



Commission de  
la santé mentale  
du Canada

**Mental Health Commission of Canada**  
**Submission to the House of Commons Standing Committee on Finance**  
**Pre-Budget Consultation -- August 6, 2014**

**Executive Summary**

The Mental Health Commission of Canada (MHCC) is pleased to provide the following brief to the House of Commons Standing Committee on Finance outlining the next set of opportunities to invest in mental health system innovation. Delivering on the federal investment in 2007, the MHCC produced Canada's first mental health strategy: ***Changing Directions, Changing Lives: The Mental Health Strategy for Canada***. Drawing on best practices, the experience of thousands of Canadians and the advice of all governments, the Strategy lays out a blueprint for system-wide change in mental health in Canada. Through its unique mandate and unwavering support from the Government of Canada, the MHCC has become Canada's coordinating agent, bringing together the best and most influential minds in the mental health community.

**Recommendation: The MHCC seeks a new mandate of 10 years (2015-2025) to maintain collective momentum and position Canada as a lead innovator in mental health. The MHCC has evaluated the continued opportunity and respectfully submits that Canada commit to an investment of \$25 million dollars per year to effectively leverage the initial investment and give MHCC a new and expanded mandate to enable a more comprehensive renovation of the mental health system.**

The MHCC has delivered on its original mandate to develop the *Mental Health Strategy for Canada*, initiate a national anti-stigma effort (Opening Minds) and lead national knowledge exchange (Knowledge Exchange Centre). Three years ahead of schedule, MHCC is ready to undertake a new

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mandate based on a new **Mental Health Action Plan** derived from the *Mental Health Strategy*. Under the current funding agreement for the MHCC, the federal government can commit to a new mandate (2015-2025) with no new investment required until 2017/2018.

## Background and Overview of Opportunity

The case for federal investment in mental health is strong and well-founded:

- One in five Canadians was living with a mental illness.<sup>1</sup>
- Mental health problems already cost the Canadian economy an estimated \$50 billion each year.<sup>2</sup>
- By 2041, the annual cost of mental health problems will reach \$307 billion each year.<sup>3</sup>

The first seven years of investment in the MHCC have yielded significant results for the Government of Canada, and continued investment in the MHCC offers an opportunity to generate even greater return. It is estimated that for every 10% of people living with mental illness who enter recovery over the next 10 years, our economy will save \$4 billion per year<sup>4</sup>. Systematic efforts to promote mental health, prevent mental illness, and improve mental health services will save our economy billions of dollars each year. As outlined in the MHCC's Case for Investment, solving the mental health crisis is critical to bending the cost curve in health care overall.

Committed to providing top returns on its federal investment, MHCC has amassed a long list of results and delivered through a whole-of-government approach:

- **Driven the uptake of the *National Standard on Psychological Health and Safety in the Workplace*.** The MHCC facilitated the uptake and implementation of the *Standard* by private and public sector Canadian employers, such as Bell Canada, Great West Life, the Nova Scotia public service, and Toronto East General Hospital.
- **Trained Canadians on how to respond to mental health crises.** The MHCC has trained over 100,000 Canadians through the *Mental Health First Aid Canada* course. Canada is a global leader in developing adaptations of MHFA specific to Canadian contexts and priorities, eg. Northern, seniors.
- **Stimulated Canadians into talking about mental health.** The MHCC coordinated the *Opening Minds* campaign, bringing anti-stigma activities to schools, workplaces, health care providers and the media. We've also partnered with Bell Canada on their 'Let's Talk' campaign and the Mood Disorders Society of Canada on their 'Elephant in the Room' campaign, among many others.
- **Helped mental health professionals share knowledge and learn about best practices.** The MHCC established the *Knowledge Exchange Centre*, which provides numerous information-sharing hubs.

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<sup>1</sup> Making the Case for Investing in Mental Health in Canada, Mental Health Commission of Canada. 2011-2013

[http://www.mentalhealthcommission.ca/English/system/files/private/document/Investing\\_in\\_Mental\\_Health\\_FINAL\\_Version\\_ENG.pdf](http://www.mentalhealthcommission.ca/English/system/files/private/document/Investing_in_Mental_Health_FINAL_Version_ENG.pdf)

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

- **Created real tools for the provinces and territories.** The MHCC researched and published comprehensive care guidelines for seniors, youth, and caregivers that have led provincial and territorial jurisdictions to implement necessary policy change.
- **Housed Canadians who are homeless and living with a chronic mental illness.** Completed the *At Home/Chez Soi* research project, which demonstrated positive, cost-effective results for the 'Housing First' approach to homelessness with more than 30 Canadian communities now engaged in learning from this initiative to address their problems with homelessness.

