

**CANADIAN MENTAL HEALTH ASSOCIATION
NATIONAL OFFICE**

**Remarks to the Standing Senate Committee on Social Affairs, Science
and Technology**

**Dr. Patrick Smith
National CEO**

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Check Against Delivery

Introduction

Thank you, Mr. Chairman.

Good afternoon, members of the committee. Thank you for inviting me here today. My name is Dr. Patrick Smith; I am the National CEO of the Canadian Mental Health Association.

Celebrating 100 years in 2018, we are a Canada-wide organization with over 15000 staff and volunteers in every province in over 300 operational locations across the country. We're often described as the community-based mental health organization with "boots on the ground".

Federal Government

- The Trudeau Government has demonstrated unprecedented leadership in recognizing and working to redress dramatic gaps in mental health and Prime Minister Trudeau has signaled his understanding of the "*whole of government approach*" with specific mental health deliverables included in multiple Ministers' Mandate letters. The 2017 budget demonstrated a commitment to beginning to close the many gaps in proportional funding and to begin to transform our country's response to mental health and mental illness.

Targeted Funding

- CMHA called on the Federal Government to target/earmark dedicated funds for mental health in their transfer of funds to the provinces and, with Budget 2017, CMHA was pleased to see funding through the Canada Health Transfer earmarked for mental health and to see this government's targeted funding for high need communities, such as veterans, active duty military, and military families, as well as Indigenous Peoples, caregivers, children and youth, and individuals living with substance-related disorders.
- However, there is some way to go before mental health care is funded on par with physical health care, and in proportion to the burden of illness.
- Canada spends the lowest proportion of their health care funding on mental health among all G7 countries. This historic underfunding has led to significant gaps in access to basic mental health services and supports. This gap wasn't created overnight, and it will take concentrated effort and ongoing commitment to address it.
- The Canadian Mental Health Association calls for continued investment in mental health – especially in community-based services and support – to bring Canada in line with other G7 countries, where it still lags behind.

Stepped Care Model

- CMHA is calling for dedicated funding to be focused on 5 key fundamental areas that are furthest behind other G7 countries and that, with targeted investment, will achieve the greatest impact on people's lives. These investments in community based services and supports will improve outcomes and reduce the need for hospital beds and acute care services.

- There is one fundamental issue in Canada that needs to be immediately addressed – and that is who is funded/covered in our publicly funded system. I am going to shamelessly quote two of my well-respected colleagues here today. Dr. Karen Cohen has helped us to understand that, in Canada, we have Universal Medical Care and not Universal Health Care. When it comes to primary mental health care, the very basic evidence-based services such as counselling, widely accessible structured interventions based on cognitive behavioural therapy and other psychotherapies, and other basic community based mental health supports that other G7 countries take for granted and rely on as fundamental to their mental health response are mostly not available in Canada...unless you can pay. Starbucks Canada made the news when they modified their coverage for their employees and moved from \$400 per employee for counselling and mental health support to \$5000 per employee. So, in a country that has universal health care, you get basic mental health care if you're lucky enough to be a barista at Starbucks Canada.
- Ian Boeckh says that mental health reform is a team sport. He's right, (and he's one of the best role models for that) but in Canada, the vast majority of the most valuable team members that other developed countries have in the game are sitting on the sidelines. Psychologists, social workers, specialized peer support workers, addiction counselors...we have them here in Canada, but they're mostly sitting on the sidelines - outside the publicly funded system. Getting them in the game like they are in other developed countries, practicing to their full scope of practice and funded to do the work they're trained to do will dramatically and immediately have formidable impact. CMHA acknowledges and applauds this Government's proposal to support the services of traditional Indigenous healers to address mental health needs. We also call upon the Federal and Provincial Governments to work together to ensure primary mental health care professionals are also included and supported.
- I am hoping we'll have a chance to more fully discuss the Stepped Care Model that you see today, but in a nutshell, the tiers at the bottom, the foundational components of a properly resourced mental health system have had the most dramatic lack of funding in Canada. Earlier access to services at the lower tiers are more cost effective and can prevent individuals from needing more cost-intensive and time-intensive intervention. We treat Cancer before stage 4. Better outcomes are possible with earlier intervention. We need to do the same in mental health, so for targeted mental health funding, we're not talking about building more mental health hospital beds. If that's all we have in the system, it's no surprise that it seems we need more. Instead, what we need to do is invest in the basic services in the community and redefine primary care when it comes to mental health to include primary mental health care providers.
 - i. Structured Community-Based Interventions, like widely-accessible, evidence-based structured interventions (based on CBT and other forms of psychotherapy) such as "Bounce Back" or "Living Life to the Full". These services are provided by specialized peer support workers and supervised by licenced mental health professionals.
(*Tier 2)

