Mental Health Commission of Canada

Commission de la santé mentale du Canada

Mental Health and the High Cost of Living

Policy Brief

Ce document est disponible en français

Citation information
Suggested citation: Mental Health Commission of Canada. (2023). *Mental health and the high cost of living: Policy brief.* mentalhealthcommission.ca

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ISBN: 978-1-77318-327-5

Legal deposit National Library of Canada

Health Canada Santé Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

Acknowledgments

The Mental Health Commission of Canada head office is located on the unceded traditional territory of the Algonquin Anishinaabe Nation, in what is now called Ottawa, Ontario. As a national organization, we also acknowledge that we work on the traditional lands of many different nations. We give credit to their stewardship and sacrifices and are committed to recognizing and contributing to a new and equitable relationship with the First Peoples.

Our policy research work is beginning to use the proposed IDEALSS framework for mental health programming and policy, which integrates intersectionality, decolonization, health equity, anti-racism, lived and living experience, social determinants of health, and sex- and gender-based analysis models to advance equitable access and outcomes. We are committed to continuous learning and welcome feedback.

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Key Messages

- The high cost of living across Canada after the public-health emergency phase of the COVID-19 pandemic poses unique challenges and impacts for mental health, at a time when policy reforms are being scaled back and mental health concerns remain elevated.
- Financial security and mental health have always been closely linked: negative mental health outcomes are more highly concentrated at lower income levels, and mental health problems and illnesses can lead to financial insecurity.
- Inequities in finances and other social determinants of health present barriers to accessing mental health supports in Canada and need to be addressed through a system-wide response.
- The impact of the high cost of living on mental health and access to services is magnifying existing inequities for diverse communities.
- While the federal government's focus on the Canada Disability Benefit and targeted funding for individuals with low incomes is promising, more comprehensive policies that target poverty, and the high cost of living are needed to address the associated impacts on mental health.

Purpose

This policy brief offers an overview of emerging evidence and policy considerations regarding the mental health impacts of the high cost of living. After introducing the context and core concepts, it focuses on key mental health policy considerations related to increased costs of living, including financial insecurity, housing, food, and financial barriers to accessing mental health services and supports. The brief then uses an intersectional lens to look more closely at how these issues are amplified for equity-deserving populations disproportionately affected by health and social inequities. The federal policy landscape and recommendations for policy- and decision makers on how to mitigate the increased mental health risks associated with the rising cost of living are analyzed throughout and recapped at the end.

Introduction

The COVID-19 pandemic created precarious economic conditions and exposed gaps and systemic weaknesses across the social security system in Canada. The federal government addressed the economic pressures with a range of widely accessible relief benefits, which, along with other policies such as freezing interest on student loans, led to an overall decrease in poverty* during the pandemic. Based on data from the 2021 census, Statistics Canada reported that poverty decreased from 14.5 per cent in 2015 to 8.1 per cent in 2020.[1] Despite this decline, the pandemic disrupted the capacity of health, mental health, and social services, while other sources of stress led to disproportionate negative impacts on mental health for people with low incomes.[2]

As the immediate impact of the public health emergency waned and government benefits wound down, high inflation (driven by a complex mix of economic factors such as supply chain issues and labour shortages) has increased the cost of living in Canada.[3] The United Way defines the cost of living as the amount it takes to maintain a certain standard of living and the living wage as an indicator to describe income needed to meet basic expenses.[4] Canada's rising cost of living has increased financial insecurity, exacerbated pressures on food and housing affordability (where a lack of supply has always been a concern), and compounded income inequality, all of which have significant impacts on mental health and well-being.[5,6]

Poverty and income inequality are significant social determinants of health intrinsically linked with health outcomes, including mental health and substance use health, and with other determinants such as education, social supports, housing, food, and access to services (see Figure 1).[7] Having a low income and living in poverty not only affect people's everyday living and working conditions but also significantly impacts social connections, self-determination, well-being, and quality of life.[8-10] Poverty and low income put people at a greater risk for mental illness, worsen outcomes among people living with mental illness, and create significant barriers to accessing services and supports.[11]

Colonialism, racism, and other underlying forms of systemic discrimination, stigma, and disenfranchisement are major contributors to poverty and low incomes at all levels of society, including in and across systems, institutions, and policies.[12] These inequalities privilege the economic interests of certain groups and institutions over those of people and communities at greater risk of falling into and remaining in poverty.[13] Populations

* Determined through Statistics Canada's Market Basket Measure.

disproportionately affected include First Nations, Inuit, and Métis; rural and remote communities, newcomer, racialized, and 2SLGBTQ+ communities, older adults, youth, precarious workers, and people experiencing serious mental illnesses or disabilities.[14]

Figure 1. Social Determinants of Health and Well-Being (United Way)[15]

Social assistance and disability benefit rates remain well below Canada's official poverty line, leaving people who rely on them in deep poverty in most jurisdictions.[16,17] While the federal government's new Canada Disability Benefit Act has the potential to provide financial relief to many people with disabilities and low incomes, without crucial details, like the amount of the benefit, eligibility criteria, and alignment with other federal, provincial, and private income supports, the potential impacts are uncertain.[18,19]

Further, housing benefits and supports have had very little success in mitigating the lack of access to supportive and affordable housing for low-income individuals with serious and persistent mental illness. Community services are overwhelmed and people with low incomes and those living in poverty face significant barriers to accessing quality health and mental health services. Long-term, comprehensive, and sustained changes are needed that target poverty, the high cost of living, and the associated impacts on mental health.

Federal, provincial, and territorial government policies and investments in the post-public-health emergency period of the pandemic† take a targeted approach to addressing the high cost of living.[20] As the direct social and economic impacts of lockdowns, travel restrictions, and social distancing have waned, policy decisions and spending have slowed and become more targeted than emergency measures such as the Canada Emergency Response Benefit (CERB). Notable policies aimed at addressing the high cost of living from the 2022 and 2023 federal budgets include eliminating interest on federal student loans, expanding early learning and child-care funding, and providing financial support for renters, dental benefits, and GST/HST rebates.[21,22] While these are beneficial for many, they do not comprehensively address the health and social impacts of the high cost of living, including those associated with mental health.

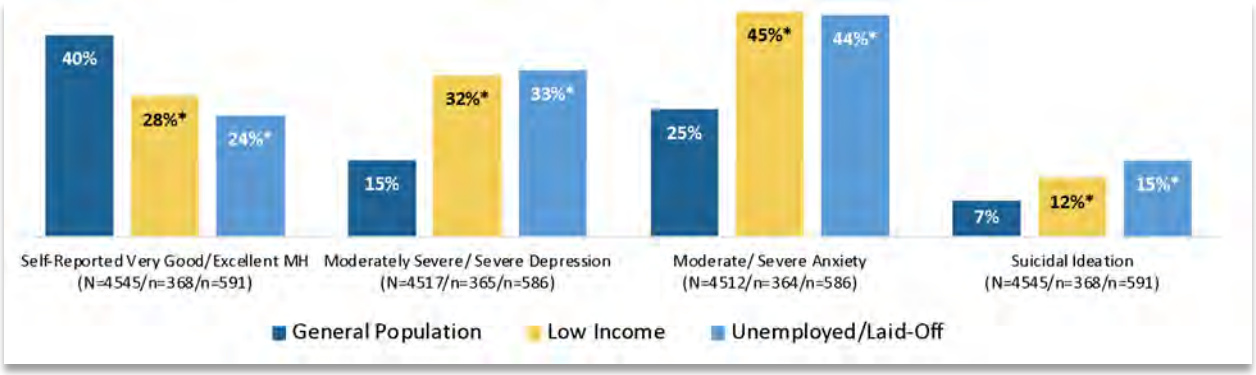
† On May 5, 2023, Tedros Adhanom Ghebreyeus, director general of the World Health Organization, declared that "COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern."

