

Mental Health Parity: A Way Forward for Canada

Alex Kwok¹ and Victoria Watson²

1. Research Assistant at Arthritis Research Canada, Co-Director at Canadian Society for International Health (CSIH) MentorNet Program, Canada
2. NCD Child Governing Council and Schulich School of Law, Dalhousie University, Canada

The Corona Virus Disease 2019 (COVID-19) pandemic has shaken the world, prompting cities and entire countries to lock down, global travels to halt, and new universal social norms to be imposed – all in an effort to curb viral transmission. In addition to the fear and anxiety of contracting COVID-19, people are under enormous stress coping with changes to their daily lives whether it be adjusting to working from home, sudden loss of employment and one's daily occupation, minimized social contact with friends, family, and community, to complying with a gradient of ever-changing public health guidelines. These sudden changes are uprooting people's sense of purpose, identity, and general wellbeing, contributing to a significant and unprecedented decline in mental health across the world. Unlike the glaring physical harm caused by COVID-19, the full extent and magnitude of a new wave of mental health crises caused by the psychosocial impacts of COVID-19 is still on the horizon. Bolstering and innovating on mental health services has never been more urgent.

On Global Week for Action on NCDs under the theme of accountability, it's time to shed light on country-level responses to mental health and its path to reaching its commitment.

Mental illness as a NCD priority is unique in that it commonly co-exists with the 4 major NCDs: cancer, diabetes, respiratory disease, and cardiovascular disease.¹ Coincidentally, NCD risk factors such as tobacco use, harmful alcohol consumption, physical inactivity and unhealthy diet are collectively observed in individuals with mental illness. Overlapping risk factors and coexisting presentation of mental health and NCDs has called for an integrated NCD strategy that includes addressing mental health as a priority. This sentiment has been reflected globally at the Third High-Level Meeting on the Prevention and Control on NCDs following a political declaration expanding the 4 by 4 to a 5 by 5 agenda.

Few countries have been able to successfully meet the mental health needs of their population - even under normal circumstances. Canada, as a high-income country with relatively high standards of public health service delivery, shows how mental health support is often inadequate, especially for those who fall between the cracks in the health system. Mental health in Canada has historically been underfunded, neglected, and disconnected from the health system. In fact, prior to COVID-19, people across Canada, 53% perceive mental health to be an epidemic of which consensus was highest among young adults at 59%.² According to Canadian Mental Health Association, 1 in 5 people in Canada will experience mental health problems or illness in any year. Mental health treatment is particularly troubling in the young demographic as one out of five children who need mental health services receives them.³ The grim statistics have helped galvanize the Canadian government to strengthen commitment to mental health only in the past few years.

In 2017, the Canadian Federal Government announced a \$5 billion commitment over 10 years to provincial and territorial governments to support mental health services. While the commitment averages \$500 million a year, it does not come close to the \$3.1 billion annual investment required to meet mental health service needs as recommended by Mental Health Commission of Canada (MHCC).⁴ Canada's mental health expenditure was at 7% of total health expenditure based on 2015 figures.⁵ By international comparison, countries of similar standing from the Organisation for Economic Co-operation and Development (OECD) spent up to 18% with an average of 10-11% of their health budget on mental health - demonstrating underspending on Canada's part.⁴ Provinces/ territories mental health funding is likely to be vastly uneven. For example, British Columbia's (BC) \$21 billion health budget in 2019 had earmarked \$18 million for mental health.⁶ Even with additional federal funding support, BC gravely underfunded mental health by national average. Canada's \$5 billion commitment is a step forward, but additional investment is required to realize a target of 9% health budget expenditure on mental health.⁵ Provinces/ territories will also need to be held accountable to stay on track in raising mental health expenditure by 2% of their health budget from 2015 levels by 2025.⁷

Leading mental health advocacy groups and research institutions have increasingly called for the federal government to legislate a Mental Health Parity Act. So what exactly is Mental Health Parity and how can it improve the mental health crisis in Canada, and hopefully mitigate the harms caused by COVID-19?

Mental Health Parity is the idea that mental and physical health should be equally valued and hence, should be equally accessible and affordable. Parity has been extensively studied and showed to be more economic and effective in reducing the mental health burden both in the UK and US⁸. Having mental health priorities solidified in the legislation ensures a steady and uninterrupted investment dedicated for mental health to accelerate and build on our fragmented mental health care system. Beyond funding, it gives a more powerful directive to building a holistic, collaborative, and integrated healthcare ecosystem where seeking mental health is as easy and socially accepted as physical health.

According to Karestan Koenan, professor of psychiatric epidemiology at Harvard T.H. Chan School of Public Health, "people with a history of mental illness are at risk of a relapse during this time, and those dealing with a chronic mental illness are at even more risk of feeling isolated as support systems may be unavailable during the pandemic."⁹ While the full extent of COVID-19's long-term impact on mental health isn't known, experts expect a myriad of mental health problems to either worsen or emerge among patients globally. For the general population, experts predict that problems include heightened anxiety disorders and depression as a result of social distancing, trauma, PTSD and grief as a result of losing someone to the virus or facing personal diagnoses, increased substance abuse as a result of facing newfound issues of stigma, anxiety, and uncertainty without the usual community resources, and unprecedented levels of isolation (especially among children).⁹ Also, excessive time spent on social media has detrimental effects on mental health which has explosively increased in the pandemic as we isolate at home. Coupled with the flood of information online, both accurate and inaccurate on COVID19, social media has become a toxic platform contributing to anxiety and depression.

With COVID-19 heightening mental health issues now and well into the future in the pandemic's wake, governments will need to re-evaluate their public expenditures and prioritize mental health spending and capacity strengthening. Without doing so, healthcare systems will be ill

equipped to address the new - and exacerbated - mental health concerns of patients and will also intensify the health burden of other NCDs. In a world where an equity gap in mental health service access persists in high-income countries like Canada and where mental health concerns only deepen, it's a moral imperative for governments to think beyond the pandemic's physical harms and plan for a better, more equitable future. The call to enact Mental Health Parity signals to the world that addressing mental health is not a commitment, but rather a duty of the Canadian Government to uphold and use as a global precedent for mental health equity.

Sources

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