



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

© 2023 Mental Health Commission of Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada.

ISBN: 978-1-77318-327-5

Legal deposit National Library of 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.

Expert reviewers

- Aseefa Sarang, Executive Director, Across Boundaries
- Brenda Roche, Director of Research, Wellesley Institute
- Denna Berg, Strategic Policy Analyst, Canadian Centre on Substance Use and Addiction
- Katherine Scott, Senior Researcher, Canadian Centre for Policy Alternatives
- Rosalind Robertson, Policy Director, Canadian Centre on Substance Use and Addiction
- Sarah Kennell, National Director, Public Policy, Canadian Mental Health Association
- Sarah Sanford, Researcher, Wellesley Institute

Mental Health Commission of Canada staff

- Katerina Kalenteridis
- Nimesha Elanko
- Catherine Willinsky
- Mary Bartram

Table of Contents

Acknowledgments	iii
Key Messages	1
Purpose	1
Introduction.....	2
Financial Insecurity and Mental Health.....	5
Policy landscape	8
Unaffordable Housing and Mental Health	10
Policy landscape	11
Food Security and Mental Health.....	13
Policy landscape	14
Mental Health-Related Disabilities and the High Cost of Living	15
Policy landscape	16
Access to Mental Health Services and the High Cost of Living.....	18
Policy landscape	19
Intersectional Considerations on the High Cost of Living and Mental Health	21
First Nations, Inuit, and Métis.....	21
Rural and remote communities	22
Newcomer and racialized communities	22
2SLGBTQ+ communities.....	23
Women	24
Men	25
Children and youth	25
Older adults living in the community.....	26
Unpaid caregivers.....	27
Policy landscape	27
Conclusion.....	30
Policy Recommendations	30
References.....	31

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}

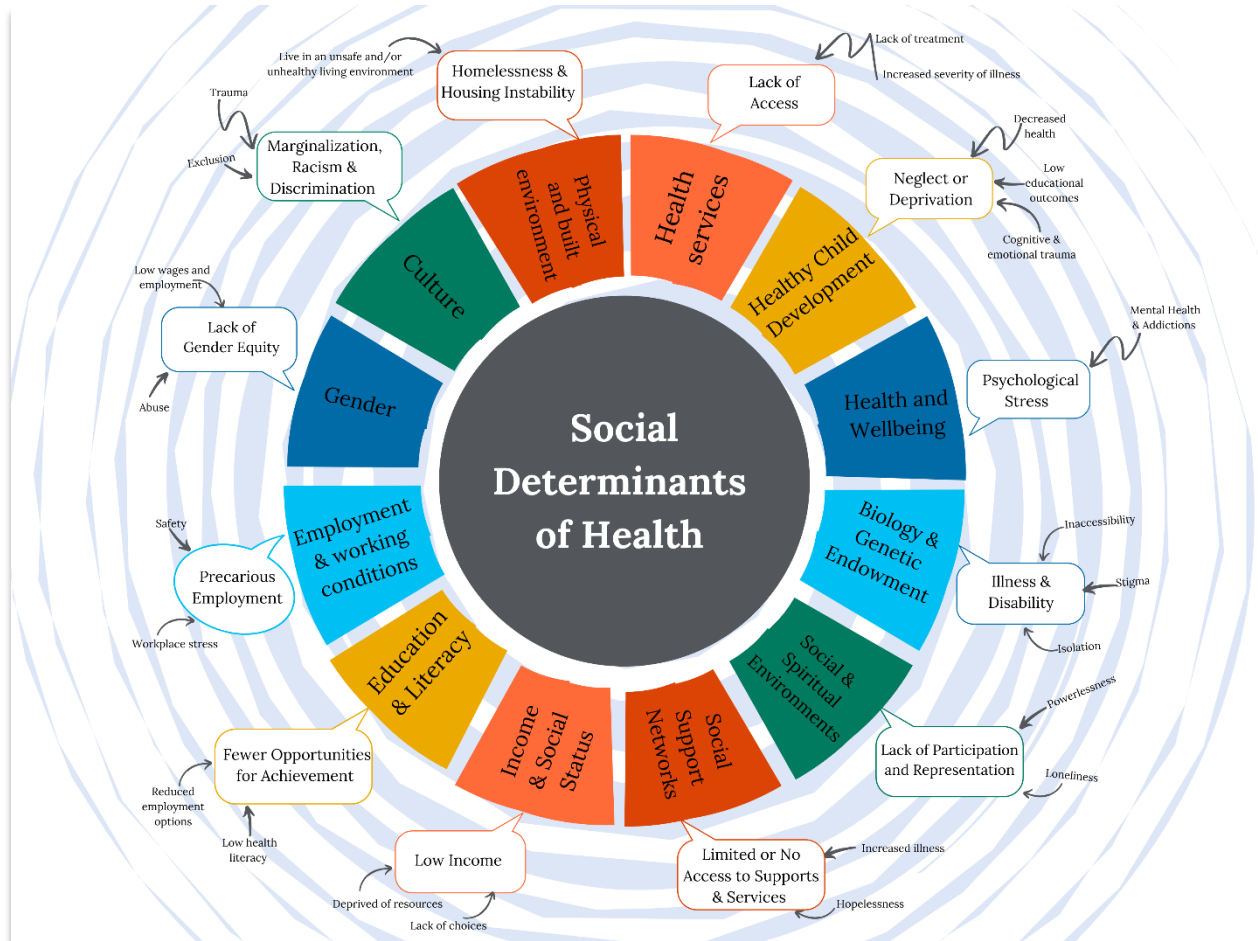
Poverty and income inequality are significant social determinants of health intrinsically linked with health outcomes, including mental health and substance use health, and with other determinants such as education, social supports, housing, food, and access to services (see Figure 1).⁷ Having a low 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.

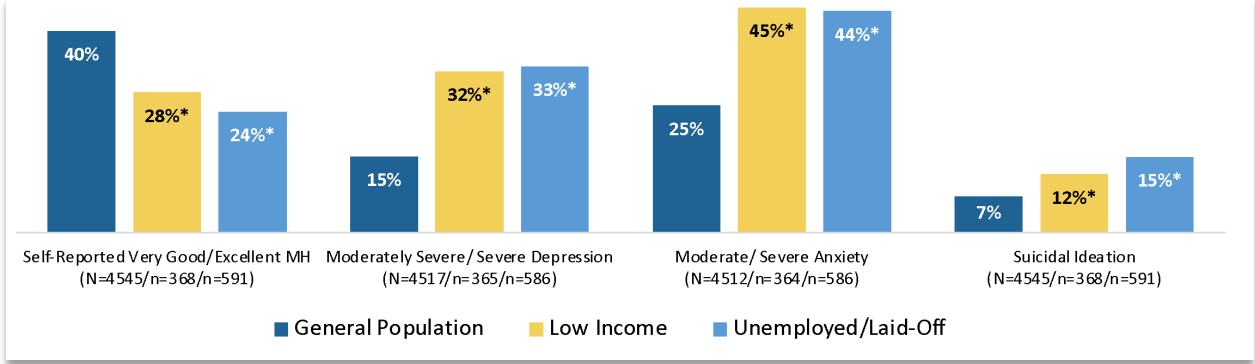
[†] On May 5, 2023, Tedros Adhanom Ghebreyesus, director general of the World Health Organization, [declared](#) that “COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern.”

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 2021³⁷



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 people with low incomes who also report a disability rose significantly in 2021, as did the rate of individuals without a disability who have low incomes.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.^{60-61,62,63,64} 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 January 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	14.00	16.23 - 16.89 ⁶⁹
Manitoba	15.30	15.66 - 18.34 ⁷⁰
Ontario	16.55	18.05 - 23.15 ⁷¹
Quebec	15.25	19.30 ⁷²
Newfoundland and Labrador	15.00	18.85 ⁷³
Prince Edward Island	15.00	19.30 ⁷⁴
New Brunswick	14.75	19.20 - 23.45 ⁷⁵
Nova Scotia	15.00	20 - 23.50 ⁷⁶
Yukon	16.77	18.28 ⁷⁷
Northwest Territories	16.05	17.81 - 23.28 ⁷⁸
Nunavut	16.00	26 ⁷⁹

Polling and reports show 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 December 2023, MHRC reported that 41 per cent of respondents feel financial pressures are affecting their mental health.⁸² As well 40 per cent are struggling to adequately feed themselves or their families, and 23% 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

[§] 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.

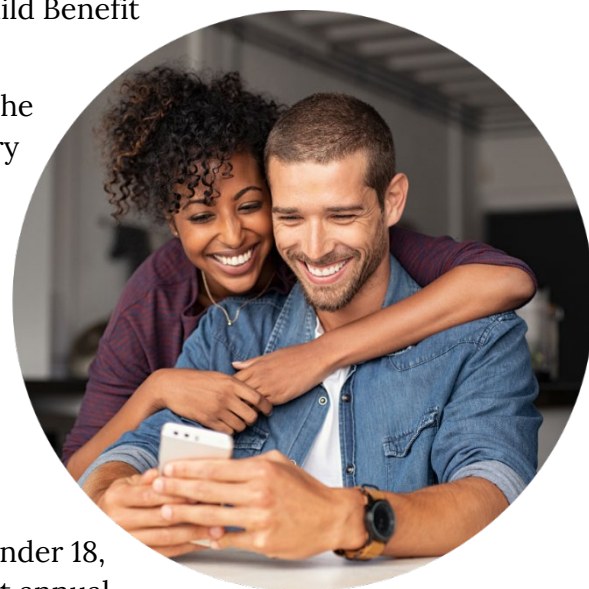
high cost of living; specifically, the consumer price index, national unemployment rate, and lack of housing supply.⁸⁵

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.

