



**CANADIAN MENTAL  
HEALTH ASSOCIATION**  

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**L'ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE**

## **Statement of Issues Canadian Social Values in Jeopardy**

### **Federal Election 2004**

Supporting and ensuring the good mental health of the people of Canada has never been as high a priority for government as diagnosis and treatment of cancer, cardiovascular disease, diabetes or HIV/ AIDS. Mental health issues are as harmful to Canadian society and as damaging to the economy as almost any other condition. Too often referred to as the health system's "poor cousin," mental health concerns are often sidelined – the first to get cut to balance the budget, or to reduce the deficit.

Canada is the only G-8 country without a national strategy for mental health and mental illness. The Canadian Mental Health Association's vision of Canada is a country that takes immediate proactive action to remedy this national shame that leaves one in five Canadians, their families, friends, colleagues and caregivers in the ghetto of social programs.

### **PAN-CANADIAN STRATEGY FOR MENTAL HEALTH AND MENTAL ILLNESS**

As a founding member of the Canadian Alliance on Mental Illness and Mental Health, the Canadian Mental Health Association is a strong supporter of the need for a Pan-Canadian Strategy on Mental Illness and Mental Health. Without such a strategy, the people of Canada experiencing mental health problems will continue to lack the strategic and coordinated services and supports they so rightly deserve.

#### **Extent of the problem**

Mental health and mental illness have been neglected in Canada far too long. At least one in five people is directly affected by mental illness during their lifetime. Indirectly, it affects millions of Canadians who are involved with loved ones, friends, colleagues and neighbours who have a mental illness.

Four thousand people commit suicide each year in Canada. According to Statistics Canada, for every successful suicide there are at least 20 attempts. Suicide is a major killer of young men aged 15 to 35 – when their contribution to society is at its prime.

Depression is the single most expensive cause of lost workplace productivity. Thirty per cent of absenteeism is linked to mental health issues. The cost to business for an employee's absence is \$10,000 per year, per employee. These costs include productivity loss, replacement costs and employee benefit insurance costs.

According to the 2002 Canadian Community Health Survey on Mental Health and Well-Being, 7% of Canadians rate their own mental health as fair or poor and a slightly smaller proportion (5%) find their work extremely stressful and are dissatisfied with life, some very dissatisfied. Thirty-three percent of adult Canadians report they are very satisfied with life and 28% rate their own mental health as "excellent."

It is estimated that all costs, direct and indirect, for mental health problems, including disorders, totals almost \$17 billion, which includes an estimated \$6 billion in Short-Term Disability due to time away from work and other normal duties.

In examining Health Canada's costs by age group, mental disorders affect young Canadians to a much greater extent than for most other illness categories, including ischemic heart disease, injuries and cancer.

Canada's youth are our future; we must move forward and ensure that a Pan-Canadian Strategy for Mental Illness and Mental Health is developed so that our youth have the access to services and treatment they deserve. (*Reference: Thomas Stephens, Population Mental Health: An Overview of Current Status in Canada, May 2004*)

## A Forgotten Issue

It has been nearly 40 years since mental health reform was first studied federally with recommendations made by the Hall Commission. Despite the many other studies done throughout the country, very little action has taken place in a cross-country, coordinated manner to ensure that services are appropriate and accessible for the people of Canada.

Similar to what has happened in other countries in the past three decades, Canada has responded to concerns for individuals with mental illness and other mental health problems through deinstitutionalization and closure of tens of thousands of in-patient beds. Unfortunately, the cost savings from the institution closures have yet to be transferred to the communities. The care of individuals with mental illness has for the most part fallen on the backs of families and voluntary organizations such as the Canadian Mental health Association.

The Honourable Roy Romanow, in his study of the health system, referred to mental health issues as the orphan child of the health system – abandoned and forgotten.

*"Mental health has been described as the orphan child of health care. Today, mental health care is largely a home and community based service, but support for it has too frequently fallen short."*

The Honourable Roy Romanow, Building on Values,  
The Future of the Health Care System in Canada

## Federal Role

This is not just a provincial responsibility, nor just a health issue. The Federal government has two roles to play. The first is as a leader in nation-building and the second is as the federal financier of Medicare. The funds directed through the Canada Health Transfer (previously known as the Canada Health & Social Transfer) need also to be directed to illnesses that are chemical imbalances of the brain, just as they are directed to the cell imbalances of cancer, and the insulin imbalance of diabetes.

The federal government is also the fifth largest supplier of health services to Aboriginal communities, the military and federal penitentiaries. It has a moral and ethical responsibility to provide comprehensive health care, including access to mental health care and services to those directly in its charge.