Financial Insecurity and Mental Health

We have known for a very long time about the critical link between inequities in income and mental health, as well as the strong relationship between social determinants of health and overall well-being.[23,24] As described in *Changing Directions, Changing Lives*, the Mental Health Commission of Canada's (MHCC's) mental health strategy, "poverty, inadequate housing, and problems finding work or getting an education put people at greater risk for developing mental health problems and illnesses" (p. 80).[25] As the associations between material and social deprivation, mental health, suicide, and government policy have been thoroughly researched and analyzed, this policy brief focuses on the pandemic and its post-public-health emergency phase, where evidence on the nature of these relationships is still emerging and evolving.[26–28]

COVID-19 had widespread impacts on economic security and well-being. Statistics Canada detailed peaks in May and December 2020, where 22 per cent of households said it was "difficult" or "very difficult" to meet their financial needs, with varying trends throughout the pandemic.[29] An estimated 3.4 million jobs were lost across Canada between January and May 2020.[30] In the polling initiative conducted by the MHCC and Canadian Centre on Substance Use and Addiction (CCSA), people with low incomes or those who were unemployed during the pandemic reported increased mental health symptoms and greater problematic alcohol consumption and cannabis use (January–May 2021, see Figure 2).[31] Most organizations surveying the mental health and substance use impacts on people living in Canada during the pandemic, including the Public Health Agency of Canada, Mental Health Research Canada (MHRC), the Centre for Addiction and Mental Health (CAMH), and the Canadian Mental Health Association (CMHA), found similar rates of increased mental health and substance use impacts for individuals with low incomes.[32–36]

Figure 2. Mental Health Indicators, MHCC and CCSA Polling, January–May 2021[37]



Precarious employment, financial insecurity, and job loss can have significant impacts on mental health and substance use health. Income and benefit instability can affect well-being, including elevating physical health and psychological distress, and are related to increased anxiety and depression, over both the short and long term.[38–42] Research in

Canada has reinforced that when higher minimum wages and income assistance are instituted, or people's status changes from non-employment to employment, mental health improves.[43] Low income is also a barrier to accessing mental health services and supports as many are not covered by public health benefits or employee assistance programs and can be expensive.

The severe impact of the pandemic on financial insecurity began to lessen in 2021. In 2020 overall, "20.7 million (or 68.4%) [people] (15 years of age and older) benefited from at least one pandemic relief program" (para. 10).[44] The median amount received was estimated at $8,000 per recipient, primarily through CERB, and about 11.2 million people received income from two or more federal assistance programs.[45] At the same time, polling from the MHCC, CCSA, and MHRC found that self-rated anxiety and depression remained elevated at 14 per cent and 24 per cent, respectively, of the general population.[46,47]

From what is known about the close relationship between financial insecurity and mental health, government benefits may well have prevented the mental health impacts of the pandemic's public-health emergency phase from being more severe. At the same time, due to existing and ongoing barriers, people living in rural and remote areas; First Nations, Inuit, and Métis; newcomer and racialized communities; 2SLGBTQ+ communities; people experiencing homelessness; those with disabilities; and individuals experiencing serious mental illness were more likely to have had financial hardship during the pandemic and reported greater mental health concerns.[48,49]

In 2022, at the start of the post-public-health emergency transition period, Canada's economic recovery was strong, but the consumer price index[‡] rose 6.8 per cent annually on average.[50] A survey from Vibrant Communities Calgary in 2022 found that "44 per cent of Canadians are one paycheck away from financial disaster, and 48 per cent are losing sleep because of financial stress" (Local experts section, para. 5).[51] Further, according to the Canadian Social Survey on Quality of Life and Cost of Living, in 2022, "35 per cent [said] it was difficult for their household to meet its financial needs in the previous 12 months," and "one in four [said they'd be] unable to cover an unexpected expense of $500" (para. 1).[52] The effects of the rising cost of living vary but are particularly felt in rural and remote communities; First Nations, Inuit, and Métis; racialized individuals; youth (aged 15-24); 2SLGBTQ+ communities; precarious workers; single parents; immigrants and refugees; people with disabilities and persons experiencing serious mental illness.[53-55]

[‡] A measure of a fixed basket of goods and services used to monitor inflation.

The increase in inflation has also contributed to a major gap between the living wage and minimum wage, as can be seen in Table 1.[56] Research indicates that women, youth, people living with a disability or disabilities, people living with serious mental illness, newcomers, racialized individuals, and those working in precarious employment situations are more likely to be making minimum wage.[57,58] Further, Statistics Canada data shows that the rate of low income rose significantly in 2021 for those who report living with, and without, disabilities.[59] Over the last two decades, the number of employees earning a minimum wage has almost doubled, from 5.2 per cent in 1998 to 10.4 per cent in 2018, and precarious employment[§] has grown to 22 per cent of the labour market.[60-64] Most of those in the precarious and minimum wage workforce do not have access to mental health and other benefits, pensions, or sick pay beyond what is available through public systems.[65]

Table 1. Minimum Wages and Living Wages Per Hour Across Provinces and Territories in Canada, as of August 2023

Province or Territory	Minimum Wage ($ per hour)[66]	Living Wage ($ per hour)
British Columbia	16.75	18.98 - 25.87[67]
Alberta	15.00	17.50 - 32.75[68]
Saskatchewan	13.00	16.23 - 16.89[69]
Manitoba	14.15	15.66 - 18.34[70]
Ontario	15.50	18.05 - 23.15[71]
Quebec	15.25	19.30[72]
Newfoundland and Labrador	14.50	18.85[73]
Prince Edward Island	14.50	19.30[74]
New Brunswick	14.75	19.20 - 23.45[75]
Nova Scotia	14.50	20 - 23.50[76]
Yukon	16.77	18.28[77]
Northwest Territories	15.20	17.81 - 23.28[78]
Nunavut	16.00	26[79]

Research shows that people who are less financially secure are more likely to experience negative impacts on their mental health and substance use health in the post-public-health emergency phase of the pandemic.[80,81] In September 2023, MHRC reported that 39 per cent of respondents feel financial pressures are affecting their mental health.[82] As well, 37 per cent are struggling to adequately feed themselves or their families, and 23 per cent are concerned about their ability to make rent or mortgage payments, both of which are tied to higher levels of anxiety.[83] Similarly, a May 2023 Leger poll reported that "Canadians (50%) are more likely than Americans (39%) to say their financial situation has a negative impact on their mental health" (para. 7).[84] According to PricewaterhouseCoopers, in 2022, higher crisis call and text volume data from Kids Help Phone and other distress centres across Canada were associated with social determinants of health that may be exacerbated by the

[§] According to the International Labour Organization, precarious employment includes a lack of employment security or benefits, income inadequacy, and various contractual statuses, including temporary, non-standard, agency, casual, part-time, minimum wage, gig or platform work, freelancing, and self-employment.

high cost of living; specifically, the consumer price index, national unemployment rate, and lack of housing supply.[85]

When the minimum wage is raised to reflect the living wage, it leads to more job stability, provides a pathway out of poverty, raises the ceiling on social assistance rates, and is associated with less mental distress.[86-89] Research from Manitoba and Ontario's basic income pilots found that universal payments allocated unconditionally were linked to significant improvements in mental well-being and a higher rate of people seeking out preventive health care.[90-94] Government policy that mitigates poverty and increases income security is critical for promoting positive mental health across the population.

Policy landscape

Federal, provincial, and territorial governments provide funding through a range of strategies and programs aimed at reducing poverty and income inequality.[95-97] The federal government provides income support benefits indexed for inflation through programs such as employment insurance, the GST/HST credit, Canada Child Benefit, Canada Pension Plan, Canada Workers Benefit (CWB), Guaranteed Income Supplement, and Old Age Security. It has set targets under the poverty reduction strategy to lower poverty by 20 per cent by 2020** and 50 per cent by 2030.[98] During the pandemic, the federal government also instituted several temporary income support benefits, including CERB, the Canada Emergency Student Benefit, Canada Recovery Benefit, and Canada Recovery Caregiving Benefit, while also increasing payments to the Canada Child Benefit and doubling the GST/HST credit.