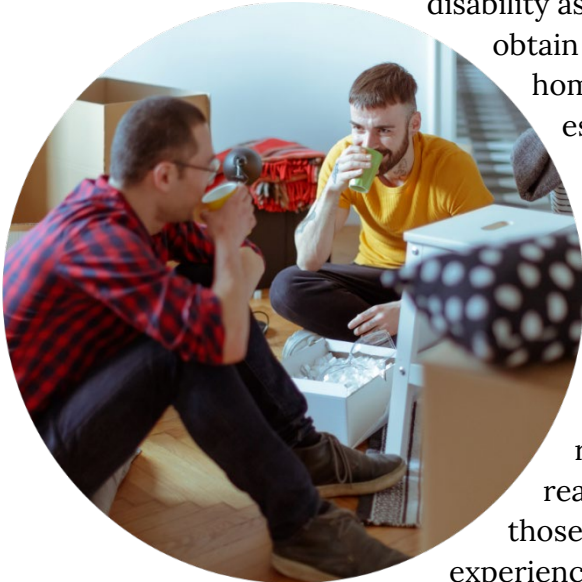
The resources and supports municipalities provide to community members with low incomes include subsidies for seniors, transit, housing, and employment assistance as well as essential public health, mental health, community, and social services. For instance, the City of Calgary's Fair Entry program 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

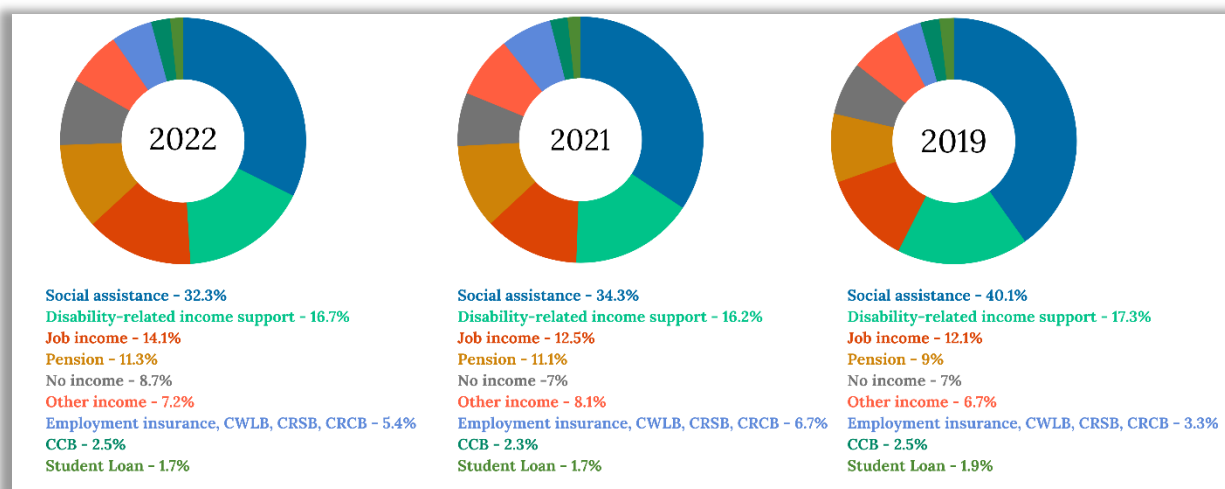
Food security is strongly associated with mental health and well-being and is considered both a social determinant of health and a key public health priority.^{143,144} PHAC reports that:

“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 strategy¹⁶³ 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 27 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 2022.¹⁷⁰ 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}

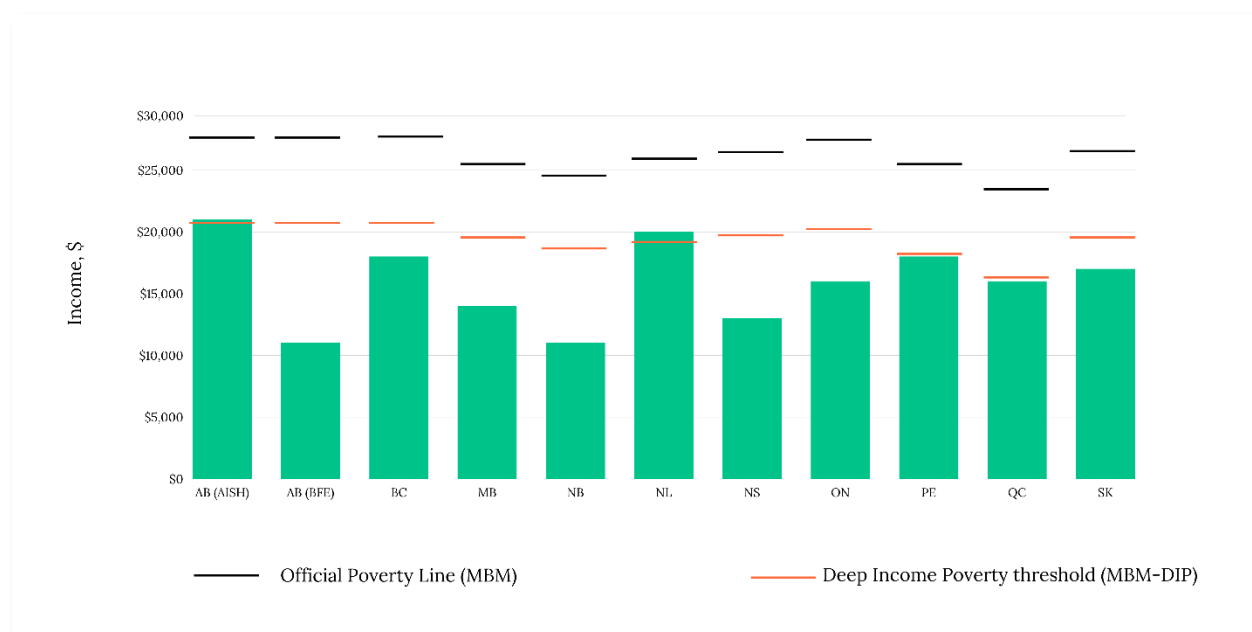
COVID-19 has amplified the inequities faced by people living with serious mental illness and other mental health or co-occurring disabilities.¹⁷⁶⁻¹⁷⁸ This population reported that the pandemic affected their mental and physical health, employment, education, income, and food and housing security.¹⁷⁹⁻¹⁸¹ 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}

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

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).

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.

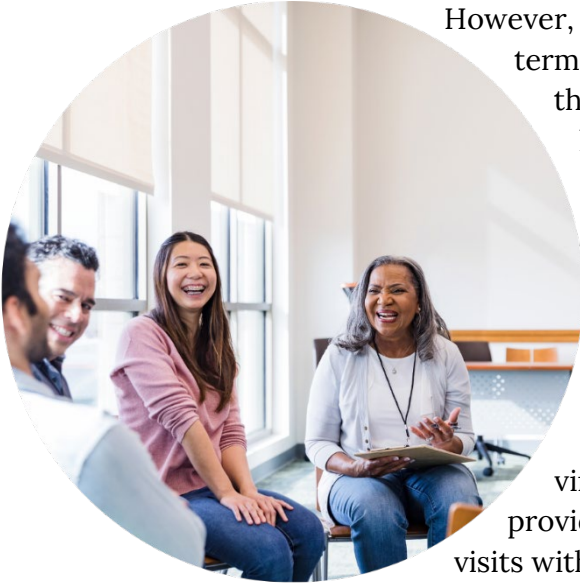


Policy recommendation

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.

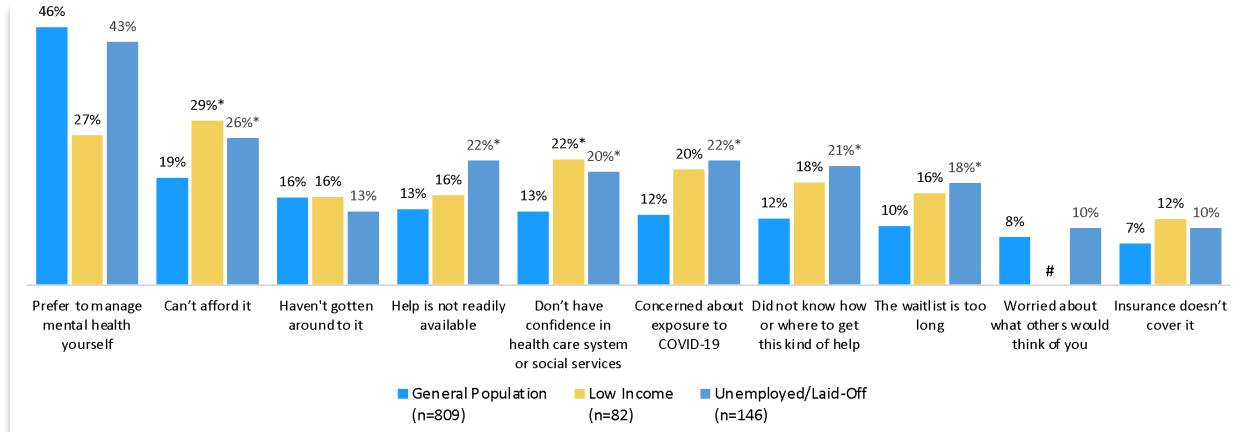
Unless they are accessed with employment benefits or a public insurance plan, (e.g., through a family physician or a hospital), most private mental health services have a high cost: on average \$90-\$250 per session (depending on the practitioner).²¹⁰ While free virtual services can offset these costs, 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.

References

- ¹ Statistics Canada (2022a). *Disaggregated trends in poverty from the 2021 Census of Population*. <http://tinyurl.com/mrtpjs5k>
- ² Mental Health Commission of Canada & Canadian Centre on Substance Use and Addiction (2021). *Mental health and substance use during COVID-19: Spotlight on income, employment, access*. <http://tinyurl.com/3hkmbtca>
- ³ Macklem, T. (2022, October 6). *What's happening to inflation and why it matters* [Remarks to the Halifax Chamber of Commerce]. Bank of Canada. <http://tinyurl.com/mr2w7ww6>
- ⁴ United Way, Peterborough and District. (2022). *The gap: Living wage report*. <http://tinyurl.com/mr2unxva>
- ⁵ Bond, N. (2023). *Breaking the cycle: The case for integrating money and mental health support during the cost of living crisis*. Money and Mental Health Policy Institute. <http://tinyurl.com/2vstwjru>
- ⁶ Statistics Canada. (2021). *Main highlights on income of families and individuals: Subprovincial data from the T1 Family File, 2021. The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/230809/dq230809b-eng.htm>
- ⁷ United Way, Peterborough and District. (2022). *The gap: Living wage report*.
- ⁸ Kruger, B. (2023, February 23). *Study shows inflation one cause of declining mental health among Canadians*. Global News. <http://tinyurl.com/zdbd2uhm>
- ⁹ Sheilds-Zeeman, L., & Smit, F. (2022, June). *The impact of income on mental health* [Commentary]. *Lancet Public Health*, 7(6), E486-E487. [https://doi.org/10.1016/S2468-2667\(22\)00094-9](https://doi.org/10.1016/S2468-2667(22)00094-9)
- ¹⁰ Canadian Mental Health Association (Ontario). (n.d.). *Poverty and mental illness*. <http://tinyurl.com/mj2dexzk>
- ¹¹ Canadian Mental Health Association (Ontario). (n.d.). *Poverty and mental illness*.
- ¹² Health Canada. (2016). *Mental health inequalities by income in Canada*. <https://tinyurl.com/3247dfy5>
- ¹³ National Collaborating Centre for Determinants of Health. (2013). *Let's talk: Health equity*. <https://nccdh.ca/>
- ¹⁴ National Collaborating Centre for Determinants of Health (2013). *Let's talk: Health equity*.
- ¹⁵ United Way, Halifax. (2021). *What are the social determinants of health?* <https://tinyurl.com/bdzd5nyh>
- ¹⁶ Employment and Social Development Canada. (2016). *Towards a poverty reduction strategy: A backgrounder on poverty in Canada*. <https://tinyurl.com/yc3tnbnk>
- ¹⁷ Laidley, J. & Tabbara, M. (2023, July). *Welfare in Canada, 2022*. Maytree Foundation. https://maytree.com/wp-content/uploads/Welfare_in_Canada_2022.pdf
- ¹⁸ Parliament of Canada. (2023). *Bill C-22: Canada Disability Benefit Act*. <https://tinyurl.com/3fm46kw6>
- ¹⁹ Canadian Mental Health Association. (2023, June 27). *Details are vague as Parliament enacts new Canada disabilities benefit* [Press release]. <https://tinyurl.com/347dj49y>
- ²⁰ World Health Organization. (2009). *Pandemic influenza preparedness and response: A WHO guidance document*. <https://www.ncbi.nlm.nih.gov/books/NBK143061/>
- ²¹ Department of Finance Canada. (2023a). *Budget 2023: A made-in-Canada plan: Strong middle class, affordable economy, healthy future*. <https://www.budget.canada.ca/2023/home-accueil-en.html>
- ²² Department of Finance Canada. (2022a). *Budget 2022: A plan to grow our economy and make life more affordable*. <https://www.budget.canada.ca/2022/home-accueil-en.html>
- ²³ Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). *Social determinants of health: The Canadian facts* (2nd ed.). Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management.
- ²⁴ Public Health Agency of Canada. (2018). *Key health inequalities in Canada: A national portrait*. <https://tinyurl.com/y3jv3j53>
- ²⁵ Mental Health Commission of Canada. (2012a). *Changing directions, changing lives: The mental health strategy for Canada*. <https://mentalhealthcommission.ca/resource/mental-health-strategy-for-canada/>
- ²⁶ Raphael, et al. (2020). *Social determinants of health: The Canadian facts*.
- ²⁷ Public Health Agency of Canada. (2018). *Key health inequalities in Canada: A national portrait*.
- ²⁸ Mental Health Commission of Canada. (2012a). *Changing directions, changing lives: The mental health strategy for Canada*.

