



Written Response: Roundtable discussion on “Mental Health, Substance Abuse, and Addiction Parity in Canada across the Lifespan”

September 2024

Response

Mental health, substance abuse, and addiction parity can include a wide range of initiatives and approaches, but at its core it is about correcting long-standing inequities in terms of esteem, access, funding, and treatment. The Canadian Mental Health Association defines parity as “[the notion that mental health should have equal status with physical health within health-care systems](#)”. For too long this has not been the case. Mental illness has long been underrepresented and marginalized within the healthcare system. The unbalanced focus on physical health has contributed to what is in many ways a two-tiered system. As a result, there are significant barriers to accessing timely, affordable and appropriate care for mental health, substance abuse and addiction concerns.

In any given year, [1 in 5 people](#) in Canada will personally experience a mental health problem or illness. There has been a significant rise in the number of Canadians, and young Canadians in particular, struggling with their mental health in recent years. Mental health problems are common among children and youth. While rates were rising even before the COVID-19 pandemic, its widespread impacts on child and youth mental health are still very prevalent today. [In 2020, Kids Help Phone reported twice as many interactions across Canada compared with 2019, and nearly 1 in 4 hospitalizations of children and youth aged 5-24 were for mental health conditions](#). Yet while emotional, behavioural and psychosocial problems serious enough to disrupt functioning and development affect approximately [1.2 million children and youth in Canada, fewer than 20% receive appropriate treatment](#). Consequently, the unmet mental health care needs in Canada are substantial and only likely to continue to grow.

Foundational to advancing mental health parity and reducing unmet mental health care needs is a recognition of the importance of early intervention. Timely and appropriate care can have life-long impacts on health and well-being, especially given that most mental health disorders reported in young adults start in childhood and adolescence. Children and youth often face even longer wait lists for accessing mental health care than the adult population, despite having shorter windows for intervention. Children and youth who are recent immigrants or refugees, BIPOC, and/or who live in rural or remote communities are even less likely than their peers to receive appropriate mental health care and are more likely to use services like emergency rooms when in crisis.

Early intervention through accessible, evidence-based treatments can help mitigate long-term disabilities and support academic and occupational success. Improved access to publicly funded, community-based mental health services can reduce the likelihood of mental health concerns reaching a point of crisis. Acting now to recognize mental health parity and invest in right-sizing our healthcare system to appropriately prioritize the mental health needs of children and youth is therefore essential.

The significant financial costs associated with accessing mental health care in Canada exacerbates inequities, particularly for those with no or inadequate insurance coverage. Without a specific inclusion of mental health within the *Canada Health Act*, the provision and coverage of mental health care is significantly more limited than most physical healthcare coverage. Consequently, mental health care is far from universal and access to professional supports and services outside of hospital settings can be extremely limited and accompanied by long wait lists and significant out-of-pocket expenses.

Mental and physical health are deeply intertwined. However, the Canadian healthcare system is not currently designed to adequately reflect or respond to this reality. The resulting imbalance has

contributed to chronic underfunding, weaker legislation and regulations, and less monitoring and evaluation. Fragmented services and supports, insufficient accountability measures, and inequitable access to quality, affordable and timely mental health care have left many languishing for years with little improvement to well-being.

To raise the level of consciousness about mental health, substance abuse and addiction parity, one of the most important steps is to continue the work of dismantling the societal stigmas associated with seeking and receiving care. While significant progress has been made in recent years, there is still a lot of work left to be done. Efforts to raise awareness about the prevalence of these issues and the associated unmet health care needs is important. The stigma that surrounds mental illness often impacts how we acknowledge and advance treatment, and the illnesses themselves can prevent individuals from seeking care or self-advocating. Initiatives to help see, understand and personalize mental health, substance use, and addiction issues will raise the level consciousness about mental health parity and its ethical and practical importance amongst the general public and decision-makers.

To close the gap between mental and physical healthcare, greater investments in education, research and training programs are needed. Funding and supporting the delivery of targeted educational resources and training programs in mental health to improve the skills, confidence and competencies of healthcare professionals is an important tool for raising awareness and strengthening the capacity of the healthcare system to provide essential supports and services. Educational initiatives and training for clinicians will also help to improve access to care and reduce long wait times for specialized clinicians such as psychiatrists. [Up to 80% of Canadians rely on their family physician to meet their mental health needs, but only 23% of family doctors report feeling well prepared to treat severe mental health problems.](#) Responding to the rising need for community-based mental health care by investing in educational and training opportunities for clinicians is therefore an important step towards strengthening mental health care and reducing access barriers.

