

The Case for a National Mental Health Transition Fund

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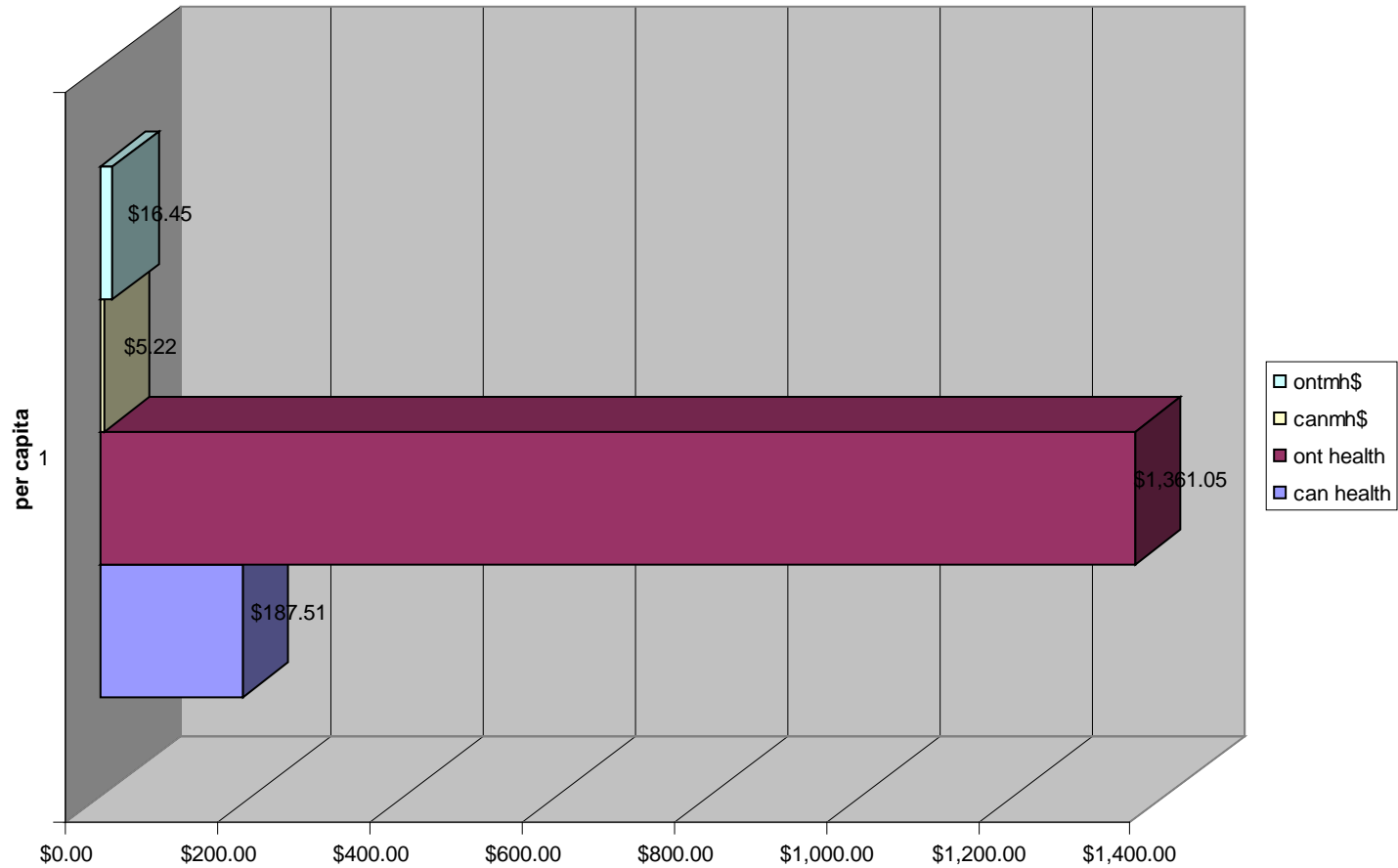
Mental Health is a shared responsibility

