

Universal Mental Health Care



Dear friends,

Mental health care is health care.

But in Ontario, people are suffering in silence because they can't afford therapy. People leave their doctor or the hospital with a referral for counselling — knowing they need ongoing care, but knowing they'll never be able to pay for it. There are people in our hospitals every day that wouldn't have landed in the emergency room if they'd gotten mental health care sooner.

The pandemic revealed just how broken our mental health care system is.

A silent epidemic of mental health struggles swept in with COVID. After two years of disruption, kids are struggling with personality changes and anxiety. So many of us are coping with loneliness, financial pressure, loss and grief.

One in four Ontarians sought mental health or addictions help during the pandemic. Many more who needed help got none.

But I know that together we can fix it.

Ontario is the greatest place in the world to live. And we can make it even better by delivering Universal Mental Health Care.

Guaranteeing mental health care without cost will give people somewhere to turn. It will mean we can address mental health challenges before they become mental health crises. It will definitely relieve pressure on emergency rooms, emergency services and the justice system — but most importantly, it'll help people live their healthiest, best life.

During this campaign, the NDP team and I will have much more to say about mental health, addictions and the opioid and overdose crisis that's stealing people's lives and tearing families apart.

We have the plan to do it, we have the team to do it, and, together, I know we *can* do it.

A handwritten signature in black ink, reading "Andrea Horwath". The signature is fluid and cursive, with a large loop at the end.

Andrea Horwath

Introduction

When Ontarians reach out for help with their mental health, they need to know that the right supports are going to be available to them without delay. But today, Ontario's mental health services are failing too many people. Long wait times, high out of pocket costs, and shortages of health care professionals are making it too hard to get help when you need it. Doug Ford's Conservatives cut more than \$2 billion in planned mental health spending and allowed the wait list for child and youth mental health services to double. For most that feel the need for mental health care, counselling is the type of service most needed, followed by medication and information.¹

As it currently stands in Ontario, counselling can be inaccessible due to cost, a patchwork system of connecting patients to care providers, and private insurance schemes providing varied eligibility and payments covering mental health care costs. People may have access to private insurance through their employer or pay into a supplementary health plan. Low-income Ontarians, newcomers, and people from marginalized communities who have widely varied needs have difficulties accessing appropriate and affordable mental health care. There are severe inequities in mental health care availability based on who you are, where you live, and what language you speak.

COVID-19 has exposed gaps in Ontario's health system that require system-level enhancement, one of those gaps is in mental health care. Provincial polling indicates one in four Ontarians have sought mental health or addictions help during the pandemic and rates of anxiety, stress and depression are steadily increasing among the population. Furthermore, the issues of diversity and marginalization are multilayered and interact with mental health and addiction in complex ways. Developing a mental health strategy for Ontario will require ongoing listening and consultation with people who have lived experience, as well as their families and caregivers, to ensure that we understand and address these needs effectively.

The Challenge

- The mental health needs of Ontarians have dramatically increased since the beginning of the pandemic. Millions of Canadians are consumed with anxiety, stress and fear: for loved ones, for their health, for their jobs, for their children's educations. Stresses of the pandemic have created new cases of mental illness and exacerbated the ones that predate the pandemic.
- Counselling and therapy services are not covered through OHIP. Psychiatric care requiring hospitalization, however, is covered under OHIP. Intensive mental health care services performed outside a hospital or other clinical institution are not eligible for coverage, therefore, expenditures for "high-cost" patients may be only partially covered by OHIP. Andrea Horwath and the NDP will increase funding to treat high-cost patients through targeted hospital funding.
- Over 85 per cent of Canadians have indicated that mental health is underfunded and 86 per cent support federal expansion of mental health coverage to match that of other health services.² There is an opportunity now for Ontario to lead on expansion of the health care system to include mental health care in Canada.
- COVID-19 has exposed gaps in Ontario's health system that require system-level enhancement, one of those gaps is in mental health care. Provincial polling indicates one in four Ontarians have sought mental health or addictions help during the pandemic and rates of anxiety, stress and depression are as high as the start of COVID-19. Waitlists for mental health services continue to grow for both children and adults. The length of time and the number of people waiting for Ontario publicly provided mental health care is at an all-time high.
- There are now over 28,000 children and youth waiting for mental health treatment, up from 12,000 in 2017. Children and youth can wait up to 2.5 years for mental health care. The average wait time is two months for counselling and over three months for intensive treatment. There are an estimated 200,000 kids in Ontario with serious mental health needs who have no contact with services, treatments, and supportive programs. There are severe inequities in mental health care availability based on who you are and where you live.

