to appropriate community housing options that are flexible, available, affordable and tailored to individual needs.

More than 500,000 Canadian living with a mental illness are inadequately housed. Of these, up to 119,000 are homeless (Trainor, 2011). Investing in supportive housing creates savings across the health care, social services and justice systems. The At Home/Chez Soi national housing study found that every \$10 invested in supportive housing resulted in an average savings of \$21.72 (Goering, 2014). In addition, At Home/Chez Soi participants reduced their use of services, and outpatient visits to hospitals (Goering, 2014).

Finding adequate housing is especially challenging for people with disabilities due to stigma and discrimination, and the inadequate income supports from current social assistance programs. The Canada Disability Benefit (CBD) has great potential to address this shortfall, provided it's not subject to clawbacks and is flexible enough to support people with episodic illness (e.g., mental illness). It will be essential to consult organizations representing people living with a mental illness and the professionals who treat them when developing the CBD regulations.

The shortage of public and private housing across Canada makes it imperative that the federal government incentivize building supportive housing for people with mental illness.

The potential for a universal basic income to replace the current patchwork of government housing and other social programs should also be explored.

Recommendation 6: That the federal government, in partnership with the provinces and territories, invest in community-based programs and support services such as assertive community treatment and intensive case management to assist people with mental illness to successfully transition from inpatient care, institutions, or homelessness to the community.

Patients with complex needs do well with ACT and ICM teams which work hand in glove with supportive housing. Yet wait times can be a year or longer to access this model of care (Gratzer, 2023).

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.

References

- Chaimowitz GA. [The criminalization of people with mental illness](#). [CPA Position Paper]. Can J Psychiatry. 2012(a);57(2):Insert 1-6.
- Chaimowitz GA. [The treatment of mental illness in correctional settings](#). [CPA Position Statement]. Can J Psychiatry. 2012(b);57(2):Insert 1,1-2.
- Goering P, Veldhuizen S, Watson A, et al. National At Home/Chez Soi final report. Calgary (AB): Mental Health Commission of Canada; 2014.
- Gratzer D. A crisis of neglect: how society can help those with mental illness. Globe and Mail. 2023 July 14.
- Kates N, Sunderji N, Ng V, et al. [Collaborative mental health care in Canada: challenges, opportunities and new directions](#). Can J Psychiatry. 2023 May;68(5):372-398.
- Lange S, Cayetano C, Jiang H. et al. [Contextual factors associated with country-level suicide mortality in the Americas, 2000–2019: a cross-sectional ecological study](#). The Lancet Regional Health Americas. February 23, 2023.
- Lewis-Fernandez R, Rotheram-Borus MJ, Trotter Vettes V, et al. Rethinking funding priorities in mental health research. Br J Psychiatry. 2016;206(6):507—509.
- McGrath PJ, Asmundson GJG, Blackstock C, et al. Easing the disruption of COVID-19: supporting the mental health of the people of Canada. Ottawa (ON): Royal Society of Canada; 2020.
- Mental Health Commission of Canada (MHCC). Making the case for investing in mental health in Canada. Ottawa (ON): MHCC; 2013.
- Mental Health Commission of Canada (MHCC). Strengthening the case for investing in Canada's mental health system: economic considerations. Ottawa (ON): MHCC; 2017.
- Office of the Correctional Investigator. Annual Report 2022-2023. Ottawa (ON): Author; 2023.
- Olsen R. [Does Canada need a national suicide prevention strategy?](#) Centre for Suicide Prevention; 5 Dec 2016.
- Senate, Standing Committee on Social Affairs, Science and Technology. [Doing what works: rethinking the federal framework for suicide prevention](#). June 2023.
- Trainor J, Taillon P, Pandalangat N. Turning the Key: assessing housing and related supports for persons living with mental health problems and illness. Calgary (AB): Mental Health Commission of Canada; 2011.
- Vigo DV, Kestel D, Pendakur K, et al. Disease burden and government spending on mental, neurological, and substance use disorders, and self-harm: cross-sectional, ecological study of health system response in the Americas. Lancet Public Health. 2019;4(2):e89-e96.
- Wykes T, Haro JM, Belli SR, et al. Mental health research priorities for Europe. Lancet Psychiatry. 2015;2(11):1036—1042.

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