The task laid out by the Senate Committee in 2007 was for the MHCC to develop the *Mental Health Strategy for Canada*, which was completed in 2012. It is now time to advance *the Strategy* under a new, expanded mandate for the MHCC guided by a new Mental Health Action Plan for Canada. Canada has the opportunity to lead the world in a comprehensive mental health system transformation. Federal investment in the MHCC signals continued investment in mental health at a national and international level. The Canadian Government must continue to lead internationally on mental health as it has done on housing, workplace, dementia, maternal and child health.

The MHCC is uniquely positioned to play this lead role in Canada. The MHCC is distinct in its accountability to all Canadians, not just certain populations or organizations. As a non-member based organization, MHCC is an arms-length body that independently evaluates practices and facilitates widespread uptake that help all Canadians. The mental health community, provinces and territories and other health sectors remain unwavering in their support of the MHCC. Stakeholders benefit from MHCC leadership as a critical national coordinating agent between the MHCC, provincial and territorial officials, persons with lived experience, families, and practitioners. With federal investment, the Government of Canada signals its support for a MHCC mandate to work with all stakeholders to ensure positive and effective change in the mental health system of care.

MHCC's tried and true methodology of identification, evaluation, creating prototypes, and scaling up for provincial/territorial implementation is working; and with health expenditures growing at rapid rates, all resources must be wisely managed. Focused investments, with concrete goals and measurable outcomes, can help us to reprogram and adjust our approach to mental health care across all sectors and settings to provide better care for those who need it and better value for taxpayers.

The MHCC has a strong track record as a financial steward and successful program facilitator through grants and contributions. The MHCC efficaciously managed the \$110 million At Home/Chez Soi participatory research project, spending only 8% on administrative costs<sup>5</sup>. MHCC's work showed significant returns on this initial federal investment, inspiring a shift towards the cost-savings model of Housing First to treat persons who are homeless with chronic mental illness. The MHCC has proven it can deliver results faster and for less money to all levels of government, ensuring that funding allocated to the MHCC is funding leading to necessary system change.

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<sup>5</sup> MHCC Financial Reports (various)

In order to ensure this bold new plan has the support of all stakeholders, the MHCC will be conducting in-depth consultations in the coming year, via convening a national citizens' panel and engaging with provincial and territorial leaders, to gain agreement on which issues must be prioritized and addressed in cooperation with our community partners. We believe that national consensus on these issues will be essential in a new mandate.

Just as the MHCC revolutionized such emerging issues as workplace mental health and housing policy, new issues demand our attention for the next mandate. It is also clear the MHCC can deliver bolder, larger, national action plans to ensure greater impact. For example, our commitment to innovation leads MHCC to focus on several critical issues in mental health but perhaps none as relevant as **e-mental health**. It is increasingly common to utilize technology to control, detect, screen, or treat an illness in Canada, but the use of technology is not widespread in mental health care. Numerous examples exist and illustrate how e-mental health can offer services that are tailored to the individual – across time zones, in rural and remote locations, matched for language and cultural considerations, and tuned to personal habits and genetics. Building off successful partnerships in the First Nations, Inuit and Métis communities and with other critical population groups, MHCC would like to provide national leadership on this important opportunity with critical stakeholders in governments, academia, and researchers.

Below are a few more emerging issues we will engage around with our partners:

- **Suicide Prevention.** Suicide is a leading cause of death for all Canadians<sup>6</sup> and suicide trends in youth and Aboriginal Canadians have reached epidemic proportions. Investing in evidence-based policy and suicide prevention interventions will improve the lives of vulnerable populations and the families and communities impacted by the loss of a loved one to suicide.
- **Criminal Justice and First Responders.** First responders answer frequent calls involving persons with mental illness, and they must also deal with a high-stress workplace which can present personal mental health challenges. First responders need new avenues for personal support and increased training on how to deal with persons with mental illness.
- **Seniors.** By 2041, seniors will have the highest rate of mental illness in Canada.<sup>7</sup> As Canadians live longer, our approach to mental health must account for the number of seniors living with mental illness and dementia. MHCC's work with partner organizations in the areas on brain health demonstrates a continued commitment to collaboration and innovation.
- **Children and Youth.** Early intervention can improve quality of life and provide significant cost savings. Studies of early intervention programs in Alberta showed a 25-48% reduction in conduct disorder cases, and a minimum savings of \$7.6 million<sup>8</sup>. Youth mental health must be addressed, so we can deal with mental health problems as soon as they arise.
- **New Canadians.** New Canadians can encounter language barriers, discrimination, or cultural misunderstandings when they seek help for mental health issues. The MHCC is working hard to

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<sup>6</sup> Statistics Canada, *Suicide Rates: An Overview*, 2012.