-
- ²⁹ Donaldson, K., Fonberg, J., Heisz, A., Kaddatz, J., Kaplan, J., Olson, E., Walker, I., Duncan, E. & Koci, K. (2021). *The financial resilience and financial well-being of Canadians during the COVID-19 pandemic*. Statistics Canada.
- ³⁰ Clarke, S., & Fields, A. (2022). *Employment growth in Canada and the United States during the recovery from COVID-19*. Statistics Canada. <https://doi.org/10.25318/36280001202201200001-eng>
- ³¹ Mental Health Commission of Canada & Canadian Centre on Substance Use and Addiction. (2021). *Mental health and substance use during COVID-19: Spotlight on income, employment*, access.
- ³² Centre for Addiction and Mental Health. (2022). *COVID-19 national survey dashboard*. <https://www.camh.ca/en/health-info/mental-health-and-covid-19/covid-19-national-survey>
- ³³ Mental Health Research Canada. (2023). *National poll on Canadian mental health: 17 studies in an ongoing series*. <https://www.mhrc.ca/national-polling>
- ³⁴ Canadian Mental Health Association (Ontario). (2022, February 7). *1 in 4 Ontarians access mental health help – the highest rate during the pandemic* [Press release]. <https://tinyurl.com/23765bz4>
- ³⁵ Statistics Canada & Public Health Agency of Canada. (2021, September 27). *Survey on COVID-19 and Mental Health, February to May 2021*. *The Daily*. <https://tinyurl.com/5e3s8faa>
- ³⁶ Mental Health Commission of Canada, Canadian Centre on Substance Use and Addiction, & Mental Health Research Canada. (2023). *Roundtable on mental health and substance use health polling report*. <https://tinyurl.com/ywydyvry>
- ³⁷ Mental Health Commission of Canada & Canadian Centre on Substance Use and Addiction. (2021). *Mental health and substance use during COVID-19: Spotlight on income, employment*, access.
- ³⁸ Financial Consumer Agency of Canada. (2019). *Financial stress and its impacts*. <https://tinyurl.com/4kffzj62>
- ³⁹ Watson, B., & Osberg, L. (2018). *Job insecurity and mental health in Canada*. *Applied Economics*, 50(38), 4137-4152. <https://doi.org/10.1080/00036846.2018.1441516>
- ⁴⁰ Irvine, A., & Rose, N. (2022). *How does precarious employment affect mental health? A scoping review and thematic synthesis of qualitative evidence from Western economies*. *Work, Employment and Society*. <https://doi.org/10.1177/09500170221128698>
- ⁴¹ Ivanova, I., & Strauss, K. (2023). *But is it a good job? Understanding employment precarity in British Columbia*. Canadian Centre for Policy Alternatives.
- ⁴² Institute for Work and Health. (2009). *Unemployment and mental health* [Issue brief]. https://www.iwh.on.ca/sites/iwh/files/iwh/reports/iwh_issue_briefing_mental_health_2009.pdf
- ⁴³ Bai, Y., & Veall, M. R. (2023, December). *Minimum wages and mental health: Evidence from Canada*. *Social Science and Medicine – Mental Health*, 3, Article 100187. <https://doi.org/10.1016/j.ssmmh.2023.100187>
- ⁴⁴ Statistics Canada. (2022b). *The contribution of pandemic relief benefits to the incomes of Canadians in 2020*. <https://tinyurl.com/339mcbay>
- ⁴⁵ Statistics Canada. (2022b). *The contribution of pandemic relief benefits to the incomes of Canadians in 2020*.
- ⁴⁶ Mental Health Research Canada. (2021, September). *Mental health during COVID-19 outbreak: Poll #8*. <https://tinyurl.com/yswscfnw>
- ⁴⁷ Mental Health Commission of Canada. (2021a). *Mental health and substance use during COVID-19, Summary report 4: Spotlight on youth, older adults, and stigma*. <https://tinyurl.com/47recyk6>
- ⁴⁸ Statistics Canada. (2022b).
- ⁴⁹ Donaldson, et al. (2021).
- ⁵⁰ Statistics Canada. (2023a). *Consumer price index: Annual review, 2022*. <https://tinyurl.com/bdfy77dk>
- ⁵¹ Zapata, K. (2023, January 21). *“Our next pandemic”: Calgary’s housing fragility takes a heavy toll on mental health*. CBC News. <https://www.cbc.ca/news/canada/calgary/housing-fragility-mental-health-1.6720037>
- ⁵² Statistics Canada. (2023b). *One in four Canadians are unable to cover an unexpected expense of \$500*. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/230213/dq230213b-eng.htm>
- ⁵³ Donaldson, et al. (2021).
- ⁵⁴ Lopez-Martinez, M. (2022, August 3). *Rising cost of living taking toll on Canadians living off disability benefits*. CTV News. <https://tinyurl.com/2au9m65a>
- ⁵⁵ Loepky, J. (2021, April 15). *The “crip tax”: Everything has a cost, but for people with disabilities that’s quite literally the case*. CBC News. <https://www.cbc.ca/news/canada/saskatchewan/crip-tax-opinion-1.5856848>
- ⁵⁶ Living Wage for Families BC. (2022). *Living wages in BC and Canada*. <https://tinyurl.com/yc8k5p7s>
- ⁵⁷ Dionne-Simard, D., & Miller, J. (2019). *Maximum insights on minimum wage workers: 20 years of data*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/75-004-m/75-004-m2019003-eng.htm>

-
- ⁵⁸ Canadian Mental Health Association (Ontario). (n.d.). A CMHA Ontario submission to the minimum wage advisory panel: A healthy approach to earned income. <https://tinyurl.com/yjyttp4z>
- ⁵⁹ Statistics Canada. (2023c). Poverty and low-income statistics by disability status (Table 11-10-0090-01). <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1110009001>
- ⁶⁰ Dionne-Simard & Miller. (2019). *Maximum insights on minimum wage workers: 20 years of data*.
- ⁶¹ Eisen, B., & Palacios, M. (2021). Who earns the minimum wage in Canada? Fraser Institute. <https://www.fraserinstitute.org/sites/default/files/who-earns-the-minimum-wage-in-canada.pdf>
- ⁶² Ivanova & Strauss. (2023). *But is it a good job? Understanding employment precarity in British Columbia*.
- ⁶³ Canadian Centre for Policy Alternatives. (2018, August 21). *More than 1 in 5 Canadian professionals in precarious jobs: Report* [Press release]. <https://tinyurl.com/m7ufpm6k>
- ⁶⁴ International Labour Organization. (2010). *Precarious work*. <https://tinyurl.com/yxwabm2y>
- ⁶⁵ Canadian Centre for Policy Alternatives. (2018, August 1). *More than 1 in 5 Canadian professionals in precarious jobs: Report*
- ⁶⁶ Government of Canada. (2023). *Current and forthcoming general minimum wage rates in Canada*. <https://srv116.services.gc.ca/dimt-wid/sm-mw/rpt1.aspx>
- ⁶⁷ Living Wage for Families BC. (2022). *Living wage rates 2022*. <https://tinyurl.com/bdfmbj8t>
- ⁶⁸ Alberta Living Wage Network. (2022). *Report: July 1, 2021 to June 30, 2022*. <https://tinyurl.com/4sd36v6t>
- ⁶⁹ Canadian Centre for Policy Alternatives. (2022, May 27). *A living wage for Regina is \$16.23/hour, Saskatoon is \$16.89 per hour: Report* [Press release]. <https://tinyurl.com/226r4y34>
- ⁷⁰ Apata, M., Hajer, J., & Harney, N. (2022). *Manitoba living wage, update 2022*. Canadian Centre for Policy Alternatives. <https://tinyurl.com/5se5w92z>
- ⁷¹ Coleman, A., & Shaban, R. (2022). *Calculating Ontario's living wages, November 2022*. Ontario Living Wage Network. <https://tinyurl.com/2p8ce69h>
- ⁷² *Minimum wage hike not enough to live "decently," says think tank IRIS*. (2023, May 3). Canadian Press. <https://tinyurl.com/2p93tcks>
- ⁷³ Saulnier, C. (2019). *A living wage for St. John's, Newfoundland and Labrador*. Canadian Centre for Policy Alternatives. <https://tinyurl.com/2p9d2aka>
- ⁷⁴ Saulnier, C. (2020). *Charlottetown living wage 2020*. Canadian Centre for Policy Alternatives. <https://tinyurl.com/y6vzdkkc>
- ⁷⁵ Human Development Council. (2022). *Living wages New Brunswick, 2022*. <https://sjhdc.ca/wp-content/uploads/2022/10/Living-Wages-in-New-Brunswick-2022.pdf>
- ⁷⁶ Saulnier, C. (2022). *Living wages in Nova Scotia 2022*. Canadian Centre for Policy Alternatives. <https://tinyurl.com/bddxu8eh>
- ⁷⁷ Hammond, K. (2022). *Living wage in Whitehorse, Yukon: 2020-2022*. Yukon Anti-Poverty Coalition. https://yapcc.ca/assets/files/Living_Wage_in_Whitehorse_-_2020_-_2022.pdf
- ⁷⁸ Alternatives North. (2022). *Northwest Territories 2022 living wage*. <https://tinyurl.com/actfvr3b>
- ⁷⁹ LeTourneau, M. (2018, December 7). *PSAC calls for minimum wage increase, plan for living wage*. Nunavut News. <https://tinyurl.com/7mmdmm3w>
- ⁸⁰ Mental Health Research Canada. (2023). *Understanding the mental health of Canadians through COVID-19 and beyond: Poll #15*. <https://tinyurl.com/5d96dn2j>
- ⁸¹ Leger. (2023). *Economic conditions and mental health*. <https://tinyurl.com/3sbtjfe>
- ⁸² Mental Health Research Canada. (2023). *Understanding the mental health of Canadians through COVID-19 and beyond: Poll #18*. <https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/657797fc632ffe67ec9dd885/1702336509584/Poll+18+-+Full+version.pdf>
- ⁸³ Mental Health Research Canada. (2023). *Understanding the mental health of Canadians through COVID-19 and beyond: Poll #18*.
- ⁸⁴ Leger. (2023). *Economic conditions and mental health*.
- ⁸⁵ Public Health Agency of Canada & PricewaterhouseCoopers. (2022). *3-Digit suicide prevention volume forecast: Final report, Deliverable R1.5* [Unpublished manuscript].
- ⁸⁶ Bai & Veall. (2023).
- ⁸⁷ Canadian Mental Health Association (Ontario). (n.d.). A CMHA Ontario submission to the minimum wage advisory panel: A healthy approach to earned income.

