Making it Right
Universal Basic Mental Healthcare for Ontario

Policy Backgrounder 2022

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Executive Summary

Across Canada, the COVID-19 pandemic has made apparent the stark gaps in our public healthcare systems. Mental health has declined among Canadians for years due to increasing socioeconomic stresses, and the psychosocial stress associated with each wave of the pandemic has worsened mental health. Despite this growing public health concern and the proven efficacy of a range of psychotherapies to treat common mental health conditions, there exists only a patchwork of public psychotherapy programs for common mental disorders between provincial health systems.[1]

Like the implementation of public Medicare under the Tommy Douglas government in Saskatchewan in 1962, there is an opportunity to guarantee the original vision of public healthcare to include mental healthcare coverage in Ontario and put the policy on the table for the 2022 provincial election. Implementing a universal basic mental healthcare program in Ontario as a necessary and critical part of the post-pandemic recovery could be the template that other healthcare systems emulate to provide public insurance coverage for psychotherapies across Canada.

Expanding current public healthcare systems to include all effective psychotherapies will not only improve the lives and well-being of Canadians—it makes economic sense. 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.[2] The cost of providing all Ontarians with mental healthcare needs between 6 and 12 psychotherapy sessions is estimated at $1.1 billion annually. According to studies conducted around the world and in the Canadian context, $1 invested in mental healthcare yields, on average, $2 in savings to society by alleviating costs to the healthcare system, productivity, and overall wellbeing. Public healthcare coverage for psychotherapy "would pay for itself."[3]

This policy brief outlines the costing, implementation and considerations of a universal basic mental healthcare program in Ontario, where psychotherapy sessions can be accessed with an Ontario Health Insurance Plan (OHIP) Health Card. The universalized program illustrated here is only considered "basic" as a fully comprehensive program tackling mental health will need to include universalized pharmacare to remove barriers to treatment for mental health conditions, as well as poverty reduction strategies to reduce the socioeconomic determinants of poor mental health.

1 Vasiliadis, H-M. et al. (February 2021) Public Funding of Evidence-Based Psychotherapy for Common Mental Disorders: Increasing Calls for Action in Canadian Provinces. Healthcare Policy, 16 (3): 16-25. (available online)

2 Mental Health Commission of Canada (2016) Report: Making the case for investing in mental health in Canada.

3 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)

The state of Ontarians' mental health

For decades, access and affordability of mental health has been identified as an enormous gap in Ontario's healthcare system. Mental health services such as psychotherapy consultations or prescription medications for mental health are not universally accessible, unlike the current medicare system covered by the Ontario Health Insurance Plan (OHIP). While some aspects of mental healthcare may overlap with the services provided with a OHIP card, such as visits to a general practitioner or when mental health needs are severe and require available emergency services, the current patchwork of private insurance coverage and the inaccessibility of services is costly for Ontario's wellbeing and economy.