## Need for Immediate Action

### **Recommendation**

**The federal government must demonstrate leadership with the development and implementation of a Pan-Canadian Strategy on Mental Illness and Mental Health beginning in the 2005-2006 fiscal year.**

To begin this process, there are some concrete steps the federal government must initiate:

- 1. Convene a roundtable of meetings with representatives from all levels of government, the voluntary sector and health care professional associations to develop a Pan-Canadian Strategy on Mental Illness and Mental Health.**
  - The development of such a Strategy would respond to the call from the Canadian Alliance on Mental Illness and Mental Health for a National Strategy and, at the same time, respond to one of the eight priorities of the Premiers' Council on Canadian Health Awareness.

In developing a Pan-Canadian Strategy, the federal government must ensure that the key determinants of health are included. Of these determinants, two have been identified as a priority by the Canadian Mental Health Association and other organizations through the Association's *Citizens for Mental Health* project:

- 2. Address the lack of affordable housing as it impacts the people of Canada and their mental health.**
  - The lack of affordable housing has been an issue for many years. All sectors – public, private and voluntary – have recognized housing as a major concern. The federal government has an opportunity to demonstrate leadership in working with other levels of government to address the concerns expressed by so many different sectors.

3. **Address the limitation of income security programs as they impact the people of Canada and their mental health.**

- Individuals experiencing serious mental health problems continue to be living “on the edge.” Poverty among this population is a serious issue. The federal government has a responsibility to ensure that income security programs respond to the unique needs of different population groups, including those individuals living with serious and persistent mental health problems.

## **HOUSING - A SOCIAL NECESSITY**

Following a two year consultation with a range of voluntary sector organizations from across Canada, the Canadian Mental Health Association’s *Citizens for Mental Health* project determined housing as a key determinant related to the mental health of every community. As such, it was concluded that to improve the mental health of all, governments must ensure access to safe, affordable and appropriate housing as individual circumstances necessitate.

### **Extent of the Problem**

*Housing is a necessity of life. Yet, many households in Canada cannot afford acceptable shelter. In fact, at last count, roughly one in five Canadian households was considered to be in this situation. Even more troubling, ten years of economic expansion have barely put a dent in the problem. As Canadian households struggle to find shelter and still make ends meet, their plight is spawning a series of related social problems in communities all across the country - making the shortage of affordable housing one of the nation’s most pressing public policy issues today.*

TD Economics, Special Report, June 17, 2003  
Affordable Housing in Canada: In Search of a New Paradigm

Canada faces a housing crisis with an extreme shortage of affordable housing options. The ‘affordability gap’ continues to be tied to a growing ‘income gap.’ It can be difficult to disentangle income security issues from housing needs. Affordable housing is good for physical and mental health and ultimately for the social and economic health of every community and the country as a whole.

- As of 1996, 1.7 million households were in core housing need due almost exclusively to problems of affordability; 68% of these households were renters; young adults, elderly women, female-headed single parent families, and off-reserve, non-farm native households were disproportionately in core housing need.
- Approximately one-third of Toronto’s 80 emergency shelters are now devoted to single-parent or two-parent families; in Vancouver, less than 30% of shelters serve single men exclusively.”
- In 2001, 34.6% of renter households spent 30% or more of gross income on shelter. While this proportion is lower than in 1996 (36.9%), it remains much higher than 1991 (30.8%).

- Since low income households spend proportionately more of their income on housing, on average, 67% of renter households earning less than \$30,000 spent above the affordability benchmark in 2001.
- Between 1980 and 2000, the number of affordable housing units created by the Federal government dropped from 24,000 to 940.
- The average wait time for subsidized housing in Ottawa is five to eight years. There are approximately 13,500 households on this waiting list.
- In Toronto, the waiting list for social housing is at least seven years long. Each month, 1,400 new applications are added; between January 1999 and November 2000, only 348 households per month were housed. The result is that, during this time, the waiting list increased from 51,428 to 63,110.

## Limited Efforts to Date

The impact of the decline in the direct commitment to housing has been accompanied by changes in other public policy domains and jurisdictions that together have significantly set back the building of affordable housing in Canada.

