The Case for a National Mental Health Transition Fund

Steve Lurie
CMHA Toronto, Adjunct Professor Factor Inwentash Faculty of Social Work, University of Toronto
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)
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.
Per capita investments, MH:Health

- $187.51
- $1,361.05
- $5.22
- $16.45

Per capita investments include: MH:Health, ontmh$, canmh$, and can health.
MH spending tends to decline relative to health spending over time
Other countries have done more
It is possible to shift towards a community focused system: Sawa Hospital Osaka

![Sawa Hospital LOS](image)
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
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 $5.3 billion
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
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
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