Decline in perceived mental health among Ontarians
2015 to 2020

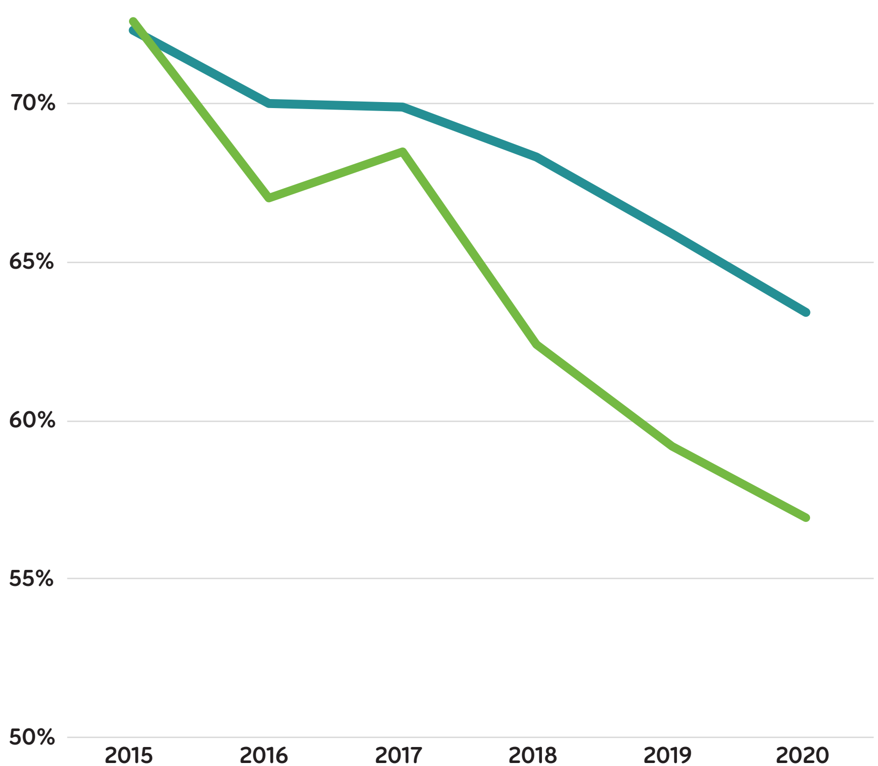

Figure 1. Statistics Canada. Table 13-10-0096-01 Health characteristics, annual estimates.

Even before the COVID-19 pandemic, mental health was declining among Ontarians. 63.4 percent of Ontarians perceived excellent or very good mental health in 2020 compared to 72.3 percent in 2015. Among Millennials and early Gen Z Ontarians (ages 18-35), perceived excellent or very good mental health was only 56.9 percent in 2020.[4]

Of the nearly 2 million Ontarians that felt the need for mental healthcare in 2018, 46 percent felt that their mental healthcare needs were not fully met.[5] Of all Canadians facing barriers to their mental healthcare needs, 78.2 percent cited not knowing where to get help or not being able to afford to pay as a reason.[6] This gap in mental healthcare has likely grown over the course of the pandemic, with more than a third of Ontarians feeling that their current mental health is somewhat or much worse now, compared to their pre-pandemic mental health.[7] For children, the effects of irregular in-person or online schooling through the pandemic have taken their toll on youth mental health while an estimated 75 percent of children with mental disorders do not have access to specialized treatment services.[8] In 2019, 1.4 million Ontarians indicated that they had seriously contemplated suicide in their

4 Statistics Canada. Table 13-10-0096-03 Perceived mental health, by age group
5 Statistics Canada. Table 13-10-0619-01 Mental health characteristics: Perceived need for mental healthcare
6 Statistics Canada. Health Fact Sheets: Mental healthcare needs, 2018 (available online).
7 Statistics Canada. Table 13-10-0806-01 Canadians' health and COVID-19, by age and gender
8 Waddell, C. et al. (March 2005). A public health strategy to improve the mental health of Canadian children. Canadian Journal of Psychiatry, 50: 226-33 (available online).

life,[9] and intentional self-harm has consistently continued as the 9th leading cause of death in Canada.[10]

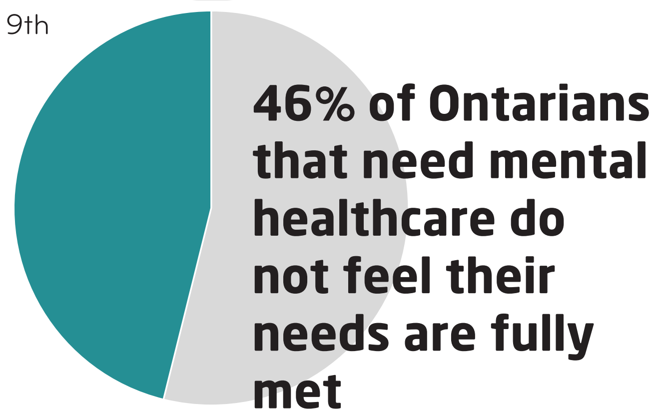

Figure 2. Statistics Canada. Table 13-10-0619-01 Mental health characteristics: Perceived need for mental healthcare.

There are also the economic costs of the mental healthcare gap. 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.[11] These annual costs are expected to rise if there are no changes to our healthcare systems.

Adequate, mental healthcare is also needed to reduce the emergency room pressures and costs. Mental health patients made up the second costliest patient group for emergency rooms across Canada in 2019.[12] In Ontario, rates of mental health or addiction-related emergency room visits among children and youth have continued to rise over the past decade.[13]

Studies in the Ontario, Canadian and international contexts demonstrate that every $1 invested in mental healthcare yields, on average, $2 in savings to society by alleviating costs to the healthcare system, productivity, and overall wellbeing.[14] Focusing investments on community and primary care based interventions are more cost-effective, diverting patients away from emergency rooms, improving well-being, and helping to relieve fiscal pressures on Ontario's healthcare system.