In the pandemic's post-public-health emergency phase, the federal government wound down most of these temporary and broad-based measures, shifting to more targeted income supports†† in response to the effects of the high cost of living. Policies implemented include: advance payments on the CWB, renewing the GST/HST credit, and eliminating interest on federal student loans (at a cost of $2.7 billion over five years and $556.3 million on an ongoing basis).[99,100] The government implemented and expanded the universal dental care program (at an estimated annual cost of $4.4 billion), which provides coverage to uninsured families with children and youth under 18, persons living with a disability, and older adults with a net annual income under $90,000.[101] While this targeted funding may provide assistance to some, it does not substantially address income inequality and the associated effects on mental well-being.

** This was temporarily met in 2020 during the exceptional policy response to the pandemic.
†† As set out in the Fall Economic Statement 2022, Budget 2022, and Budget 2023.

Provincial and territorial governments also provide income and disability assistance, tax credits, as well as child-care and family benefits. In the post-public-health emergency period, many provinces and territories are offering supports to mitigate pressure from the high cost of living. For example, British Columbia has provided more than $2.4 billion since the summer of 2022 for three affordability credits allocated in 2022 and 2023, higher family benefit amounts for January through March 2023, a $100 credit for electricity bills, an enhanced school affordability fund (to help parents and kids with back-to-school costs), and interest-free student loans.[102] Starting in July 2023, the province also increased payments for people receiving income and disability assistance by $125 per month and provided earnings exemption increases of $100 per month for people who receive income assistance and $1,200 per year for people who receive disability assistance.[103] As with federal supports, provincial and territorial supports are beneficial for some but are not comprehensive or extensively available across the country, since each region has taken a different approach to addressing the high cost of living.

The resources and supports municipalities provide to community members with low incomes include subsidies for seniors, transit, housing, and employment assistance as well as essential public health, mental health, community, and social services. For instance, the City of Calgary's Fair Entry program offers supports such as low-income transit passes, recreation fee assistance, pet programs, seniors services, and a wide range of housing and community supports for individuals and families with low incomes.[104] These programs are incredibly important for those who receive them, but often rely on limited provincial and federal funding and may not adequately respond to increased needs across the city's population.

Policy recommendation

Strengthen the full range of income and benefit supports for people living in Canada and monitor their associated impacts on mental health. Potential actions could include re-evaluating income supports to bring them up to date with inflation, increasing the minimum wage to reflect the living wage, and exploring universal basic income and portable benefits.

Unaffordable Housing and Mental Health

Living in unsafe, insecure, or unaffordable housing has long been known to impact mental health, substance use health, and well-being.[105,106] The MHCC's *Turning the Key* project reported that people living with mental illness who have low incomes or rely on social and disability assistance find it difficult or impossible to afford and obtain housing and "have a high risk of ending up homeless or poorly housed" (p. 4).[107] The CMHA estimates that "25 to 50 per cent of homeless people live with a mental health condition" (para. 10), even though stable living conditions and access to transitional housing supports (when needed) are known to be vital for maintaining their well-being.[108,109] Based on 2018 Employment and Social Development Canada point-in-time counts, "more than a quarter (25.1 per cent) of survey respondents indicated that substance use was a reason for their most recent housing loss" (p. 4), and those with substance use concerns were more likely to experience chronic homelessness.[110]

In the post-public-health emergency phase of the pandemic, an increase in housing unaffordability and related housing shortages is impacting the mental health of communities across Canada. Statistics Canada reports that 10 per cent of households across Canada were in core housing need[⌗] in 2021.[111] Further, more than 227,000 provincial households are waiting for social or affordable housing nationwide, with most waiting at least two years.[112] In addition, "58 per cent of people aged 15 to 24 reported being very concerned" about their ability to afford housing or rent (para. 7).[113] Calgary's Distress Centre's line in 2022 reported receiving "2,486 calls about needing shelter or housing," and of those calls, 41 per cent involved a mental health concern and 25 per cent a suicide-related concern (para. 7).[114] The Centre also reported a 17 per cent increase in calls involving a need for shelter between 2021 and 2022.[115] The Canadian Mortgage and Housing Corporation projects that an additional 3.5 million housing units are needed to restore housing affordability by 2030.[116]

The high cost of living also contributes to the increasing unhoused population, with tremendously detrimental effects on physical and mental health among those who already experience higher rates of mental health and substance use health concerns.[117,118] While it is difficult to accurately estimate the number of people who are unhoused, the Canadian Alliance to End Homelessness (CAEH) reports in 2023 that, "in a sample of 14 communities with quality data, 79 per cent saw increases in chronic homelessness since 2020, with

[⌗] Defined as having housing costs exceed 30 per cent of monthly income.

overall increases averaging 34 per cent" (para. 5).[119] The need for shelter is also consistently outpacing shelter capacity.[120] In Toronto, about 2.7 times as many people were unhoused than were using space in shelters in 2021. Today over 170 people are being turned away every night.[121,122] Further, encampment clearing, particularly in the absence of permanent housing options (as an alternative to the shelter system) is causing significant harms to unhoused populations.[123] CAEH has called for 50,000 permanent housing spaces to end chronic homelessness, including spaces for people living with mental health concerns.[124]

Across mental health, social services, community supports, and primary and emergency care, there is a lack of coordination and limited resources to meet the complex health and social needs of people who experience mental health challenges, precarious housing, and homelessness.[125-128] These services and supports have also become increasingly overwhelmed, which has led to an inability to meet the demand.[129-131]In the post-public-health emergency period, people experiencing mental health challenges and precarious housing or homelessness are facing even more uncertain circumstances and intensified pressure across the whole system.[132]

This does not need to be the case, given the existence of effective evidence-based solutions such as Housing First. The Housing First model was advanced in Canada through a five-year MHCC research demonstration project (*At Home/Chez Soi*) between 2008 and 2012. The model provides immediate access to affordable and supportive housing for people who are precariously housed and/or homeless and living with mental health concerns.[133] In addition to housing, the model includes mental health services and supports that are voluntary, individualized, culturally appropriate, and portable.[134] Through this approach, the results of the demonstration project showed Housing First can lead to an increase in long-term housing stability, improvements to mental health and quality of life, and reduced costs associated with emergency shelter services such as hospitals.[135]

Policy landscape

Canada's National Housing Strategy (NHS) involves a 10-year plan to increase the availability of affordable housing.[136] Building on the NHS, the federal government's 2022 and 2023 budgets provided more than $10 billion in new spending on housing initiatives, including accelerated construction and new affordable housing units, while co-developing an urban, rural, and northern Indigenous housing strategy.[137,138] Also included were a range of benefits to individuals and families, such as $500 payments for those facing housing affordability challenges and a new tax-free, first-home savings account.[139] While the government also provides funding for affordable housing through the NHS, no new

investments or specific targets are currently available for Housing First programs (linked to permanent housing) for people living with mental health concerns.

Provincial, territorial, and municipal governments play a critical role in providing housing and homelessness supports across Canada. Through partnerships with local municipalities, non-profit organizations, and community stakeholders, provinces and territories acquire and construct new housing units while offering rent supplements and shelter services for people who are unhoused.[140] For example, Manitoba's 2023 budget and homelessness strategy are funding a capital grant program to help community organizations develop new social rental housing, with a focus on transitional and supportive housing models for people who are unhoused and experience mental health concerns.[141] Municipal governments also play an important role in coordination while providing shelter, housing, and emergency response services.[142] Despite these important efforts, shortages in the supply of housing and the high cost of living are driving up the need for affordable and supportive housing, and are putting more pressure on housing, health, and mental health systems.