- Provinces are responsible for mental health care under the constitution
 - Federal government has areas of jurisdiction: corrections, military, immigrants and refugees, FNIM (on reserve)
 - Housing, employment, income are areas of shared jurisdiction (SDH)
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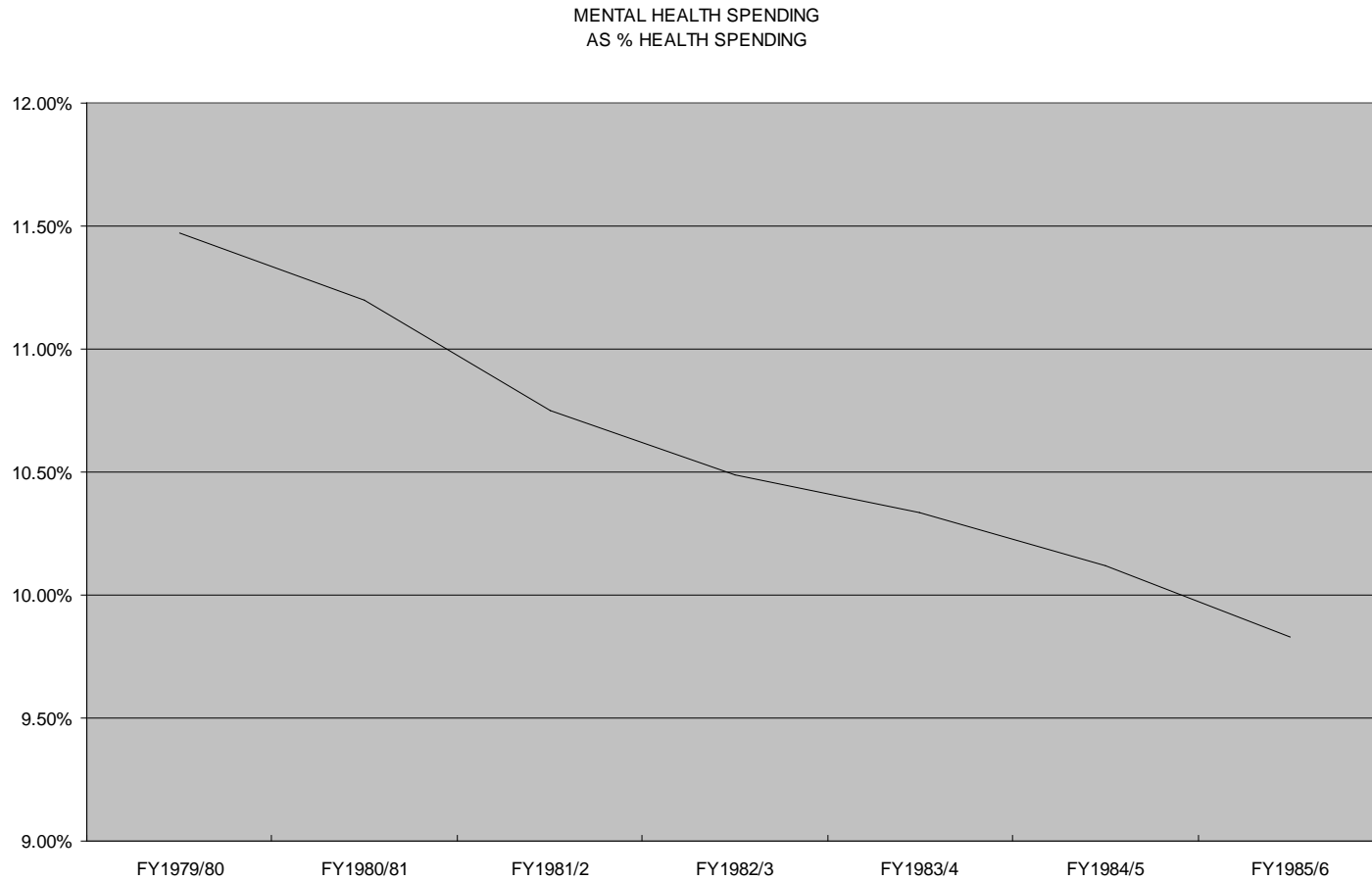
Mental Health is a shared responsibility