- 1999: Federal government announces the *National Homelessness Initiative* (NHI). \$753 million is allocated over a three-year period for development of services and temporary shelter. This multi-pronged Initiative includes SCPI and RRAP (descriptions follow) as key components.
- 2001: Federal-provincial *Affordable Housing Framework* (AHF) agreement premised on bilateral agreements and matching funds is established in order to stimulate production of affordable housing. The federal government provides \$680 million over five years. The 2003 federal budget includes an additional \$320 million over five years. Funds should create at least 32,000 units of affordable housing.
- 2003: *Supporting Communities Partnership Initiative* (SCPI), the centerpiece of NHI, receives \$135million per year over three-years. Along with providing financial support to communities, SCPI encourages local groups to work together with provincial, territorial and municipal governments and the private and voluntary sectors to strengthen existing capacity and develop new responses to homelessness. Communities identify local housing priorities, and plan appropriate solutions across a continuum of services and supports.
- 2003: Renewed funding (\$128 Million per year over three years) for the rehabilitation of substandard housing through the *Residential Rehabilitation Assistance Program* (RRAP). RRAP targets improving the conditions of rental housing for low-income renters by converting non-residential buildings into affordable housing, developing affordable rental accommodations and bringing existing housing stock up to health and safety standards.

While these are positive steps forward, housing advocates argue that \$2 billion in federal funding matched by \$2 billion from the provinces/territories is the minimum required annually to meet the national housing crisis and end homelessness. This is known as the ‘One Percent Solution’: if all governments increase their spending on housing by 1% of overall spending, homelessness could be eliminated in five years.

## Federal Role

The federal government needs to resume its leadership role in redressing this crisis by ensuring access to a sufficient supply of safe, affordable, adequate housing options to meet the needs of our diverse communities.

## Need for Immediate Action

The Ottawa Charter for Health Promotion identifies shelter as a basic prerequisite for health. Further, the United Nations recognizes housing as a human right to be protected under international law. Canada has endorsed such rights guaranteeing “an adequate standard of living including adequate food, clothing and housing.”

*“The lack of affordable housing cuts significant numbers of Canadians off from supportive communities, access to employment and, indeed, from the exercise of their citizenship rights. Quite apart from the morality of the situation, this represents an enormous waste of human potential with serious consequences for the community at large.”*

J. David Hulchanski, Centre for Urban and Community Studies, U of T,  
January 17, 2003 CPRN news release.

As of May 2004, Canada still lacks a comprehensive national housing strategy.

## **Recommendation**

**The Federal government must work in partnership with provincial/territorial and municipal governments, voluntary sector organizations and other stakeholders in developing and delivering an appropriate continuum of community-based housing solutions:**

- Increase funds to achieve the One Percent Solution, which is the minimum required to address the present housing crisis. The federal government has committed only 10% of this target; provinces and territories have failed to match even this amount.
- Increased accountability and transparency to ensure that monies are actually spent on housing and not caught up in jurisdictional disputes or used to address other pressing issues.

- Emergency Summit to convene federal, provincial, territorial housing ministers along with the voluntary sector and other housing stakeholders (ie: private sector and labour) to agree on a specific plan that will ensure the committed funds are directed into housing; and the development of a plan to activate the additional funds needed to achieve the One Percent Solution.

## **INCOME SECURITY – A PREREQUISITE FOR DIGNITY**

Local, regional and provincial non-government organizations (NGO) and community groups have also identified income security as a key issue that impacts the mental health of everyone in Canada, including but not limited to those living with mental illness. The Canadian Mental Health Association's vision of Canada is a country where all peoples in Canada can achieve the benefits of full citizenship, which encompasses full participation in society, where basic needs are met and where individuals can make a positive contribution and exercise self-determination in order to have an equitable quality of life no matter what their circumstances.

Canadian and international studies have demonstrated a strong link between income and various measures of health, including mental health. Those at the highest social and economic strata are more likely to experience positive states of (mental) health and well-being than those in the lowest strata. Income is often used as an indicator of social and economic conditions.

### **Extent of the Problem**

#### ***Income Trends in Canada***

- The economic boom of the late 1990s did not benefit most Canadians. Recent figures from Statistics Canada show that between 1984 and 1999, the wealth of the top 20% of families rose by 43% while the wealth of the bottom 20% fell by 51%. Canadian society has become increasingly polarized.
- In 1999, there were 1,025,000 families and 1,677,000 unattached individuals living in poverty in Canada.
- More than 40% of the more than one million Canadian families living in poverty in 1999 were headed by persons who were employed. Single-parent mothers working full-time still had a poverty rate of 19.7%. The working poor, especially those with dependents, are not making ends meet
- Seniors' poverty rate declined from 20% to 17% over the last decade, and has nearly halved from its 30% rate in 1980. One of the major contributors to this trend has been the availability of higher CPP premiums - the CPP/QPP plan was established in the mid-seventies and has only recently paid out full benefits to eligible seniors.

