



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

High Cost of Living and Mental Health Webinar

Follow up Questions and Answers



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Acknowledgements

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 respectful relationship with the First Peoples.

Follow up Questions and Answers

1. What more can be done for seniors in terms of mental health and the social determinants of health, such as income supports and affordable housing?

We know that for many older adults living in the community the cost of aging in place has grown, including medical, housing, and food expenditures. These increased costs are associated with increased need for mental health services and support, including the devices required to access virtual services. Older adults living on fixed incomes often have a limited ability to accommodate increased costs and may be forced to cut their spending in other areas. Increased 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 communities, 2SLGBTQ+ communities, and newcomer communities.

Key policy strategies for narrowing equity gaps include:

- co-creating distinct policies with specific population groups
- strengthening the governance and use of demographic data to monitor equity impacts
- securing funding that is equitably distributed, flexible, predictable, and inclusive to support diverse communities in designing and implementing policies and programs that meet their unique needs

2. There are many barriers to accessing mental health and other supports like affordable housing in rural communities. Barriers include a lack of internet access, transportation, and resources. Are there any recommendations to provide more support to rural communities across the province?

In 2022, the Mental Health Commission of Canada (MHCC) released a policy brief entitled [The Impact of COVID-19 on Rural and Remote Mental Health and Substance Use](#) with policy recommendations on improving access across Canada. The MHCC continues to work with communities, researchers, and community organizations on research and policy related to mental health in rural and remote areas.

3. How can the federal government improve their policies to support immigrants and refugees? Uncertainty, isolation, accessing housing, and finding employment are among the many barriers newcomers are facing, as well as a lack of access to mental health supports.

The impact of the high cost of living on immigrants and refugees is explored in the policy brief in terms of barriers to accessing affordable and suitable housing, food security, and mental health. Key policy strategies across all levels of government for addressing the needs of immigrants and refugees include increasing data collection,

providing more income supports, addressing the social determinants of health, and investing in community-based resources.

The MHCC has published several reports addressing ways of improving mental health supports to these populations, including:

- [Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups](#)
- [The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations](#)
- [Supporting the Mental Health of Refugees to Canada](#)
- [Immigrant, refugee, ethnocultural and racialized populations and the social determinants of health: A Review of 2016 Census Data](#)

Many of the policy recommendations around immigrant and refugee mental health and service access from these reports are still relevant. The MHCC continues to be involved in initiatives to expand access to mental health services for immigrant and refugee populations, such as the project described in [Culturally Adapted Cognitive Behavioural Therapy For Canadians of South Asian Origin: A Research Study](#).

4. Would universal pharmacare help address some of the impacts of the high cost of living?

The details of new pharmacare legislation are currently being negotiated. Several reports including one from Toronto Public Health and Wellesley Institute, [Finding the Way Forward: Equitable Access to Pharmacare in Ontario](#), state that universal pharmacare would reduce health inequities for people living in poverty or those experiencing poor health. [The Canadian Union of Public Employees' 2023 survey](#) found that 7.5 million Canadians cannot afford medication because they don't have insurance or their medication is not covered by their insurance, and 1 million people cut back on food and heating to pay for medication. Many people also report that because of a lack of insurance they have either not been able to pay for at least one prescription or have not taken their medicine as instructed because of its cost. When considering various models of drug coverage across Canada, Toronto Public Health and Wellesley Institute found that the most equitable drug coverage model is a national universal single-payer pharmacare, which could address some of the impacts of the high cost of living, such as higher drug prices, and the choice that people need to make between paying for prescription drugs or other essential goods.

5. In terms of private mental health care, most insurance companies only support services provided by psychologists and social workers. Would it be helpful to have insurance companies cover all mental health services? Would this reduce wait times?

The MHCC has released several reports on this issue, including [Extended Mental Health Benefits in Canadian Workplaces: Employee and Employer Perspectives](#) and [Options for](#)

[improving access to counselling, psychotherapy and psychological services for mental health problems and illnesses](#). Private insurers have historically covered mental health services provided by psychologists and social workers, but services provided by other practitioners are increasingly eligible for coverage from private extended health benefit (EHB) plans (p. 3).¹ Further, many companies and organizations have been expanding the amount of coverage for services from mental health professionals. There could also be a role for expanding workplace programs to include mental health training, psychological safety standards, and peer support programs.

While workplace-based EHB plans play an important role in increasing accessibility to mental health services for many people living in Canada, they often do not adequately meet people's need for coverage. Provincial psychological associations estimate that clients pay out of their own pockets for private psychological services between five and 39 per cent of the time (p. 4).¹ Additionally, many workers in Canada may not have access to EHB plans, including those working on contract, those working part-time, and those employed by smaller companies.

In summary, continuing to expand private health benefit plans and workplace programs is important as these are essential resources across the mental health system. However, improvements still need to be made across both the private and public sectors so that all people living in Canada can access mental health services and supports in a timely way.

¹ Mental Health Commission of Canada and Canadian Psychological Association. (2022). *Extended mental health benefits in Canadian workplaces: Employee and employer perspectives* [Research report]. <https://mentalhealthcommission.ca/wp-content/uploads/2022/05/Extended-Mental-Health-Benefits-in-Canadian-Workplaces-Employee-and-Employer-Perspectives-Research-Report.pdf>



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

Mental Health Commission of Canada, 2024

Suite 1210, 350 Albert Street

Ottawa, ON. K1R 1A4

Tel: 613.683.3755

Fax: 613.798.2989

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 /Mental Health Commission of Canada

 /theMHCC