

Mental Health
in the Balance

ENDING
THE HEALTH
CARE
DISPARITY
IN CANADA

Summary Report
September 2018

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Mental health and physical health together are intrinsic to our well-being. However, in Canada, efforts to improve population health outcomes have been unbalanced, focused primarily as they are on preventing and treating physical illness. Despite the fact that 6.7 million Canadians – or one in five people – experience mental illness in a given year, mental health services are not available for most Canadians because publicly funded health care typically does not include the services delivered by private practice psychologists and other allied professionals, such as counselors. When these services are available, they are often accompanied by long wait times and are poorly integrated with other services.

The Government of Canada has demonstrated unprecedented leadership in recognizing the dramatic gaps in mental health care and implementing measures to redress them. Last year, as part of A Common Statement of Principles on Shared Health Priorities (the Health Accord), the Government of Canada announced an investment of \$5 billion to support mental health programs over 10 years, with funding earmarked for community-based mental health and addictions services. However, there is some distance to go before mental health care is funded on par with physical health care and in proportion to the burden of illness.

Mental health care must be brought into balance. We believe that the Government of Canada should introduce legislation – a ***Mental Health Parity Act*** – to ensure that mental health and the treatment of mental illness is as valuable, worthwhile and accessible as physical health and treatment. Parity is not only about better funding for services, but it is also about setting and achieving high standards in all aspects of mental health-care delivery, from health promotion to treatment to research. **We thus propose that Canadian legislation for mental health should address the five following areas:**

1 Publicly fund evidence-based therapies

We want to ensure that mental health-care services are accessible to Canadians and that the more expensive care offered by psychiatrists and hospitals are reserved for those with more complex and acute mental health-care needs. The services offered by psychologists, Indigenous healers, counselors, peer support workers, and other allied professionals should be folded into primary care and publicly funded.

2 Improve the quality of care through a continuum of integrated services

Parity for mental health will only be achieved if our health-care systems are well-integrated and offer a full menu of services. Integration means that family physicians are linked to other health-care professionals, and that wrap-around supports such as housing and employment supports, addictions and trauma-informed interventions, and training and disability support services are available. Following the “stepped-care approach,” individuals should be matched to health-care services based on their needs so that they can access the most appropriate care when and where they need it.

3 Invest in promotion, prevention, and early intervention

Achieving good health requires that we invest in mental health promotion and mental illness prevention. This includes interventions that foster a healthy and resilient mood, create supportive environments, and allow individuals to develop their personal skills – interventions such as parenting programs, anti-bullying programs, and workplace mental health initiatives. Given that social conditions and inequity play pivotal roles in shaping population mental health, we recommend that social spending should increase by at least 2%.

4 Address stigma and discrimination and ensure equitable access

The subordination of mental health care in our publicly funded system contributes to the stigmatization of mental illness. Our governments must invest in mental health care to ensure that it is a vital part of our universal health-care system so that mental illness is not a barrier to treatment access. Addressing stigma includes eliminating the discrimination that happens within the institutional structure of health care and ensuring that all Canadians – regardless of gender, sexuality, (dis)ability, race, income, language, and citizenship – have access to appropriate care.

5 Research mental illness and evaluate health outcomes

More funding must be allocated to mental health research to deepen our knowledge about mental illnesses, develop an evidence base for treatment effectiveness, and improve the quality of Canadian mental health services. We want to see the same kind of importance accorded to mental health and addictions research as is currently accorded to physical illnesses.

To read the full report, please visit www.cmha.ca.