Currently, under the OHIP Schedule of Benefits, psychotherapies provided by psychologists and other mental health specialists outside of clinical settings are not publicly insured.[15] Though uncommon, some family doctors and psychiatrists that provide formal psychotherapies are covered under the physician Schedule of Benefits as primary mental healthcare. However, this is not enough to address the trends and economic costs related to insufficient access to mental healthcare services. Other regulated health professionals in Ontario such as psychologists and other trained psychotherapists cannot be accessed through OHIP.

The Ontario mental health system is described as fragmented and disconnected by healthcare researchers and advocates. Now is the time to bring mental health into the province's universal healthcare system.

There is an opportunity for Ontario to show leadership on expansion of the healthcare system to including mental healthcare in Canada. Over 85 percent

9 Statistics Canada. Table 13-10-0098-01 Mental health characteristics and suicidal thoughts
10 Statistics Canada. Table 13-10-0394-01 Leading causes of death, total population, by age group
11 Mental Health Commission of Canada (2016) Report: Making the case for investing in mental health in Canada.
12 Canadian Institute for Health Information (October 2020) Top 5 ED patient groups, by hospital cost, Canada, 2018-2019, (Data available online via Canadian Management Information System Database and National Ambulatory Care Reporting System).
13 Chiu, M. et al. (October 2020). Deconstructing The Rise In Mental Health–Related ED Visits Among Children And Youth In Ontario, Canada. Health Affairs, 39 (10). (available online).
14 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)
15 OHIP Schedule of Benefits and Fees (effective October 1, 2021). (available online).

of Canadians have indicated that mental health is underfunded and 86 percent support federal expansion of mental health coverage to match that of other health services.[16] As mental health stigma is challenged through public campaigns, and the growing disparity in care services is recognized, there are favourable political conditions to lock in at least a basic system for mental healthcare in Ontario. Like Saskatchewan's introduction of Medicare in 1962, Ontario could set an example for the rest of Canada in beginning to provide fully universal, comprehensive healthcare.

Bringing Mental Health Care to All Ontarians

Ontario should consider expanding its OHIP coverage to include universal basic mental healthcare to remove barriers to accessing mental healthcare, relieve the economic costs of mental illness, and improve well-being. A basic program assuring access of up to 12 psychotherapy sessions annually. Such a program can be considered "basic" as a fully comprehensive mental health program would need to include the rollout of a pharmacare program and poverty reduction strategies to address the social determinants of mental health. Complementing Ontario's current healthcare system with decommodified mental health services would improve its efficiency and sustainability.

The World Health Organization (WHO) defines universal mental health coverage as the guarantee of mental health services, including prevention, promotion, treatment, rehabilitation, and palliative care, without the risk of financial hardship to the person needing care.[17] For most that feel the need for mental healthcare, counselling is the type of service most needed, followed by medication and information.[18] Counselling as it currently stands in Ontario as a basis for mental healthcare service, however, 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 healthcare costs.

Providing this basic level of mental healthcare universally, including extending OHIP coverage to those with private insurance coverage, would help to remove barriers to accessing services. Decommodifying basic mental healthcare would lead to healthier outcomes, reduce harm, and reduce costs in other sectors of the healthcare system. A universal basic mental healthcare scheme in Ontario could also spur innovative and community solutions for mental healthcare such as virtual care and "walk-in" counselling due to decommodification.

Studies of Canada and other jurisdictions such as the UK and France demonstrate approximately 2:1 savings for society from investment into a basic level of mental healthcare. According to Helen-Maria Vasiliadis, et. al. (2017), every $1 CAD

16 Canadian Mental Health Association (17 September 2018) Brochure: Mental Health in the Balance: Ending the Healthcare Disparity in Canada.

17 World Health Organization (1 April 2021) Fact sheets: What is universal health coverage?

18 Sunderland, A. and Findlay, L. (September 2013) Perceived need for mental healthcare 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

invested into a basic mental healthcare program would yield on average $2 in savings to society (from a low-end $1.78 to an estimated high of $3.15) annually. A mental healthcare program could "pay for itself" through the annual savings and deferred costs throughout Ontario's economic sectors provided by better health outcomes and improved productivity.