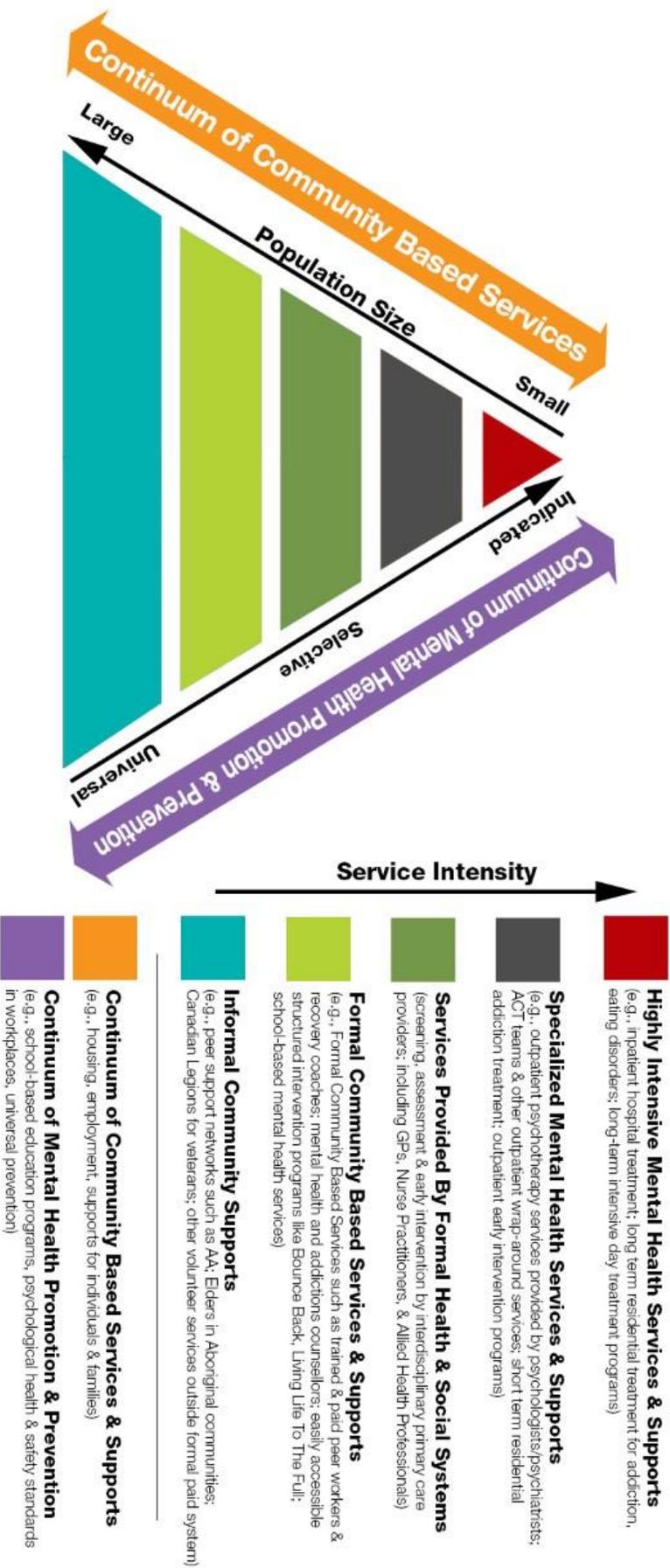
- ii. Primary Mental Health Care: a truly interdisciplinary approach that includes psychologists, social workers, addiction counselors, recovery coaches, specialized peer support workers, etc. (*Tier 3),
 - iii. Community-Based Services and Supports: a full continuum of employment supports, housing supports and peer and family supports, recognizing that mental health does not only require a health response, (*Left side continuum)
 - iv. Wrap around Services for individuals with complex mental health needs requiring more specialized and intensive community-based treatment models. (*Tier 4)
 - v. Full continuum of illness prevention and mental health promotion through a whole population approach, recognizing that mental health is not simply an absence of illness. (*Right side continuum)
- This approach is based on the principle of “least burden.” Upon assessment, effective low-intensity treatments that are likely to match the individual’s needs are offered to patients first, while higher-intensity treatments are offered only when need determines. In Canada, fundamental gaps in the lower tiers of services means that individuals inappropriately end up in more intensive and costly services.
 - Greater investment in Tiers 2 and 3 – means that there will be less demand for Tier 4 and 5 services, allowing those services to focus on those who truly need them.