-
- ⁸⁸ Green, D. (2015). *The case for increasing the minimum wage*. Canadian Centre for Policy Alternatives. <https://tinyurl.com/h7a7zty5>
- ⁸⁹ Dionne-Simard & Miller. (2019).
- ⁹⁰ Wilson, N., & McDaid, S. (2021). The mental health effects of a Universal Basic Income: A synthesis of the evidence from previous pilots. *Social Science and Medicine*, 287, Article 114374. <https://doi.org/10.1016/j.socscimed.2021.114374>
- ⁹¹ Gao, R. (2022, June 7). 4 ways universal basic income could change Canadian health care, according to health economists. Readers Digest Best Health. <https://tinyurl.com/3bwkx3f5>
- ⁹² Canadian Mental Health Association. (2020). Now is the time for universal basic income! https://cmha.ca/wp-content/uploads/2020/09/EN_CMHA_Nationwide_Statement_UBI_FINAL.pdf
- ⁹³ Simpson, W., Mason, G., & Godwin, R. (2017). The Manitoba basic annual income experiment: Lessons learned 40 years later. *Canadian Public Policy*, 43(1), 85-104. <https://muse.jhu.edu/article/651481>
- ⁹⁴ Segal, H. D. (2016). *Finding a better way: A basic income pilot project for Ontario* [Discussion paper]. <https://www.ontario.ca/page/finding-better-way-basic-income-pilot-project-ontario>
- ⁹⁵ Employment and Social Development Canada. (2019). *Canada's poverty reduction strategy – An update*. <https://www.canada.ca/content/dam/esdc-edsc/documents/programs/results/2050-Layout-EN.pdf>
- ⁹⁶ Province of New Brunswick. (2020). *Overcoming poverty together 3: The New Brunswick economic and social inclusion plan*. <https://www2.gnb.ca/content/dam/gnb/Departments/esic/pdf/ESIC-OPT3-EN.pdf>
- ⁹⁷ City of Toronto. (2019). *Toronto poverty reduction strategy*. <https://tinyurl.com/5n8kjt2b>
- ⁹⁸ Employment and Social Development Canada. (2022). *Transforming our systems: The 2022 report of the National Advisory Council on Poverty*. <https://tinyurl.com/2tz3bdwz>
- ⁹⁹ Department of Finance Canada. (2022b). *Fall economic statement, 2022*. <https://tinyurl.com/2p94cwx8>
- ¹⁰⁰ Employment and Social Development Canada. (2022).
- ¹⁰¹ Employment and Social Development Canada. (2022).
- ¹⁰² British Columbia Ministry of Finance. (2023). *Budget 2023 takes action on issues that matter most*. <https://news.gov.bc.ca/releases/2023FIN0015-000244>
- ¹⁰³ British Columbia Ministry of Finance. (2023).
- ¹⁰⁴ City of Calgary. (n.d.). *Fair entry*. <https://www.calgary.ca/social-services/low-income/fair-entry-subsidy.html>
- ¹⁰⁵ Centre for Addiction and Mental Health. (2022). *COVID-19 national survey dashboard*.
- ¹⁰⁶ Addictions and Mental Health Ontario. (2013). *Addictions supportive housing literature review*. <https://ontario.cmha.ca/wp-content/files/2014/01/ASH-Lit-Review-FINAL.pdf>
- ¹⁰⁷ Mental Health Commission of Canada. (2012b). *Turning the key: Assessing housing and related supports for persons living with mental health problems and illnesses*. <https://tinyurl.com/4kdma8z3>
- ¹⁰⁸ Canadian Mental Health Association (Ontario). (n.d.). *Housing and mental health*. <https://ontario.cmha.ca/documents/housing-and-mental-health/>
- ¹⁰⁹ Canadian Mental Health Association (Ontario). (n.d.). *Poverty and mental illness*.
- ¹¹⁰ Quayum, S., Hunter, P., Rivier, J., Cooper, I., & Baker, N. (2021). *Addiction, substance use and homelessness: An analysis from the nationally coordinated point-in-time counts*. Employment and Social Development Canada. <https://tinyurl.com/2rmuau8f>
- ¹¹¹ Statistics Canada. (2022). *Core housing need in Canada*. <https://tinyurl.com/24by6zci>
- ¹¹² Statistics Canada. (2022). *Housing challenges remain for vulnerable populations*. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220721/dq220721b-eng.htm>
- ¹¹³ Statistics Canada. (2023b).
- ¹¹⁴ Zapata. (2023, January 21). "Our next pandemic": Calgary's housing fragility takes a heavy toll on mental health.
- ¹¹⁵ Zapata. (2023, January 21).
- ¹¹⁶ Canada Mortgage and Housing Corporation. (2022). *Canada's housing supply shortage: Restoring affordability by 2030*. <https://tinyurl.com/32y4c79j>
- ¹¹⁷ Mental Health Commission of Canada. (2012b). *Turning the key: Assessing housing and related supports for persons living with mental health problems and illnesses*.
- ¹¹⁸ Schütz, C., Choi, F., Song, M. J., Wesarg, C., Li, K., & Krausz, M. (2019) Living with dual diagnosis and homelessness: Marginalized within a marginalized group. *Journal of Dual Diagnosis*, 15(2), 88-94. <https://www.doi.org/10.1080/15504263.2019.1579948>

-
- ¹¹⁹ Canadian Alliance to End Homelessness. (2023, March 28). *Budget 2023 ignores Canada's worsening housing and homelessness crises, fails to support those in greatest need* [Press release]. <https://tinyurl.com/yp6ue36z>
- ¹²⁰ Lee, H. (2022, December 18). *Homeless encampments in Canada are on the rise. Experts urge "Housing First" approach*. Global News. <https://tinyurl.com/yc4nfjed>
- ¹²¹ McNally, D. C. (2023, January 11). *A catastrophic increase in visible homelessness* [Editorial]. Toronto Star. <https://tinyurl.com/3bafksn9>
- ¹²² Homeless Hub. (2021). *Community profiles, Toronto*. <https://tinyurl.com/4s6fcwh7>
- ¹²³ Boucher, L. M., Dodd, Z., Young, S., Shahid, A., Khoe, K., Norris, K., Brown, M., Warsame, K., Holness, L., Kendall, C., Mergarten, D., Pariseau, T., Firestone, M., & Bayoumi, A. M. (2022). *Evaluation of encampment outreach supports during COVID-19: Final report* (MARCO project). MAP Centre for Urban Health Solutions & St. Michael's Hospital. https://maphealth.ca/wp-content/uploads/Encampments_finalreport.pdf
- ¹²⁴ Canadian Alliance to End Homelessness, Place Centre, & RealPac. (2023). *The national housing accord: A multi-sector approach to ending Canada's rental housing crisis*. <https://tinyurl.com/4svetnp2>
- ¹²⁵ Jenkinson, J. I. R., Strike, C., Hwang, S. W., & Di Ruggiero, E. (2021). *Nowhere to go: Exploring the social and economic influences on discharging people experiencing homelessness to appropriate destinations in Toronto, Canada*. *Canadian Journal of Public Health*, 112(6), 992-1001. <https://www.doi.org/10.17269/s41997-021-00561-0>
- ¹²⁶ Hager, M., & Smith, A. (2022, December 23). *Winter blast strains homeless shelters across Canada*. *Globe and Mail*. <https://tinyurl.com/yeztctk7>
- ¹²⁷ Shen, N. (2023, April 10). *Vancouver homeless shelters say they're overwhelmed after city's encampment clearing*. Canadian Press. <https://tinyurl.com/bd2jcenw>
- ¹²⁸ Rosen, B. (2023, February 7). *Housing crisis: Harsh reality of those navigating Toronto's shelter system, on brink of homelessness*. Global News. <https://globalnews.ca/news/9445818/toronto-housing-crisis/>
- ¹²⁹ Rosen. (2023, February 7). *Housing crisis: Harsh reality of those navigating Toronto's shelter system, on brink of homelessness*.
- ¹³⁰ Hager & Smith. (2022, December 23). *Winter blast strains homeless shelters across Canada*.
- ¹³¹ Shen. (2023, April 10). *Vancouver homeless shelters say they're overwhelmed after city's encampment clearing*.
- ¹³² von Stackelberg, M. (2023, April 24). *Women's shelters across Canada are losing nearly \$150 million in federal funding*. CBC News. <https://www.cbc.ca/news/politics/federal-shelter-funding-1.6814859>
- ¹³³ Mental Health Commission of Canada. (2011) *What is Housing First?* [Fact sheet]. <https://tinyurl.com/z89c3fem>
- ¹³⁴ Mental Health Commission of Canada. (2011). *What is Housing First?*
- ¹³⁵ Mental Health Commission of Canada. (2011).
- ¹³⁶ Government of Canada. (n.d.). *Canada's national housing strategy*. <https://www.placetocallhome.ca/>
- ¹³⁷ Department of Finance Canada. (2022a). *Budget 2022: A plan to grow our economy and make life more affordable*.
- ¹³⁸ Department of Finance Canada. (2023a). *Budget 2023: A made-in-Canada plan: Strong middle class, affordable economy, healthy future*.
- ¹³⁹ Department of Finance Canada. (2022a).
- ¹⁴⁰ Government of Ontario. (2023). *Housing in Ontario*. <https://www.ontario.ca/page/housing-in-ontario>
- ¹⁴¹ Government of Manitoba. (2023). *A place for everyone: A collaborative homelessness strategy for Manitoba*. https://www.gov.mb.ca/fs/homelessness/pubs/homelessness_strategy.pdf
- ¹⁴² City of Vancouver. (n.d.). *Shelters and winter response strategy*. <https://tinyurl.com/5n6j6t8j>
- ¹⁴³ Schnitter, R., & Berry, P. (2019). *The climate change, food security and human health nexus in Canada: A framework to protect population health*. *International Journal of Environmental Research and Public Health*, 16(14), Article 2531. <https://doi.org/10.3390/ijerph16142531>
- ¹⁴⁴ Carroll, N., Sadowski, A., Laila, A., Hruska, V., Nixon, M., Ma, D. W. L., & Haines, J. (2020). *The impact of COVID-19 on health behavior, stress, financial and food security among middle to high income Canadian families with young children*. *Nutrients*, 12(8), Article 2352. <https://doi.org/10.3390/nu12082352>
- ¹⁴⁵ Tarasuk, V., Fafard St-Germain, A.-A., & Li, T. (2020). *Moment of reckoning for household food insecurity monitoring in Canada* [Commentary]. *Health Promotion and Chronic Disease Prevention in Canada*, 42(10), 445-449. <https://doi.org/10.24095/hpcdp.42.10.04>
- ¹⁴⁶ PROOF. (n.d.). *How many Canadians are affected by household food insecurity?* <https://tinyurl.com/3ycwxvb8>
- ¹⁴⁷ Stanford, F.C. (2020, August 17). *Food insecurity, COVID-19, and eating disorders*. Harvard University. <https://www.health.harvard.edu/blog/food-insecurity-covid-19-and-eating-disorders-202008172077>