Though budgetary accounting may not include full cost savings for a mental healthcare program, a "full estimated cost" that includes savings can be considered for each program model in its implementation and development program targets.

In consideration of budget constraints, in particular in the provision of full OHIP coverage, presenting the full estimated cost of a mental healthcare program in Ontario that includes the economic benefits would help to justify budgetary figures in the face of political challenges.

Including mental health counselling services in OHIP's Schedule of Benefits and Fees would greatly reduce these barriers to accessing care, being free at the point of delivery like other covered healthcare services. The Government of Ontario should move to introduce legislation that clarifies that mental health services are considered with the scope of medically necessary services—and specifically, that insured health services should include mental health services provided by regulated mental health professionals operating in community-based settings.

A program model considering initial uptake of community-based universal basic mental healthcare for Ontario can be analyzed.

A Two-step Model for Universal Basic Mental Healthcare Coverage

For the treatment of common mental health issues such as depression and anxiety in a Canadian healthcare context, basic mental health services per Ontario patient annually can include on average eight psychotherapy sessions (at least 25 minutes each) per year,[19] but annual service usage in Canada can vary according to patient needs. The current OHIP Schedule of Benefits lists out-patient psychotherapies in clinical settings as billable for $86.85 per unit (30 minutes).[20] Patients can begin to see improved mental health outcomes after six to twelve sessions.[21]

A two-level "stepped" model can be used to estimate the full cost of such an expansion in the healthcare system. Providing a minimum of six sessions for treatment through OHIP as a first step, and up to 12 sessions annually for patients that need it as a second step, would greatly improve outcomes across the province. A two-step model would help to account for some uncertainty in service usage among patients with varying degrees of health status.

19 Vasiliadis, H-M. et al. (May 2017)
20 OHIP Schedule of Benefits, January 24, 2022 (Effective November 1, 2021), K196, page A162. (available online)
21 American Psychological Assocation, Understanding psychotherapy and how it works, Last updated: March 16, 2022 (available online).

Different Needs for Different Patients - Psychotherapy Usage Assumptions

While current research regarding annual mental health service usage among patients is limited, several survey data variables can be considered in estimating service usage for program cost estimation. In 2018, nearly 14 percent of Ontarians perceived a personal "need for mental health services" according to Statistics Canada's Canadian Community Health Survey, including those who perceive "all needs met," "needs partially met," and "needs not met."[22] This proportion of the provincial population roughly aligns with the national average of 1 in 5 Canadians experiencing mental health challenges each year.[23]

Those perceiving a need for mental health services, with "all needs met" (~7.5 percent of Ontario's population) or "needs partially met" (~3 percent, uninsured group 1), can be considered users of a basic 6 psychotherapy sessions annually. Those with "all needs met" can be assumed to have adequate private insurance coverage, and those responding "needs partially met" can be considered to have inadequate or no private coverage. Those perceiving "needs not met" (~3 percent of Ontario's population, uninsured group 2) can be assumed to be uninsured or requiring more service usage, needing up to 12 sessions annually. Therefore, the two-step model can be used to estimate the cost of a universal program, including low-usage and high-usage patients in the model, to provide adequate OHIP-covered psychotherapies to Ontarians through the appropriate service provider.

Under the UK's Improving Access to Psychological Therapies (IAPT) program administered by the National Health Service (NHS), patients use on average 6.7 sessions upon referral.[24]

22 Statistics Canada. Table 13-10-0619-01 Mental health characteristics: Perceived need for mental health-care
23 Mental Health Commission of Canada (2016).
24 National Health Service (NHS) Digital. July 9, 2020, Psychological Therapies: Reports on the Use of IAPT (available online). Services, England April 2020 Final Including Reports on the IAPT Pilots. Retrieved January 11, 2021.