Greater collaboration and meaningful efforts to centre the voices of those with lived experience is also crucial to raising awareness and appropriately prioritizing mental health, substance abuse and addictions within the Canadian healthcare system. Those who are most impacted and those with the lowest social determinants of health are typically also those with the lowest opportunity to have their voices and perspectives heard. As such, every effort must be made to respect and elevate the voices of those with lived experience, their loved ones, and their advocates. Similarly, it is essential that expert committees, advisory panels, and other decision-making bodies ensure appropriate representation from mental health experts and clinicians. Without a seat at the table, it will continue to be far too easy for mental health considerations to be overlooked, or inadequately prioritized.

Furthermore, consultations towards the realization of mental health parity must be broad and reflective of the many jurisdictions and population groups involved. Roundtables such as this are an excellent first step and should continue, bringing more perspectives to the table as early as possible to guide decision-making and improve outcomes. Provincial and territorial governments must be leaders of this initiative, as healthcare is primarily within their jurisdiction. Flexible, transparent and meaningful engagement and collaboration across jurisdictions will therefore be essential. Recognizing the generational impacts of colonization and racism on the health of well-being of Indigenous peoples, First Nations, Inuit and Métis leaders will be particularly crucial partners to the success of any initiative and to ensuring that any action taken is effective, appropriate, and culturally sensitive.

Progress on advancing mental health, substance abuse, and addictions issues is intrinsically tied to the advancement of the social determinants of health, including food security, education, poverty, housing and safe environments. The federal government has an important role to play in advancing coordinated and multipronged action across these social determinants, sharing knowledge, and reducing silos that can undermine progress. Reflecting the breadth of action needed to truly realize mental health parity, the federal government can also help by strengthening and sharing disaggregated data (including data specifically focused on the mental health needs of children and youth), standardizing metrics, dedicating targeted federal funding alongside clear criteria and conditions, and strengthening monitoring and evaluation to better identify common problems and scale up solutions.

Legislating mental health parity would be a concrete measure through which to see an equal value placed on mental health and physical health and would help to foster greater collaboration and integration to improve overall quality of care. Formally enshrining mental health parity in legislation would:

- make clear that physical and mental health are of equal esteem,
- be an important accountability measure for governments, and
- establish meaningful criteria and principles for the provision of mental health care in Canada.

As the Senate of Canada looks to move this important issue forward, lessons can be learned from international jurisdictions that have already implemented mental health parity legislation and related measures to recognize the importance of reducing the imbalance between mental and physical health within their own systems. Looking to these examples and applying the knowledge gained from meaningful collaboration and consultation with provincial, territorial and Indigenous governments and a broad base of experts, partners, and interested parties will help to guide a way forward that works for the unique Canadian context.

To support children, youth, and their families, Canadians need a fully funded health care system with measurable targets that is publicly accountable, culturally sensitive, and centered around achieving meaningful improvements in mental health outcomes. Enshrining mental health parity is essential if we are to genuinely promote and protect health and well-being now and for generations to come.

Existing CPS Initiatives & Resources

- The [Canadian Conference on Child and Youth Mental Health](#), hosted by the Canadian Paediatric Society, is a unique gathering that will bring together Canadian experts to discuss approaches to diagnosis, treatment and management of child and youth mental health problems. Designed for paediatricians, family physicians, nurse practitioners, and others who care for children and youth, the conference will highlight topics such as ADHD, OCD, depression, anxiety, substance use, and social media. The conference will be held in Toronto on November 1-3, 2024.
- [Child and Youth Mental Health Resources](#)
- [Mental health screening tools and rating scales](#)
- CPS Mental Health and Developmental Disabilities Committee [Position Statements and Practice Points](#)
- CPS Adolescent Health Committee [Position Statements and Practice Points](#)
- Paediatrics & Child Health Journal: [Mental Health Article Collection](#)
- [Child and youth mental health policy brief \(FR\)](#)

- Canadian Paediatric Surveillance Program:
 - [Severe/life-threatening opioid, stimulant, or sedative use](#) (One-time survey, March 2022)
 - [Serious and life-threatening events associated with non-medical \(recreational\) cannabis use in children and youth](#) (Ongoing study since Sept 2018)
- Caring for Kids parent handouts:
 - [Anxiety and anxiety disorders](#)
 - [Your child's mental health](#)
 - [Depression in pregnant women and mothers: How it affects you and your child](#)
 - [Cannabis: What parents need to know](#)

About the CPS

The Canadian Paediatric Society is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research and support of its membership. Founded in 1922, the CPS is a voluntary professional association that represents almost 4,000 paediatricians, paediatric subspecialists, paediatric residents, and others who work with and care for children and youth. The CPS is governed by an elected Board of Directors representing all provinces and territories.