Policy recommendation

Provide new National Housing Strategy funding for Housing First and supportive housing programs (linked to permanent housing) for people living with mental health concerns. The funding would be allocated to non-profit and community organizations to acquire, operate, and maintain affordable housing that includes wrap-around mental health services and supports.

Food Security and Mental Health

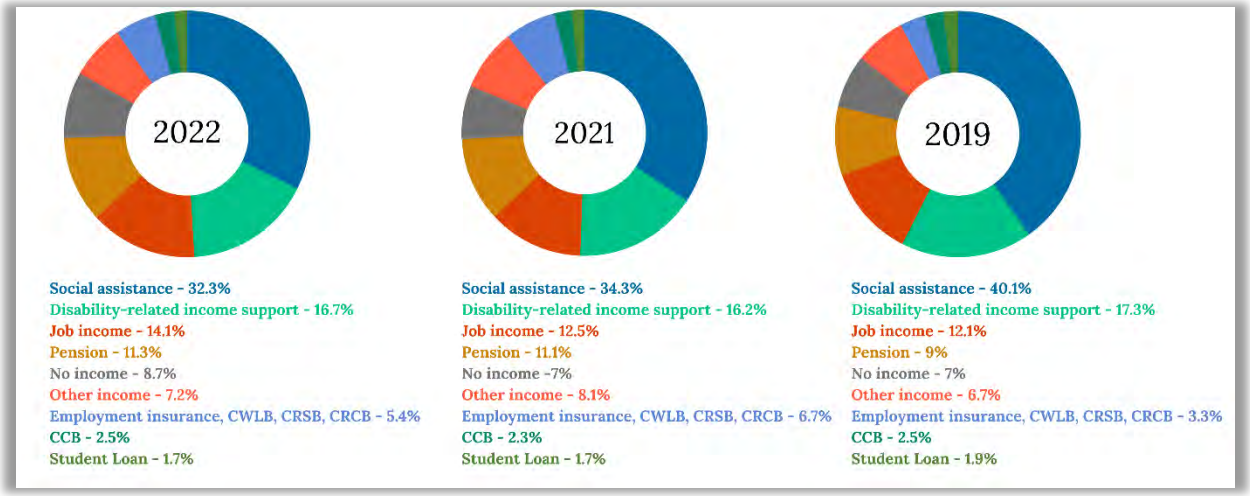
Food security is strongly associated with mental health and well-being and is considered both a social determinant of health and a key public health priority.[143,144] PHAC reports that:

> "household food insecurity, inadequate or insecure access to food due to financial constraints is a serious population health problem in Canada, linked to poorer mental health and increased stress, higher rates of infectious and non-communicable diseases and injuries, increased health care utilization, and premature mortality" (p. 445).[145]

Research from both the United States and Canada demonstrates that food insecurity specifically increases the risk of depression and anxiety symptoms or illnesses, mood disorders, eating disorders, and suicidal thoughts.[146-152]

The pandemic and the high cost of living during the post-public-health emergency period have also led more individuals and families to experience food insecurity across Canada, increasing the substantial stressors on physical and mental health.[153] *Canada's Food Price Report* 2023 identified price increases of 10 per cent in 2022 and projected a further increase between five and seven per cent in 2023.[154] These surges mirror the rise in food bank usage, which reached historic levels at nearly 1.5 million visits in March 2022, a 35 per cent increase over March 2019, with most users from low-income households on social assistance or disability benefits.[155,156] According to PROOF, a University of Toronto research institute, food affordability is a nationwide problem, with "5.8 million Canadians, including 1.4 million children, in the ten provinces [living] in food-insecure households in 2021" (para. 1).[157] In terms of provincial and territorial variation, Alberta, the Atlantic provinces, and the territories reported the most severe food insecurity, while Quebec and British Columbia reported the lowest.[158]

Figure 3. Food Bank Usage Broken Down by Primary Source of Income (Food Banks Canada)[159]



Policy landscape

Federal food security initiatives during the pandemic have included expanding the Nutrition North Canada program, through a Budget 2021 commitment of $163.4 million, and consultations on the creation of a national school food policy through Budget 2022.[160-162] Provincial government policy involves supporting local and community organizations in addressing food security. For example, Nova Scotia is considering a food and beverage strategy[163] and launched a $100,000 pilot project in 2023 to deliver "fresh food carts in schools to support buying local, [give] farmers an expanded market for their produce, and [teach] young people to choose a healthy variety of foods" (para. 3).[164] While important, such policies do not go far enough to address the underlying causes and social determinants of food insecurity or their links to mental health.

At the local level, food banks and other non-profit and charitable organizations often lead the response to food insecurity.[165,166] In the Greater Toronto Area, several non-profits provide mental health and community food programs (e.g., the 519 and Across Boundaries) while growing local produce (e.g., the Centre for Immigrant and Community Services).[167,168] Others (e.g., Access Alliance) offer programs where community members cook together, fostering skill development, health education, and community building.[169] Although beneficial, long-term and comprehensive initiatives are still needed to target food insecurity.

Policy recommendation

Promote and invest in an adequate supply of more affordable, safe, high-quality, and nutritious foods for Canadians with low incomes and mental health concerns. This includes continual monitoring and research on the underlying causes of food insecurity, the development of innovative community-level responses, and the tracking of their effectiveness, including mental health impacts. It also involves increased support for community-level innovative action and comprehensive services and supports that provide nutritious, culturally appropriate foods to people with low incomes and mental health concerns.

Mental Health-Related Disabilities and the High Cost of Living

According to Statistics Canada's most recent disability survey, about 20 per cent of the population reported one or more co-occurring disability or disabilities. Of these, mental health-related disabilities were the fourth most prevalent type and, for youth ages 15 to 24, the most prevalent in 2020.[170] Serious mental illness can have a more severe impact on daily living for a longer period (than more mild-to-moderate mental health problems) and can be an impairing or disabling experience accompanied by inequity and marginalization across a range of domains.[171,172] Such mental health-related disabilities and co-occurring disabilities can affect the ability to work and increase the likelihood of precarious employment. People may see their finances affected through increased out-of-pocket costs for pharmaceuticals, medical bills, and accessibility aids, and can face greater challenges with nutrition, food security, affordable housing, and access to services.[173] People living with mental health-related or co-occurring disabilities are more likely to be reliant on paid and unpaid caregivers, government benefits, and community services and supports.[174,175]