The True Cost of Mental Health Care in Ontario

The estimated cost of rolling out a universal basic mental health program in Ontario would be proportional to the 2018 Canadian Community Health Survey data on Ontarians needing mental health services, and the forecasted population of Ontarians. This model uses a medium-growth scenario starting from Statistics Canada's 2018 forecast which concurs mostly with the province's growth trends experienced to 2022.[25]

Year	ON Pop Med Growth M5 model forecast (Table: 17-10-0057-01)	Forecasted population for mental healthcare needs, not met (uninsured group 2, 3.2654%)	Forecasted population for mental healthcare needs, partially met (uninsured group 1, 3.1237%)	Forecasted population for mental healthcare needs, all needs met (insured group, 7.4671%)
2018	14,322,800	467,700	447,400	1,069,500
2019	14,509,700	473,800	453,239	1,083,454
2020	14,695,300	479,860	459,037	1,097,313
2021	14,882,400	485,970	464,882	1,111,284
2022	15,069,000	492,063	470,710	1,125,217
2023	15,255,000	498,137	476,520	1,139,106
2024	15,440,300	504,188	482,309	1,152,943
2025	15,624,700	510,209	488,069	1,166,712
2026	15,808,000	516,194	493,794	1,180,399
2027	15,989,900	522,134	499,477	1,193,982

Table 1. Ontario population growth model (Statistics Canada, Table: 17-10-0057-01), and estimated growth of population needing mental health services as proportion of total forecasted population, based on 2018 Canadian Community Health Survey (Statistics Canada, Table: 13-10-0619-01). Years 2022 to 2026 were used to estimate program uptake by Ontarians.

It is assumed that those patients with mental healthcare needs "partially met" and "not met" will be the first to use OHIP coverage once implemented. For the first year of the program's implementation, it can be assumed that program usage will be taken up by these uninsured and inadequately insured groups. By the second year of the program, however, behavioural "switching" may occur as patients with private coverage switch to public OHIP coverage, even if they already have adequate access to mental healthcare services. This would increase the cost of the program, while at the same time increase the estimated economic savings.

25 Statistics Canada. Table 17-10-0057-01 Projected population, by projection scenario, age and sex, as of July 1 (x 1,000).

To estimate the economic savings and full social cost of the program, a conservative $1.78 in economic savings for every $1 invested in mental health can be considered in determining the full true social cost of a mental health program.

$ millions	2022-23	2023-24	2024-25	2025-26	2026-27	Total
Program Cost	-758	-1,113	-1,126	-1,140	-1,153	-5,290
Estimated economic savings	+1,350	+1,981	+2,005	+2,029	+2,053	+9,418
Full social cost of program	+591	+868	+879	+889	+899	+4,126

Table 2. Cost estimate of a 2-step universal basic mental program for Ontario covered under OHIP.

The uncertainty in variance of annual service use per patient must be considered in the final estimates of implementing such a model. For instance, actual usage of less than 6 sessions for some patients needing mental healthcare services would reduce expenditures from the estimated costs, though the similar IAPT program administered by the NHS sees an average of 6.7 sessions used per patient.[26]

In this scenario, however, the full economic impact of an investment in a universal mental health program has the potential to save the Ontario economy nearly $10 billion over the next five years by the most conservative estimates. The recovered social costs are due to increased efficiency in productivity, better health outcomes leading to less healthcare system usage, and deferred use of more expensive social services.

Program Financing and Fiscal Implications

The overall increase in OHIP expenditures could also be facilitated in part by amendment of the Canada Health Act to cover community mental healthcare or create new federal initiatives to deliver transfer payments for provincial mental health programs, considering their signaled support for helping to expand provincial mental health initiatives.[27] Increased, predictable funding through the federal Canada Health Transfer dedicated to mental health services would help to sustain the mental health program as part of Ontario's health system. This may include amendments to existing legislation or new legislation that Ontario and other jurisdictions can negotiate with the federal government. The recent intergovernmental experience regarding $10-a-day childcare could provide a template for this federal-provincial-territorial discussion.

Ontario's fiscal capacity should also be considered. In an April 2022 report ahead of the provincial general election, Ontario's Financial Accountability Office found that Ontario's program spending per capita was the lowest across Canada, despite below-average borrowing rates.[28] Federal transfers to Ontario were also the second

26 National Health Service (NHS) Digital. July 9, 2020, Psychological Therapies: Reports on the Use of IAPT (available online).

27 Government of Canada (11 June 2021) News release: Government of Canada invests millions into mental health and distress centres.