¹ Sunderland, A. and Findlay, L. (September 2013) Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey–Mental Health. *Component of Statistics Canada Catalogue no. 82-003-X Health Reports*. <https://www150.statcan.gc.ca/n1/en/pub/82-003-x/2013009/article/11863-eng.pdf?st=rY9oMz12>

² Canadian Mental Health Association (17 September 2018) Brochure: *Mental Health in the Balance: Ending the Health Care Disparity in Canada*.

- Across Ontario adults are waiting months, up to one year, for counselling and therapy services. The waitlists for more complex care and supportive living are even longer, with people in some regions waiting 5 or more years.
- We don't know the full scope of the mental health crisis in Ontario because the Ministry of Health does not track and report on mental health services and therapy wait times.
- Currently, the list of mental health care providers whose services are covered by OHIP is very limited. Only services offered by a psychiatrist and referred by family care doctors are covered by OHIP. Psychotherapists, psychologists, nurses, and social workers can offer therapy services, but unless they are part of a family health team, their services will not be covered by OHIP.

Our Plan

Universal, Publicly Funded Mental Health Care

- Andrea Horwath and the Ontario NDP will expand OHIP coverage to include universal mental health care, expand public mental health care programs, remove barriers to accessing mental health care, relieve the economic costs of mental illness, and improve well-being for all Ontarians.
- We will start by expanding access to counselling and therapy services across the province:
 - As a first step, we will ensure public access to psychotherapy for everyone.
 - We will introduce a minimum of six sessions for treatment through OHIP, rising to 12 sessions for patients who need it. This approach allows for people to start with six sessions and decide with their care provider to enroll in the second step, or move to more complex care.
 - We will fund primary care doctors, nurses, community health care workers, and social workers to be trained in Cognitive Behavioural Therapy to increase the number of available, affordable, and culturally appropriate CBT practitioners.
 - We will focus on expanding the existing Ontario Structured Psychotherapy Program working with existing community-based providers to bring them into the publicly funded system and grow networks of interdisciplinary teams for mental health care.
- An Ontario NDP government will introduce legislation that recognizes mental health is as important as physical health and ensures that mental health services provided by qualified health care professionals and community health workers are insured through OHIP, whether they are provided in a hospital or community health centre.

Fixing the mental health system

- The mental health system is described by advocates as fragmented and disconnected. Vital information, oversight and planning needs to be in place.
- The Ontario Ministry of Health does not track and report on therapy wait times. Thanks to the work of community-based organizations and coalitions of local advocates, we have evidence to suggest that it can take weeks, months, and sometimes years to access mental health care in parts of Ontario.
- We will create Mental Health Ontario, a new co-ordinating organization that will take the lead on identifying and publicly reporting on mental health needs, developing a comprehensive wait list for services, bring in province-wide mental health standards, creating a basket of services, and making sure that mental health and addiction programs are delivered comprehensively across Ontario.

Reduce the wait-list for children's mental health to 30 days

- There are now over 28,000 children and youth waiting for mental health treatment, up from 12,000 in 2017. Children and youth can wait up to 2.5 years for mental health care. The average wait time is two months for counselling and over three months for intensive treatment.
- We will implement the Make Kids Count Action Plan as laid out by the Children's Health Coalition. The plan calls for an investment of \$130 million over the next three years to build intensive treatment and specialized consultation services, increase access to psychotherapy and counselling, family therapy and supports and to

scale 24-hour crisis support services to ensure children and youth experiencing a crisis have an alternative to going to the emergency department.³

Supportive Housing

- The Mental Health and Addictions Leadership Advisory Council has recommended that 30,000 new supportive housing units be built over 10 years for people living with mental health and addictions challenges.
- In the NDP's *Homes You Can Afford* housing plan, Andrea Horwath lays out her plan to deliver these new supportive homes.