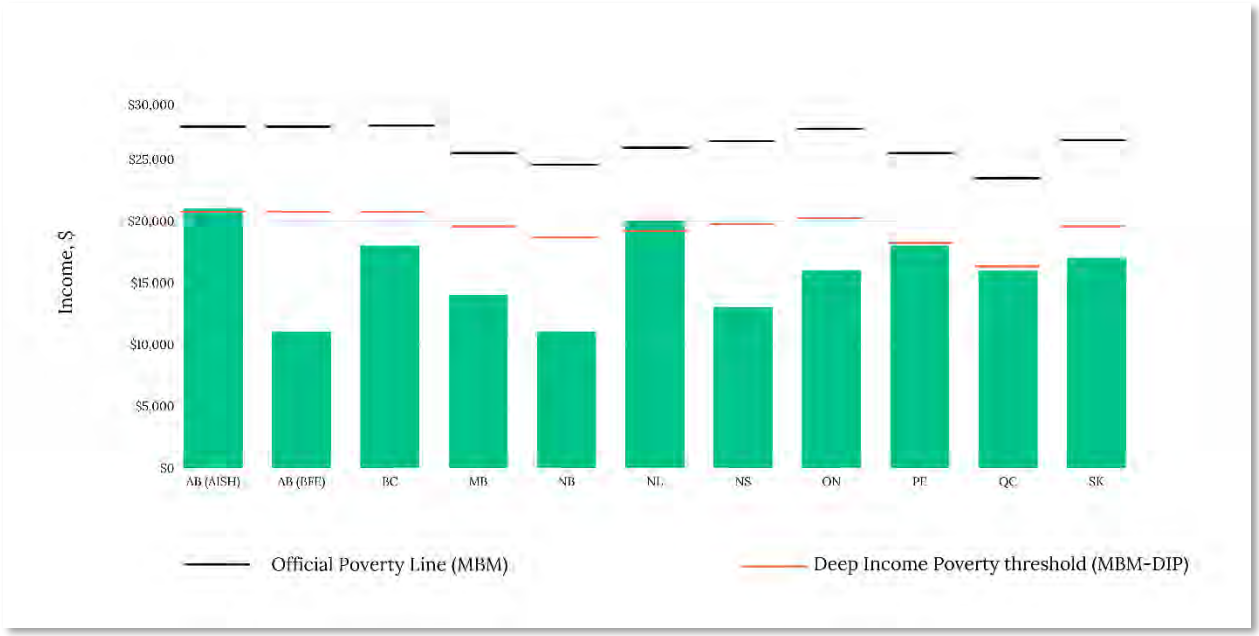
COVID-19 has amplified the inequities faced by people living with serious mental illness and other mental health or co-occurring disabilities.[176-178] This population reported that the pandemic affected their mental and physical health, employment, education, income, and food and housing security.[179-181] In many cases, individuals living with serious mental illnesses were unable to access needed medical care, afford rent and utilities, and buy groceries or personal protective equipment.[182-185] One McMaster study found that "half of [Ontario Disability Support Program] respondents reported days where they had no food to eat, compared to one in ten CERB respondents and one in twenty who received no [government] support" (p. 1).[186] The pandemic left many people living with serious mental illness and other mental health or co-occurring disabilities with greater needs in terms of services and supports.[187,188]

> The 2021 Disability Justice Network of Ontario national online survey asked people with disabilities about their experiences during the COVID-19 pandemic. In response to a question on the impact of low social assistance rates on the quality of life, one participant stated, "I can't afford adequate or healthy groceries. The last week of the month means eating carbs and super low-quality food…I can't afford a number of recommended or prescribed therapies, including mental health therapy needed" (Pahwa, et. al., 2022).

With the rising cost of living in the post-public-health emergency period, needs among people with mental health related disabilities around income, food security, and housing continue to grow. Most provinces have a large gap between social assistance rates and the poverty line, which can be as much as $15,000 a year.[189-191] In Ontario, yearly disability assistance is $10,000 below Canada's official poverty

line, with wait times as long as eight months.[192,193] Food Banks Canada reported that, in 2022, 30 per cent of users were people living with disabilities.[194] Further, there are reports of long wait-lists and an inability to access affordable housing — with up to 30-year waits in Ontario — which hits much harder for people living with serious mental illness and other mental health or co-occurring disabilities.[195,196] The barriers they face in accessing disability benefits, including rigid eligibility criteria and long wait-lists, contribute to the deep poverty experienced by people living with disabilities in Canada (see Figure 4).[197,198]

Figure 4. Adequacy of Total Welfare Incomes for Unattached Single With a Disability in the Provinces (Maytree Foundation)[199]



Policy landscape

The federal government has several programs that provide income support to people living with disabilities. This includes the Canada Pension Plan's disability benefits and children's benefit, the child disability benefit, tax credits, and disability benefits for veterans.[200] In June 2023, the government passed Bill C-22 to create and establish the legal framework for the new Canada Disability Benefit (CDB).[201] Following Section 2 of the Accessible Canada Act, the legislation defines disability as "any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment — or a functional limitation — whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society" (p.2).[202] The government has until June 2024 to enact the necessary regulations that enable CDB payments. Budget 2023 committed $21.5 million to support stakeholder engagement and create the infrastructure to administer benefits over the course of the year.[203] The CDB has the potential to address income disparities faced by people living with disabilities (including mental health-related disabilities), but the government has yet to provide details

on eligibility criteria, the amount of the benefit, or how it will fit with other federal, provincial, and private benefits.[204]

Provincial, territorial, and municipal governments also provide financial assistance and health-related benefits to people living with disabilities. This includes a range of programs for children, adults, and older adults with mental health or other co-occurring disabilities (e.g., diagnosis services, case management, financial support, educational supports, respite funding, supported living, transportation, day programs, vision, dental, prescription, and medical and assistive device coverage).[205] The Yukon (and some other jurisdictions) has a supplementary allowance program for people receiving social assistance, which provides an additional $250 per month in benefits.[206] Although these benefits are important, existing gaps have widened as the cost of living has increased, particularly in terms of income and food security as well as supportive and affordable housing.

Policy recommendation

Co-create an implementation plan with people living with mental health-related disabilities for the Canada Disability Benefit in 2024-25. The benefit should be income tested, include earning exemptions, disallow clawbacks on existing federal, provincial, or private income supports, and increase annually based on inflation and the cost of living.

Access to Mental Health Services and the High Cost of Living

Mental health services are effective and backed by a wealth of research showing that investments in this area bring benefits for well-being and economic outcomes.[207-209]

However, Canada's high cost of living exacerbates inequities in terms of access to mental health services and supports for the people most likely to need them: those who have low incomes, are precariously employed, and experience mental health or co-occurring disabilities and other forms of inequity.

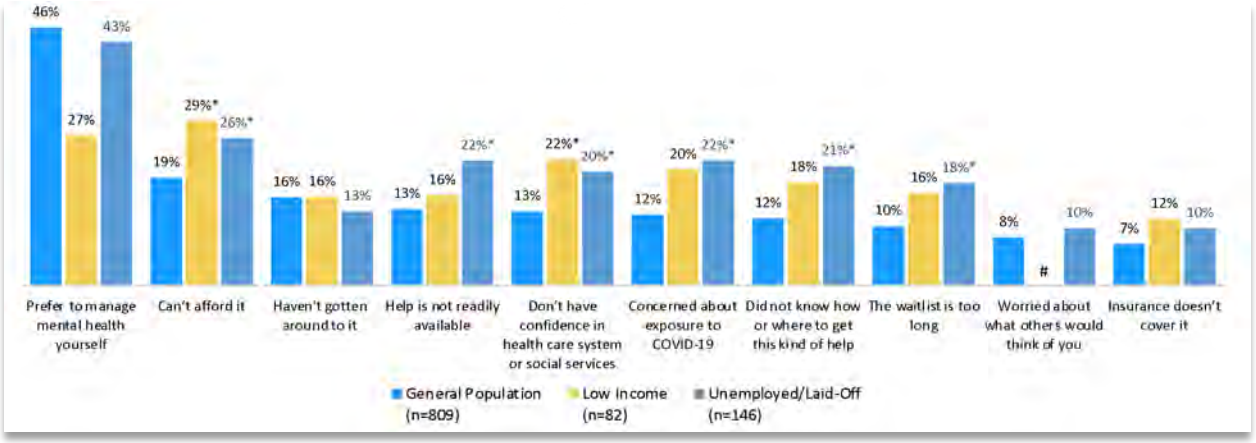
Unless they are accessed with employment benefits or a public insurance plan, (e.g., through a family physician or a hospital), most private mental health services have a high cost: on average $90-$250 per session (depending on the practitioner).[210] While free virtual services can offset these costs, they often only provide emergency, single-session, or a limited numbers of visits without long-term support. The digital divide also poses a barrier for some individuals.[211] Publicly funded or community-based services with sliding scales are much more affordable but are stretched thin and involve longer wait times.[212] Accordingly, many evidence-based mental health services and supports (e.g., psychotherapy, eating disorder treatments, and peer support) receive limited public funding and are not as accessible to those with low incomes.