28 Financial Accountability Office of Ontario (6 April 2022) 2020-21 Interprovincial Comparison: Comparing Ontario's Fiscal Position with Other Provinces after the First Year of the COVID-19 Pandemic (available online).

lowest among provinces, while tax revenues have been maintained at the provincial average. The state of Ontario's fiscal capacity for the post-pandemic recovery demonstrates an opportunity for a comparatively small expansion of the healthcare system through the implementation of a mental health program.

Ontario's budgetary priorities also require review, for the reallocation of funding from some projects or programs with limited economic benefit. For instance, the estimated $6 billion cost of the proposed Highway 413, and its negligible economic benefits,[29] presents the universal basic mental health program as an alternative priority that can demonstrate proven contributions to economic growth. Increases in revenue through fiscal measures such as an increase in taxes on capital gains or high incomes could supplement the capital investment in health insurance coverage before the economic benefits are realized.

Though full universal coverage would require a substantial increase to the Ontario healthcare budget, the listing of mental healthcare service in the Schedule of Benefits and free at point-of-delivery care through the OHIP Health Card under this universal program design would minimize administrative costs. Ontarians, or Ontario employers, deciding to drop private mental healthcare insurance coverage could lead to higher spending or savings rates, as a result of the benefit coverage and better health outcomes.

Though upfront investment would certainly have some affect on Ontario's budgetary outlook, the estimated economic savings, even by conservative estimates, would have the program "pay for itself" in addition to regained economic productivity, deferred use of higher cost services, and overall better quality of life outcomes. For every dollar invested in mental healthcare, modelling demonstrates that savings from a low-end $1.78 to an estimated high of $3.15 is possible,[30] adding to Ontario's fiscal capacity to expand programming in other sectors.

Considerations

The model presented here implicates publicly insured psychotherapies in Ontario as a basis for a full mental health program. Similar programs and proposals have been used in elections in Canada and in similar welfare systems in other parts of the globe. Further technical matters can be considered to bring down the cost of the program such as the viability of telehealth accessibility if it can produce similar outcomes to in-person psychotherapies, and the implementation of pharmacare to reduce psychotherapy service usage with improved health outcomes.

Several issues are briefly elaborated upon for consideration in the implementation of a universal basic mental healthcare program.

29 Rachel Kitchin (9 November 2021) 413(ish) reasons why building Highway 413 is a very bad idea. Environmental Defence (available online).
30 Vasiliadis, H-M. et al. (May 2017)

Mental health "low-cost" vs. "high-cost" patients

While basic coverage of mental healthcare including psychotherapeutic counselling in OHIP's Schedule of Benefits would be adequate for most Ontarians needing mental healthcare, this program may be inadequate for "high-cost" patients requiring more intensive care and a disproportionate amount of resources. While basic universal mental healthcare can cover those living with more common mild to moderate conditions such as depression and anxiety, "high-cost" patients can include those living with conditions requiring more intensive treatment such as schizophrenia or bipolar disorder. For some specialists where more extensive treatment is required, this may result in additional fees that would be covered by OHIP but cannot be included in estimates. This is a similar consideration of the current need-based healthcare system in Ontario, where a small proportion of all health system users require more services.[31]

According to Claire de Oliveira, et al. (2016), mental health "high-cost" patients in Ontario totaled 51,457 in 2012 and, averaging $31,611 in care expenditures, totaled $1.6 billion in healthcare costs. Roughly 50 percent of Ontario mental health "high-cost" patients come from the bottom 40 percent of neighbourhood income quintiles. Psychiatric care requiring hospitalization, however, is covered under OHIP. Intensive mental healthcare 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.

It is also unclear whether the full estimated $3 billion cost of universal basic mental health coverage would be necessary to meet demands as the estimated $1500 average depends on a "low-cost" patient model using eight psychotherapy sessions and two general practitioner visits annually. Once implemented, a proportion of those expressing need for mental healthcare may use the average, less, or more services or none at all, affecting actual costs of mental health services. A mix of caps and flexibility of the number of counselling sessions should be considered to optimize service and for program sustainability.

However, access to basic mental health services and regular treatment may prevent some patients from turning into "high-cost" patients if interventions are performed at an earlier stage of the onset of a condition, or if follow up treatment can prevent high-cost condition relapse. As mental health related issues are the second most costly emergency room patient group in Canada,[32] reducing the higher cost burden on the healthcare system with earlier, and lower cost, harm reduction would benefit Ontarians economically and with better overall health outcomes.

