CONVERGE
Reimagining Canada's Mental Health Systems, Together

Research Power Hour with Dr. Mary Bartram

Taking Stock of the 2017-2027 Federal Mental Health Transfer

From 2017-2027, Canada's federal government transferred $5 billion in earmarked funding for mental health and substance use health (MHSUH) care to the provinces and territories. What were the strengths and limitations of the 2017-2027 targeted federal mental health transfer? **Dr. Mary Bartram** conducted a policy case study including an analysis of publicly available policy documents and interviews with political, public service, and service system leaders.

Strengths

- Extra money allowed for new, innovative approaches
- It signalled that MHSUH was a priority
- Indicators and data have improved
- The funding had to go toward MHSUH, but provinces had flexibility to decide how

"The mental health and addictions area has had budget lines and support from the government to engage in some pretty serious system transformation work." (Participant)

Limitations

- Indigenous policy gaps undermine impact
- Tracking the investments has been a challenge
- It is difficult to measure the impact of the funding
- The funding is time-limited and has an expiry date
- The MHSUH system still needs stronger standards

"I don't know where the money was coming from. So maybe in mental health it was coming from the federal program, but you know that part is completely opaque." (Participant)

Cross-Cutting Themes

- Stigma and exclusion around MHSUH remain an issue
- The dynamic between federal and provincial governments adds complexity

"There's nobody who pays [out-of-pocket] for the core service basket of cancer care. Most people pay for their core service basket of mental healthcare. When you have to pay for something it's a nice-to-have. It is not part of healthcare and I think ultimately it comes down to a lot of that." (Participant)

Key Takeaways

- The funding allowed expanded access to services and strengthening of system infrastructure
- Accountability and data are still imperfect, but the funding allowed a leap forward after decades of underfunding
- Policy clarity is still needed to address inequities for Indigenous peoples
- Anxiety around funding scarcity makes it harder to have critical conversations about impact

What's Next?

Ideally, renewed funding for the MHSUH system will build on the lessons learning from the 2017-2027 transfers, continue to strengthen system capacity, and continue to catch up after decades of underfunding. However, policy outcomes are always shaped by ideas, interests, and institutions.

Ideas

- The evidence of funding impact is moderate
- The evidence of ongoing need is high
- The societal value placed on MHSUH is moderate

Interests

- The economy is the top priority
- Cutting $600M from the system has a moderate risk of creating political backlash
- Advocacy is underway across the country to renew the funding

Institutions

- Fiscal federalism has a strong influence
- Provinces and territories are asking for sustained health funding AND renewal of targeted transfers, but MHSUH-specific funding might get crowded out

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