#### ***Indicators of Low Income/ Poverty***

- In March 2002, three-quarters of a million people in Canada received emergency groceries from a food bank - a 12.5% increase in food bank use since 1997. Just over 40% of food bank recipients were children. In 2002, The Toronto Daily Bread Food Bank found that after paying

their monthly rent, households with children that are dependent on food banks have only \$3.65 per day, per person for all living expenses, not just food.

- One in five renter households in Canada pays more than 50% of their monthly income on rent, even though 30% of income is considered the “cut-off” line for affordability. A Canadian Mortgage and Housing Corporation survey in 2001 showed that renters in Toronto on social assistance were left with less than \$100 to cover food and other expenses after paying their rent each month.
- Individuals and families with low incomes are restricted from fully participating in community life. For example, recreational activities, such as sports with their fees and equipment costs, are virtually closed to poor families, as is regular access to computers and technology.

### ***The Health Consequences of Income***

- *Improving the Health of Canadians* (2004), a new report issued by the Canadian Institute for Health Information (CIHI), reinforces the notion of a strong link between health and poverty. Over the past 25 years, both life expectancy and average income in Canada have increased, but health status differences between income groups persist. *Better social and economic conditions mean better overall health* and increased productivity and a stronger economy
- Low income Canadians are most vulnerable to poor health. For example, the highest income 20% of men in Canadian cities live five years longer, on average, than the lowest income 20%; they are also about one-quarter less likely to die of heart disease. In other words, it took the poorest fifth of urban Canadians until the mid-1990s to reach the life expectancy experienced by the richest fifth 25 years earlier.
- Statistical analysis of data from the 1996-97 *National Population Health Survey* revealed that welfare recipients were more likely to report poor or fair health, depression, distress and fewer social supports than people not on welfare.
- A 1998-99 University of Toronto Lecture Series on Economic Inequality and Individual Health highlighted the psychological and psychosocial impacts of poverty which tend to be experienced as feelings of helplessness, lack of control and insecurity.
- A 1996 study by the Canadian Council on Social Development (CCSD) revealed that poor children are much more likely than children from higher-income families to experience disability, mental health problems, injury and exclusion from cultural activities or sports.

### ***Social Exclusion, Income and Mental Health***

- The term “social exclusion” refers to the lack of opportunity to participate in cultural, economic, social, and political life, and draws attention to the social dimensions of poverty. Those who live in poverty have constraints on their ability to participate fully in the community as a result of isolation, discrimination, and marginalization from decision-making and from an adequate quality of life.
- Social exclusion can increase the risk of mental health difficulties. Research has suggested that good social relationships and community involvement can act to protect people in poor material circumstances from adverse effects to their mental health. Isolation from others, whether friends, neighbours or family, constitutes one form of social exclusion. This can result from conditions associated with poverty. Poor mental health is disproportionately found amongst the poorest in society.

### ***Canadian Labor Market Changes***

- The National Council on Welfare’s 1993 report, *Incentives and Disincentives to Work*, underlined the sharp decline in the value of minimum wages since 1976 and the trend toward part-time, precarious and temporary jobs instead of well-paid, secure jobs. One result of the diminishing minimum wage is that no minimum wage worker could even reach the 1998 poverty line by working 40 hours a week – even if the worker were without dependants.
- Greater numbers of middle-class Canadians are being exposed to economic insecurity.
- A national shortage of subsidized child care programs often restricts the choices of lone-parent mothers to low wage jobs or may even force them out of the paid labour market.
- 45% of adult employees between the ages of 25-59 are employed in flexible forms of work (less than full-time tenured workers). Flexible workers lack job ladders and have few opportunities to increase their real income earning capacity over time.
- 53% of the adult workforce or 6.7 million individuals are in vulnerable employment situations because they lack employment stability and/or market income sufficiency.
- Frequent lay-offs or irregular work without benefits are becoming more prevalent.

## Federal Role

The Canada Pension Plan Disability benefit (CPP-D) is available to people who have made enough contributions to the CPP, and whose disability prevents them from working at any job on a regular basis. These benefits are targeted at persons with severe and prolonged physical or mental disabilities with a minimum of one year duration. As a contribution-based program, CPP-D excludes people with an episodic, interrupted or absent employment history.

Another federal program is The Disability Tax Credit (DTC), a non-refundable credit that can be used by persons with disabilities (or spouse/ supporting person) to reduce the amount of income tax they will have to pay. A medical professional must certify that an individual has a severe and prolonged physical or mental disability that causes them to be markedly restricted in any of the basic activities of living (i.e. walking; speaking; perceiving, thinking, and remembering; hearing; feeding and dressing; eliminating bodily waste).