Strengthening the sector

- We will provide an immediate eight per cent funding boost for Canadian Mental Health Association branches and provide ongoing sustainable funding. This would equal a \$24 million increase in 2022-23.
- We will introduce targeted hospital funding to increase the number of Tier 5 treatment beds for people with complex needs. The high rates of comorbidity between serious mental illnesses and common physical health conditions and substance use pose additional risks.⁴

Improving Crisis Response

- We will immediately invest \$10 million more into mobile crisis services and \$7 million more for safe bed programs to support mobile crisis teams.
- We will work towards establishing 24-hour civilian community mobile teams across the province to operate in partnership with Mobile Crisis Response Teams and respond to low-risk crisis situations.

Ontario Today

- Legislation in Ontario regarding mental health is outlined in the *Mental Health Act (1990)* which regulates administration of mental health care in the province.⁵ The legislation outlines provision of free mental health care, however it is only available through hospital admission or involvement in the criminal legal system.
- Currently, under the OHIP Schedule of Benefits, psychotherapy, all forms of counselling, primary mental health care, and psychiatric care are not insured services outside of clinical settings.⁶
- Your family doctor or community nurse can offer therapy services if they are trained to do so, and this service may be covered by OHIP. However, most family doctors don't have training required to offer in-depth and ongoing psychotherapy and will refer patients to a psychiatrist. Choices for treatments available to patients can be limited by the experience and expertise of the psychiatrist. Many patients would benefit from talk therapy, whereas psychiatrists typically focus on medical approaches. There are nurses, social workers, and community health workers providing free or low-cost therapy at "community-based" mental health organizations. However, even these organizations have wait lists.
- Publicly funded and publicly delivered mental health care leads to healthier outcomes, reduces harm, and reduces costs in other sectors of the health care system.

Ontario Structured Psychotherapy Program

- The government has moved forward with preliminary steps towards expanded coverage via the "Ontario Structured Psychotherapy Program."
- OSP started as a pilot program in 2017, with four network lead organizations.
 - Centre for Addiction and Mental Health (CAMH) in the Ontario Health (Toronto region)
 - The Royal Ottawa Health Care Group in the (East region)

³ [Make Kids Count: Action plan from the Children's Health Coalition to ensure hospital capacity and provide timely access to care both in the immediate pandemic response and through recovery](#)

⁴ Mental Health Commission of Canada. (2021). [COVID-19 and people living with serious mental illness: Policy brief](#). Ottawa, Canada: Mental Health Commission of Canada.

⁵ Ontario Mental Health Act, R.S.O. 1990, c. M.7 ([available online](#)).

⁶ OHIP Schedule of Benefits and Fees (effective October 1, 2021). ([available online](#)).

- Ontario Shores Centre for Mental Health Sciences in the (East region and currently in Central region)
- Waypoint Centre for Mental Health Care in the (Central region)
- In 2020 the program expanded to six new network lead organizations:
 - Canadian Mental Health Association - York Region (Ontario Health region – Central)
 - CarePoint Health (Ontario Health region – Central)
 - St. Joseph’s Healthcare Hamilton (Ontario Health region – West)
 - St. Joseph’s Health Care London (Ontario Health region – West)
 - Health Sciences North (Ontario Health region – North)
- St. Joseph’s Care Group, Thunder Bay (Ontario Health region – North)
- Network Lead Organizations are required to apply to be a part of OSP with plans to connect patients to a service delivery network in the region. Service delivery is primarily provided through Service Delivery Sites (i.e. community partners) with the administrative backbone being provided through the network lead organization for the regional networks.