-
- ¹⁴⁸ Canadian Mental Health Association. (2022, February 15). *Crucial connection: The link between food insecurity and mental health*. <https://cmhaww.ca/crucial-connection-the-link-between-food-insecurity-and-mental-health/>
- ¹⁴⁹ Fang, D., Thomsen, M. R., & Nayga, R. M., Jr. (2021). The association between food insecurity and mental health during the COVID-19 pandemic. *BMC Public Health*, 21, Article 607. <https://doi.org/10.1186/s12889-021-10631-0>
- ¹⁵⁰ Polsky, J. Y., & Gilmour, H. (2020). *Food insecurity and mental health during the COVID-19 pandemic*. Statistics Canada. <https://www.doi.org/10.25318/82-003-x202001200001-eng>
- ¹⁵¹ Daily Bread Food Bank. (2021, May 5). *The impact of food insecurity on mental health*. <https://www.dailybread.ca/blog/food-insecurity-and-mental-health-3/>
- ¹⁵² Joy, P. (2022, September 13). *Food insecurity during COVID-19: 2SLGBTQ+ people talk about challenges and support*. Mount Saint Vincent University. <https://tinyurl.com/334zem8e>
- ¹⁵³ Deaton B. J., & Deaton B. J. (2020). Food security and Canada's agricultural system challenged by COVID-19. *Canadian Journal of Agricultural Economics*, 68(2), 143–9. <https://doi.org/10.1111/cjag.12227>
- ¹⁵⁴ Dalhousie University, University of Guelph, University of Saskatchewan, & University of British Columbia. (2022). *Canada's food price report 2023*. <https://tinyurl.com/4dipyxzp>
- ¹⁵⁵ Ripley, A. (2023, January 13). *Household food insecurity: It's not just about food*. Canadian Public Health Association. <https://www.cpha.ca/household-food-insecurity-its-not-just-about-food>
- ¹⁵⁶ Food Banks Canada. (2022). *Hunger count 2022: From storm to hurricane*.
- ¹⁵⁷ PROOF. (n.d.). *How many Canadians are affected by household food insecurity?*
- ¹⁵⁸ Tarasuk, V., Li, T., & Fafard St-Germain, A. A. (2022). *Household food insecurity in Canada, 2021*. PROOF. <https://tinyurl.com/2p8davkr>
- ¹⁵⁹ Food Banks Canada. (2022). *Hunger count 2022: From storm to hurricane*. https://hungercount.foodbankscanada.ca/assets/docs/FoodBanks_HungerCount_EN_2022.pdf
- ¹⁶⁰ Food Secure Canada. (n.d.). *Civil society input to a renewed food policy for Canada* [Brief]. <https://tinyurl.com/yac9mrtv>
- ¹⁶¹ Department of Finance Canada. (2022a).
- ¹⁶² Employment and Social Development Canada. (2023). *Building a national school food policy: Closed consultation*. <https://tinyurl.com/ymvdf4c7>
- ¹⁶³ Government of Nova Scotia. (2023). *Nova Scotia food and beverage strategy: Public engagement, What we heard*. <https://tinyurl.com/2y3tyz8c>
- ¹⁶⁴ Nova Scotia. Department of Agriculture & Department of Education and Early Childhood Development. (2023, April 11). *Fresh, local food pilot launches in schools* [Press release]. <https://tinyurl.com/y8ramjf5>
- ¹⁶⁵ Pollard, C. M., & Booth, S. (2019). Food insecurity and hunger in rich countries: It is time for action against inequality. *International Journal of Environmental Research and Public Health*, 16(10), Article 1804. <https://doi.org/10.3390/ijerph16101804>
- ¹⁶⁶ PROOF. (n.d.). *How many Canadians are affected by household food insecurity?*
- ¹⁶⁷ The 519. (n.d.). *Community food programs*. <https://www.the519.org/programs/communityfoodprograms/>
- ¹⁶⁸ Battler, A. (2023, May 18). *A community centre in the heart of Scarborough is growing fresh vegetables for a local food bank*. University of Toronto Scarborough News. <https://tinyurl.com/3z4evrnn>
- ¹⁶⁹ Access Alliance. (2023). *Newcomers cooking together*. <https://accessalliance.ca/programs-services/food-programs/food-literacy/newcomers-cooking-together/>
- ¹⁷⁰ Statistics Canada. (2022). *Canadian Survey on Disability, 2017 to 2022*. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/231201/dq231201b-eng.htm>
- ¹⁷¹ Mental Health Commission of Canada. (2013). *The aspiring workforce: Employment and income for people with serious mental illness*. <https://tinyurl.com/4hbpynar>
- ¹⁷² Mental Health Commission of Canada. (2021b). *COVID-19 and people living with serious mental illness: Policy brief*. <https://tinyurl.com/vmfzrbn3>
- ¹⁷³ Pahwa, M., Dhaliwal, H., Lee, J., Mahamad, S., & Murdoch, E. (2022). *A just recovery from the COVID-19 pandemic for people with disabilities: Descriptive analysis of Canadian survey data*. Disability Justice Network of Ontario. <https://tinyurl.com/3nhva8s5>
- ¹⁷⁴ Mental Health Commission of Canada. (2021b). *COVID-19 and people living with serious mental illness: Policy brief*.
- ¹⁷⁵ Mental Health Commission of Canada. (2012b).
- ¹⁷⁶ Mental Health Commission of Canada. (2012b).

-
- ¹⁷⁷ Canadians with disabilities, chronic health conditions hit hard by COVID-19: U of T study. (2021, April 22). University of Toronto News. <https://tinyurl.com/4z2v2jzj>
- ¹⁷⁸ Statistics Canada. (2020). Impacts of COVID-19 on persons with disabilities. <https://tinyurl.com/yeft4uap>
- ¹⁷⁹ Mental Health Commission of Canada. (2021b).
- ¹⁸⁰ Canadians with disabilities, chronic health conditions hit hard by COVID-19: U of T study. (2021, April 22).
- ¹⁸¹ McMaster University. (n.d.). Food security and housing during COVID. <https://tinyurl.com/4jva34jd>
- ¹⁸² Pahwa, et al. (2022). A just recovery from the COVID-19 pandemic for people with disabilities: Descriptive analysis of Canadian survey data.
- ¹⁸³ Public Service Alliance of Canada. (2020, December 3). Pandemic is increasing inequality for people with disabilities [Press release]. <https://psacunion.ca/international-day-of-persons-with-disabilities>
- ¹⁸⁴ Canadians with disabilities, chronic health conditions hit hard by COVID-19: U of T study. (2021, April 22).
- ¹⁸⁵ McMaster University. (n.d.). Food security and housing during COVID.
- ¹⁸⁶ McMaster University. (n.d.).
- ¹⁸⁷ McMaster University. (n.d.).
- ¹⁸⁸ Mental Health Commission of Canada. (2021b).
- ¹⁸⁹ Tabbara, M. (2023). Social assistance summaries, 2022. Maytree Foundation. https://maytree.com/wp-content/uploads/Social_Assistance_Summaries_All_Canada.pdf
- ¹⁹⁰ Ozga, P., & Smith, I. (2023, May 2). Provinces must join effort to help disabled escape poverty. Policy Options. <https://policyoptions.irpp.org/magazines/may-2023/poverty-disabled-provinces-efforts/>
- ¹⁹¹ Lopez-Martinez. (2022, August 3). Rising cost of living taking toll on Canadians living off disability benefits.
- ¹⁹² Ozga & Smith. (2023, May 2). Provinces must join effort to help disabled escape poverty.
- ¹⁹³ Cheese, T. (2023, June 22). Quadriplegic Ontario woman considers medically assisted dying because of long ODSP wait times. CBC News. <https://tinyurl.com/5f7usjay>
- ¹⁹⁴ Food Banks Canada. (2022).
- ¹⁹⁵ Homeless Hub. (2021). People with disabilities. <https://tinyurl.com/ykbwfp9j>
- ¹⁹⁶ Fraser, K. (2022, August 2). Ontario residents with disabilities face homelessness or worse, say advocates as some rent subsidies expiring. CBC News. <https://tinyurl.com/38armwbu>
- ¹⁹⁷ Loepky, J. (2021, April 15). The “crip tax”: Everything has a cost, but for people with disabilities that’s quite literally the case. CBC News.
- ¹⁹⁸ Leffler, B., & Dimain, M. (2022, October 8). How poverty, not pain, is driving Canadians with disabilities to consider medically assisted death. Global News. <https://tinyurl.com/56j6p7v2>
- ¹⁹⁹ Laidley & Tabbara. (2023). Welfare in Canada, 2022.
- ²⁰⁰ Government of Canada. (2022). Disability benefits. <https://tinyurl.com/tnekbv7>
- ²⁰¹ Parliament of Canada. (2023). Bill C-22: Canada Disability Benefit Act.
- ²⁰² Accessible Canada Act, S.C. 2019, c. 10. <https://laws-lois.justice.gc.ca/PDF/A-0.6.pdf>
- ²⁰³ Employment and Social Development Canada. (2023, June 23). Landmark Canada disability benefit legislation receives royal assent [Press release]. <https://tinyurl.com/2p9eypju>
- ²⁰⁴ Canadian Mental Health Association. (2023, June 27). Details are vague as Parliament enacts new Canada disabilities benefit.
- ²⁰⁵ Department of Finance Canada. (2023a)
- ²⁰⁶ Government of Yukon. (2023). Apply for an allowance to supplement your social assistance. <https://tinyurl.com/yc2y4p89>
- ²⁰⁷ Mental Health Commission of Canada. (2017). Strengthening the case for investing in Canada’s mental health system: Economic considerations. <https://tinyurl.com/yfasfr6s>
- ²⁰⁸ Vasiliadis, H.-M., Dezetter, A., Latimer, E., Drapeau, M., & Lesage, A. (2017). Assessing the costs and benefits of insuring psychological services as part of medicare for depression in Canada. *Psychiatric Services*, 68(9), 899-906. <https://doi.org/10.1176/appi.ps.201600395>
- ²⁰⁹ Layard, R., & Clark, D. M. (2015). Why more psychological therapy would cost nothing. *Frontiers in Psychology*, 6, Article 1713. <https://doi.org/10.3389/fpsyg.2015.01713>
- ²¹⁰ Goffin, P. (2016, December 29). Timely, affordable mental health therapy out of reach for many. *Toronto Star*. <https://tinyurl.com/8bhtrkty>
- ²¹¹ Goffin. (2016, December 29).
- ²¹² Goffin. (2016, December 29).