In considering mental healthcare usage, the OHIP Schedule of Benefits should also be expanded to include more intensive therapies and services that would be needed for "high-cost" mental health patients outside of clinical settings and in community health settings. In particular as half of these patients reside in lower income communities, providing basic mental health services in these neighbourhoods would further improve health and economic outcomes.

31 De Oliveira,C. et al. (January 2016) Patients With High Mental Health Costs Incur Over 30 Percent More Costs Than Other High-Cost Patients. Health Affairs, 35 (1). (available online)
32 Canadian Institute for Health Information (October 2020)

UK and Australia Mental Healthcare Implementation

The expansion of mental healthcare services in the UK and Australia in the 2000s can provide lessons and administrative examples for implementing expanded mental healthcare in Ontario.[33]

The Improving Access to Psychological Therapies (IAPT) program was introduced in the UK in 2008 for the treatment of depression and anxiety, administered through the National Health Service. The IAPT follows a "stepped-care" model with the majority of services offered through low-cost interventions and services. In-person therapies and services are provided as required. The IAPT program also set out goals for health outcomes, such as reducing depression and anxiety rates, reducing healthcare service wait times, and measuring recovery rates among patients using services.

In 2006, the Australian government introduced the Better Access program to increase uptake in mental healthcare services by expanding universal public insurance to cover psychotherapies. Under Australia's healthcare 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 scheme. The Better Access program is complemented by targeted mental health programs providing services to marginalized communities.

In these examples, point of delivery access for mental healthcare services was made to be similar to access of other medical services in their respective healthcare systems. Accessing mental health services in the UK through the NHS, for instance, would be analogous to accessing similar services through OHIP in Ontario. Stemming from a review of UK and Australian contexts, issues related to equity of access to services, the need for referrals from general practitioners/family physicians in UK and Australian contexts, and funding model under the Canada Health Act compared to international funding schemes require consideration.

Nova Scotia PCs – 2021 Provincial Election Platform

During the 2021 Nova Scotia general election the Nova Scotia Progressive Conservative Party (NSPC) released a policy piece entitled Universal Mental Healthcare as a part of their platform and ahead of forming a majority government in the province.[34] The NSPC's estimated an increased investment of $102 million annually in new care-related spending. The party committed to coverage of mental health services up to $1000 per person annually for Nova Scotians for counselling and telehealth services, with changes to the province's billing codes to include mental health services as a part of the Nova Scotia Medical Services Insurance (MSI) scheme so that point of delivery access with the MSI card for mental healthcare services would be similar to other medical services.

In the NSPC's plan, $1000 is estimated to be the amount available for mental

33 Mental Health Comission of Canada (August 2018) Report: Expanding Access to Psychotherapy: Mapping Lessons Learned from Australia and the United Kingdom to the Canadian context.

34 Progressive Conservative Party of Nova Scotia (2021) Election Policy Platform: Universal Mental Healthcare.

health services in average private insurance plans. Though dubbed universal, the estimated total cost of the proposed coverage does not include individuals with access to private insurance—the NSPC's target those lacking private health insurance to use the MSI scheme. The election platform cost estimate can be vulnerable to underestimation as those with private schemes wishing to pay lower premiums, or those with private insurance lacking adequate mental health benefits, may switch to using mental health services with MSI coverage.

Notably in the NSPC's platform in the proposal to create a Department of Additions and Mental Health with a dedicated Minister to oversee service delivery and implementation. The new department would play a coordination role across sectors in implementing mental healthcare delivery.

While the implementation of Nova Scotia's mental healthcare system remains to be seen as of January 2022, the electoral success of the NSPC government can be partly attributed to broad public support for expanding mental healthcare under the MSI scheme in the province. The implementation of this mental healthcare scheme in Nova Scotia could be seen as an example for Ontario.

Pharmacare

A complementary pharmacare program is necessary to maximize the full benefits of universal basic mental healthcare for Ontarians, as prescribed medication combined with therapy can lend to better health outcomes.[35] The current Ontario Drug Benefit (ODB) provides pharmaceutical coverage for those younger than 24 years of age or older than 65 years of age,[36] which can be free at the point of delivery and covers most generic selective serotonin reuptake inhibitor (SSRI) and serotonin/norepinephrine reuptake inhibitor (SNRI) drugs used to treat common mental health conditions such as depression and anxiety. Common generic antipsychotic drugs to treat conditions such as schizophrenia and bipolar disorder, and generic benzodiazepines to treat panic and anxiety disorders, are also covered under the ODB.