- Dominion mental health grants were provided by Ottawa to provinces in 1940s and 50s to help them develop general hospital psychiatric services
 - 2004 Health accord transferred \$41 billion to provinces for health and social services
 - Very little was invested in mental health services
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Per capita investments, MH:Health

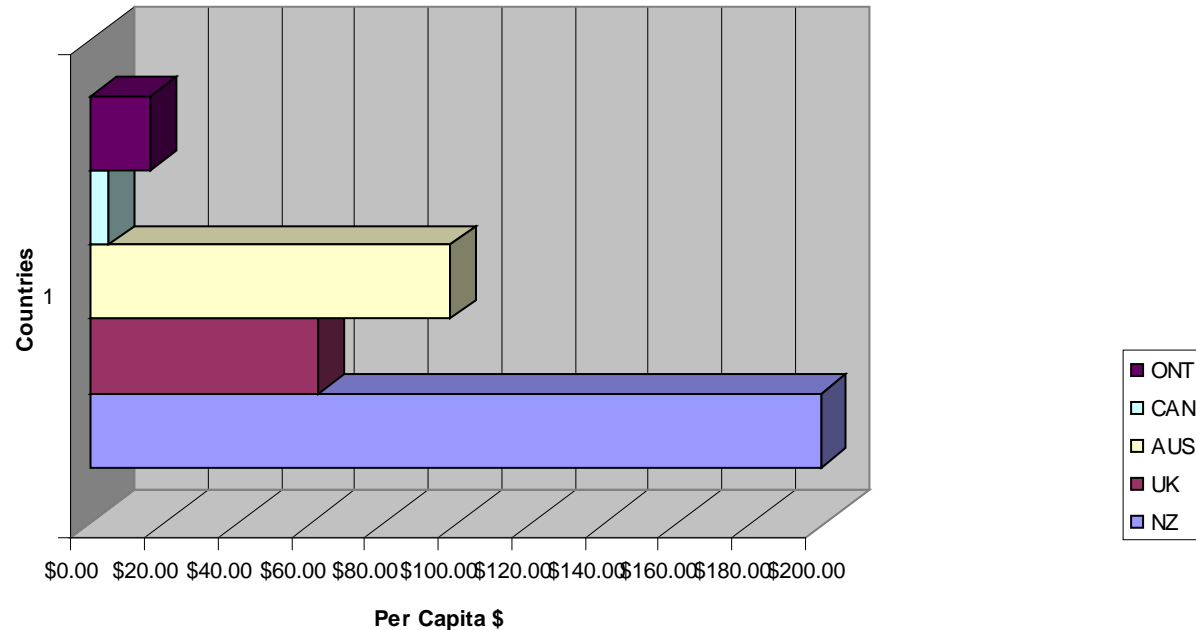


MH spending tends to decline relative to health spending over time



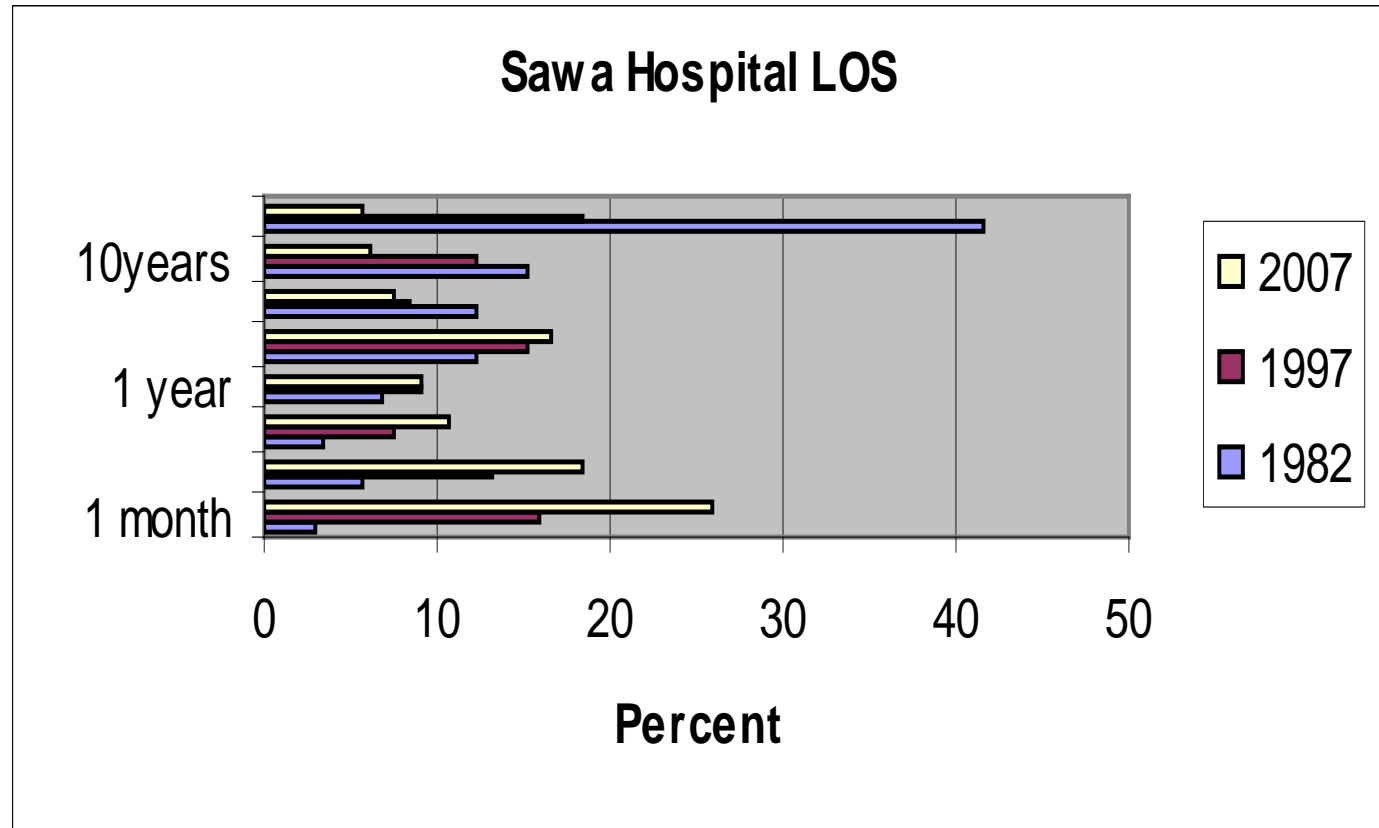
Other countries have done more

Comparative Per Capita New Mental Health Investments



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ONT	\$16.45
CAN	\$5.22
AUS	\$98.13
UK	\$62.22
NZ	\$198.93

It is possible to shift towards a community focused system: Sawa Hospital Osaka



Why should Govt. act?

- 20% of Canadians experience mental illness
 - Disease burden (ICES) is 1.5x cancer and 7x infectious disease
 - Annual \$50 billion cost to the economy, rising to \$2.5 trillion over the next 30 years
 - 520,000 people living with mental illness are vulnerably housed or homeless
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Why should Govt. act

- Unemployment for people with SMI is as high as 93%
 - Suicide is the leading cause of death of young Canadians 18-35
 - People with SMI die 30 years prematurely due to poverty and poor access to primary care
 - Private sector can't meet the need- Bell \$50 million vs Kirby \$5.3billion
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Why Govt. can act