## Need for Immediate Action

*“The benefits of growth should be shared among the entire population. One of the best ways to achieve this is to boost participation in the labour market. More effective active labour market programmes, such as job-search and counseling schemes, would help. Likewise, making work pay policies, such as the working families tax credit in the United Kingdom, can encourage would be workers to join the labour market and contribute to productivity and growth. In short, well designed social protection would not only tackle inequalities but also contribute to growth.”*

*Organization of Economic Cooperation and Development*

## **Recommendation**

**The Federal government must take immediate action to:**

- **Establish reasonable social assistance, disability support programs and minimum wage rates that reflect what is actually needed for basic food and housing needs.**

- **Provide progressive subsidies for supports such as training and child care.**
- **Institute a Child Tax Benefit that will allow families on assistance to keep their benefit, rather than having it clawed back by provincial governments.**

## **CONCLUSION:**

### **MENTAL HEALTH IS A CRITICAL ELECTION ISSUE**

Despite a healthy and highly competitive economy, Canada still faces high levels of homelessness, household debt, child poverty, diminishing health care services and the exclusion of many segments of Canadian society from a quality of life that should be expected in Canada.

In order to extend the benefits of economic growth, the federal government must demonstrate its leadership with the development of a Pan-Canadian Strategy on Mental Illness and Mental Health, including a substantial investment in affordable housing and enhancing income security for all people of Canada.

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[www.cmha-bc.org/content/resources/visions/issues/10.pdf](http://www.cmha-bc.org/content/resources/visions/issues/10.pdf)

Canadian Housing and Renewal Association, click "Health and Housing" to view  
*National Symposium on Health and Housing: A Call to Action*  
[www.chra-achru.ca](http://www.chra-achru.ca)

Dream Team  
[www.opdi.org/Conference2003/Dream\\_Team.doc](http://www.opdi.org/Conference2003/Dream_Team.doc)

Housing Again  
[www.housingagain.web.net](http://www.housingagain.web.net)

Housing as a Social Determinant of Health  
[www.sundial.ccs.yorku.ca/cgi-bin/wa?A2=ind0403&L=click4hp&F=&S=&P=2167](http://www.sundial.ccs.yorku.ca/cgi-bin/wa?A2=ind0403&L=click4hp&F=&S=&P=2167)

Housing and Health  
[www.housingandhealth.ca](http://www.housingandhealth.ca)

Promising Approaches in Transitional and Supportive Housing  
[www21.hrdc-drhc.gc.ca/promisingapproaches/docs/saskatoon\\_e.pdf](http://www21.hrdc-drhc.gc.ca/promisingapproaches/docs/saskatoon_e.pdf)

Raising the Roof  
[www.raisingtheroof.org](http://www.raisingtheroof.org)

Review of Best Practices Activities in Mental Health Housing in BC  
[www.bchousing.org/files/Collateral\\_Material/Mental\\_health\\_housing\\_report.PDF](http://www.bchousing.org/files/Collateral_Material/Mental_health_housing_report.PDF)

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Some Recent Reports of interest

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Women Need Safe, Stable, Affordable Housing: A study of social, private and co-op housing in Winnipeg. Prairie Women's Health Centre of Excellence, February 2004.

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## INCOME SECURITY LINKS

Campaign 2000

*2003 Report Card on Child Poverty in Canada*

[www.campaign2000.ca/rc/rc03/NOV03ReportCard.pdf](http://www.campaign2000.ca/rc/rc03/NOV03ReportCard.pdf)

Canadian Center for Policy Alternatives, October 2002.

*Snakes and Ladders: A Policy Brief on Poverty Dynamics*

[www.policyalternatives.ca/publications/snakes-and-ladders.pdf](http://www.policyalternatives.ca/publications/snakes-and-ladders.pdf)

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[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=PG\\_39\\_E&cw\\_topic=39&cw\\_rel=AR\\_322\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_39_E&cw_topic=39&cw_rel=AR_322_E)

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*Falling Behind: Our Growing Income Gap*

[www.fcm.ca/english/communications/igover.pdf](http://www.fcm.ca/english/communications/igover.pdf).

Human Resources and Skills Development Canada

*Overview of Federal Income Security Programs*

[www.hrsdc.gc.ca/en/gateways/nav/top\\_nav/program/isp.shtml](http://www.hrsdc.gc.ca/en/gateways/nav/top_nav/program/isp.shtml)

National Council of Welfare

*Facts Sheets*

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