-
- ²¹³ Canadian Mental Health Association (Ontario). (n.d.). *Addressing mental health and addictions needs in primary care*. <https://tinyurl.com/ydvuywyp>
- ²¹⁴ Duong, D., & Vogel, L. (2023). National survey highlights worsening primary care access. *Canadian Medical Association Journal*, 95(16), E592-E593. <https://www.doi.org/10.1503/cmaj.1096049>
- ²¹⁵ Duong & Vogel. (2023).
- ²¹⁶ Mental Health Commission of Canada & Canadian Centre on Substance Use and Addiction. (2021).
- ²¹⁷ Mental Health Research Canada. (2023). *National poll on Canadian mental health: 17 studies in an ongoing series*.
- ²¹⁸ Mental Health Commission of Canada. (2022a). *The time is now: Considerations for a national psychotherapy program*. <https://tinyurl.com/ykpmcjyn>
- ²¹⁹ Mental Health Commission of Canada. (2022a). *The time is now: Considerations for a national psychotherapy program*.
- ²²⁰ Bartram, M., Leslie, K., Atanackovic, J., Tulk, C., Chamberland-Rowe, C., & Bourgeault, I. L. (2023). Out from the shadows: What health leaders should do to advance the mental health and substance use health workforce. *Healthcare Management Forum*, 36(1), 42-48. <https://doi.org/10.1177/08404704221112035>
- ²²¹ Canadian Psychological Association. (2023). *Employees, employers and the evidence: The case for expanding coverage for psychological services in Canada*. <https://tinyurl.com/2jp4tw6t>
- ²²² Canadian Psychological Association. (2023). *Employees, employers and the evidence: The case for expanding coverage for psychological services in Canada*. <https://tinyurl.com/2jp4tw6t>
- ²²³ Department of Finance Canada. (2023a).
- ²²⁴ Prime Minister of Canada. (2023, February 7). *Working together to improve health care for Canadians*. <https://tinyurl.com/2mjez8nc>
- ²²⁵ Bartram, M. (2017). Making the most of the federal investment of \$5 billion for mental health. *Canadian Medical Association Journal*, 189(44), E1360-E1363. <https://doi.org/10.1503/cmaj.170738>
- ²²⁶ Government of Nunavut. (n.d.). 2023-24 Budget highlights. <https://tinyurl.com/mw59cahj>
- ²²⁷ City of Ottawa. (2023). Draft Budget 2023 – At a glance. <https://tinyurl.com/ye2xeyxm>
- ²²⁸ Public Health Agency of Canada. (2011). *Reducing health inequalities: A challenge for our times*. https://publications.gc.ca/collections/collection_2012/aspc-phac/HP35-22-2011-eng.pdf
- ²²⁹ National Collaborating Centre for Determinants of Health. (2013).
- ²³⁰ Mental Health Commission of Canada. (2023). *Toward an integrated and comprehensive equity framework for mental health policy and programming: Needs assessment report*. <https://tinyurl.com/5b3x6uca>
- ²³¹ Mitrou, F., Cooke, M., Lawrence, D., Povah, D., Mobilia, E., Guimond, E., & Zubrick, S. E. (2014). Gaps in Indigenous disadvantage not closing: A census cohort study of social determinants of health in Australia, Canada, and New Zealand from 1981-2006. *BMC Public Health*, 14, Article 201. <https://doi.org/10.1186/1471-2458-14-201>
- ²³² The Borgen Project. (2023, June 7). *Understanding the underlying factors of Indigenous poverty in Canada*. <https://borgenproject.org/indigenous-poverty-in-canada-2/>
- ²³³ Ontario Association of Children's Aid Societies. (n.d.). *Poverty and child welfare*. <https://oacas.libguides.com/>
- ²³⁴ Wilson, D. (2021). *Income inequality and Indigenous peoples in Canada*. <https://tinyurl.com/249rej9s>
- ²³⁵ Kitching, G. T., Firestone, M., Schei, B., Wolfe, S., Bourgeois, C., O'Campo, P., Rotondi, M., Nisenbaum, R., Maddox, R., & Smylie, J. (2019). Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada. *Canadian Journal of Public Health*, 111, 40-49. <https://doi.org/10.17269/s41997-019-00242-z>
- ²³⁶ Phillips-Beck, W., Eni, R., Lavori, J. G., Katz, A., Kinew, K. A., Achan, G. K., & Katz, A. (2020). Confronting racism within the Canadian healthcare system: Systemic exclusion of First Nations from quality and consistent care. *International Journal of Environmental Research and Public Health*, 17(22), Article 8343. <https://doi.org/10.3390/ijerph17228343>
- ²³⁷ Hahmann, T. (2021). *Changes to health, access to health services, and the ability to meet financial obligations among Indigenous people with long-term conditions or disabilities since the start of the COVID-19 pandemic*. Statistics Canada. <https://tinyurl.com/3kxmzmt>
- ²³⁸ Mashford-Pringle, A., Skura, C., Stutz, S., & Yohathan, T. (2021). *What we heard: Indigenous People and COVID-19, Supplementary report for the Chief Public Health Officer of Canada's Report on the state of public health in Canada*. Waakebiness-Bryce Institute for Indigenous Health & Dalla Lana School of Public Health, University of Toronto. <https://tinyurl.com/2jhm8rd7>

-
- ²³⁹ Statistics Canada. (2022). *Disaggregated trends in poverty from the 2021 Census of Population*. <https://tinyurl.com/mrtpjs5k>
- ²⁴⁰ Kessler, A., & Quinless, J. (2022). *Income supports and Indigenous peoples in B.C.: An analysis of gaps and barriers*. First Nations Leadership Council. <https://tinyurl.com/42cdyjsj>
- ²⁴¹ Mashford-Pringle, et al. (2021).
- ²⁴² Arriagada, P., Hahmann, T., & O'Donnell, V. (2020). *Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of COVID-19* (Catalogue no. 45280001). Statistics Canada. <https://tinyurl.com/2ftx9bzu>
- ²⁴³ Sawchuk, J. (2020). Social conditions of Indigenous peoples in Canada. *Canadian Encyclopedia*. <https://www.thecanadianencyclopedia.ca/en/article/native-people-social-conditions>
- ²⁴⁴ Richmond, C., Steckley, M., Neufeld, H., Kerr, R. B., Wilson, K., & Dokis, B. (2020). First Nations food environments: Exploring the role of place, income, and social connection. *Current Developments in Nutrition*, 4(8), Article NZAA108. <https://doi.org/10.1093/cdn/nzaa108>
- ²⁴⁵ Batel, M., Chan, H. M., Fediuk, K., Ing, A., Bertie, P. R., Mercille, G., Sadik, T., & Johnson-Down, L. (2021). First Nations households living on-reserve experience food insecurity: Prevalence and predictors among ninety-two First Nations communities across Canada. *Canadian Journal of Public Health*, 112, 52-63. <https://doi.org/10.17269/s41997-021-00491-x>
- ²⁴⁶ Leblanc-Laurendeau, O. (2020). *Food insecurity in Northern Canada: An overview* (Publication No. 2020-47-E). Library of Parliament. <https://tinyurl.com/33my3sc7>
- ²⁴⁷ Food Banks Canada. (2023). *Northern food insecurity*. <https://tinyurl.com/54fjfdsd>
- ²⁴⁸ Tranter, E. (2021, March 26). "My people need help." Nunavut MP's report on housing decries living conditions. Canadian Press. <https://tinyurl.com/356xc4c2>
- ²⁴⁹ Statistics Canada. (2022). *Housing conditions among First Nations people, Métis and Inuit in Canada from the 2021 census*. <https://tinyurl.com/5ajun3ee>
- ²⁵⁰ Lafferty, K. (2022, July 16). *I grew up in Northern public housing. The system does not work for Indigenous people*. CBC News. <https://www.cbc.ca/news/canada/north/first-person-katlia-lafferty-1.6519337>
- ²⁵¹ Bellemare, A. (2022, June 25). *No land? No loan. Why it can be hard to borrow money from a bank if you live on reserve*. CBC News. <https://tinyurl.com/5b4bytbj>
- ²⁵² U Multicultural Channel. (2021). *Higher cost of living in remote communities*. <https://tinyurl.com/4dy5np7f>
- ²⁵³ Leblanc-Laurendeau, O. (2020). *Food insecurity in Northern Canada: An overview*.
- ²⁵⁴ Robinson, A. (2014). *Paradox in the land of plenty: Issues of food security in Brooks, Alberta*. University of Alberta: Alberta Centre for Sustainable Rural Communities. <https://tinyurl.com/38pyw7cr>
- ²⁵⁵ National Alliance to End Rural and Remote Homelessness. (2021). *A call for strategic investments to end homelessness in rural and remote communities across Canada*. <https://tinyurl.com/49ms35yv>
- ²⁵⁶ Hasdell, R., Kurrein, M., & Lau, H. (2022). *Food security policy brief: Rural, remote and Indigenous food security in BC*. BC Centre for Disease Control. <https://tinyurl.com/dp4dcy54>
- ²⁵⁷ Monkman, L. (2022, March 7). *Rising food and gas prices a big concern for northern Manitoba First Nations already feeling the pinch*. CBC News. <https://tinyurl.com/d3cmuk78>
- ²⁵⁸ Vodden, K., & Cunsolo, A. (2021). Chapter 3: Rural and remote communities. In F. Warren & N. Lulham (Eds.). *Canada in a changing climate: National issues report* (Catalogue no. M174-24/2021E-PDF). Government of Canada. <https://tinyurl.com/ypxsr5xh>
- ²⁵⁹ Monkman. (2022, March 7). *Rising food and gas prices a big concern for northern Manitoba First Nations already feeling the pinch*.
- ²⁶⁰ Kent, K., Alston, L., Murray, S., Honeychurch, B., & Visentin, D. (2022). The impact of the COVID-19 pandemic on rural food security in high income countries: A systematic literature review. *International Journal of Environmental Research and Public Health*, 19(6), Article 3235. <https://doi.org/10.3390/ijerph19063235>
- ²⁶¹ Sciarpelletti, L. (2022, December 16). *Northern Saskatchewan residents say they are struggling after inflation doubles already high grocery prices*. CBC News. <https://tinyurl.com/bdff2m63>
- ²⁶² El Gharib, S. (2022, July 21). *Why food is so expensive on First Nations reserves in Canada*. <https://www.globalcitizen.org/en/content/why-food-is-so-expensive-on-first-nations-reserves/>
- ²⁶³ National Alliance to End Rural and Remote Homelessness. (2021). *A call for strategic investments to end homelessness in rural and remote communities across Canada*.
- ²⁶⁴ Bellantoni, S. (2023, April 16). *U of G professor proposes national survey for rural communities*. Guelph Today. <https://tinyurl.com/ck6jdyru>