Children’s Mental Health

- In Ontario, rates of mental health or addiction-related emergency room visits among children and youth have continued to rise over the past decade.
- There are worse mental health outcomes in Northern Ontario amongst children and youth, including suicide rates that are six times higher in the North West LHIN (33.2 deaths by suicide per 100,000 children and youth ages 10 to 24) than in the other 13 LHINs. The North has higher mental health needs among children and youth – as demonstrated by higher rates of substance use, hospital admissions, emergency department visits, suicide and behavioural issues – but also has the longest wait times and the lowest rates of mental health visits by all physician types.
- The length of time and the number of young people waiting for Ontario publicly-provided child and youth mental health care is at an all-time high.
- There are now over 28,000 children and youth waiting for mental health treatment, up from 12,000 in 2017.
- Children and youth can wait up to 2.5 years for mental health care. The average wait time is two months for counselling and over three months for intensive treatment.

Costing

Universal Mental Health Care

- Proactive and preventative mental health care can help reduce pressures on emergency rooms and first responders. Emergency department visits for mental health supports have increased in the last few years; mental health patients made up the second costliest patient group for emergency rooms across Canada in 2019.⁷ The social cost of limited mental health care is even higher: people experiencing mental illness and emotional distress are disproportionately affected by homelessness. A number of factors can lead to homelessness, but mental health plays a significant role—an estimated 25 to 50 per cent of homeless people live with a mental health condition in Ontario.
- The Mental Health Commission of Canada has found that mental health problems and illnesses cost Canada at least \$50 billion per year, due in part to inadequate community care leading to critical care, the need for income supports, and more than \$6 billion in lost productivity.
- The Ontario NDP believes the price of providing universal mental health care is well worth the lives it will improve, and the lives it will save. But in addition, the financial savings is significant.
- **Universal publicly funded mental health care:** We will get to work immediately to expand therapy access with a \$500 million investment. When fully implemented, the estimated cost of providing this coverage will be \$1.15 billion annually.

⁷ <https://ontario.cmha.ca/documents/housing-and-mental-health/>

- **Reduce the wait-list for children’s mental health:** The “Make Kids Count” Action Plan calls for an investment of \$130 million over the next three years – starting at \$15 million in annual funding this fiscal year and growing to \$58 million by 2023-24.
- **Strengthening the Sector:** The annual funding boost for Canadian Mental Health Association Branches will require \$24 million in annual increased investment.
- **Improving Crisis Response:** An immediate and ongoing annual investment increase of \$17 million for mobile crisis teams and safe beds.

Savings

- Experts estimate that every \$1 invested into a mental health care program would yield, on average, \$2 in savings to society (from a low-end \$1.78 to an estimated high of \$3.15). The full economic impact of an investment in a universal mental health program has the potential to save the Ontario economy more than \$10 billion over the next five years by the most conservative estimates.⁸ Savings are realized in several areas, including social services, emergency services and justice.
- Because we are committing to a universal program, businesses that offer health insurance or health spending plans now will realize some savings, as well.

Other Jurisdictions

UK Model: Improving Access to Psychological Therapies (IAPT)

- IAPT, operational since 2008, is administered through the National Health Service (NHS) and uses a stepped-care model that offers low-cost interventions and services such as Cognitive Behavioural Therapy to treat depression and anxiety.
- The program uses success metrics such as reduction in depression and anxiety rates, reduced wait times for services, and higher recovery rates among patients.
- IAPT is a grants-based program with distinct staff and standards, centrally administered by NHS England and offered in every district. The program is free at the point of delivery, and provided by a workforce with either IAPT-specific or IAPT-approved training.
- IAPT follows a stepped-care model, with the majority of services offered through lower-intensity Tier 1 interventions such as online CBT-based self-help and psychoeducation groups, and a smaller number of Tier 2 face-to-face therapies as required.

Australian Model: Better Access

- Better Access, operational since 2006, served to increase uptake of mental health programs through expanded public insurance to cover psychotherapy.
- Under Australia’s health care system, private service providers can choose to charge co-payments or provide services free at the point of delivery and bill for services covered under the public health insurance system.
- The Better Access program is complemented by targeted mental health programs providing services to marginalized communities, as well as various Cognitive Behavioural Therapy community health initiatives.

⁸ Vasiliadis, H-M. et al. (May 2017) Assessing the Costs and Benefits of Insuring Psychological Services as Part of Medicare for Depression in Canada. *Psychiatric Services*, 68 (9): 899-906. ([available online](#))