Primary care providers are fully covered by public health insurance and play a critical role in early identification and assessment, prescriptions for medication, and referrals to appropriate mental health services and supports.[213] Yet, recent polling from a national Canadian Medical Association Journal survey found that an estimated one in five people in Canada (6.5 million) do not have a family physician or nurse practitioner that they see regularly.[214] People living with low incomes or experiencing inequity are among those least likely to report having a regular primary care provider, which negatively impacts their access to mental health services and supports.[215]

Polling during the pandemic and in the post-public-health emergency period identify finances as the most common barrier to accessing mental health services and supports, particularly for people with low incomes or who are unemployed (see Figure 5).[216,217] Beyond the direct cost for services, additional expenses can be associated with accessing mental health care, including the time it takes to find and receive treatment and costs associated with transportation and prescription medication. For some, prioritizing housing, food, and physical health care means allocating less to mental health services. Among people living

with low incomes, these barriers stack up, often leaving them without access to care and unmet mental health needs.

Figure 5. Top Reasons for Not Accessing Mental Health Treatment, MHCC and CCSA Polling, March-May 2021



To address financial barriers to accessing mental health services and supports in the post-public-health emergency period, it is essential to build on current success, innovate, and adopt various system-wide approaches.[218] Doing so will require:

- taking on long-standing gaps and inequities in funding,
- strengthening workforce capacity,
- integrating mental health in primary care more fully,
- expanding access to affordable, culturally appropriate, and equitable long-term mental health services and supports,
- improving e-mental health services,
- increasing the number of services and supports using sliding fee scales,
- investing more in employee benefits, community-based services, and mental health promotion,
- and ensuring that all services and supports are equitable in their provision of care.[219-221]

Policy landscape

The federal government provides funding for a variety of mental health services and supports, including for populations such as veterans, First Nations and Inuit, refugees, and people who are incarcerated. It also broke new ground during the pandemic with the launch of the Wellness Together Canada portal, which is available free of charge to all people living in Canada.[222]

However, most federal funding for mental health is provided to provinces and territories through health transfers. In a new transfer agreement, embedded in Budget 2023,[223] the government provided $2 billion in one-time funding under a top-up payment to the main Canada Health Transfer (CHT), five per cent in new funding (projected to provide an

additional $17.3 billion over 10 years through a CHT guarantee), $25 billion over 10 years for a new tailored transfer (where mental health and substance use health is one of four shared health priorities), and increased funding for personal support worker hourly wages, data collection, and Indigenous health priorities.[224] While the federal funding for mental health care is historic (including an earlier $5 billion for a 2017-27 targeted transfer), there are gaps in accountability and transparency regarding the allocation of these investments and the impact they will have on reducing financial barriers in access to mental health services.[225]

Provincial, territorial, and municipal mental health strategies have provided increased funding for services and supports each year, targeted at various population needs to provide accessible care. For example, Nunavut's 2023-24 budget committed $5 million for student mental health supports.[226] Most cities are also investing in accessible community mental health supports. This includes the City of Ottawa, which announced an investment of $4.55 million in its 2023 budget for community services, part of which is allocated for an "integrated, on-the-ground Community Engagement Team that links residents in need to services like housing, food and mental health supports" (Community and social services, para. 1).[227]

At a time when the high cost of living is coupled with increased mental health needs across the population, collaboration among all levels of government, community organizations, and public and private stakeholders is necessary to reduce financial and other barriers to equitable access to services and supports. Public funding, including public insurance, plays the main role in removing such financial barriers by making them free at the point of access for people who do not have employment-based benefits. In this sense, the increased funding for mental health services through federal transfers can potentially have a major impact on their affordability.

Policy recommendation

Reduce financial barriers in access to services by dedicating a significant proportion of the new tailored transfers to mental health and substance use health. Strong accountability measures will be needed to monitor expenditure allocations and equity impacts.

Intersectional Considerations on the High Cost of Living and Mental Health

As the preceding sections have emphasized, when long-standing systematic inequities and discrimination (including colonialism, racism, sexism, and homophobia) are combined with the high cost of living, they magnify mental health impacts and inequities.[228] These systemic inequities are socially, historically, and institutionally produced and reproduced through unequal access to power, resources, services, and supports and can be confronted through a decolonizing, anti-racist, intersectional, and equitable approach to mental health policy and programming.[229,230]

This section looks more deeply into the high cost of living's mental health impacts for First Nations, Inuit, and Métis, rural and remote populations, newcomers and racialized communities, 2SLGBTQ+ communities, women, men, children and youth, older adults, and unpaid caregivers. These impacts can be addressed by shifting power imbalances, mitigating the effects of social determinants of health, and reducing inequities in mental health policies, programs, and service systems.

First Nations, Inuit, and Métis

Distinct experiences of colonization, discrimination, and chronic underfunding, compounded by COVID-19 and the high cost of living in the post-public-health emergency period, have had distinct, enduring, and significant impacts on the mental health of First Nations, Inuit, and Métis.[231-234] While many communities and individuals are thriving, on average, they are experiencing greater unmet mental health needs, a higher prevalence of complex, chronic, and disabling mental illness, and insufficient access to culturally safe services and supports.[235-238]

The high cost of living has elevated already high rates of financial stress, unemployment, and low income among First Nations, Inuit, and Métis, in addition to preexisting high rates of poverty.[239-242] Food prices also rose immensely in the territories as traditional ways of hunting and fishing have become less accessible. As well, food bank usage increased for First Nations, Inuit, and Métis across Canada in 2022, contributing to heightened food insecurity.[243-247] Statistics Canada reports that the high cost of living and a chronic lack of affordability has led to increasing and disproportionately high rates of inadequate, unhealthy, and overcrowded housing, as well as higher costs for electricity and other

essential utilities.[248-251] Food and income insecurity and housing unaffordability have substantially increased, with distinct and profound impacts on mental health and wellness for many First Nations, Inuit, and Métis people and communities.

Rural and remote communities

In rural and remote communities, COVID-19 and the high cost of living in the post-public-health emergency period have had wide-ranging impacts on health, mental health, and well-being.[252] People living in rural and remote communities face unique challenges related to the impacts of the social determinants of health, which contribute to greater income inequality as well as food and housing insecurity.[253-258] They often spend more than half their income on food due to the decreased availability and extreme increase in prices, especially for nutritious or perishable foods.[259-262] The cost of housing can also be higher due to its relation to local incomes and aging housing stock, which can require significant repairs or renovations. As well, available housing options are limited because of high construction costs and inadequate heating and electricity.[263]

Rural and remote communities are disproportionately impacted by mental health concerns and face unique barriers to accessing timely mental health services and supports.[264-266] The pandemic has brought sustained and ongoing impacts on the availability of health, mental health, and social services in rural and remote communities, while increasing the use of virtual care. Although virtual care can provide many benefits, large barriers to access exist, including inadequate internet coverage, communication devices, and dedicated spaces for engagement.[267] Other access barriers across include health-workforce capacity issues, pandemic burnout, overburdened hospitals, and greater reliance on acute care.[268,269] Less availability of health, mental health, and social services in these communities in the post-public-health emergency period means greater wait times and even greater financial costs for people living in rural and remote regions.[270,271]

Newcomer and racialized communities

Researchers have explored the relationship between economic inequality and mental health among newcomer and racialized communities before and during the pandemic.[272-274] A review of 2016 census data in 2019 described the detrimental impact of the social determinants of health, particularly low income, unemployment, discrimination, and hate crimes on self-reported mental health among newcomer and racialized populations.[275] Such income disparities can be stark: in 2016, Statistics Canada reported that “21 per cent

of the Black population aged 25 to 59 lived in a low-income situation, compared with 12 per cent of their counterparts in the rest of the population" (p. 10).[276]

During the pandemic, researchers documented the ways in which newcomers and racialized persons, particularly African, Caribbean, and Black (ACB) communities, faced higher rates of mental health challenges. They were most affected by job and income loss, more engaged in front-line work, and more likely to be exposed to the virus, live in precarious housing, and be subjected to racism and discrimination.[277] The pandemic also shed light on the importance of data, income supports, and community-based resources for addressing the income and well-being needs of newcomer and racialized communities.