<sup>7</sup> Mental Health Commission of Canada, *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*, 2012.

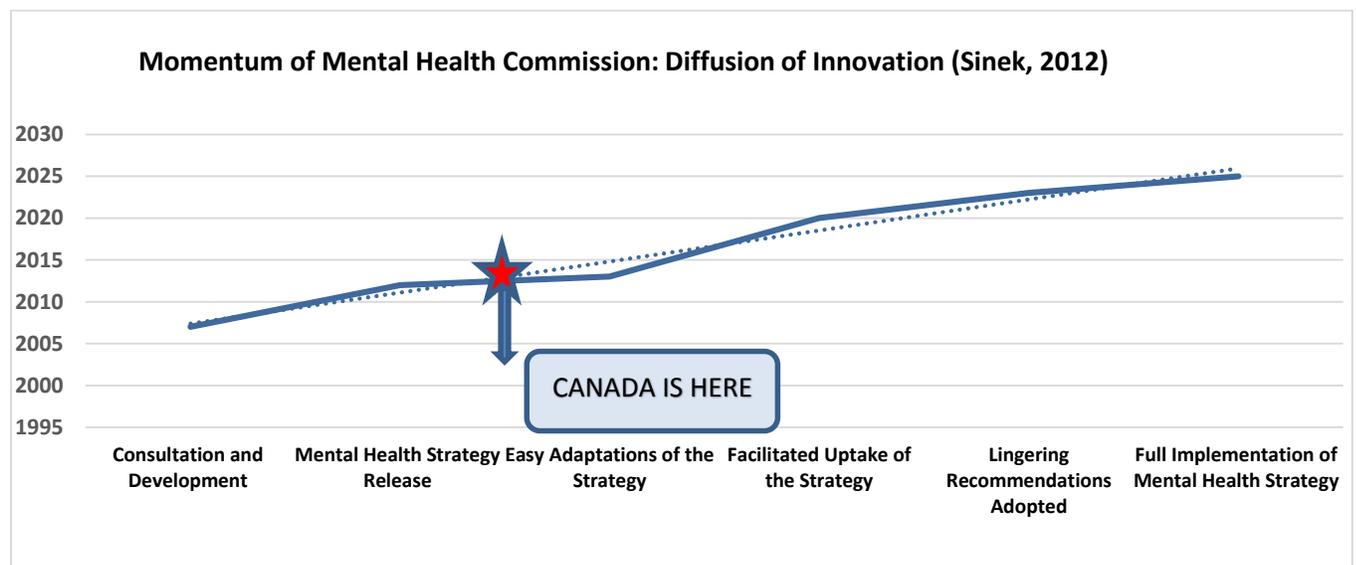
<sup>8</sup> Mental Health Commission of Canada, *Making the Case for Investing in Mental Health in Canada*, 2013.

establish diversity-related practices for inclusion, and ensure inclusive practices are adopted in all communities in Canada.

## Closing Comments

The future is very bright for continued investment in mental health in Canada. In envisioning the next 10 years of the MHCC's new mandate, we would like to continue as the national voice for mental health, building momentum towards a more transparent and streamlined mental health care system. The MHCC has already fulfilled its original goal to create the *Mental Health Strategy for Canada*, and the MHCC will continue its efforts on enabling the *Strategy* by accelerating Canadians' access to innovative mental health approaches and encouraging the change all Canadians want to see in better mental health care. Canada cannot afford to lose the momentum established over the last seven years; Canada needs the Mental Health Strategy to translate into meaningful action to improve the lives of Canadians with mental health problems and illness, and those who care for them. We cannot afford to stop now.

We welcome the opportunity to appear before the House of Commons Standing Committee on Finance to speak further about this submission and the opportunity it presents for Canada.



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