-
- ²⁶⁵ Barry, R., Rehm, J., de Oliviera, C., Gozdyra, P., Chen, S., & Kurdyak, P. (2021). Rurality as a risk factor for attempted suicide and death by suicide in Ontario, Canada. *Canadian Journal of Psychiatry*, 67(9), 681-691. <https://doi.org/10.1177/07067437211053300>
- ²⁶⁶ MacLeod, M. L. P., Penz, K. L., Banner, D., Jahner, S., Koren, I., Thomlinson, A., Moffitt, P., & Labrecque, M. E. (2022). Mental health nursing practice in rural and remote Canada: Insights from a national survey. *International Journal of Mental Health Nursing*, 31(1), 128-141. <https://doi.org/10.1111/inm.12943>
- ²⁶⁷ Mental Health Commission of Canada. (2021c). *The impact of COVID-19 on rural and remote mental health and substance use*. <https://tinyurl.com/bdzd76zz>
- ²⁶⁸ Baker, R. (2022, July 20). Primary health care “collapsing” in B.C. rural communities, critics say. Canada’s National Observer. <https://tinyurl.com/mr2sc3pu>
- ²⁶⁹ Wilson, C. R., Rourke, J., Oandasan, I. F., & Bosco, C. (2020). Progress made on access to rural health care in Canada. *Canadian Family Physician*, 66(1), 31-36. <https://www.cfp.ca/content/66/1/31>
- ²⁷⁰ Kulkarni, A. (2023, January 21). *The high costs of a health-care crisis in rural B.C.* CBC News. <https://www.cbc.ca/news/canada/british-columbia/rural-bc-healthcare-closures-impact-1.6721391>
- ²⁷¹ Varcoe, C., Browne, A. J., Bungay, V., Perrin, N., Wilson, E., Wathen, C. N., Byres, D., & Price, E. R. (2022). Through an equity lens: Illuminating the relationships among social inequities, stigma and discrimination, and patient experiences of emergency health care. *International Journal of Social Determinants of Health and Health Services*, 52(2), 246-260. <https://doi.org/10.1177/00207314221075515>
- ²⁷² Block, S., Galabuzi, G.-E., & Tranjan, R. (2019). *Canada’s colour coded income inequality*. Canadian Centre for Policy Alternatives. <https://tinyurl.com/yw5w4htc>
- ²⁷³ Conference Board of Canada. (n.d.). *Racial wage gap*. <https://tinyurl.com/3yxcpky>
- ²⁷⁴ Mental Health Commission of Canada. (2016). *The case for diversity: Building the case to improve mental health services for immigrant, refugee, ethno-cultural and racialized populations*. <https://tinyurl.com/yvaa4mr>
- ²⁷⁵ Mental Health Commission of Canada. (2019). *Immigrant, refugee, ethnocultural and racialized populations and the social determinants of health: A review of 2016 census data* <https://tinyurl.com/kpdvcwce>
- ²⁷⁶ Statistics Canada. (2020). *Canada’s Black population: Education, labour and resilience* (Catalogue no. 89-657-X2020002). <https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2020002-eng.htm>
- ²⁷⁷ Sanford, S., Um., S.-G., Tolentino, M., Raveendran, L., Kharpal, K., Weston, N. A., & Roche, B. (2022). *The impact of COVID-19 on mental health and well-being: A focus on racialized communities in the Greater Toronto Area*. <https://tinyurl.com/2hc96a6c>
- ²⁷⁸ Centre for Addiction and Mental Health. (2022).
- ²⁷⁹ Springer, A. (2021, March 2). *Living in colour: Racialized housing discrimination in Canada*. Homeless Hub. <https://www.homelesshub.ca/blog/living-colour-racialized-housing-discrimination-canada>
- ²⁸⁰ Khan, Z., & Labrecque, S. (2022, August 11). *We need to better understand how racialized minorities are being hit by inflation*. Policy Options. <https://tinyurl.com/2k96jnn2>
- ²⁸¹ Alsharif, G. (2023, March 18). “State of shock”: As Canada ramps up immigration, unsuspecting newcomers are running into inflation shock from soaring prices. *Toronto Star*. <https://tinyurl.com/yckyt9de>
- ²⁸² Statistics Canada. (2022). *Persons living with housing problems, by select housing-vulnerable populations and affordability, suitability, adequacy and core housing need indicators* (Table no. 46-10-0068-01). <https://tinyurl.com/3rw7rj36>
- ²⁸³ Statistics Canada. (2023b).
- ²⁸⁴ Hayes, M. (2023, April). Refugees, asylum seekers make up nearly a third of Toronto’s shelter population. *Globe and Mail*. <https://tinyurl.com/5bxsnr26>
- ²⁸⁵ Jones, R. P. (2023, June 15). *Asylum seekers sleeping on Toronto streets as at-capacity city shelters overwhelmed*. CBC News. <https://www.cbc.ca/news/canada/toronto/refugee-asylum-seeker-shelters-1.6876287>
- ²⁸⁶ Kaur, H., Saad, A., Magwood, O., Alkhateeb, Q., Matthew, C., Khalaf, G., & Pottie, K. (2021). Understanding the health and housing experiences of refugees and other migrant populations experiencing homelessness or vulnerable housing: A systematic review using GRADE-CERQual. *Canadian Medical Association Journal*, 9(2), E681-E692. <https://doi.org/10.9778/cmajo.20200109>
- ²⁸⁷ Matthew, M. (2022, November 12). *Racialized communities worst affected by rising food insecurity*. New Canadian Media. <https://tinyurl.com/4bau343f>
- ²⁸⁸ Alsharif, G. (2023, March 18). “State of shock”: As Canada ramps up immigration, unsuspecting newcomers are running into inflation shock from soaring prices.

-
- ²⁸⁹ PROOF. (2023). *New data on household food insecurity in 2022*. <https://tinyurl.com/3xp4dkup>
- ²⁹⁰ Toronto Foundation. (2021). *Toronto's vital signs: 2021 report*. <https://tinyurl.com/4pz43uhb>
- ²⁹¹ Yousif, N. (2022, May 15). Requests for mental health care higher than ever for racialized communities hardest hit by COVID-19. *Toronto Star*. <https://tinyurl.com/5e95vxee>
- ²⁹² Public Health Agency of Canada. (2022). *Inequalities in health of racialized adults in Canada*. Pan-Canadian Health Inequalities Reporting Initiative. <https://tinyurl.com/237mhzpt>
- ²⁹³ Thompson, E., Edjoc, R., Atchessi, N., Striha, M., Gabrani-Juma, I., & Dawson, T. (2021). COVID-19: A case for the collection of race data in Canada and abroad. *Canadian Communicable Disease Report*, 47(7/8), 300-304. <https://doi.org/10.14745/ccdr.v47i78a02>
- ²⁹⁴ Yousif, N. (2022, May 15). Requests for mental health care higher than ever for racialized communities hardest hit by COVID-19.
- ²⁹⁵ Khan & Labrecque. (2022, August 11). *We need to better understand how racialized minorities are being hit by inflation*. 2022.
- ²⁹⁶ Khan & Labrecque. (2022, August 11).
- ²⁹⁷ Prokopenko, E., & Kevins, C. (2020). *Vulnerabilities related to COVID-19 among LGBTQ2+ Canadians* (Catalogue no. 452800001). Statistics Canada. <https://tinyurl.com/4cww8jah>
- ²⁹⁸ Lourenco, D. (2021, August 13). *Researchers confirm substantial income disparities among lesbian, gay and bisexual Canadians*. CTV News. <https://tinyurl.com/5jwk3ma7>
- ²⁹⁹ Sequi, J. (2022, July 28). *Towards health equity in the LGBTQ2S+ community: Considerations for social work practice and creating LGBTQ2S+-positive spaces*. University of British Columbia. <https://tinyurl.com/s4abf7bu>
- ³⁰⁰ Canada Mortgage and Housing Corporation. (2022, June 15). *2SLGBTQIA+ housing needs and challenges*. *Housing Observer*. <https://www.cmhc-schl.gc.ca/blog/2022/2slgbtqia-housing-needs-challenges>
- ³⁰¹ Kia, H., Robinson, M., MacKay, J., & Ross, L. E. (2019). Poverty in lesbian, gay, bisexual, transgender, queer, and two-spirit (LGBTQ2S+) populations in Canada: An intersectional review of the literature. *Journal of Poverty and Social Justice* 28(1), 21-54. <https://doi.org/10.1332/175982719X15687180682342>
- ³⁰² Ottawa Community Food Partnership. (n.d.). *Food insecurity within the 2SLGBTQIA+ community*. <https://ottawacommunityfoodpartnership.ca/news/food-insecurity-within-the-2slgbtqia-community>
- ³⁰³ Mental Health Commission of Canada & Canadian Centre on Substance Use and Addiction. (2022). *Mental health and substance use during COVID-19: Spotlight on 2SLGBTQ+ communities in Canada*. <https://tinyurl.com/yh8w9y97>
- ³⁰⁴ Mental Health Commission of Canada & Canadian Centre on Substance Use and Addiction. (2022). *Mental health and substance use during COVID-19: Spotlight on 2SLGBTQ+ communities in Canada*.
- ³⁰⁵ Egale. (2020). *Impact of COVID-19: Canada's LGBTQI2S community in focus*. <https://tinyurl.com/h6kynzn8>
- ³⁰⁶ Abramovich, A., Pang, N., Moss, A., Logie, C. H., Chaiton, M., Kidd, S. A., & Hamilton, H. A. (2021). Investigating the impacts of COVID-19 among LGBTQ2S youth experiencing homelessness. *PLOS ONE*, 16(9), Article e0257693. <https://doi.org/10.1371/journal.pone.0257693>
- ³⁰⁷ Abramovich et al. (2021). Investigating the impacts of COVID-19 among LGBTQ2S youth experiencing homelessness.
- ³⁰⁸ Egale. (2020). *Impact of COVID-19: Canada's LGBTQI2S community in focus*.
- ³⁰⁹ Maheshwari-Aplin, P. (2023). How the cost of living crisis is forcing LGBTQ+ people to make impossible choices. *Gal-Dem*. <https://gal-dem.com/cost-of-living-crisis-lgbtq/>
- ³¹⁰ Baker, R. (2019, July 30). *How being trans can make food bank access a challenge*. CBC News. <https://www.cbc.ca/news/canada/british-columbia/east-vancouver-food-bank-safe-space-1.5227572>
- ³¹¹ Maheshwari-Aplin. (2023). How the cost of living crisis is forcing LGBTQ+ people to make impossible choices.
- ³¹² Senett, K. (2021, February 11). *The financial cost of being LGBTQ2S in Canada* [Press release]. Morningstar. <https://www.morningstar.ca/ca/news/209486/the-financial-cost-of-being-lgbtq2s-in-canada.aspx>
- ³¹³ Lee, C. (2021, August 6). *LGBTQ community turns to shared accommodations to build safe living spaces*. *Globe and Mail*. <https://tinyurl.com/y547x2j2>
- ³¹⁴ Public Service Alliance of Canada. (2020). *Examining the impacts of COVID-19 on the LGBTQ2+ community*. <https://psacunion.ca/examining-impacts-covid-19-lgbtq2-community>
- ³¹⁵ *Health of those in the 2SLGBTQ+ community disproportionately affected by COVID-19 pandemic*. (2022, June 8). *City News*. <https://tinyurl.com/2s3489u8>
- ³¹⁶ Joy. (2022, September 13). *Food insecurity during COVID-19: 2SLGBTQ+ people talk about challenges and support*.