Discrimination and the high cost of living have impacted access to affordable and suitable housing and food security for both newcomer and racialized communities.[278-281] In 2021 Statistics Canada found that 22 per cent of Canadians identifying as visible minorities lived in unaffordable housing,[282] which is about six per cent higher than the general population (15.8%); and in 2023, "74 per cent [of ACB] Canadians reported being very concerned over the cost of housing" (Racialized groups section, para. 1).[283] Recent reporting also points to higher homeless rates for newcomers and refugees in major Canadian cities, including Vancouver and Toronto.[284-286] In addition, newcomers and people from racialized communities are more likely to live in a household that is moderately or severely food insecure, with ACB populations among the highest percentage (39.2% moderately and 33.4% severely) living in food-insecure households in 2022. [287-290]

The continued mental health challenges in the post-public-health emergency period across newcomer and racialized communities have led to calls for greater increased funding and expanded community-based, equitable mental health services.[291,292] Data, income supports, and community-based resources are vital for addressing the needs of newcomer and racialized communities.[293-295] Along with focusing on access to treatment, addressing the social determinants of health and the impacts of the high cost of living are critical for the well-being of newcomers and people from racialized communities.[296]

2SLGBTQ+ communities

2SLGBTQ+ communities in Canada faced greater inequities during the pandemic in terms of mental health, income, education, employment, and housing compared to heterosexual and cis-gender populations.[297,298] The impact was greater for trans, two spirit, non-binary, younger, newcomer and racialized 2SLGBTQ+ individuals.[299-303] Polling carried out during the pandemic found that almost half (46%) of 2SLGBTQ+ respondents reported moderate-

to-severe anxiety symptoms, while about 30 per cent reported consuming more alcohol compared to before the pandemic.[304] Polling from Egale also found that most (53%) 2SLGBTQ+ households experienced a loss of income during the pandemic,[305] with individuals reporting the loss of housing, greater challenges with food security, living with unsupportive or abusive family members or roommates, and rising hate crimes.[306,307,308]

The high cost of living has further intensified the mental health, income, and housing needs of 2SLGBTQ+ communities while making it more difficult to afford and access services and supports.[309,310] Many 2SLGBTQ+ individuals face a difficult choice: either pay for food and other bills or for medical treatment, decisions that can further impact their mental health.[311,312] Finding affordable housing that is safe and free of discrimination has also become more challenging.[313] 2SLGBTQ+ individuals may also face issues when seeking access to services and supports, given difficulties accessing gender-affirming and culturally appropriate health and mental health services and supports, particularly when some community services, for example food banks and housing, are run by religious organizations.[314-316]

Women

MHCC and CCSA polling found that, while more men reported problematic substance use during the pandemic, more women reported mental health concerns such as increased symptoms of anxiety and depression.[317] This is consistent with polling conducted by CAMH and other organizations, which highlight the pandemic's continuing gendered mental health impacts, including increased financial stress, caregiving, and risk of gender-based violence (GBV).[318,319] In the pandemic's post-public-health emergency period, Ontario Association of Social Workers polling found that women reported ongoing elevated mental health concerns, including undiagnosed and diagnosed mental health conditions.[320]

Women in Canada are more likely to be affected by the high cost of living due to gender inequality, a disproportionate caregiving burden, and GBV.[321] The gender pay gap in the country, as reported by the OECD in 2022, is 16 per cent when comparing women's and men's annual median earnings for full-time employees.[322] For women who "face multiple barriers, including racialized women, Indigenous women, 2SLBTQ+ women, and women with disabilities" (para. 2), the wage gap is worse.[323] Further, "approximately every six days, a woman in Canada is killed by her intimate partner" (para. 3).[324] First Nations, Inuit, and Métis women, 2SLGBTQ+ individuals, women living in rural and remote communities, and women living with disabilities are more at risk of GBV.[325,326] Such violence can include economic abuse, which impacts a woman's socio-economic independence, her ability to live in safe and affordable housing, and her food security.[327] Income inequality and GBV can have wide-ranging, varied, and individual impacts on mental health and well-being. Mental health services and supports that consider the gender dynamics and social determinants of health are therefore crucial.[328]

Men

Research into gender and sex differences in suicidal behaviour has revealed that men account for most of the suicide deaths in Canada, while women are more likely to attempt suicide.[329] Compared to men in the general population, Indigenous and 2SLGBTQ+ men exhibit higher rates of suicidal behaviour, including suicidal ideation, suicide attempts, and death by suicide. MHCC research links gender norms and inequities between genders with reduced help seeking, increased stigma, increased depression, and higher rates of suicide among men.[330] Men are less likely to seek out help, more likely to wait to access services until their need for support is serious, and more likely to disengage early from treatment. Stigma based on masculine ideals and the fear of losing the acceptance of peers can impact their mental health and help-seeking behaviours.[331]

Risk factors associated with suicide among men include social isolation, loneliness, loss of connectedness, unemployment, job loss, financial insecurities, and experiencing homelessness or precarious housing.[332] Among people experiencing homelessness, research conducted in 2019 shows a lifetime prevalence of suicidal ideation of 42 per cent and a lifetime prevalence of suicidal attempt of 29 percent (abstract, para. 1).[333] The escalating cost of living significantly exacerbates financial and housing insecurities, creating added pressure on mental health for men.

Children and youth

Disadvantage in infancy and childhood can impact brain development, and as it accumulates it can lead to poor mental health throughout life.[334] During the pandemic, parents had to "juggle multiple roles and responsibilities, often in the face of lost or reduced financial security, social support, and suspension or disruption in family routines, such as child care, schooling, and outdoor activities" (p. 2), which impact parent-child relationships as well as children's development.[335] Research during the pandemic found more children and their families using outpatient mental health services in Ontario, even as such services and supports were challenged by capacity issues, long wait times and weak accountability mechanisms for public funding.[336,337]

Youth also experienced disruptions to learning, school, work, and social life during the pandemic and were more likely to report mental health and substance use concerns and a reduced ability to handle pandemic stress (than adults and older adults).[338-340] Increased mental health concerns continue for youth during the post-public-health emergency period and are accompanied by more financial stress, worries around housing, and uncertainty about the future.[341-342,343] The effects are even more pronounced for First Nations, Inuit, and Métis youth, youth from newcomer, racialized, and 2SLGBTQ+ communities, and those who experience a mental health or co-occurring disabilities.[344-346]

Income and food insecurity can lead to an acute disadvantage for children and have long-lasting impacts on their mental health and well-being. In 2022, about 1.8 million children and youth in Canada experienced food insecurity and will be at an increased risk of health,

mental health, and substance use health concerns throughout their lives.[347,348] In a study using data from the Canadian Community Health Survey between 2004 and 2014, children and adolescents under 18 in food-insecure Ontario homes made 55 per cent more visits to doctors for mental health reasons compared to those who had enough to eat; and 74 per cent had a higher prevalence of hospitalization for a mental or substance use disorder.[349,350] The availability of integrated mental health services and supports that are culturally relevant, community-centric and barrier-free for children and their families is essential.

