



Canadian Psychiatric Association  
*Dedicated to quality care*  
Association des psychiatres du Canada  
*Dévouée aux soins de qualité*

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March 27, 2026

Hon. Lena Diab, P.C., M.P.  
Minister of Immigration, Refugees and Citizenship  
House of Commons  
Ottawa, ON K1A 0A6

Dear Minister Diab:

**RE: Reconsideration of Changes to Interim Federal Health Program**

The Canadian Psychiatric Association (CPA), the national voice of Canada's psychiatrists, shares the concerns raised by our medical colleagues<sup>1,2,3</sup> about changes announced on Jan. 27, 2026 to the Interim Federal Health Program (IFHP).

Effective May 1, 2026, these changes would require IFHP beneficiaries to pay \$4 out of pocket for every eligible prescription and 30 per cent of the cost of all eligible supplemental health services and products, including mental health counselling. Beneficiaries will be asked to pay these amounts directly to their health care providers when they receive IFHP-eligible supplemental products or services.

The CPA believes these changes are short-sighted and will further disadvantage an already vulnerable and marginalized population during a high-risk period. They will also increase health-care costs and wait times, and result in more deterioration in refugee claimants' mental and physical health.

Refugee claimants are already displaced individuals, and most have suffered physical and mental trauma, which places them at high risk of posttraumatic stress disorder and other serious mental health conditions. These individuals require proper and timely primary and preventative mental health care not only to improve their health, but to avoid deterioration that leads to more costly care.<sup>4</sup> Increased emergency department visits and hospitalizations ultimately augment overall health care costs for the provinces and territories and exacerbate wait times. Access to timely and comprehensive primary care, prevention and outpatient therapy leads to better health outcomes and is much less expensive than acute care.

During their first year in Canada, resettled refugees are not yet eligible for provincial social assistance and the health benefits they offer, and most face major barriers to employment. They do not have access to other health insurance, and most have extremely limited financial means. Even a minimal co-payment will present a significant barrier to accessing necessary medications and services. Most refugees cannot afford even basic over-the-counter treatments and rely on the IFHP to access the care they need. There is robust international evidence that shows co-payments result in patients forgoing essential medications, with deterioration in their health.

While the intent of such measures may be to save health care costs, in fact, such cuts reflect poor health policy planning since they would result in both increased illness burden and increased public health care costs. This is especially true considering the nature of mental illness burden as well as the disproportionate and inequitable barriers that refugee claimants commonly face in accessing mental health care.

Given the impact of post-migratory stressors on refugees' mental health outcomes, the CPA urges the government to reconsider these changes to the IFHP.

Sincerely,

[electronically signed]

Vijay Seethapathy, MBBS, MRCPsych, FRCPC, ABAM  
President

Cc. Hon. Marjorie Michel, P.C., M.P., Minister of Health