-
- ³¹⁷ Mental Health Commission of Canada. (2021c). *Mental health and substance use during COVID-19, Summary report 2: Spotlight on gender and household size*. <https://tinyurl.com/y76jb63w>
- ³¹⁸ Centre for Addiction and Mental Health. (2020). *COVID-19 pandemic adversely affecting mental health of women and people with children*. <https://tinyurl.com/u3yxcfef>
- ³¹⁹ Canadian Women's Foundation. (2022). *The facts: Women and pandemics*. <https://tinyurl.com/5n8msekm>
- ³²⁰ Ontario Association of Social Workers. (2023, March 8). *Poll uncovers surprising new data on COVID's far-reaching mental health impacts* [Press release]. <https://tinyurl.com/5n8b55ae>
- ³²¹ Scott, K. (2021). *Women, work and COVID-19, Priorities for supporting women and the economy* Canadian Centre for Policy Alternatives. <https://tinyurl.com/yc6dytmp>
- ³²² OECD. (2023). *Gender wage gap*. <https://data.oecd.org/earnwage/gender-wage-gap.htm>
- ³²³ Canadian Women's Foundation. (2022). *The facts about the gender pay gap*. <https://tinyurl.com/2y6y7v92>
- ³²⁴ Institute for Gender and the Economy. (n.d.). *Gender-based violence*. <https://tinyurl.com/yc3brjbf>
- ³²⁵ Canadian Women's Foundation. (2023). *The facts about gender-based violence*.
- ³²⁶ Women and Gender Equality Canada. (2022). *What is gender-based violence?* <https://tinyurl.com/4t5cnuse>
- ³²⁷ Canadian Women's Foundation. (2023). *The facts about gender-based violence*. <https://tinyurl.com/y7spa7ks>
- ³²⁸ Canadian Women's Foundation. (2023). *How gender-based violence impacts mental health*. <https://canadianwomen.org/blog/gender-based-violence-impacts-mental-health/>
- ³²⁹ Mental Health Commission of Canada. (2022b). *Mental health and suicide prevention in men* [Evidence brief]. <https://tinyurl.com/yj9be494>
- ³³⁰ Mental Health Commission of Canada. (2022b). *Mental health and suicide prevention in men*.
- ³³¹ Mental Health Commission of Canada. (2022b).
- ³³² Mental Health Commission of Canada. (2022b).
- ³³³ Ayano, G., Tsegay, L., Abraha, M., & Yohannes, K. (2019). *Suicidal ideation and attempt among homeless people: A systematic review and meta-analysis*. *Psychiatry Quarterly*, 90, Article 1904, 829-842. <https://doi.org/10.1007/s11126-019-09667-8>
- ³³⁴ Wade, M., Wright, L., & Finegold, K. E. (2022). *The effects of early life adversity on children's mental health and cognitive functioning*. *Translational Psychiatry*, 12, Article 244. <https://doi.org/10.1038/s41398-022-02001-0>
- ³³⁵ Mental Health Commission of Canada. (2021). *COVID-19 and early childhood mental health: Fostering systems change and resilience – Policy brief*. <https://tinyurl.com/y834vdsj>
- ³³⁶ Benton, T., Njoroge, W. F. M., & Ng, W. Y. K. (2022). *Sounding the alarm for children's mental health during the COVID-19 pandemic*. *JAMA Pediatrics*, 176(4), Article e216295. <https://doi.org/10.1001/jamapediatrics.2021.6295>
- ³³⁷ Mental Health Commission of Canada. (2021). *COVID-19 and early childhood mental health: Fostering systems change and resilience – Policy brief*.
- ³³⁸ Whitley, J., Beauchamp, M. H., & Brown, C. (2021). *The impact of COVID-19 on the learning and achievement of vulnerable Canadian children and youth*. *FACETS*, 6(1). <https://doi.org/10.1139/facets-2021-0096>
- ³³⁹ Mental Health Commission of Canada. (2020). *Lockdown life: Mental health impacts of COVID-19 on youth in Canada*. <https://tinyurl.com/4y66c5tw>
- ³⁴⁰ Statistics Canada. (2022, May 6). *Youth mental health in the spotlight again, as pandemic drags on*. *StatsCan Plus*. <https://www.statcan.gc.ca/01/en/plus/907-youth-mental-health-spotlight-again-pandemic-drags>
- ³⁴¹ Northcott, A. (2023, February 26). *Canadian teens still struggling with mental health even as pandemic wanes*. *CBC News*. <https://www.cbc.ca/news/health/canadian-teens-mental-health-1.6759486>
- ³⁴² Canadian Institute for Health Information. (2022, December 8). *More than half of young Canadians who sought mental health services said they weren't easy to access* [Press release]. <https://tinyurl.com/52emdykd>
- ³⁴³ Crawford, T. (2023, February 17). "The kids are not OK," says the Canadian Mental Health Association. *Vancouver Sun*. <https://vancouver.sun.com/news/local-news/canada-kids-mental-health-illness>
- ³⁴⁴ Alamgir, A., Nudel, S., & Abeshu, G. A. (2021). *Mental health issues affecting refugee youth in Canada who experienced family loss and separation in their country of origin*. *EC Emergency Medicine and Critical Care*, 5(7), 68-79. <https://tinyurl.com/e98hwf2a>
- ³⁴⁵ Jean, J., Bartlett, R., Desormeaux, M., & Norman, K. (2023). *Charting a course to a brighter future: Housing affordability and young people's major life decisions*. *Desjardins Insurance*. <https://tinyurl.com/ankbubh6>
- ³⁴⁶ Youthful Cities. (2023). *Can young people afford to live in Canadian cities?* *RBC Future Launch*. <https://tinyurl.com/ycxtjipm>

-
- ³⁴⁷ Polsky & Gilmour. (2020, December 16). *Food insecurity and mental health during the COVID-19 pandemic*.
³⁴⁸ PROOF. (n.d.).
- ³⁴⁹ Anderson, K. K., Clemens, K. K., Le, B., Zhang, L., Comeau, J., Tarasuk, V., & Shariff, S. Z. (2023). Household food insecurity and health service use for mental and substance use disorders among children and adolescents in Ontario, Canada. *Canadian Medical Association Journal*, 195(28), E948–E955.
<https://doi.org/10.1503/cmaj.230332>
- ³⁵⁰ Anderson, et al. (2023). Household food insecurity and health service use for mental and substance use disorders among children and adolescents in Ontario, Canada.
- ³⁵¹ Choi, K. H., & Ramaj, S. (2023). *Living arrangements and housing affordability issues of young adults in Canada: Differences by nativity status*. SocArXiv Papers. <https://doi.org/10.31235/osf.io/q9py3>
- ³⁵² Alani, E. (2022). Starting out as a young adult is incredibly expensive in 2022. We crunched the numbers. *Globe and Mail*. <https://tinyurl.com/4jf3h5ms>
- ³⁵³ Jean, et al. (2023). *Charting a course to a brighter future: Housing affordability and young people's major life decisions*.
- ³⁵⁴ Youthful Cities. (2023). *Can young people afford to live in Canadian cities?*
- ³⁵⁵ Youthful Cities. (2023).
- ³⁵⁶ Martin, J. C., & Lewchuk, W. (2018). *The generation effect: Millennials, employment precarity and the 21st century workplace*. McMaster University & Employment Precarity in Southern Ontario.
<https://tinyurl.com/3vvnvd32>
- ³⁵⁷ Statistics Canada. (2022, June 9). Rising prices are affecting the ability to meet day-to-day expenses for most Canadians. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/220609/dq220609a-eng.htm>
- ³⁵⁸ New funding provides opportunity to improve youth mental health [Editorial]. (2023, March 5). *Toronto Star*.
<https://tinyurl.com/muetk37f>
- ³⁵⁹ YMCA Canada. (2022). *Joint statement from members of the child and youth mental health sector and its stakeholders*. <https://tinyurl.com/ypc922pm>
- ³⁶⁰ Centre for Addiction and Mental Health. (2023). *Aging and mental health policy framework*.
<https://tinyurl.com/ezwftsua>
- ³⁶¹ Statistics Canada. (2021). *Impact of the COVID-19 pandemic on Canadian seniors* (Catalogue no. 75-006-X).
<https://www150.statcan.gc.ca/n1/pub/75-006-x/2021001/article/00008-eng.htm>
- ³⁶² Cook, S. (2022, March 11). *Seniors facing tough choices as the cost of living rises, advocates say*. CBC News.
<https://tinyurl.com/4du83kww>
- ³⁶³ Stephenson, A. (2022, August 17). *Canadian seniors feeling increased isolation as high inflation takes toll*. Canadian Press. <https://globalnews.ca/news/9065438/canada-inflation-seniors-isolation/>
- ³⁶⁴ Mental Health Commission of Canada. (2021d). *Applying the guidelines for comprehensive mental health services for older adults in Canada during COVID-19*. <https://tinyurl.com/5bxmaend>
- ³⁶⁵ Stephenson. (2022, August 17). *Canadian seniors feeling increased isolation as high inflation takes toll*.
- ³⁶⁶ Mental Health Commission of Canada. (2021d). *Applying the guidelines for comprehensive mental health services for older adults in Canada during COVID-19*.
- ³⁶⁷ Stephenson. (2022, August 17).
- ³⁶⁸ Cook. (2022, March 11). *Seniors facing tough choices as the cost of living rises, advocates say*.
- ³⁶⁹ Watts, R. (2022). *How is the cost of living crisis affecting unpaid care?* Economics Observatory.
<https://www.economicsobservatory.com/how-is-the-cost-of-living-crisis-affecting-unpaid-care>
- ³⁷⁰ Mental Health Commission of Canada. (2013). *National guidelines for a comprehensive service system to support family caregivers of adults with mental health problems and illnesses*. <https://tinyurl.com/2my8vez5>
- ³⁷¹ Smith, M., & Kuretich, C. (2023). *Informal caregiving: Measuring the cost and reducing the burden*. SOA Research Institute. <https://tinyurl.com/bdek26v2>
- ³⁷² Smith & Kuretich. (2023). *Informal caregiving: Measuring the cost and reducing the burden*.
- ³⁷³ Kerr, N. (2021). *Family caregivers spend more than \$7,200 a year on out-of-pocket costs*. AARP.
<https://www.aarp.org/caregiving/financial-legal/info-2021/high-out-of-pocket-costs.html>
- ³⁷⁴ Watts. (2022). *How is the cost of living crisis affecting unpaid care?*
- ³⁷⁵ Mental Health Commission of Canada. (2013). *National guidelines for a comprehensive service system to support family caregivers of adults with mental health problems and illnesses*.
- ³⁷⁶ National Business Group on Health. (2018). *The impact of caregiving on work*. <https://tinyurl.com/ycxzkn5v>
- ³⁷⁷ Department of Finance Canada. (2023a).

-
- ³⁷⁸ Department of Finance Canada. (2023b). *Budget 2023 impacts report*. <https://tinyurl.com/4tcuv5uw>
- ³⁷⁹ Public Health Agency of Canada. (2023). *Government of Canada announces \$3 million to support the mental health of Black communities* [Backgrounder]. <https://tinyurl.com/wa73dh33>
- ³⁸⁰ Immigration, Refugees and Citizenship Canada. (2023, July 18). *More federal housing support for asylum claimants* [Press release]. <https://tinyurl.com/4ys8n6ym>
- ³⁸¹ Department of Finance Canada. (2022a).
- ³⁸² Department of Finance Canada. (2023a).
- ³⁸³ Canadian Institutes of Health Research. (2022, November 28). *The Government of Canada and partners establish a Canada-wide network to support integrated mental health and substance use services for youth*. <https://tinyurl.com/3fmy5ux5>
- ³⁸⁴ Department of Finance Canada. (2023a).



Mental Health Commission
of Canada Commission de
la santé mentale
du Canada

Mental Health Commission of Canada, 2023

Suite 1210, 350 Albert Street
Ottawa, ON. K1R 1A4

Tel: 613.683.3755

Fax: 613.798.2989

 @MHCC_  /theMHCC

 /1MHCC  @theMHCC

 /Mental Health Commission of Canada

 /theMHCC