The high cost of living also impacts youth more adversely, as mental health and well-being are affected by the rising costs of housing, schooling, food, and essential services, and related declines in real wages.[351-353] The Real Affordability Index showed that, in 2022, youth living in Canadian cities were running an average deficit of $750 a month,[354] more likely to work in part-time and more precarious work, and make $20.96 an hour on average.[355] Financial insecurity impacts their ability to cover basic expenses, save, and live in affordable housing.[356,357] More investment is needed to increase the capacity of low-barrier mental health services and supports for youth that take an equity-oriented, culturally appropriate approach.[358,359]

Older adults living in the community

CAMH estimates that one in five older adults in Canada are living with mental illness or dementia. Among the significant impact these conditions have on their quality of life are "challenges with activities of daily living, difficulties in social functioning, and poor social determinants of health" (p. 8), requiring increased health and mental health supports.[360] Advocates have found that the increased impact of the pandemic on social isolation, mental health, and well-being for older adults continues in the post-public-health emergency period. In fact, the cost of aging in place has grown in many areas, including medical, housing, and food expenditures.[361-363] These increased costs are associated with mental health services and supports, including the devices required to access virtual services.[364] And because older adults living on fixed incomes have a limited ability to respond to increased costs, they must often cut spending elsewhere, including money they would use for socializing.[365] Such financial stress, housing unaffordability, food insecurity, and social isolation associated with the high cost of living can have negative impacts on mental health for older adults, particularly for those in First Nations, Inuit, and Métis, 2SLGBTQ+, and newcomer communities.[366-368]

Unpaid caregivers

Caregivers fulfil a distinct and important role by supporting and advocating for loved ones, who rely on them for support due to illness, older age, mental health concerns, or co-occurring disabilities.[369] Since unpaid caregivers provide time, energy, and emotional and financial resources to help the recovery journeys of their loved ones, inadequate recognition and support can have significant financial and mental health impacts.[370] Compared to the rest of the population, more unpaid caregivers report calling in sick or taking paid time off, being absent or late, having a higher leave incidence and duration, and falling below the poverty line, due to caregiving responsibilities.[371] Unpaid caregivers are also more likely to spend more on their loved one's care, including out-of-pocket medical costs and expenses related to therapists, medical equipment and devices, in-home care, and day care.[372] During the pandemic, caregivers reported spending more time and money on providing care for loved ones, and the high cost of living is placing even more pressure on caregiver's budgets and costs related to housing, food, and medical care.[373,374]

As the MHCC's national guidelines on family caregivers of adults with mental health problems and illnesses notes, when financial stressors and other unsupportive situations create "chronic stress for family caregivers, they too often become 'collateral casualties' of mental illness" (p. 3).[375] Research in 2018 from the National Business Group on Health in the U.S. found caregivers twice as likely to develop chronic illness or depression compared to the rest of the population. According to the survey, 92 per cent said that caregiving impacted their stress levels, 49 per cent reported exhaustion, and 16 per cent said that gaps in insurance coverage caused additional stress.[376] These closely related financial and mental health stressors for unpaid caregivers have only been augmented by the pandemic and the rising cost of living.

Policy landscape

All levels of government work in partnership with local communities and community organizations to address inequities related to the high cost of living and its associated mental health impacts. Government policy and funding play a crucial role in providing culturally appropriate and equitable services and supports to promote mental health and well-being across diverse communities. This section highlights selected federal investments in health, mental health, housing, and income supports for populations experiencing inequities during the transition to the post-public-health emergency period.

Indigenous communities. The federal government is investing $2 billion over 10 years to provide equitable access to quality and culturally appropriate health-care services for Indigenous communities through Budget 2023. The budget also commits $4 billion over seven years (starting in 2024-25) to implement a co-developed urban, rural, and northern Indigenous housing strategy, along with $4 billion over five years for a new housing accelerator fund with targeted assistance to help rural, Indigenous, and northern communities build new homes.[377]

Newcomer and racialized communities. The government announced $49.6 million through Budgets 2022 and 2023 for the development of a mental health fund for ACB federal public servants to "address specific issues of trauma and barriers to career advancement" (Action plan for Black employees section, para. 1).[378] In March 2023, the federal government also announced that it would provide "close to $3 million in funding to six organizations in Toronto, Ontario for their community-based projects to support Black mental health" (para. 2).[379] Further, in July 2023 the government provided a one-time payment of $212 million to extend the Interim Housing Assistance Program for asylum claimants.[380]

2SLGBTQ+ communities. Budget 2022 committed $100 million to the 2SLGBTQI+ federal action plan, including up to $40 million in new capacity-building grants. 2SLGBTQI+ community organizations that offer social, health, housing, or cultural programs and promote inclusion and well-being are eligible to apply.[381]

Women. Budget 2023 provided $160 million over three years, starting in 2023-24, for "the Women's Program to provide funding to organizations in Canada that serve women. . . . with a particular focus on Indigenous women, women with disabilities, members of the 2SLGBTQ+ communities, and newcomer, Black, racialized, and migrant women" (p. 144).[382] Key priorities relevant to the high cost of living and related mental health impacts include improving economic security and ending violence against women and girls.

Children and youth. In November 2022, the federal government announced up to $18 million in funding for projects related to integrated youth services (IYS). IYS hubs can help address the impacts of the high cost of living by integrating primary care, mental health, and substance use health services, along with social supports related to employment and education under one roof. [383]

Older adults and unpaid caregivers. Budget 2022 provided $20 million over five years, starting in 2022-23, for Canadian Institutes of Health Research studies on dementia and brain health to "improve treatment and outcomes for persons living with dementia, and to evaluate and address mental health consequences for caregivers and different models of care" (p. 153).[384]

Overall, while federal government funding has increased access to tailored economic, social, and mental health supports for some, barriers and inequities persist and are being exacerbated by the high cost of living. Key policy strategies for narrowing equity gaps include co-creating distinct policies with specific population groups and strengthening the governance and use of demographic data to monitor equity impacts. Also needed is funding

that is equitably distributed, flexible, predictable, and inclusive in order to support diverse communities in designing and implementing policies and programs that meet their unique needs.

Policy recommendation

Co-create distinct policy responses to address the mental health impacts of the high cost of living with groups most affected by inequities. This includes employing a distinctions-based approach to work with First Nations, Inuit, and Métis people and communities and policies that respond to the unique needs of other populations.

With careful attention to governance, expand the collection, availability, and use of demographic-based data to monitor the equity impacts of relevant policy reforms. This includes monitoring the equity impact of policies designed to improve financial security, housing affordability, food security, disability benefits, and access to mental health services.

Ensure that funding and resources are equitably distributed across Canada through funding models that are flexible, predictable, and inclusive. This supports the capacity of communities and organizations to respond to increased mental health needs in timely, sustainable, and culturally safe ways.

Conclusion

The evidence presented in this policy brief highlights the interconnected relationships between financial and food insecurity, housing unaffordability, mental health, and well-being. The high cost of living adds increased burdens on food, housing, health, and mental health expenses, particularly for communities that experience health and social inequities. To address the impacts of the high cost of living on mental health, policy makers must build on lessons learned from pandemic policy innovations and consider the mental health implications of broader economic and social policy reforms.

Policy Recommendations

1. Strengthen the full range of income and benefit supports for people living in Canada and monitor their associated impacts on mental health.
2. Provide new National Housing Strategy funding for Housing First and supportive housing programs (linked to permanent housing) for people living with mental health concerns.
3. Promote and invest in an adequate supply of more affordable, safe, high-quality, and nutritious foods for Canadians with low incomes and mental health concerns.
4. Co-create an implementation plan with people living with mental health-related disabilities for the Canada Disability Benefit in 2024-25.
5. Reduce financial barriers in access to services by dedicating a significant proportion of the new tailored transfers to mental health and substance use health.
6. Co-create distinct policy responses to address the mental health impacts of the high cost of living with groups most affected by inequities.
7. With careful attention to governance, expand the collection, availability, and use of demographic-based data to monitor the equity impacts of relevant policy reforms.
8. Ensure that funding and resources are equitably distributed across Canada through funding models that are flexible, predictable, and inclusive.

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