ODB coverage ends for those more than 25 years of age and for youth covered under private insurance, typically provided by parental family benefit plans. Private insurance plans may not provide full coverage of drugs for mental health conditions and may not be free at point of delivery (i.e., requiring upfront payment and reimbursement through submission of claim). Universal coverage of mental health medications by the Ontario Drug Benefit is needed to complement psychotherapies, and all age groups in Ontario have indicated a decline in mental health in recent years.[37]

Expanding the province's current drug programs to universal coverage, including those drugs outside the scope of mental health, would increase the Ministry

35 Cuijpers, P. et.al. (February 2014) Adding psychotherapy to antidepressant medication in depression and anxiety disorders: a meta-analysis. World Psychiatry, 13(1): 56–67.
36 Ontario Ministry of Health (Updated 21 October 2021) Check medication coverage, Ontario Drug Benefit program (tool available online
37 Statistics Canada. Table 13-10-0096-03 Perceived mental health, by age group.

of Health's expenditures. However, for the full outcomes of mental healthcare coverage to be realized, full pharmacare must be implemented.

Social Determinants of Declining Mental Health

According to the WHO, mental health and many common mental disorders are influenced strongly by the social, economic and physical environments in which people live.[38] Socioeconomic inequalities are associated with a higher risk of common mental disorders, and the increased pressures of precarity and social exclusion related to inequality can have an impact on mental health.[39] The socioeconomic effects of the COVID-19 pandemic have accelerated the decline of population indicators of mental health in Ontario, already trending downward in the years leading up to the pandemic.

Acute episodes such as the social distancing required of public health measures during the pandemic can have a mass effect on mental health, though these long-term effects have yet to be determined. Pre-pandemic, economic pressures such as the cost of housing, the cost of mental healthcare, job precarity, and food security have had detrimental effects to mental wellness. Improving mental health will also require improving these socioeconomic outcomes. For instance, raising the minimum wage has demonstrated impact on reducing suicide rates.[40]

Implementation of universal basic mental healthcare in the province would certainly help to reduce the downward trend in mental health among Ontarians, however, reducing inequalities at the root of poor mental health must be also be addressed for better economic and health outcomes.

According to modeling, even with universal access to psychotherapies, approximately 8 percent of the population could still have unmet needs for receiving adequate mental healthcare.[41] To ensure that the best mental health outcomes are provided by public mental healthcare, it cannot ignore inequities. A fully comprehensive universal mental health program needs to address socioeconomic inequalities, community care in diverse cultural communities, and other accessibility issues to further improve care outcomes.

38 World Health Organization (2014) Report: Social determinants of health.
39 Hamfelt, A. (October 2019) Social Inclusion: The key determinant of mental wellness, Canadian Mental Health Association, BC Division. (available online).
40 Kaufman JA, et. al. (February 2020) Effects of increased minimum wages by unemployment rate on suicide in the USA, Journal of Epidemiology & Community Health, 2020;74:219-224.
41 Vasiliadis, H-M. et al. (May 2017)

A way forward for mental healthcare

The post-pandemic recovery is not just an economic recovery—the pandemic as a global public health event means a full health recovery for Ontarians will also require recovery from increased traumas, anxieties, and depression disorders caused by this wide-reaching episode. Expanding public healthcare to include mental health can be an effective policy, but on its own it is not enough to fully bring about an economic and public health recovery. Further expansion of the healthcare system to decommodify all aspects of healthcare currently missing from our publicly insured system must be considered, including pharmacare, dental care, and vision care.

Implementing universal basic mental healthcare is a winning investment for Ontarians, demonstrating how a program expanding the public healthcare system for the first time in decades will "pay for itself" in economic savings, health, and social outcomes. Until a federal initiative to develop mental health parity across health systems is created and a comprehensive healthcare strategy for mental healthcare sets the standard across Canada for universal access to psychotherapies, provincial jurisdictions must seize opportunities to introduce such a program. The success of a program implemented in Ontario could set the stage for emulation in provinces across Canada, just as Medicare in Saskatchewan in the 1960s became the template for the universal program we enjoy today across Canada.

About the authors

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