- Strong evidence base over 30 years of effective interventions: ACT, EPI, supportive employment, peer support, Housing First
 - MHC At Home Chez Soi showed every \$1 spent on high cost users saved \$2
 - Ontario ACT data showed a net saving of \$1.8 million per team in reduced hospitalization days
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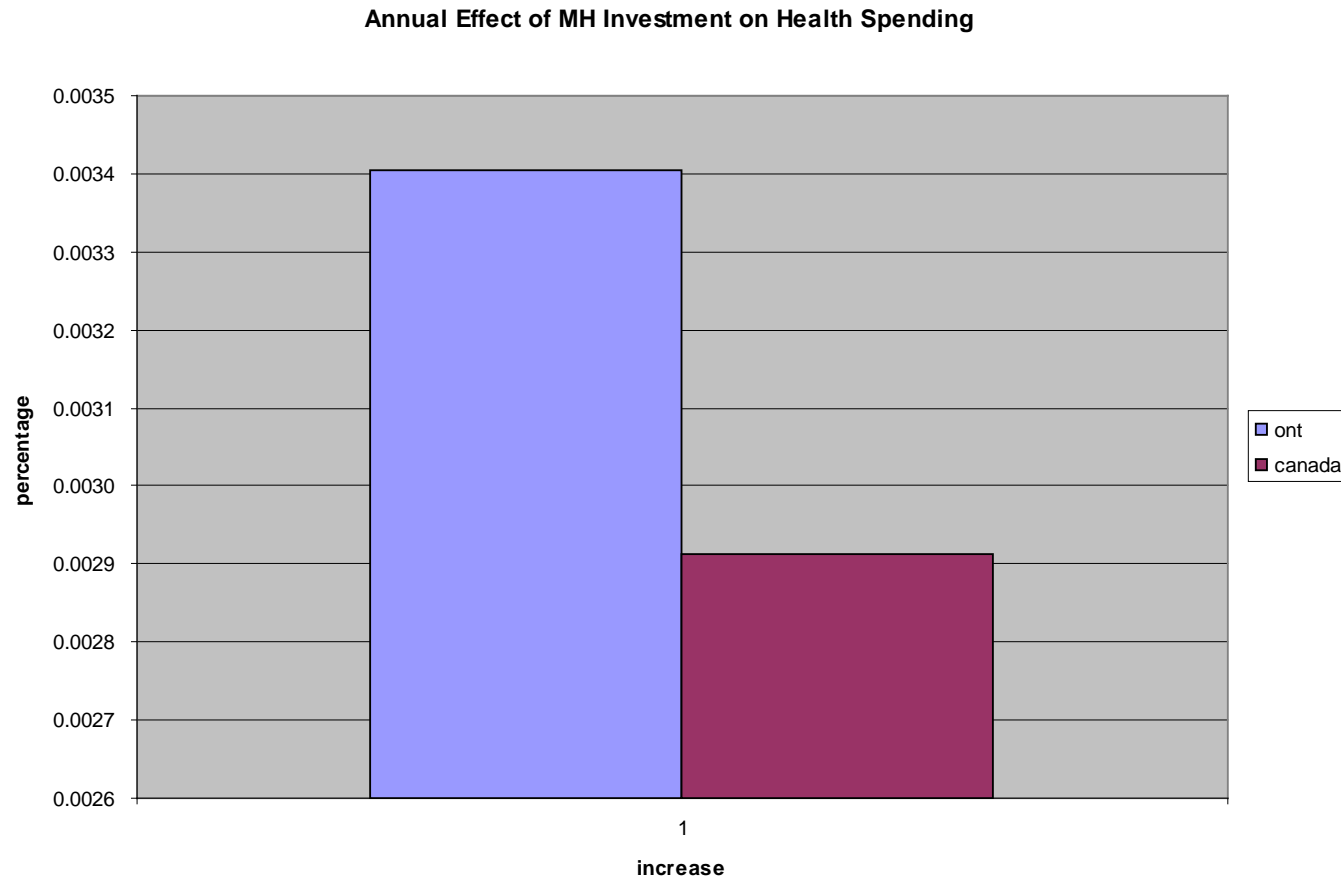
Why Govt. must act

- Without action, wait lists will continue to grow
 - Police, corrections systems will continue to be the default due to failures in civil mental health systems
 - PBO reports federal surpluses but increased pressures on provincial health spending when CHT formula is reduced post 2016
 - Risk of funding cuts to mh services
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Why Govt. must act

- MHC MH Strategy 2012 recommends increasing MH share of health spending to 9% from 7% and increasing social spending by 2%
- Without a dedicated ring fenced fund of at least \$5.3 billion over 10 years we'll have rhetoric but no reform
- WHO reports high income countries spending 9% have GDP of \$22,000 per year
- Canada's is \$44,000

Investing will have limited impact on health spending increases, and produce savings



Jury summation

- End the deficit in mental health care
 - Recovery, not rhetoric
 - There is no health without mental health
 - Avoid the law of inverse relevance
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