Canadian Mental Health Association
Mental health for all

Association canadienne
 pour la santé mentale
La santé mentale pour tous

CMHA National Stepped Care Model



Transformation Funding

- Don't back down – continue to demonstrate real leadership at the Federal level. Canada needs it. In addition to the earmarked funding for mental health in the Canada Health Transfer, CMHA is calling for the creation of a “transformation fund” to be held within Health Canada/Public Health Agency of Canada, that directly funds innovation and specific components of the system – primarily tiers 2 and 3
 - Increased resources for Tiers 2 and 3 would promote the widely-accessible, low-cost interventions and relieve this pressures on the upper tiers. I'm referring to programs such as *Bounce Back* or *Living Life to the Full* -evidence based services that can be delivered through technology, even over the phone, and can reduce access barriers and reach the largest number of individuals in need. These investments would have the greatest impact on youth 25 and younger.
 - **CMHA serves 186,343 youth every year**

Trudeau quote:

“This week, I encourage all Canadians to #GetLoud to raise awareness about mental health, an important, but sometimes invisible, aspect of our general health.

“This year’s campaign, led by the Canadian Mental Health Association, asks us to speak up to make sure Canadians get the mental health care they need, when they need it. Mental health is a core part of our well-being, but too often long wait times or limited services stop Canadians from getting the mental health care they need.

“That is why the Government of Canada will provide \$5 billion over the next 10 years to provinces and territories to support mental health initiatives. These investments will help improve access to evidence-based interventions and mental health services and care for people across the country. With a particular focus on youth and young adults, this will help as many as 500,000 young Canadians.

“We also know that providing greater access to care and support is just half of the equation. Having access to safe, adequate and affordable housing, and being able to find and keep a good paying job are also part of what makes a difference in people’s health. That is why the Government of Canada is making major investments in both housing and employment initiatives. As part of the new \$5 billion National Housing Fund, persons with mental health and addiction issues will receive greater support.

“The Government of Canada remains committed to help communities address their unique mental health challenges. To build on Indigenous-led initiatives like the First Nations Mental Wellness Continuum Framework and the National Inuit Suicide Prevention Strategy, Budget 2017 pledges over \$200 million over the next five years to increase support for mental health services for First Nations and Inuit. This includes making available, for the first time, the services of traditional healers as part of the Non-Insured Health Benefits Program administered by Health Canada.

“The struggles of mental illness have affected so many of us, including my own family. For everyone who has struggled with a mental illness: thank you for sharing your stories, and for showing that being open is a strength. You are not alone. Today, I join Canadians to celebrate your resilience, and to get loud about the need for timely access to mental health services and support. Together, we can make sure all Canadians have the care and support they need to live full and healthy lives.”